COVID-19 MENTAL HEALTH HANDBOOK

Evidence-Informed Approaches to Mental Wellbeing During a Pandemic

Humanitarian
DISASTER INSTITUTE

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Introduction

Jamie D. Aten, Kent Annan, & Jack Meeker

The Coronavirus Disease 2019, or COVID-19, as it has become known, is a pandemic of proportion and nuance this era had not previously seen. Thanks to modern advances in technology, medicine, communication, infrastructure, and so many more sectors, we have been equipped to adapt to the changes COVID-19 demands of us. But despite these advancements and ingenuities, we are still human. And human beings have emotions, thoughts, experiences, worldviews—all things that affect our experience of this current pandemic. Infectious diseases very obviously impact our physical health. But as has become clear over the past few months, they also affect our mental health.

In disaster and emergency responses, physical needs are often met first. This is not a bad thing; it is simply the result of seeing a broken roof and repairing it, seeing a hungry child and bringing them food. Physical needs are on the surface. They are easy to spot, and they are often the most quickly and easily met. But, regardless of a person's physical wellbeing, their mental wellbeing can be challenged during crises, as has been true for so many during COVID-19.

Various countries' coronavirus responses have required social distancing, mask wearing, and remote working for those who are able. These, among other measures, have for many people resulted in social isolation, decreased time outdoors, and suspicion of others—which has even resulted in outright racism toward ethnic minority groups in the United States. The pandemic has brought to light many pre-existing inequalities, unrest, and issues related to society, culture, and mental health. There is no doubt COVID-19 has touched nearly every aspect of life.

Because the impact of coronavirus has reached so far and been felt in so many ways, there are many different avenues to explore, especially in relation to mental health. A great deal of psychological research has been conducted over the past few months to help us better understand the coronavirus disease and how it is affecting people all over the globe. These researchers and their studies are the primary focus of this *Mental Health Handbook*. Coming from many countries, many cultures, and many backgrounds, the authors and interviewees in the pages hereafter provide important insights into the COVID-19 mental health situation.

Composed of ten overall sections, this handbook covers a range of topics that live at the intersection of COVID-19 and mental health. The first section is all about resilience. Many of the chapters have been adapted from Dr. Jamie Aten's Psychology Today blog, "Hope + Resilience," which can be found here. Resilience is not only an important focus of Dr. Aten's work with the Humanitarian Disaster Institute, it is also an important quality that we as people can develop over time. The chapters in this section inform readers on how to cultivate resilience in times of distress, like COVID-19.

The second section includes chapters about emotions, behaviors, and personality. Striving to grasp deeper psychological motivations, this section is devoted to understanding why COVID-19 affects our mental health in the ways it does.

The third section covers coping skills. Though one can cope with many things, here, we discuss what it means to cope with COVID-19 fear, anxiety, and safety restrictions. We also offer some simple steps you can take to manage your coronavirus worries.

The fourth section is all about helping others. COVID-19 has brought out the best in many, and this positive trend can continue if we put in the effort to help those around us. By understanding the more impactful ways to do this, we can not only support our communities, but we can also help improve our own resilience and mental wellbeing.

The fifth section, on social media and technology, explores the place that the digital world has in our current pandemic life. From a neverending news cycle to social media memes to Zoom calls, COVID-19 has been marked by technology. However, we need to also understand how these tools mark us in return.

The sixth section discusses various concerns and issues that pertain to children, adolescents, and young adults. Youth have been particularly impacted by this pandemic due to the closing of schools and limiting of social interaction. We can help the young people and children around us by understanding how COVID-19 affects them in particular.

The seventh section, much like the sixth, addresses the concern of a specific demographic: older adults. Not only are they at higher risks for physical health challenges, they also are more likely to be socially isolated and struggle with mental health. These chapters help the reader understand the world older adults are living in and what they can do to help.

The eighth section is all about healthcare workers. The shining stars of a dark time in history, these essential workers have been fighting COVID-19 since day one—but not without significant consequences to their mental wellbeing. This section seeks to understand the unique psychological situation these people are in and what can be done to support them.

The ninth section discusses how COVID-19 and mental health have been impacting culture. Covering topics like cultural norms, social inequality, government resources, and international responses, these chapters help paint the broader picture of the current pandemic world.

The tenth and final section is a compendium of expert interviews on mental health and COVID-19. These interviewees discuss the research and work they've been doing and how it can help people rebuild their lives during coronavirus.

Altogether, these ten sections help bring to attention the myriad mental health needs COVID-19 has brought to the surface while also suggesting ways to cope, move forward, and become more resilient. Explore some of the most important and recent research and insights from great researchers around the world. Hopefully, with this handbook, you will be better equipped to handle COVID-19 and help others as they grasp this ever-changing world around us.

1   Resilience

The Factors That Support Mental Resiliency in a Pandemic

Study shows variety of factors lessen anxiety in COVID-19 viral outbreak

Sarah Wilcox

Is it possible to identify those most at risk for contracting mental health problems during and after the COVID-19 viral outbreak? A study analyzing the mental health effects of the pandemic on Chinese medical school students shows that certain demographic factors can make one more mentally resilient to stressors from this global event. More specifically, this research found that the factors associated with positive family support and financial stability were connected with lower levels of anxiety among the students. Additionally, having a family member or acquaintance who had contracted the virus significantly increased the likelihood of experiencing anxiety. Knowing some of the risk factors and triggers contributing to negative mental health outcomes could help both professionals and laypeople alike mitigate the potential negative consequences of the pandemic on at-risk individuals.

The Situation

These findings flow from the 2019 global outbreak of the novel coronavirus, COVID-19, originating in Wuhan, China, and crossing borders to 177 other countries with over 700,000 cases and 33,000 deaths to date, according to WHO data. Due to the immeasurable impacts this pandemic could have on global and economic health, changing the world as we know it, scholars at Peking University explain that the coronavirus "could result in [mental health] hazards that exceed the consequences of the 2019-nCoV epidemic itself." There is no doubt that this large-scale, unprecedented pandemic affecting in some way nearly every person around the world and shutting down major systems in many countries could wreak havoc on the mental health of all those impacted. At this point, when it is unclear how events will unfold, anxieties of the outbreak's implications run especially high, and healthcare workers may have to prepare for a subsequent mental health pandemic.

The Study

The study at hand was conducted in Changzhi, China, by head researcher Wenjun Cao of Changzhi Medical College's Department of Preventative Medicine and a number of his colleagues. Noting that "no detailed study on the mental health status of college students facing the epidemic [had] been conducted to date," they surveyed 7,143 medical students, obtaining much of their demographic information and their GAD-7 scores, a widely used self-examination that reliably indicates anxiety levels as either normal, mild, moderate, or severe. The collected demographic information included gender, region, place of residence (urban/rural), family income, whether the participant lived with parents, and whether the participant knew someone who contracted COVID-19.

Overall, the results showed that 21.3 percent of students experienced mild anxiety from mere knowledge of the existence of the virus, 2.7 percent experienced moderate anxiety, and 0.9 percent experienced severe anxiety. When analyzed alongside demographic data, the following conclusions were drawn:

"...Living in urban areas, in contrast to rural areas, was a protective factor against anxiety experienced by the participants. The stability of students' family income and living with parents were also protective factors against anxiety. However, having a relative or an acquaintance infected with COVID-19 was a risk factor for anxiety."

In other words, living in an urban community, having a steady household income, and living with parents could make a person more resilient to the anxiety-provoking stressors COVID-19 has wrought. However, knowing a person with COVID-19 could actually trigger a severely anxious reaction out of even the most resilient people. When one is actually acquainted with a carrier of the disease, the virus transitions from being a mere idea or distant threat to a clear and present danger.

Some Steps Forward

While the indicators of mental resiliency may differ by culture—i.e., living with parents (typical in collectivist cultures) could be adjusted to living with trusted friends or other culturally appropriate accommodations that indicate a supportive homelife—I believe the results still carry important implications for all people living under the pandemic.

LIVING IN AN URBAN COMMUNITY, HAVING A STEADY HOUSEHOLD INCOME, AND LIVING WITH PARENTS COULD MAKE A PERSON MORE RESILIENT TO THE ANXIETY-PROVOKING STRESSORS COVID-19 HAS WROUGHT.

Both on an individual and systemic level, preemptive measures should be taken to promote positive mental health among particularly vulnerable communities. On the individual level, perhaps one could reach out to a neighbor living alone, providing regular calls to give social support that may be lacking. On a systemic level, governments should provide a safety net and mental health resources to poor communities that don't otherwise have substantial savings to rely on, lessening the anxiety of wondering where the next meal will come from or whether rent will be paid. These are just a few of the possible action items this research supports in the hopes of mitigating an inevitable widespread mental health crisis springing from the change and insecurity spurred by the novel coronavirus. The sign in front of a historic Methodist church in Washington D.C. somewhat humorously reads, "Standing together in solidarity, six feet apart." The study at Changzhi Medical Schools helps us to do just as the sign suggests. It informs our solidarity by shining light upon those amongst us who are most vulnerable to anxiety and other mental health challenges, provoking us to take concrete measures to support each other.

Key Takeaway: Certain factors, such as living with loved ones and steady household income, can increase your resilience to COVID-19 stressors.

Building Resilience in the Era of COVID-19

Five practices for growth amidst pressing challenges

Jordan D. Snyder

The current crisis is unique in its uncertainty. Experts are unsure about exact timelines for when the crisis may abate. This creates uncertainty which brings additional challenges to coping.

This crisis is also widespread throughout communities across the globe. Thus, other communities, organizations, and even individuals that would be able to offer support in a localized disaster may be sapped of resources, which can impact the mental health of communities and individuals affected by COVID-19.

Third, there are diverse challenges happening within the crisis. While it feels like many other parts of life are at a standstill, other responsibilities and obligations continue: bills are still due, groceries still need to be bought, work may or may not continue, and children still need to be cared for. Worry and fear may abound while we are physically separated from those on whom we rely. How can we face such challenges in this crisis while building resilience?

Acceptance and commitment therapy (Hayes et al., 2011), self-compassion (Neff, 2015), and gratitude (e.g., Wood et al., 2010) are approaches that can be helpful in facing challenging times.

1. **Be open.** Being open refers to being able to accept challenging private experiences including thoughts and feelings instead of trying to suppress them or change. Acceptance does not mean resignation to these thoughts and feelings but recognizing that we have those experiences and seeing them for what they are (a thought is just that, while a feeling is just that). These thoughts and feelings, including the difficult ones, are a part of being human. When having a challenging thought or feeling, acknowledge it for what it is instead of struggling with it.

2. **Be aware**. Being aware refers to being fully present in the moment with all five senses. In times of stress and challenge, it can become very easy to be caught up in our thoughts, feelings, as well as the past or the present. Instead of being caught up in these experiences, bring awareness to the present moment, using the senses if possible. One simple exercise encourages us to take time to focus on our breathing while noticing one thing with each sense (one thing you can see, one thing you can hear, one thing you can touch, one thing you can smell, and one thing you can taste). Engage the senses by really taking time in this experience. In the midst of everything going on, engaging in the senses can be a helpful way to ground oneself in the present experiences.

3. **Be engaged and active.** When challenging times, difficult emotions, or tough thoughts come, we can often lose sight of what things are important to us. Take this time to consider those areas of life that are important to you or your values. Values may include domains of life (e.g., being a parent, leisure, vocation, relationships, or community) as well as ways in which you may wish to live your life (e.g., connection, integrity, humor, kindness). It is also critical not simply to determine these valued domains, but to engage in actions that bring you closer to that valued domain. For instance, if you wish to have more connection in your life, take the time to call, text, email, or FaceTime a family member or friend.

4. **Be self-compassionate.** These are trying and difficult times. Self-compassion entails being kind to ourselves as opposed to judging ourselves, seeing our common humanity, and being mindful or present (including with difficult emotions or thoughts). Often, we say hurtful and critical things to ourselves that we would not dare say to another person. The next time you catch yourself in a time of suffering whether through a mistake or a moment of pain, ask yourself what a caring friend or family member might say to you in that situation. Recognize that we are all human and experience challenges. Give yourself grace.

5. **Practice gratitude.** Gratitude can be beneficial for well-being (see Wood et al., 2010). While times may be challenging, gratitude serves as a beacon of hope. Try out different approaches to gratitude, including journaling about things that you are grateful for or expressing gratitude to a loved one, friend, or coworker for the qualities that you appreciate or admire about them.

These are trying times, but they offer an opportunity to build resilience. By being open, aware, engaged, and active, and practicing self-compassion and gratitude, we can build resilience in these difficult moments.

BY BEING OPEN, AWARE, ENGAGED, AND ACTIVE, AND PRACTICING SELF-COMPASSION AND GRATITUDE, WE CAN BUILD RESILIENCE IN THESE DIFFICULT MOMENTS.

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Key Takeaway: Being open, aware, engaged, active, self-compassionate, and grateful can help you cultivate resilience amidst adversity, like COVID-19.

The Power of Resilience During COVID-19

Interview with Emma PeConga and Gabby Gauthier on how to build resilience

Emma PeConga & Gabby Gauthier

Resilience does not come easily, but there are ways to cultivate it, even during COVID-19. In this interview, Emma PeConga and Gabby Gauthier, doctoral students and members of the UW Center for Anxiety and Traumatic Stress, where their work focuses primarily on the development and maintenance of PTSD, discuss the importance of resilience and how we can work towards it amidst the current pandemic.

Jamie Aten: How did you first get interested in this topic?

Emma PeConga & Gabby Gauthier: When the COVID-19 pandemic started, we began to see media coverage on increasing levels of anxiety, depression, and substance use and valid concerns about the long-term effects of this pandemic on our mental health. But at the University of Washington Center for Anxiety and Traumatic Stress (UWCATS), where we study how responses to traumatic stress develop, we know that resilience and recovery are, in fact, the most common responses to even the most severe trauma and adversity. We agree that we should all be vigilant about risks to our mental health during this time, but we also think it is important to honor the incredible human capacity to keep moving forward in the face of tremendous adversity. Although the COVID-19 global pandemic is in many ways unchartered territory, we wanted to spread our knowledge that we expect long-term resilience to be the most common outcome, even for those most directly impacted or those on the frontlines of the outbreak. We hope this knowledge instills hope and encourages readers to keep putting one foot in front of the other during these difficult times.

JA: What was the focus of your study?

EP & GG: We wanted to combat four common myths about resilience and offer some ways to systematically build individual and community resiliency. These myths are: trauma exposure always leads to mental illness, resilient people don't have bad days or weeks, resilience is a fixed disposition, and the mental health risk associated with COVID-19 is a hoax. We address each myth by pulling together the findings of recent research on human resilience.

JA: What did you discover in your study?

EP & GG: First, we show evidence that resilience and recovery are the most common responses to trauma and adversity. Most empirical studies are consistent with this assertion, and we highlight the examples of resilience demonstrated by first responders to the World Trade Center attacks and SARS outbreak, where the vast majority of those, in either event, did not meet criteria for post-traumatic stress disorder (PTSD) in the long term.

Next, we dismantle myths about what resilience means. Resilience is not a steady maintenance of well-being, but a set of behaviors that help individuals and communities to persist and move forward despite adversity. In other words, being resilient doesn't mean you never struggle. Instead, it's the ability to keep going when things get tough, whether that be by asking for help, admitting that you're in pain, caring for others, or pulling back from some commitments. It's making the necessary adjustments to live adaptively despite the changed negative circumstances you are facing. It is like a muscle you can strengthen and build. Last, we discuss that resilience is most strongly predicted by the cultivation of a social support network.

JA: How might readers apply what you found to their lives during COVID-19?

EP & GG: We do expect to see short-term distress during and after the COVID-19 pandemic, especially in those most directly impacted. We hope that this knowledge validates readers' current distress and the distress of others in these deeply difficult times. Normalizing these reactions may encourage readers to reach out to their support networks for help and cultivate hope.

Additionally, the COVID-19 pandemic may indirectly lead to mental health challenges through the interruption of in-person mental health care and social services. Under stay-at-home orders, many are isolated, even in unsafe conditions. These outcomes can be buffered by a strong community, whose members trust and check-in with each other and feel comfortable asking for help when they need it. In other words, how we act now may prevent challenges down the road, and we hope readers really take that to heart.

Evidence shows that adopting an attitude of togetherness and acting in ways that support the most vulnerable in our communities can have marked effects on our own mental health resilience, as well. Easy-to-do examples could include delivering groceries for a neighbor, "babysitting" a friend's child over a video call, or donating food to your local food banks. We believe cultivating this community now is essential, as it is clear this pandemic will be impacting our daily lives for many more months and potentially years. It is a long-term mental stance of smartly and persistently building resiliency for oneself and for others.

JA: How can readers use what you found to help others amidst this pandemic?

EP & GG: We, as a society, have an opportunity to identify those who are hurting and evoke processes we know foster resilience such as creatively providing persistent, positive social support and making collective meaning during these times. Our commentary highlights the importance of cultivating strong communities that look out for each other's well-being and are available to offer support. We hope that readers will continue to build these relationships by reaching out to neighbors, friends, and family to ask for help and offer assistance. Our participation in these networks will help us to make meaning out of our varied experiences, hopefully leaving us with a sense of togetherness, as opposed to isolation.

JA: What are you currently working on that you might like to share about?

EP & GG: In regards to COVID-19 and other recent stressors specifically, Michele Bedard-Gilligan, a senior author on this paper, and her team at UW Trauma Recovery Innovations has led webinars for our first-line medical responders at the University of Washington's Medical Center on providing psychological first aid and building resiliency, using evidence-informed skills for responding to the immediate effects of stressors and trauma to ultimately foster and protect mental wellness. We have also worked as a team to help translate these skills to at-risk communities in our own city to help address mental health care disparities due to systemic racism.

Finally, our team at the UWCATS has two recent NIH-funded studies that share the common goal of using brief, targeted psychotherapy approaches to promote recovery following trauma. One study focuses on posttraumatic stress and substance use problems, targeting fear and reward processes in the first year following sexual assault. The other study focuses on anxiety and loss following major destabilizing life events like those that have occurred due to COVID-19, targeting

maladaptive "stuck" processes and developing more adaptive constructive processing. Both of these studies provide brief psychotherapy for free and seek to better disseminate resilience and recovery science to our communities, maximizing the reach of these therapeutics to those who need it most.

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Key Takeaway: Resilience is the most common response to trauma and adversity, but it still requires work and can fluctuate over time.

Unlocking Inner Peace When the World Is on Fire

The importance of spirituality amid stress

David H. Rosmarin

The current era—with all its tumult and confusion—has ironically created an unparalleled opportunity to cultivate inner peace.

Stigma and shame are at an all-time low, since it is now perfectly acceptable and even expected to struggle. This is hugely impactful because, as we know from systematic research, stigma is a primary contributor to the severity and impact of emotional distress. Simply put: there is nothing worse when you're depressed or anxious than to be ashamed of feeling distressed, and today we finally herald that "it's okay to not be okay."

Along these lines, federal entities such as the Center for Disease Control, National Institute of Mental Health, and the Substance Abuse & Mental Health Services Administration have all taken a clear stance in recognizing that mental distress can have just as much (if not more) impact than physical illness. Similarly, the American Psychiatric Association, American Psychological Association, Anxiety & Depression Association of America, and other national organizations have tirelessly educated the public about the importance of self-care, the benefits/drawbacks of technology use, and the mental health value of mindfulness and meditation.

However, our general approach to mental health as a nation tends to be reactive, as opposed to proactive. We are focused on stemming the tide of distress instead of promoting emotional wellness. Our approach has been fruitful, but we are missing the mark. As a result, psychological distress continues to rise. Despite our decreased stigma and greater outreach, about one-fifth of American adults have an anxiety disorder in each and every year, and two-fifths suffer from significant anxiety over their lifespan. In a recent survey by the American Psychiatric Association, more than one-third of Americans said that COVID-19 was seriously impacting their mental health, and there is evidence that alcohol/substance misuse and domestic abuse are on the rise.

> **OUR GENERAL APPROACH TO MENTAL HEALTH AS A NATION TENDS TO BE REACTIVE, AS OPPOSED TO PROACTIVE. WE ARE FOCUSED ON STEMMING THE TIDE OF DISTRESS INSTEAD OF PROMOTING EMOTIONAL WELLNESS.**

One proactive approach to mental health involves spirituality. To be clear, many non-religious individuals access spirituality, since this domain simply involves the perception that there is a reality greater than the material world (whether linked to religious systems or not). Although this domain is underutilized by mainstream psychiatry and psychology, the spiritual world has much to offer. Most mental health patients wish to address spiritual issues in their treatment, and the vast majority within the general public harness spiritual resources when coping with traumatic events.

Needless to say, not all aspects of spirituality are for everyone. Some concepts and activities resonate, and others do not. Furthermore, attending to spirituality without self-care or connection with others (or professional treatment, if needed) can be counterproductive and even dangerous. Nevertheless, the following spiritual concepts and activities may be helpful to those who wish to cultivate more inner peace during challenging times.

First, the very notion of "inner peace" implies that human beings have the potential for peace inside, and more broadly that our most precious life assets are internal. All five major world religions speak about the Soul—a supernal part of each human that cannot be measured, but its

presence can be experienced. The concept of the Soul implies that human beings are not simply physical but have spiritual elements as well. Thus, moments of solitude, yoga, or mindfulness practices can create moments of quietude in which our body and soul can connect.

A second spiritual idea is that all human beings are connected, not only socially but spiritually. Many faith traditions believe that others are brought into our lives for a spiritual purpose. Sometimes this is readily apparent, and in other instances, it takes time to recognize. As such, it can be worthwhile to consider and contemplate that loved ones, friends, acquaintances, or even strangers are present for a reason.

Another spiritual concept is meaning-making, in which we transcend the vicissitudes of life circumstances and seek to find higher-order purpose or ultimate value. One particularly poignant meaning-making strategy is to focus on the concept of free will by recognizing that human beings always have the freedom to choose and change. Even envisioning a brighter future can be a form of meaning-making since temporary struggle or suffering is much easier to tolerate when it is perceived to lead to an ultimate good.

Perhaps the most powerful spiritual concept vis-à-vis our emotional health is that of radical acceptance. This entails accepting life on life's terms (as opposed to our own) and not fighting against that which we cannot change. From a spiritual perspective, the vast majority of human experiences are beyond our control. We don't choose our parents, our socioeconomic circumstances, our physical or mental abilities, or even the geographic location and time period into which we are born. Consider as well that medical research is far accelerated during epidemics, international diplomacy shines brightest when there is a threat of war, and sweeping social changes are often preceded, if not preempted, by strife and unrest. Yet, none of these innovations are possible without first accepting the yoke that each challenge presents. Radical acceptance is therefore a firm foundation for inner peace since it enables us to see past immediate struggles and focus on new vistas on the horizon.

To these ends, it is precisely during tumultuous times—when the world is on fire!—that we have the best opportunities to cultivate inner peace since it is so abundantly clear how little is within our control.

This article was adapted from a recent McLean Hospital/Harvard Medical School webinar.

Key Takeaway: Resilience through inner peace can be cultivated through the following spiritual ideas: human beings have the potential resources for internal peace, all human beings are connected socially and spiritually, human beings seek to make transcendent meaning out of life events, and human beings can live with the radical acceptance of life on life's own terms.

II Emotions, Behavior, and Personality

How to Experience Joy During COVID-19

An interview with Dr. Pamela King on pursuing joy amidst a pandemic

Pamela Ebstyne King

COVID-19 does not have to only produce negative emotions and experiences. We can also work to find and share joy during difficult times like the one we are in now.

This is part two of a two-part interview with Dr. Pamela King; you can find part one of this series here.

Jamie Aten: How might readers apply what you found to their lives during COVID-19?

Pamela Ebstyne King: The reality is that joy is natural, but it does not always come naturally—especially in the middle of a global pandemic and national unrest. Sometimes we need to work at joy and cultivate it. We need to tend to those things, activities, relationships, and beliefs that are life-giving. Practically speaking, this involves becoming more aware of when we feel profound joy and pursuing those things more intentionally. In other words, make joy a habit.

> SOMETIMES WE NEED TO WORK AT JOY AND CULTIVATE IT. WE NEED TO TEND TO THOSE THINGS, ACTIVITIES, RELATIONSHIPS, AND BELIEFS THAT ARE LIFE-GIVING.

During this disruptive season of COVID-19, this can be especially helpful to not only cope with the challenges and disappointments, but also to help guide you toward what brings you a sense of purpose and meaning in life. For many, so much of life has been disrupted—work, school, relationships, daily rhythms. Taking time to get clear on what brings life-giving joy is timely and essential. Reflect at the end of a day or the end of the week on when you experienced the most joy or when you felt most alive. Get curious about those moments and take note or journal about it. In addition, take some time to reflect on your life. What seasons, memories, or elements of your life brought you the most joy? In addition, consider how your beliefs may provide hope for the future and be a source of anticipated joy.

Remember, joy is different from happiness. Although they are connected through positive feelings, keep in mind joy involves what holds ultimate significance in your life.

JA: How can readers use what you found to help others amidst this pandemic?

PEK: Spark joy in other people. Apply this framework of growing as an authentic self, in relationships, and in our values. For example, be intentional about how you can encourage others to grow in their strengths. When you see your spouse, partner, or co-worker light up and/or do something really well, affirm them for that. In these stressful days, we easily lose sight of our strengths. Encourage others to do things with and for other people. Set an example for your children of spending energy and time not just with others, but for others. In addition, create spaces for those closest to you to re-evaluate life priorities, values, and beliefs. Individual performance and success are dominant within the U.S. When they are relentlessly pursued without consideration to other sources of joy that we find in our connections with others and our ultimate beliefs, the American Dream begins to feel like the American scheme. Be a safe space for those around you to wrestle with their life's purpose and ideals.

Please note: All of this is a process. In turbulent times, don't expect major changes or radical adjustments, but welcome and celebrate growth and make room for those around you to thrive.

JA: What are you currently working on that you might like to share about?

PEK: My work broadly focuses on human thriving, and I am particularly interested in the role of spirituality in thriving. I understand thriving to be adaptive growth towards one's purpose. Purpose includes all those things that bring us the most joy—becoming our best self for and with others, and for and with our highest ideals. As part of the Thrive Center for Human Development at Fuller Theological Seminary, we do research and produce resources that promote thriving and resilience. In the last several months, we created many resources on thriving, not just surviving, through COVID, which can be found here. Regarding research, my lab is working with Compassion International (CI), Tufts University, and Boston College on the CI Study of Positive Youth Development. We are studying the roles of youth strengths and the developmental resources available through CI that help youth living in poverty thrive. I'll close by saying pursue joy, especially in stressful times. Joy can be a great resource if you allow deep positive emotions and the convictions about what matters fuel and direct you. They have the potential to bring light in these sometimes dark and trying times and will propel you in your journey to thrive.

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Funding source: Yale Center for Faith and Culture from John Templeton Foundation. I was just awarded a new grant from Biola (Pete Hill and Bob Emmons) that is funded by JTF on Gratitude to God.

Key Takeaway: Experiencing joy requires work and practice; it is a habit formed by seeking out the things, people, and activities that give you profound joy.

What Motivates You to Wash Your Hands and Stay at Home?

Researchers examine how functional "fear" can predict behavior change

Joy Lee-Ryan

Since the start of the COVID-19 pandemic, viral TikTok dances have been encouraging people to wash their hands and celebrities have posted PSAs urging their fans to practice social distancing. But what's really motivating people to adhere to COVID-19 safety practices?

Of course, many factors impact someone's decision and ability to comply with public health protocols in slowing the spread of COVID-19. Researchers Craig Harper, Liam Satchell, Dean Fido, and Robert Latzman explore what predicts virus-mitigating behaviors like hand-washing and social distancing. They recently published a study in the *International Journal of Mental Health and Addiction* examining how fear, self-perceived likelihood of getting COVID-19, and political ideology relate to behavior changes.

The researchers analyzed online survey responses from 324 individuals collected between March 27-28, 2020. 50 percent of the participants identified as female and 79 percent reported that they reside in the UK. About half of them felt like they were at "medium risk" for COVID-19 whereas 33 percent responded that they were "low risk." They collected data on demographics, perceived risk, fear, behavior change, emotional wellbeing, morality, and quality of life and health.

RESEARCHERS DETERMINED THAT FEAR HAS A FUNCTIONAL ROLE IN INCREASING THE PRACTICE OF HYGIENE-RELATED BEHAVIORS WHILE ALSO DECREASING THE SENSE OF PHYSICAL AND ENVIRONMENTAL WELLBEING DURING THIS GLOBAL CRISIS.

Fear and Behavior Change

Results from the study demonstrate a correlation between change in behavior and fear of COVID-19. The researchers determined that fear has a functional role in increasing the practice of hygiene-related behaviors while also decreasing the sense of physical and environmental wellbeing during this global crisis:

> *"Participants who were more concerned about COVID-19 (as measured by the FCV-19C) were those who engaged more with public health-compliant behaviors. It is of interest that the measures of fear and anxiety symptoms were stronger predictors than moral and political orientation, all of which explained small to no variance, potentially suggesting more emotional (rather than sociopolitical) influences on complaint behavior."*

Researchers clarify that some of the questions regarding "fear of COVID-19" are more relevant to the definition of anxiety as "a preparatory reaction to ambiguous or distant stimuli." That said, functional "fear," as examined in this study, is a negative emotion that can help individuals adapt and change their behavior in this current context. It is important that mental health providers understand the normative and functional role of "fear" when identifying patients with mental health issues. Whereas, high levels of emotional fear do significantly impede an individual's ability to think clearly and rationally. Individuals who have a history of mental illness are likely to experience pathological levels of fear and will require the attentive support of mental health professionals.

Beliefs and Behavior Change

This study found no correlation between behavior change and political affiliation or moral beliefs. The researchers explain that political context is likely to play a part in these results because participants were largely from the UK. Survey results may differ depending on where

the participants are from. The stage of the pandemic response during the time of data collection might also be a factor. This lack of correlation to political and moral ideology, as discussed by the researchers, can be interpreted as a positive finding:

> *"We argue that the lack of any significant political orientation or moral foundations effects on behavior change is a positive point from a social perspective, and suggests that, in times of (inter)national crisis, people can forgo their ideological commitments and behave consistently with governmental advice in pursuit of a common public health good."*

Functional "Fear" in Context

While functional "fear" predicts adaptive behavior, it is important to understand it with nuance and in context with other protective factors that encourage common humanity and public wellbeing that prioritizes the safety of all peoples. Messaging that relies too much on fear to motivate hygiene-related behavior change may activate a scarcity mindset, individualistic tendencies, or xenophobia. Effective functional "fear" requires individuals to better understand their own emotions, manage their wellbeing, and act on reliable information.

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Key Takeaway: Functional fear is a two-sided blade that can both encourage hygiene-related behavior while also decreasing emotional wellbeing.

Is Temperament Predictive of COVID-19 Stress?

Attachment style and temperament affects perception of psychological distress

Amanda Sorenson

A recent study of psychological stress at the end of the first month of strict COVID-19 containment measures in Italy analyzes temperament and attachment style as potential mediators and predictors of the developing COVID-19 mental health burden. The [study], "Affective temperament, attachment style, and the psychological impact of the COVID-19 outbreak: An early report on the Italian general population" by Lorenzo Moccia et al., published in *Brain, Behavior, and Immunity*, is the first sizeable sample (500) of the early psychological impact of COVID-19 on the Italian population. In addition to assessing the scope of the mental health burden, the study investigated respondents' temperament and attachment characteristics relative to their psychological response in an effort to identify potential intervention strategies.

Adverse psychological impact in response to the COVID-19 pandemic is expected. Psychological distress due to viral pandemic was first documented by Menniger in 1919, related to the Spanish flu epidemic. Studies released out of China, where the current pandemic originated, quantify evidence and patterns of psychological distress. In fact, findings in the Italian study indicate "that 38 percent of the general population is currently perceiving a form of psychological distress" (Moccia et al., 2020), and are similar to findings of online surveys of the Chinese population (Li et al., 2020).

The distinct feature of the Italian study is the hypothesis that

> "…temperament and attachment may affect the degree of perceived psychological distress during the COVID-19 pandemic. Therefore, we aimed to evaluate the psychological impact of the COVID-19 outbreak on the Italian general population and to analyze the affective temperament and AAS as potential predictive factors influencing the extent of psychological burden." (Moccia et al., 2020)

The theory postulates that the emotional reactivity of certain temperaments renders some individuals better able to cope with environmental stressors. Furthermore, intimate bonds with caregivers during infancy are a template for behavioral, cognitive, and emotional strategies that are activated by stress during adulthood.

THE THEORY POSTULATES THAT THE EMOTIONAL REACTIVITY OF CERTAIN TEMPERAMENTS RENDERS SOME INDIVIDUALS BETTER ABLE TO COPE WITH ENVIRONMENTAL STRESSORS.

The study used a questionnaire to collect demographic and epidemiological data and three standard tools to acquire psychological data: Kessler 10 Psychological Distress Scale (K10) to measure levels of distress; Italian Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Auto-questionnaire short version (TEMPS-A) to identify temperaments; and Attachment Style Questionnaire (ASQ) to identify adult attachment styles.

The five identified temperaments are:

1. Cyclothymic, characterized by shifts in mood, energy, behavior, and thinking
2. Depressive, characterized by pessimism, self-criticism, gloomy, worrying, and pleasing others
3. Irritable, characterized by a tendency toward anger and reactivity to slight provocations
4. Hyperthymic, characterized by exceptionally or abnormally positive mood and disposition
5. Anxious, characterized by physiological and behavioral reactivity to mildly stressful stimuli

The five adult attachment styles are described as:

"(1) 'Confidence,' describing secure attachment; (2) 'Discomfort with closeness' and (3) 'Relationships as secondary', both measuring attachment avoidance; (4) 'Need for approval,' and (5) 'Preoccupation with relationships,' both assessing attachment anxiety." (Moccia et al., 2020)

Psychological distress scale scores on the four-day online survey categorized 62 percent of respondents as having "no psychological distress," 19.4 percent as "mild psychological distress," and 18.6 percent as "moderate-to-severe psychological distress." When compared to those who reported "no psychological distress," cyclothymic, depressive, and anxious temperaments and the attachment "need for approval" were rated as risk factors for "moderate-to-severe psychological distress." In contrast, "confidence" and "discomfort with closeness" attachment styles were protective against psychological distress. The study also showed anxious temperament as a risk factor for "mild psychological distress" when compared with "no psychological distress."

Although gender as a risk or protective measure for psychological distress in COVID-19 was not the primary intent of the study, data showed that in comparison to women, males are

"... less likely to develop psychological symptoms in the face of a stressful event. Similarly, a recent survey conducted in China one month after the COVID-19 outbreak reported higher post-traumatic stress symptoms in women (Liu et al., 2020)." (Moccia et al., 2020)

The authors note that anxious temperament, identified in their study as a risk factor, is more prevalent in women.

Although there are some limitations to generalizing the findings of the study in that it lacks longitudinal follow-up, and the reliability of self-administered assessments may be partially biased, the authors are satisfied that

"... A relevant percentage of the Italian population might have experienced from mild to moderate-to-severe psychological distress symptoms during the early phase of the COVID-19 outbreak, and that both temperament and AAS features may predict the extent of mental health burden. Interventions promoting mental health among the general population should be rapidly implemented, bearing in mind individual background and characteristics." (Moccia et al., 2020)

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Key Takeaway: A person's attachment style and temperament can affect how they perceive distress related to COVID-19.

Could Coronavirus Anxiety Be a Good Thing?

Research shows a correlation between anxiety and health-conscious behavior

Kayla Gustafson

Fear. Anxiety. Uncertainty. All of these words and more are being tossed around like candy during this unprecedented time. But are these necessarily "bad" words? Could fear actually be functional? That is just what a team of researchers in the UK recently tried to discover.

In the study, a few hundred people broadly affected by the COVID-19 pandemic were surveyed in order to better understand indicators of behavior modification during these unique times. Participants self-reported their ratings on a number of different indicators including political ideology, emotional distress amid COVID-19, perceived risk of contracting COVID-19, and behavior changes in light of COVID-19. Political ideology was categorized on a scale from very liberal to very conservative. Measured behavior changes included habits like hand-washing and social distancing.

The research confirmed the positive relationship between fear, anxiety, and behavior change. While fear is often viewed as a negative emotional response to perceived threats, it is important to remember that anxiety can actually be critical to survival.

Just like the fear of fire might keep a child from playing in the fire pit, thereby keeping them safe from harm, anxiety about the coronavirus is helping people adjust their behaviors to protect themselves from a real public health threat. Of note here is the slight difference in meaning between fear and anxiety. The researchers distinguish anxiety as a preparatory reaction to a perceived threat, while fear is considered the "reactive removal of oneself from a position of immediate risk" (Harper, 2020).

While the study authors also measured political ideology in order to draw conclusions between political leanings and health-compliant behaviors, they found no significant correlation between the two. They explained,

> "It is of interest that the measures of fear and anxiety symptoms were stronger predictors than moral and political orientation, all of which explained small to no variance, potentially suggesting more emotional (rather than sociopolitical) influences on compliant behavior. There was also no notable decline in quality of life in relation to behavior change. However, fear of COVID-19 was related to decreased physical and environmental wellbeing. Overall, these results suggest that 'fear' and anxiety at the current time have a functional role, and are related to increased compliance for improving public wellbeing." (Harper, 2020)

There is a fine line, then, between fear and anxiety that must be carefully considered. While anxiety is serving its purpose, helping people stay safe and healthy, fear must not be turned into a weapon that will further harm those with pre-existing mental health conditions. For those who are on the precipice of fear, it is important to reach out to a health-care provider or counselor to check in and receive help.

It is also important to reiterate that this particular study's participants were located mainly in the UK. Because the pandemic is a continued phenomenon, it is necessary to replicate this study both in the UK and in other locations

EMOTIONAL INTELLIGENCE SERVES A PURPOSE—YOUR MILD ANXIETY IS YOUR MIND'S WAY OF PROTECTING YOUR BODY FROM A POTENTIAL THREAT.

in order to better understand the correlations between fear, anxiety, ideology, and health-conscious behavior.

For now, the results are a good reminder that emotional intelligence serves a purpose—your mild anxiety is your mind's way of protecting your body from a potential threat.

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Key Takeaway: Anxiety about COVID-19 can be helpful if handled well through emotional intelligence.

How You Can Measure Your Coronaphobia

Interview with Dr. Sherman Lee on his new Coronavirus Anxiety Scale

Sherman A. Lee

Understanding the mental health issues surrounding COVID-19 requires careful and thoughtful research and deliberation. Psychological tools and tests help assess these needs, including the Coronavirus Anxiety Scale.

Jamie Aten: How did you first get interested in this topic?

Sherman Lee: I became interested in the coronavirus crisis around February 2020 when news reports about the rapid spread of a mysterious virus started becoming more and more frequent. My youngest daughter, who has a weak immune system, was just recovering from a difficult flu, and the notion that she could catch this deadly virus filled my wife and me with dread.

I knew that others, particularly "worriers" like myself, would start to have anxiety over this coronavirus. Some may even need psychological help to get through it, I thought. Knowing how emotionally painful and debilitating fear and anxiety can be in people's lives, I began the project of developing a test to identify those who may need help with this specific form of anxiety, also known as "coronaphobia." As a developer of psychological instruments, I thought this could be a significant contribution to our global effort to fight this pandemic.

JA: What was the focus of your study?

SL: From March 11th to the 13th I collected online survey data from 775 adults who experienced significant fear and anxiety over the coronavirus. Using this sample, I was able to statistically isolate five fear and anxiety symptoms that could distinguish between people who are "clinically" anxious about the coronavirus from people who are worried but not functionally impaired by their emotions.

> CORONAPHOBIA IS "REAL" AND SHOULD BE TAKEN SERIOUSLY BY HEALTH PROFESSIONALS AND POLICYMAKERS.

These five symptoms—which are dizziness, sleep disturbances, tonic immobility, appetite loss, and nausea/abdominal distress—reflect strong physiological reactions to fear and anxiety and form the basis of the Coronavirus Anxiety Scale (CAS). What is unique about this study is that it is the first scientific study of coronaphobia as a clinical condition and one of the first to study the fear and anxiety of people who were actually infected with the disease.

JA: What did you discover in your study?

SL: Results from this study show that the CAS is suitable as a mental health evaluation tool. The results also showed that people suffering from coronaphobia experienced high levels of hopelessness, spiritual crisis, and suicidal ideation. These individuals also tended to cope with their anxiety by using alcohol or drugs and were disabled by their fear and anxiety. Basically, this study showed that coronaphobia is "real" and should be taken seriously by health professionals and policymakers.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

SL: Although I expected coronavirus anxiety to be associated with social attitudes, as anxiety tends to color how we see the world, I did not expect to find that coronavirus anxiety was positively correlated with approval of President Trump's responses to the coronavirus outbreak. That is, people who were the most anxious about the coronavirus were also the most satisfied with how President Trump was dealing with the pandemic.

Although this finding seemed counterintuitive to me, it may reflect what social and political psychologists call the "conservative shifts" phenomenon, where existential fear tends to move people toward supporting conservative leadership. Although this is not my area of expertise, I am looking forward to learning more about this phenomenon.

JA: How might readers apply what you found to their lives during COVID-19?

SL: Recognize that coronaphobia is real, overwhelmingly unpleasant, and can have a detrimental impact on one's day-to-day life. Also, recognize that mental health professionals can provide a person suffering from this form of anxiety with appropriate treatment and support.

JA: How can readers use what you found to help others amidst this pandemic?

SL: Knowledge is power. You can help people understand that mental health conditions should be taken seriously and coronaphobia is just one of many psychological concerns that is tied to this infectious disease outbreak. Be sensitive and supportive of those who live with fear and anxiety over the coronavirus. Try not to minimize or invalidate their emotional experiences.

JA: What are you currently working on that you might like to share about?

SL: Currently, I am helping medical professionals, researchers, and specialists from around the world with their COVID-19 related assessments and screening protocols. I am also providing support for scholars who are translating and validating the CAS for use in their countries.

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Key Takeaway: Coronaphobia—one of the COVID-19 anxiety-related mental health issues—can be measured by assessing dizziness, sleep disturbances, tonic immobility, appetite loss, and nausea/abdominal distress.

Aren't We All Experiencing Loss and Grief Amidst COVID-19?

Recognizing the uniqueness of each individual's pandemic experience

Kailin Huang

I used to hear the greeting, "How are you doing today?" all the time. But now, I more often hear "How are you holding up?" when some of my friends call me. And, in that question, I find there are so many things I wanted to say back. I find there is a sense of complexity in the question for the asker, for the answerer, and for all people who are experiencing this COVID-19 pandemic. We all have some mix of complicated feelings during this pandemic. More precisely, "Aren't we all experiencing loss and grief amidst COVID-19?"

What does the research say about this?

According to the journal article "Loss and grief amidst COVID-19: A path to adaptation and resilience," the COVID-19 pandemic not only poses a threat to global health but also mental health. Many families are undergoing significant losses in this pandemic, like suffering the pain of losing their loved ones. At the same time, numerous frontline healthcare workers are also experiencing both physical and psychological symptoms of grief in response to their patients who have suffered and died (Zhai & Du, 2020).

Primary losses, secondary losses, and multiple losses

Primary losses, such as death and major life changes, directly happen to people who die or suffer from this pandemic. Secondary losses are the consequences of primary losses. Individuals who have lost loved ones may face secondary losses such as losses of companionship, sexual intimacy, and family role (Zheng et al., 2020). There is a higher likelihood for those who recovered from the disease to have secondary losses with regards to their abilities and identity alongside the consequences of primary losses like chronic cardiovascular damage.

The policies of lockdown and shelter-in-place also cause a loss of freedom. This can lead to secondary losses such as losses of relationship, recreation, and social support (Zhai & Du, 2020). Social distancing also causes these issues, especially minimizing both emotional and physical intimacy with our partners, family, and friends. Furthermore, there are many U.S. citizens who have filed for unemployment during this pandemic. Job loss—categorized as a primary loss—brings losses of financial security, independence, healthcare, a sense of future, and hope.

Lastly, there are some multiple losses which are several primary losses occurring simultaneously, like what is happening in this pandemic. For some first responders or patients who are under quarantine might experience ambiguous loss; for some individuals with COVID-19, they might experience stigmatized loss as they may easily be blamed for the contraction and transmission of COVID-19.

Anticipatory grief, disenfranchised grief, and Prolonged Grief Disorder (PGD)

Grief is inevitable for individuals with losses. For the frontline workers and healthcare workers, there is a higher likelihood for them to have anticipatory grief. Same with many families who know their loved one is suffering and

> BY RECOGNIZING THE UNIQUENESS OF EACH INDIVIDUAL'S LOSS AND GRIEF, IT WILL NOT ONLY CREATE A SPACE TO DESIGN TAILORED AND DEVELOPED STRATEGIES THAT CAN HELP US ADAPT, BUT IT WILL ALSO BUILD UP OUR RESILIENCE AMID THIS CRISIS.

may miss out on the final moment. The intense situation of this pandemic might also cause disenfranchised grief, such as funeral without ritual. Lack of social and cultural recognitions might put some individuals at a higher risk for Prolonged Grief Disorder (PGD) during this pandemic. PGD will impact an individual's mental health and physical health. Consequently, the disturbance that PGD causes can result in significant impairment of essential areas of functioning (Zhai & Du, 2020).

A path to adaptation and resilience

Because we are all experiencing losses and grief during this pandemic, it is important for us to discern which types of loss and grief we are facing. By recognizing the uniqueness of each individual's loss and grief, it will not only create a space to design tailored and developed strategies that can help us adapt, but it will also build up our resilience amid this crisis.

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Key Takeaway: Understanding the type of grief or loss caused by COVID-19 can help the journey toward resilience. These are the categories to know: primary, secondary, and multiple losses; and anticipatory, disenfranchised, and prolonged grief.

Are COVID-19 Patients at Risk for PTSD?

Recent research on post-traumatic stress and COVID-19 treatment

James Fisher

With the COVID-19 pandemic impacting so many around the world, mandatory quarantines are taking place for those who test positive for the coronavirus. Communities have come to a screeching halt in the practice of social distancing. The world is going online for remote learning and working. Sunday pews are empty, as are parks, sporting arenas, offices, restaurants, and train stations.

Social distancing is the best practice for slowing the spread, flattening the curve, and is vital for ultimately beating COVID-19. Although physical separation is necessary, there may be consequences for those isolated—especially, perhaps, coupled with the experience of having the illness—that need attention.

Researchers in China have recently investigated if PTSD was prevalent within COVID-19 survivors. The researchers were curious to investigate what the mental health status of those discharged from quarantine facilities looked like. Their research paper, published in the journal *Psychological Medicine* on March 27th, notes:

> *"According to the treatment guidelines in China, COVID-19 patients need to be treated in isolated infectious hospitals. Due to social isolation, perceived danger, uncertainty, physical discomfort, medication side effects, fear of virus transmission to others, and overwhelming negative news portrayal in mass media coverage, patients with COVID-19 may experience loneliness, anger, anxiety, depression, and insomnia, and posttraumatic stress symptoms."*

The researchers asked COVID-19 patients to participate in an online questionnaire before their release from the five quarantine facilities constructed in Wuhan, Hubei province. These temporary hospitals were specifically built to hold, quarantine, and treat people who had tested positive for the virus. The participants all needed to meet a criterion before taking part in the questionnaire. Namely, each needed to be a clinically stable adult COVID-19 patient as verified by medical records. Of the 730 patients recruited to be in the study, 714 people met standards to participate. The mean age of the participants was 50.2 years of age.

> *"The 17-item self-reported PTSD Checklist (PCL-C) (Weathers, Litz, Herman, Huska, & Keane, 1993) was used to assess the severity of the posttraumatic stress symptoms. A total PCL-C score of ≥50 was considered 'having significant posttraumatic stress symptoms.' (X.-Y. Yang, Yang, Liu, & Yang, 2007)"*

The researchers found that based on the PTSD Checklist questionnaire, the prevalence of serious PTSD in the patients discharged from the quarantine facilities was at a staggeringly high 96.2 percent. As stressful as being a patient may be, the researchers noted that other forces might contribute to PTSD symptoms, such as news coverage and social hostility.

The research indicates that a significant number of COVID-19 survivors suffered from PTSD before being released from quarantine. This means that COVID-19 treatment ought to not stop once the patients are released from isolation. There seems to be a need for long-term psychological interventions for survivors of the virus.

THE RESEARCH INDICATES THAT A SIGNIFICANT NUMBER OF COVID-19 SURVIVORS SUFFERED FROM PTSD BEFORE BEING RELEASED FROM QUARANTINE.

There may be implications for non-patients in social isolation. It is important to stay connected to others even when physically separated. Text messaging, phone calls, and video conferencing are all tools people can proactively use during this time. We may need to remain physically distant from one another, but we can still stay socially united.

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Key Takeaway: Between quarantine, media coverage, and social hostility, COVID-19 has created opportunities for PTSD to develop among infected patients.

III Coping

How to Stay Emotionally Healthy During the Coronavirus Outbreak

Proven techniques for managing stress and anxiety over the outbreak

Margot Starbuck

The World Health Organization has coached us about how to avoid contracting and spreading the coronavirus to stay physically healthy. But what about attending to our mental health in the midst of the current outbreak? How do we stay emotionally healthy when many around us are fearful?

Today I am scheduled to drop my 21-year-old daughter at the airport to embark on a two-week trip through a number of European countries. To date, the Centers for Disease Control and Prevention (CDC) has not issued travel warnings for any of her destinations. Should she choose to travel over her spring break voyage this evening, a lot of us who love her will need tools to manage our own stress and anxiety about the coronavirus.

Here are some strategies that I've been using that may help you, too.

Pay Attention to Your Body and Your Emotions

It's natural to experience stress and anxiety in the face of a threat we cannot control. Because every person reacts differently, notice what your body and emotions are telling you:

- Listen to your emotions, noticing any anxiety, sadness, anger, or detachment.
- Listen to your body, noticing any change in appetite, new aches and pains, or feeling particularly hot or cool.
- When you notice troubling symptoms, pause to care for your body and mind. If you become unable to manage or function well, seek the assistance of a professional.

Embrace Best Health Practices

Though there's much about the coronavirus outbreak over which you have no control, you can choose to embrace the kinds of practices that will keep you and your loved ones safe. The CDC suggests:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds.

Access Reliable Resources

You can choose how you will receive and consume information about the outbreak. If you rely on panicked phone calls from your anxious loved ones, you're likely to suffer more than if you choose to rely on credible sources. Two reliable sources for health news include the CDC and the World Health Organization.

If you become consumed by breaking news about the spread of the coronavirus, you can also choose to step away from media reports for a time. At the same time, if you find yourself feeling overwhelmed by the news or compulsively checking the news, then you need to take a break and set limits for yourself.

Share Reliable Information

Another way to care for yourself is to care for others by sharing the best information you've discovered.

When you find a reputable resource that's particularly helpful, share it with a loved one. When you learn about practices that keep people safe, let a relative who is vulnerable to illness know. In a culture where people are feeling anxious, you can be a gift to others.

Practice Self-Care

In the midst of a stressful season or situation, many self-care practices are the same ones that prove helpful in everyday living:

- Maintain your normal routines.
- Connect with family and friends.
- Eat well and stay active.
- Get adequate rest.
- Do enjoyable activities; and
- Employ coping skills that nurture your spirit, like mindfulness exercises or prayer.

While it feels like there is a lot we can't control amidst concerns over the coronavirus, every one of us can make choices to stay emotionally healthy. I know I will.

WHILE IT FEELS LIKE THERE IS A LOT WE CAN'T CONTROL AMIDST CONCERNS OVER THE CORONAVIRUS, EVERY ONE OF US CAN MAKE CHOICES TO STAY EMOTIONALLY HEALTHY.

Key Takeaway: Staying emotionally healthy during COVID-19 can be done by paying attention to your body and emotions, embracing the best health practices, accessing and sharing reliable resources and information, and practicing self-care.

How We Can Mitigate the Psychological Impact of Quarantine

An evidence-based look at the stressors of quarantine and how to address them

Hannah Sudhakar

The COVID-19 outbreak has seen many countries place their populations under mass quarantine as a measure to decrease their chances of cross-infection. Since the modes of exposure to this disease are numerous, quarantine and social distancing are seen as the only ways to truly escape it. The CDC defines quarantine as "the separation and restriction of movement of people who have potentially been exposed to a contagious disease to ascertain if they become unwell, so reducing the risk of them infecting others."

Quarantine can be an unpleasant experience for many and can lead to negative psychological impacts. In times of emergency, the WHO recommends rapid reviews as a means of evidence synthesis. The purpose of this review is to help policymakers provide guidance for the public on quarantine impacts and mitigation. This rapid review was done by Samantha Brooks, Rebecca Webster, Louise Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, and Gideon Rubin of the Department of Psychological Medicine, King's College London. The research was funded by the National Institute for Health Research (NIHR) Health Protection Research Unit in Emergency Preparedness and Response at King's College London, in partnership with Public Health England, and in collaboration with the University of East Anglia and Newcastle University. It was published in *The Lancet* and became available online on February 26, 2020.

Three electronic databases were used and 24 papers were studied for this review. These studies were done across 10 countries and included people quarantined due to SARS, Ebola, the 2009 and 2010 H1N1 Influenza pandemic, Middle East Respiratory Syndrome, and Equine Influenza. Among the different databases, 52 articles were narrowed down after excluding duplicates and those that did not match the inclusion criteria. Of these 52, 28 were excluded due to the nature and duration of quarantine described in those articles. Finally, 24 articles were included in this rapid review.

The results were split into two categories: stressors during quarantine and stressors post-quarantine. The stressors during quarantine were:

- **Duration of quarantine.** Longer durations of quarantine were associated with poorer mental health—specifically, post-traumatic stress symptoms, avoidance behaviors, and anger.

- **Fear of infection.** Participants were found to have high stress about being infected or infecting others, especially family members.

- **Frustration and boredom.** Confinement, loss of usual routine, and reduced social and physical contact with others were frequently shown to cause boredom, frustration, and a sense of isolation from the rest of the world, which was distressing to participants.

- **Inadequate supplies.** Having inadequate basic supplies (e.g. food, water, clothes, or accommodation) during quarantine was a source of frustration and continued to be associated with anxiety and anger 4-6 months after release.

- **Inadequate information.** Many participants cited poor information from public health authorities as a stressor, reporting insufficient clear guidelines about actions to take and confusion about the purpose of quarantine.

The stressors post-quarantine were:

- **Finances.** With people unable to work and having to interrupt their professional activities with no advanced planning the financial loss as a result of quarantine created serious socioeconomic distress and was found to be a risk factor for symptoms of psychological disorders and both anger and anxiety several months after quarantine. Participants with a combined annual household income of less than CAN$40,000 showed significantly higher amounts of post-traumatic stress and depressive symptoms.

- **Stigma.** Stigma from others was a major theme throughout the literature, often continuing for some time after quarantine, even after containment of the outbreak. This observation may not apply to the COVID-19 pandemic.

The results of the review suggest that while quarantine is a necessary preventive measure, it is often associated with negative psychological effects. Though these negative impacts are unsurprising, evidence suggests that many of them could be detected in participants for months or even years after quarantine. All of the during quarantine and post-quarantine stressors suggest an intense need to have effective mitigation measures put in place for quarantines.

WHILE QUARANTINE IS A NECESSARY PREVENTIVE MEASURE, IT IS OFTEN ASSOCIATED WITH NEGATIVE PSYCHOLOGICAL EFFECTS.

In response to these stressors, the review also had some suggestions for mitigation:

- **Keep it as short as possible.** Restricting the length of quarantine to what is scientifically reasonable given the known duration of incubation periods, and not adopting an overly precautionary approach to this, would minimize the effect on people.

- **Give people as much information as possible.** Ensuring that those under quarantine have a good understanding of the disease in question, and the reasons for quarantine, should be a priority.

- **Provide adequate supplies.** Officials also need to ensure that quarantined households have enough supplies for their basic needs and, importantly, these must be provided as rapidly as possible.

- **Reduce boredom and improve communication.** Boredom and isolation will cause distress; people who are quarantined should be advised about what they can do to stave off boredom and provided with practical advice on coping and stress management techniques. The ability to communicate with one's family and friends is also essential. In regard to the communication of officials to the affected people, the review suggests:

  "It is also important that public health officials maintain clear lines of communication with people quarantined about what to do if they experience any symptoms. A phone line or online service specifically set up for those in quarantine and staffed by health-care workers who can provide instructions about what to do in the event of developing illness symptoms, would help reassure people that they will be cared for if they become ill. This service would show those who are quarantined that they have not been forgotten and that their health needs are just as important as those of the wider public."

In summary, these stressors and their methods of mitigation are aimed at providing policymakers with the adequate tools needed to convey information to the public. This review is also essential as it consolidates information gained from previous epidemics to inform future situations with similar effects to help in the formulation of disaster response plans. While physical impacts are usually the only considered factor in emergency situations, this review shows the connectedness of mental health and physical factors as well.

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Key Takeaway: The negative mental health effects of quarantine can be mitigated by limiting duration, providing adequate information and supplies, reducing boredom, and improving communication.

How to Cope With COVID-19

It is an active process

Alice Schruba

Over the last several weeks, fear has grown surrounding the coronavirus (COVID-19) in both our collective society and local communities. Alongside fear is also the growing frustration surrounding our physical health and safety, our access to resources and medical supplies, our economy and jobs, and our free will and mobility. A common phrase among mental health professionals is that "an abnormal reaction to an abnormal situation is normal." Concern around the coronavirus is not only natural but, to an extent, a healthy response. However, how you cope with them matters, especially when you may be unable to care for yourself as you typically would. Since we don't know how long this will go on, rather than implementing quick fixes, it's about doing life differently in a very different season to support sustainable self-care. Here are five things to consider when coping with COVID-19 from a holistic perspective.

> CONCERN AROUND THE CORONAVIRUS IS NOT ONLY NATURAL BUT, TO AN EXTENT, A HEALTHY RESPONSE. HOWEVER, HOW YOU COPE WITH THEM MATTERS, ESPECIALLY WHEN YOU MAY BE UNABLE TO CARE FOR YOURSELF AS YOU TYPICALLY WOULD.

Sitting with vs. sitting in: In a time of uncertainty, it is important to acknowledge our emotions. When we run from them or sit in them, we ultimately increase our pain and distress. If we can sit with our emotions by attempting to understand them, effectively expressing them, and maybe even accepting their presence, we allow ourselves to honor our emotions while moving through them. Think of a car stuck in deep snow. If you keep hitting the gas pedal, the car digs deeper in and further worsens the situation. But if you take a moment, take your foot off the gas, and get out to assess the situation, there may be a better tool or solution available. Emotions work the same way. At times, we need to stop what we're doing, get perspective, and use a tool or coping skill such as journaling for five to 10 minutes, sharing them with others using "I feel" statements and speaking to your own experience in the moment, or even expressing them through art. In this rapidly developing situation, you are allowed to feel however you feel about COVID-19. Accepting your emotions around this situation allows you to have them and still function, rather than feel stuck or exhausted from avoidance.

Controllable vs. uncontrollable: Extra time at home may mean extra time to think, worry, and ruminate about COVID-19. Our brains seek to solve problems that have already happened, haven't happened yet, and may never happen. It is a process intended to protect us that often negatively impacts us. The goal is not to suppress your thoughts, but to reframe them and refocus on what you can address. Reframing our thoughts to a more neutral, grounded, and realistic perspective allows us to practice alternative ways of thinking about the situation and our experience of it. For example, shifting from "I can't handle this" to "I'm doing the best I can in this moment." Another way to shift your perspective is by identifying what is controllable and important to you and what is not using the quadrant method. By identifying what is important and controllable, you can think about how to address it (e.g., how long you watch the news). Looking at what is important but uncontrollable, allows you to acknowledge your concerns (e.g., what the government enacts). Assessing what is unimportant but controllable equips you to act if needed (e.g., what clothes you put on for the day). Lastly, acknowledging what is unimportant and uncontrollable provides perspective (e.g., the weather). By actively identifying, assessing, and reframing our thoughts, we allow ourselves to acknowledge what's important while shifting to what we can do and how we can accomplish it.

Momentum vs. motivation: With many working and learning at home where they normally rest and relax, it is important to identify ways to get up, get moving, and keep going. The goal is to take action and engage in behaviors supportive of your physical, emotional, social, and spiritual health. Unfortunately, you may not feel motivated to do so. This is not to say, just do it, suck it up, or pull yourselves up by your bootstraps. Instead, the goal is to start somewhere and do something. Behavioral activation means identifying and taking tangible steps to help build momentum. As you build momentum in each action, you provide yourself evidence that you can do it and you can keep going. Practice makes pattern. Developing and maintaining healthy routines is paramount in the undefined time of COVID-19, as they provide a sense of structure, security, and consistency. Consider what routines and actions have aided you in the past whether that be having a morning routine, eating lunch, getting up and moving throughout the day, making dinner, exercising, or calling loved ones. Something as simple as standing up and walking once every hour or changing your clothes every day can act as a reminder of your ability to take action.

Connection vs. conversation: For some, COVID-19's quarantining and social distancing means more togetherness while for others it means more alone time. No matter the side of the spectrum you find yourself on, it is important to understand when you are just talking at someone versus when you are connecting with them. True connection seeks to communicate that, "I see you, I hear you, and I'm with you." It balances both actively listening and sharing. It may also, at times, involve setting boundaries and respecting theirs. Rather than reacting quickly, connection seeks to respond effectively. Approach your relationships with intentionality. This intentionality can come in the form of scheduled Skype dates, regular phone calls, or family mealtimes. This intentionality can also come through when and how you say what you say, such as choosing a respectful tone, not interrupting meetings, listening when they're talking to you, or telling them you can't talk right now. Social distancing doesn't have to mean social disconnection.

Hope vs. hype: Faced more frequently with our own fragility, our attention naturally turns more to our vulnerabilities. At times, this can be helpful to keep us safe but can lead to feeling hopeless and helpless. Rather than falling back on platitudes, it can be helpful to actively cultivate and connect with hope and faith. Not to bypass concerns, but to actively consider what reminds you of the good in this world. What you focus on is what you foster. By actively identifying hopeful things, what you're thankful for, what gives you faith in humanity, you remind yourself that there is something bigger, greater, and more transcendent than COVID-19. That is not to say that you must look for miracles, but instead simple reminders of life beyond COVID-19 such as a child's love of bubbles, a dog's happy trot on a walk, the sight of neighbors saying hello. There is much to be genuinely concerned about at this time, but it may be unhelpful to overly attend to it. Consider writing down what gives you hope, where you find strength, what you have faith in, or what gives you comfort. Reminding yourself of these things is just as important as washing your hands.

Taken together, attending to these areas of health support caring for yourself from a holistic perspective. This is in service of sustainable health in these coming weeks as you care for your emotions, thoughts, actions, relationships, and hope. It's important to understand, though, that each of these areas of health are not a checklist of things to accomplish or mark off. Rather, they are areas of health to check in with yourself about. As you check in with yourself, please do so

from a stance of compassion, not perfection. We all need time to figure out our new normal and our needs within it; have grace on yourself and others.

Key Takeaway: Coping well with COVID-19 requires a reorientation towards the problem at hand by sitting with our emotions to understand them, accepting what is both in and out of our control, maintaining healthy momentum, connecting deeply with others, and finding sustainable hope.

Coping With Anxiety in the Age of COVID-19

Five steps to managing anxious thoughts

Dan Martinson

We are living in a time of unprecedented anxiety. We have constant access to news of outbreaks and economic turmoil. We are experiencing social disruptions. We have lost social supports and routines.

The future is uncertain, but it will likely get harder before it gets easier. It is the perfect recipe for anxiety.

If you Google the definition of anxiety, you will find this: "Anxiety (noun): a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome."

Are you facing any imminent events in your life right now? Any uncertain outcomes? I think we all are.

Newsflash: It is perfectly normal and understandable to be feeling anxious in the age of COVID-19. In fact, anxiety is a healthy reaction to unfamiliar, possibly threatening circumstances. It can prompt us to pay attention, plan ahead, and keep ourselves safe.

Unfortunately, our over-stimulated minds can easily transform helpful nudges of anxiety into decapitating lashings of panic. Since COVID-19 is "too close to home," I will use another example to illustrate how this can happen:

Imagine you have a big test coming up. It is very important to you that you do well on this test. Yet when you sit down to study, you find that studying is the last thing you want to do. It makes you feel uncomfortable. You feel overwhelmed by all of the information in front of you. You doubt your ability to absorb it. You are concerned that you will not do well.

Maybe you are experiencing shortness of breath, tightness in your chest, or a pit in your stomach. You get swept up in thoughts of all of the terrible, horrible things that could go wrong. Those possible future catastrophes quickly become inevitable facts in your mind. They go something like this:

1. I will fail the test.
2. I will fail the test after that.
3. I will fail the class.
4. I will not get into the college/graduate program/profession that I want.
5. I will be stuck in some job that I hate for the rest of my life.
6. I will die, alone and friendless.

By now, your heart is racing and you feel close to hyperventilating. You stop studying for the test.

That small, uncomfortable feeling of anxiety was supposed to prompt you to pay attention, study hard, and perform well on the test. However, the anxiety quickly spiraled out of control in your body and mind. It caused you to freeze up, freak yourself out, and avoid preparing effectively.

Thankfully, there is a way you can capitalize on your anxiety so it works for you rather than against you. I will break it down into five steps:

1. Recognize your anxious feelings and thoughts.

Until you can pause and notice what you are feeling in your body and thinking in your mind, you are at the mercy of your anxiety. Once you notice where anxiety is popping up ("Oh, there is that pit in my stomach. And—yep—there is that thought that I will lose my job!"), you are actually in a position to decide how to respond.

This first step is simple, but not easy. Be patient with yourself as you practice it. I hope you would not expect yourself to instantly become proficient in speaking another language or playing a new sport or musical instrument. You should know that these things take patient, persistent practice. The same is true for noticing anxious feelings and thoughts.

2. Slow down and "press pause."

Do not run away from the feelings and thoughts you are noticing. Stay with them for a minute.

This is where deep breathing can be really helpful. Take slow breaths in through your nose for 3-4 seconds, hold your breath for 1-2 seconds, and breathe out slowly through your mouth for 3-4 seconds. Find a pace that feels right for you. Make sure you are taking deep breaths from your stomach, not shallow breaths from your chest. Keep this up for at least 30 seconds to fully settle into the pattern, and see if you can "get comfortable" noticing your feelings and thoughts while you do so.

Pro tip: Expect that the more anxious you feel, the longer you will have to stay on this step. If you are experiencing a full-blown panic attack, it might be 5-10 minutes before you can really slow your breathing down and get it under control. That is okay. Pull up a deep breathing app as your guide, or call a supportive friend to walk you through it.

3. Ask yourself if these feelings and thoughts are helpful right now.

You are now in a better position to evaluate whether the anxious feelings and thoughts are helping you act effectively and get you where you want to go, or whether they are taking you in an unhelpful direction. If they are seeming helpful, then hold onto them! A mild to moderate amount of anxiety can help you face challenges more effectively than if you had no anxiety at all.

But if your anxious thoughts and feelings seem to be taking you in an unhelpful direction...

4. Step out from under the anxiety spiral.

Take a break. Go for a walk, if safe and possible. Have a conversation with a loved one. Eat something healthy. Exercise. Then get back to doing the things that are important and necessary.

As you engage in these activities, keep your focus fully in the present moment. Do not try to distract yourself from your anxiety. Rather, continue to be open to and aware of your feelings and thoughts. If you notice anxiety building up to an unhelpful place again...

5. Repeat steps 1-4.

Maybe this seems like a never-ending anxiety loop. Some days, it might feel that way. Yet as you continue to practice, you may notice that your anxiety holds less sway over you. Your anxiety may gradually transform from a tyrant that controls you to a companion that helps you.

Key Takeaway: Managing anxious thoughts during COVID-19 can be done in 5 steps: 1) recognize your anxious feelings and thoughts, 2) slow down and "press pause," 3) ask yourself if these feelings and thoughts are helpful right now, 4) step out from under the anxiety spiral, 5) repeat steps 1-4.

7 Ways to Cope With COVID-19

Practical methods to reduce your stress today

David K. Mosher

How do we keep anxiety, fear, and paranoia at manageable levels with a virus that has (at the time of this writing) infected 905,279[1] individuals worldwide?

The battle seems like it is outside of your home against some microscopic enemy, but the struggle actually starts inside your mind. Anxiety steals away our joy and peace by consuming our focus and kicking our imaginations into overdrive. We begin to create worst-case scenarios in our mind, which is like making a down payment on horrifying misfortunes that will never occur.

Specifically, with COVID-19, individuals are struggling with disquieting thoughts, such as worrying about infecting loved ones, dwelling on possible death, and feeling concerned for vulnerable populations. COVID-19 is a fast-moving, ever-shifting precipitant of anxiety that can send us spiraling quickly.

Ideally, we want to identify our anxiety snowball while it is still small and forming, but we cannot always catch the bullet before it takes off. You might be sitting in your home or work environment, trying to quarantine and stay safe, when panic about COVID-19 abruptly hits you. This is fairly common. Like an inflated beach ball held underneath the water that is suddenly let loose, anxiety can explode to our mind's main stage from seemingly out of nowhere. Luckily, there are tools and resources that help you learn to process anxiety with wisdom.

If you are feeling stressed or anxious, these seven ways of coping will help you manage your emotions. These coping strategies will not always feel natural, but they are science-driven pathways to becoming a healthier person. Ask yourself, "How is what I'm doing helping me get to where I want to go in life?"

GIVE YOURSELF PLENTY OF SELF-COMPASSION BECAUSE, WHEN IT COMES TO COPING, THE MOST IMPORTANT STEP YOU CAN TAKE IS ALWAYS THE NEXT ONE.

Taking a hard look at our actions, thoughts, or emotions can be a difficult process. Yet, resisting or suppressing our emotions actually creates paradoxical outcomes, such as aggravating our fears instead of making them vanish. Thus, these coping strategies embrace and approach our stressors head-on to build resolve, grit, and resiliency. It is normal to find it difficult to be consistent when starting a new routine. Give yourself plenty of self-compassion because, when it comes to coping, the most important step you can take is always the next one.

Strategy #1: Assess the Four Pillars

Ensuring we have a rock-solid foundation for basic health needs is a must. These four pillars are the foundation for emotion regulation, and they are like the legs of a table. If the emotion-regulation table is unstable, then it is difficult to use other coping methods and build ourselves up. The four pillars consist of sleep hygiene, nutrition, staying physically active, and social support. Let us begin by simply reflecting on our emotion-regulation table's stability:

- Do you maintain a regular sleep schedule and practice other healthy sleeping habits (e.g., using naps with care, limiting light exposure from LED screens before sleep)?

1 This article was originally published on April 2, 2020. Any statistics cited reflect numbers at that time.

- Do you maintain a healthy balance of nutritious foods (e.g., vegetables, fruits, whole grains, healthy protein)?
- Are you able to exercise regularly (e.g., 150 minutes per week of moderate-intensity aerobic activity) and stay somewhat physically active during your day?
- Are you self-isolating from others? Are others perceiving you as emotionally withdrawn?

These questions assess our basic human needs and are good starting points for developing coping strategies. Moreover, with COVID-19 disrupting many people's sense of normalcy, these assessment questions are particularly useful.

Strategy #2: Emotion-Based Coping

Here is the good news about emotions: Emotions are momentary. Emotions can rise up to be tidal waves, but they will pass. Emotion-based coping strategies help you stay upright through the emotional waves by matching your actions to your feelings.

1. When you are sad, melancholy, or depressed, try something slow and soothing like:

- Taking a hot bath while listening to soothing music
- Curling up under a blanket with a good book
- Practicing yoga
- Calling a friend to just talk about things you like

2. What if you are angry, frustrated, or restless? Then you can try:

- Cleaning your house
- Making Play-Doh models and smashing them
- Cranking up loud music and dancing
- Ripping up a photo or drawing of someone who is making you angry

3. When anxiety is gripping you, then you can try:

- Calling out your worries by saying them out loud
- Breathing and placing your hand on your heart to measure your heartbeat
- Discharging your tension with some laughter by watching a funny video
- Noticing the unhelpful, lifeless thoughts that do not give you vitality (e.g., "What will happen tomorrow?")

Strategy #3: Grounding

When we have intense emotional pain or overwhelming anxiety, grounding helps anchor us to the reality that is occurring in the present moment. In short, grounding provides distance between us and our negative feelings. Grounding can be broken down into mental, physical, and soothing strategies (Najavits, 2002).

1. **Mental grounding could involve:**
   - Describing your environment in detail using all five senses (e.g., the walls are beige, the fan is whirring, the chair is firm)
   - Playing a "categories" game (e.g., thinking of types of dogs, listing famous cities)
   - Saying a safety statement out loud to yourself (e.g., My name is ____; I am safe right now. I am in the present, not the past. I am located in ____; the date is ____.)

2. **Physical grounding might entail:**
   - Digging your feet into the floor
   - Carrying a small object (e.g., rock, ring, cloth) to touch and focus on
   - Running cool or warm water over your hands

3. **Soothing grounding examples include:**
   - Putting up inspiring songs or quotes in your environment to act as reminders
   - Thinking of things you are looking forward to next week
   - Saying a coping statement (e.g., "I can handle this; this feeling will pass.")

To get the most out of grounding strategies, it is recommended that you try grounding for 20-30 minutes, practice often, and create your own methods of grounding. What is one creative way you could anchor yourself to reality?

Strategy #4: Deep Breathing

Deep breathing, also called diaphragmatic breathing, is a sure-fire method of managing your body's response to anxiety and stress. Anxiety and stress attack your nervous system and send you into a "fight, flight, or freeze" response that wears down your body with a multitude of physical symptoms (e.g., shortness of breath, racing heart, trembling, dizziness, sweating).

To maintain control, Navy SEALs are trained in a method called box breathing because it helps them calm their minds and bodies when under stress. Box breathing entails inhaling slowly for four seconds, holding your lungs full of air for four seconds, exhaling for four seconds, and holding your lungs empty for four seconds. This GIF is one of many that helps with the timing of box breathing. If anxiety had a version of "stop, drop, and roll," then the first action (or the "stop" action) of managing anxiety is to breathe. This method is simple yet effective in slowing down a stress response. It just takes practice.

Strategy #5: Mindfulness

Mindfulness boosts our immune system, increases positive emotions while reducing stress, and facilitates healthy relationships in couples and families. Mindfulness is a mental superpower of being mentally active, accepting, and open to the moment to moment process. In short, we tune in to what we are sensing, feeling, and thinking as it occurs in the present moment without giving it any judgments of "good" or "bad."

Guided mindfulness meditations, mindful eating practices, and mindful walking are a few ways to strengthen this mental muscle. Other methods are already included in this post. Most fundamentally, all mindfulness practices have a three-step process of awareness, attention, and

acceptance. Regarding anxiety with COVID-19, try noticing your thoughts without judgment, attuning to how these thoughts impact your being and breathing as they inevitably fade with time.

Strategy #6: Altruism

A plethora of research has consistently supported the notion that focusing efforts to help other people helps cultivate better emotional health. Given the COVID-19 precautions that limit contact, helping may look a little different, like calling to check in on a friend, sending encouraging texts, or sending uplifting videos to others.

Get creative! If you have a neighbor that is holed up alone, consider asking if they will download a social media app or ship them one end of a walkie-talkie so you can talk to each other while in your "forts." Perhaps you are financially able to send care packages to other people, tip extra if you order delivery, or donate to [charities](#).

Altruism reminds us of the good in humanity and why we prosper in a healthy community. Fred Rogers is often quoted saying, "When I was a boy, and I would see scary things in the news, my mother would say to me, 'Look for the helpers. You will always find people who are helping.'"

Strategy #7: Understanding Our Problems

We need awareness and insight to start making changes in our lives. Regardless of our problems, we typically find four major elements that contribute significantly to the issue (Harris, 2009). Knowledge is power, and elaborating upon these four major elements gives us the insight we need to bring about change.

1. First, there is an entanglement with thoughts.

- What memories, worries, self-criticisms, or other unhelpful narratives do we dwell on?
- What thoughts do we allow to hold us back, push us around, or bring us down?

2. Second, what feelings are we struggling against?

- What are the emotions, urges, or sensations we are experiencing?
- What emotions are we ignoring, fighting, suppressing?

3. Third, what life-draining actions are we doing?

- What keeps us stuck, wastes our time or money, and drains our energy?

4. Fourth, what challenging situations are we avoiding?

- What have you quit, put off until later, or stayed away from?

You can begin to answer these questions by 1) writing out a short summary of the problem you are facing, and 2) describing how it affects your life, and what it stops you from doing or being. What problems have COVID-19 caused in your life? How do these problems keep you from being your best self?

Conclusion

COVID-19 is a furnace of strife that is forging "new normals" around the world. While there is space for genuine concern, we can also find ourselves spiraling in unhelpful thoughts and reverting to ways of coping that get us nowhere. These seven ways of coping will help you come out of this forging process as a new person. Where would you like to begin?

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Key Takeaway: You can cope with COVID-19 in 7 key ways: 1) assess the four pillars of basic health, 2) use emotion-based coping, 3) use mental, physical, and soothing grounding, 4) use deep breathing, 5) practice mindfulness, 6) act altruistically, and 7) understand your problems.

Coping and Caring for Yourself During the COVID-19 Outbreak

Tips and tricks to manage stress through self-care

David C. Wang

Infectious disease outbreaks, such as the one currently unfolding, can be stressful and take a toll on our mental health and well-being. Because many of us have never lived through an outbreak in our lifetime, chances are that the strategies we utilized in the past to cope with difficult life stressors may no longer be adequate to meet the needs and challenges of this present season. Now that the world has changed, we, too, need to change and adapt alongside it as well. And this applies, now more than ever, to how we cope and care for ourselves.

TO CARE FOR OTHERS WELL DURING THIS SEASON OF CORONAVIRUS WILL REQUIRE US TO LEARN HOW TO CARE FOR OURSELVES AT THE SAME TIME.

With the uncertainty over when the COVID-19 pandemic will end, we cannot perpetually put off our own mental and emotional needs in order to focus on others. At some point, our own unattended needs will compromise our capacity to be helpful. To care for others well during this season of Coronavirus will require us to learn how to care for ourselves at the same time.

Here are some practical steps you can take to ensure that you are properly attending to your own needs so that you can in turn sustainably attend to the needs of others:

1. **Take the necessary steps to protect yourself and your loved ones.** The World Health Organization suggests staying informed but avoiding overexposure to news that might cause you to feel anxious or distressed. And once you are able to take reasonable and well-informed measures to ensure the safety of you and your loved ones.

2. **Acknowledge that you need to cope.** You can't cope with an emotion or a problem that you are unwilling to accept that you have. "I shouldn't feel anxious or tired or overwhelmed because my circumstances aren't as dire as others" is the language of denial. Others can have legitimate needs and you can have legitimate needs both at the same time. Don't let your denial become the burden of those around you.

3. **Be mindful of how you compensate for your lack of control.** It is entirely human to seek out certainty and any semblance of control in the midst of a disorienting and rapidly-changing environment. Some of us compensate through vigilant and meticulous micromanagement (which will often lead to angry outbursts at the slightest derailment), while others compensate through disengagement or helpless surrender. Even our drive to find a source of blame for our problems is tied to control. What is needed for such a time as this has been nicely captured by Reinhold Niebuhr's Serenity Prayer, "God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference."

4. **Stay in the present moment.** Broadly speaking, anxiety is reflected in a mind that is perpetually oriented to the future, while depression is reflected in a mind that is perpetually oriented to the past. Staying in the present moment (or even in the present day) ensures that the burdens we carry today are just today's burdens (rather than the burdens of yesterday and tomorrow as well).

5. **Take care of your body.** Eat healthy, regular meals—to the extent that you are able. Exercise regularly. Spend time outside. Breathe deeply. Get plenty of sleep and avoid strenuous mental or physical activities as you approach bedtime. Avoid/limit alcohol and drugs.

6. **In moments of acute distress, distract yourself.** While holding your breath, splash your face with cold water or press the area between your eyebrows with a cold pack (this triggers what scientists call the "dive response"). Engage in intense exercise for a short time, like running, jumping, doing sit-ups. And then afterward, watch your favorite comedy on Netflix or YouTube. And while you're doing that, enjoy your favorite snack (I love BBQ Lays Chips).

7. **Stay connected with others and reach out for support.** Research suggests that one of the most consistent and powerful predictors of resilience and recovery in the face of emotionally distressful situations is social support—being reminded that others care and that we are not alone. Social support can be emotional (aimed at meeting emotional needs), instrumental (aimed at meeting practical needs), formal (with professionals such as psychologists or counselors), and informal (with family and friends). All of it is helpful and at any given point, we may find ourselves needing one form more than another.

For additional resources, see NAMI's COVID-19 (Coronavirus) Information and Resources, American Psychiatric Association, American Psychological Association: Pandemics, Anxiety and Depression Association of America (ADAA), Psychology Today Therapist Directory, and the Centers for Disease Control and Prevention (CDC).

If you're feeling alone and struggling, you can also reach out to The Crisis Text Line by texting TALK to 741741 or to the National Suicide Prevention Lifeline by calling 800-273-8255.

> **Key Takeaway:** Here are some self-care strategies to use so that you can be ready to care well for others: 1) take the necessary steps to protect yourself and your loved ones, 2) acknowledge that you need to cope, 3) be mindful of how you compensate for your lack of control, 4) stay in the present moment, 5) take care of your body, 6) distract yourself in moments of acute stress, and 7) stay connected with others and reach out for support.

Repairing Social Interactions in a Time of Isolation

Interview with Drs. Livio Provenzi and Ed Tronick on isolation

Livio Provenzi & Ed Tronick

COVID-19 has caused most of us to lose physical contact with other people. We are not able to regularly visit, hug, or converse with those we care about face-to-face. What effects does social isolation have on us, and how can we work to mitigate these challenges?

Jamie Aten: How would you personally define isolation?

Livio Provenzi & Ed Tronick: Isolation—especially when it is caused by environmental conditions outside of the individual's will—can be a major source of stress for human beings. For example, we know from clinical and research evidence that isolation in Neonatal Intensive Care Units is a source of tremendous distress for the preterm newborn baby—who needs parental close contact—as well as for mothers and fathers, who may suffer from being separated from their infant.

As it is for infants, it is very much the same for children and adults. Interactions with others are critical to emotional functioning and other processes such as attention and cognition. During COVID-19, people have been isolated from their significant ones who were being treated in intensive care units, causing attendant fear of loss, very limited opportunities for connection, and partial or null update on their health conditions. The mitigation and containment strategies needed to deal with COVID-19 have mostly resulted in physical isolation. While technology at least grants virtual social contact and emotional connection, it remains unclear if these are sufficient.

JA: What are some ways we can deal with isolation to become more resilient?

LP & ET: Research conducted with mother-infant dyads from the early 1970s suggests that social discord is not a rarity. Rather, our common and daily social interactions are interspersed with many moments of interactive disconnection. It is through the shared experience of disconnection and, critically, its repair into re-connection that the parents and the newborn can learn how to trust one another and gain a sense of self and resilience. Louis Sander—who can be considered the father of infant research—used to refer to this opportunity to learn emotional reconnection by repairing social ruptures with the term "open space." An open space allows for co-creating new ways of being together out of the messiness of disconnection. We believe that while an open space is especially valuable for growth and expansion during the first months and years of life, it is equally critical to adult relationships for negotiating creative and shared emotional regulation exchanges in our daily social interactions.

JA: What are some ways people can cultivate relational reparation of isolation amidst this pandemic?

LP & ET: We can see examples of relational reparation of isolation in the media: families writing "everything's going to be alright" on windows and walls; people singing together from balconies trying to find a sense of attunement that is intrinsic in music; young students collecting shopping lists from elderly people to help them with groceries. Engaging in actions of repair leads to an expansion of the sense of self, a growth in their state of consciousness, and a feeling of connection.

JA: Any advice for how we might use these tools to support a friend or loved one struggling with a difficult life situation during COVID-19?

LP & ET: We would say to the person, give up the fantasy of the perfect relationship. All interactions are messy. Nonetheless, we think searching for relief in the little things may be a way to gain back resources for emotional resilience and psychological reparation. Personally, we have found ourselves reconnecting with friends we had not seen or talked with for years. These were brief but intense emotional moments: connecting with a friend who recently had a baby or helping my mother understand how to use FaceTime and enjoying her reactions. These little moments can fuel emotional reparation and resilience even during intense isolation, and they can foster a sense of connection and well-being.

JA: What are you currently working on that you might like to share about?

LP: The COVID-19 emergency has largely redefined the research agenda of many scientists. I recently published a paper on the way COVID-19 is going to affect the relationship between science and the public. In general, I am working on a large, multi-centric project on the effect of COVID-related stress during pregnancy in women living in the northern Italy hot-spot of initial virus outbreak in Europe. More than 10 neonatal units are involved, and we will collect both behavioral and epigenetic markers of stress in women and infants from the delivery to the end of the first year of life.

Moreover, I am coordinating research on the transition to video-conferencing support for parents of children with disabilities. These families have been highly impacted by the COVID-19 emergency: The lockdown of rehabilitation services has found many hospitals and outpatient centers unprepared. As such, these parents were left alone in taking care of kids with complex health care needs 24/7. This is an opportunity to increase the flexibility of rehabilitation programs in case of future epidemics, but also to reach families who can only partially access health care services due to geographical or economic constraints.

ET: As a complement to my still-face paradigm, I have developed a mild acute stress paradigm for parents during interactions (Tronick et al., 2020). It demonstrates how even mild stressors disrupt parenting. In ongoing research, we are looking at parents who had a range of COVID-19 stress and evaluating the disruption of their parenting and its effects on their infants. I am also elaborating on my theory of the Buffer-Transducer Model of Parenting (Tronick, 2018) by including the ideas in my book, The Power of Discord. My goal is to reduce the stress parents experience in parenting their children, especially in these very stressful and frightening times.

LITTLE MOMENTS CAN FUEL EMOTIONAL REPARATION AND RESILIENCE EVEN DURING INTENSE ISOLATION, AND THEY CAN FOSTER A SENSE OF CONNECTION AND WELL-BEING.

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Key Takeaway: Having small moments of connection—even virtual ones—can help reduce social isolation and increase resilience.

A Healthy Distance?

Caring for your whole self while social distancing

Benjamin Andrews

Though necessary to preserve physical health (both ours and those around us), social distancing takes a toll on our emotional health. And if you are already struggling with depression, anxiety, addiction, or other mental health concerns, then social distancing itself may cause a threat to your personal health.

Social distancing inherently makes it harder to access needed support (like close relationships, support meetings, going to the gym, maintaining a structured work/life schedule, financial stability, etc.), and it makes it easier to rely on short-term coping skills (e.g., binging on Netflix) that are less effective and sustainable in the long-term. It may even invite people to neglect self-care altogether (e.g., staying in bed, not showering, sedentary living, relapse "without consequence" or accountability, etc.). Precisely because emotional difficulties tend to thrive in social isolation, it is all the more important that we intentionally care for ourselves.

> **PRECISELY BECAUSE EMOTIONAL DIFFICULTIES TEND TO THRIVE IN SOCIAL ISOLATION, IT IS ALL THE MORE IMPORTANT THAT WE INTENTIONALLY CARE FOR OURSELVES.**

Here are a few tips on how to do so:

1. **Don't give up on yourself or those who matter to you:** As humans, we long for close relationships. We need at least one person who will extend truly unconditional love, and we need to be able to return that love to others. Don't abandon yourself. Instead, faithfully support yourself, and when you have an opportunity, care for those around you.

   - Though you may be interacting with fewer people, continue to maintain your basic self-care practices (showering, getting dressed, etc.). Taking care of ourselves is an important way to reinforce the belief that we are worthwhile.

   - Create a daily routine that will provide structure and include healthy activities/habits. If you have trouble sticking to routines, try an app like Habitica, Fabulous: MotivateMe, or Pact (three of the best motivational apps available).

   - Talk to people (in person, by video, or by phone if necessary) who care about you, and intentionally connect with people you care about. If you often distract yourself while chatting, enhance your connection by not multi-tasking and focusing your attention on the conversation.

   - Find life-giving outlets. Social distancing means more time at home. Whether it's exercising with light weights, going for a walk, practicing an instrument, writing, or picking a new hobby, spend your time on something energizing.

   - For people who follow a religious faith or practice spirituality, community and solitude can both be beneficial. The spiritual practice of solitude can offer a sense of meaning and divine connection amidst loneliness while maintaining a connection with members of religious communities (e.g., small groups, religious leaders, peers, etc.) can reduce loneliness.

   - Pursue counseling and/or psychiatric help if needed. Most insurance companies have approved teletherapy due to this crisis, and many therapists now offer distance therapy.

2. **Empower yourself:** For decades, psychologists have examined ways that self-efficacy (a sense of personal agency and capability) may improve mental health (cf. Bandura, 1977; Cutler, 2005; Reed-Fitzke, 2020). Yet, in situations like this, it is easy to fixate on the future and feel like a victim of uncontrollable circumstances. Doing so can be disempowering and discouraging. Instead, focus on what is controllable today.

   - Try answering questions like, "What can I control?", "How am I responding?", and "How can I improve my current situation?"

   - Research has repeatedly demonstrated that faith and spirituality can be a source of resilience in the face of stress (Ano & Vasconcelles, 2005; Krumrei & Rosmarin, 2012), including in situations that are outside our control (such as COVID-19). Many people may find it helpful to lean on faith for a sense of trust and comfort that God (or another Higher Power) is in control and will provide.

3. **Connect with others via social networking:** Whether you need to talk with friends or to find support for depression, anxiety, self-harm, addiction, or other challenges, technology has made a way.

   - For addictions, most 12-step communities and SMART recovery groups have phone, video, and/or online meetings.

   - For depression, anxiety, bipolar disorders, and other challenges, consider NAMI, Recovery International, or other groups. Options for video, audio, and/or web-based connection are almost always available.

   - Connect with friends. As people begin to "shelter in place," their schedules become increasingly flexible and open. Checking in with someone in the midst of COVID-19 can be a good opportunity to reconnect with an old friend.

4. **Practice self-compassion:** Self-compassion is practicing non-judgmental, kind, humanizing responses to ourselves, particularly in challenging circumstances or when experiencing difficult emotions. It has numerous benefits, including increased motivation and improved mental and emotional health (Germer & Neff, 2013).

   - Remind yourself that you are not alone. COVID-19, social distancing, and other challenges are human problems faced by people all over the world. You are one of us, and we are dealing with it together.

   - Accept the difficulties (loneliness, anxieties, other triggers, etc.) you are facing, acknowledging their hardship.

   - Extend kindness to yourself, and offer yourself the same hopes, wishes, and advice you would offer to someone else you care about. Then patiently act on it, lovingly working towards your own well-being.

5. **Find hope and cling to it:** Hope is essential to the pursuit of mental wellness. Hope includes a sense of purpose (or goals) along with the willingness to pursue them and the belief that we might succeed (Worthington, 2020). Conversely, as psychologist Jenn Charles has said, "Hopelessness is the absence of options." Maintaining a connection to hope is a life-preserving buoy amidst the storm.

- Consider this question from psychologist and author Kelly Flanagan (2020): "If this crisis is inviting you to grow as a person and you accepted the invitation, what would we be celebrating about your growth when the pandemic is over?"

- Each day, take the next right step toward your goal, however small that step may be.

- Read books, watch movies, or listen to music that reinforce your hopeful sense of possibility.

- Create a daily gratitude list, identifying the five smallest, specific things you appreciated in the past 24 hours. The smaller they are, the better.

- For people who make spirituality and faith a part of their lives, belief in a benevolent God or Higher Power can sustain hope. When we feel hopeless or despairing, we can find an ally in a God who empowers us to accomplish things we think otherwise impossible.

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Key Takeaway: Self-care strategies can help you stay connected while social distancing by not giving up on yourself or those around you, empowering yourself, connecting with others, practicing self-compassion, and finding and clinging to hope.

Navigating Domestic Violence When You Can't Leave Home

Tips for navigating intimate partner violence during COVID-19

Tammy Schultz & Adam Dell

As COVID-19 continues to spread across the globe, the concept of social distancing has rapidly become a common practice for massive numbers of individuals.

However, home is not a safe place for everyone. Numerous studies have revealed that there is a relationship between natural disasters and increased rates of intimate partner violence (IPV) (Chew & Ramdas, 2005; Gearhart et al., 2018; Parkinson & Zara, 2013).

IPV is defined as "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours" (World Health Organization, 2017). The Centers for Disease Control and Prevention (CDC) indicate that approximately one in four women and one in ten men have experienced IPV by an intimate partner during their lifetime.

For some, the workplace environment was previously an opportunity for respite from controlling partners. However, the call for all individuals to engage in social distancing and the transition to working at home or unemployment have meant elevated medical concerns, 24/7 proximity, diminished community support, heightened levels of distress, and an increased vulnerability to IPV. Moreover, social distancing can be used by partners as a coercive controlling technique to impede opportunities for support and safety.

> SOCIAL DISTANCING CAN BE USED BY PARTNERS AS A COERCIVE CONTROLLING TECHNIQUE TO IMPEDE OPPORTUNITIES FOR SUPPORT AND SAFETY.

Individuals who are vulnerable to IPV are often overlooked when it comes to safety planning and coping with natural disasters and infectious disease pandemic, like COVID-19. Thus, here are some considerations:

Tips for Survivors of IPV

- Limit exposure to social media and news sources. Continuous reading and watching about COVID-19-related news can increase stress.

- Self-care can be difficult for many people to practice, especially when individuals feel they are not worthy of love. Learning to entertain thoughts, feelings, and behaviors that promote physical, emotional, social, and spiritual well-being is not "self-centered care." Rather, self-care involves the wise stewarding of our bodies and resources.

- Develop a safety plan or a series of steps you can take to minimize the risk of harm by a partner who abuses. While no room in your home may feel safe, identify the "safest room" where there are no weapons and your ability to leave through a door or window is possible.

- Because isolation is a common aspect of abusive relationships, developing practices to increase connection with others is important. It can be helpful to identify two individuals who you can communicate with using a "code word" to let them know if you are in trouble. Plan in advance what they should do if you send them the code word.

- Although scores of schools and offices are closed, IPV shelters remain open. However, since shelters may have more limited availability due to COVID-19, consider if you have a trusted friend or relative who you could stay with in case of danger.

- The implementation of faith practices can be particularly helpful for individuals who value faith-based practices such as journaling prayers. Research has demonstrated that writing down thoughts and feelings can reduce both stress and anxiety. Physically writing (as opposed to typing) has been proven to have better results.

- The National Domestic Violence Hotline is available via text or by calling 1-800-799-7233 to discreetly talk with a professional. However, for many individuals, accessing support online may be safer than calling for support as individuals who abuse will not overhear the conversation. Thus, survivors can log onto thehotline.org.

- In an emergency, call 911.

Ways to Assist IPV Survivors During COVID-19

- Check in with someone who you are personally worried about. If making a phone call to someone you know is in a violent relationship, always assume that the perpetrator could be listening.

- If applicable, offer your phone or computer as available resources so that tracing technology is prevented.

- If possible, offer to do errands together while maintaining safe distances (e.g., grocery shopping).

- Some IPV survivors may turn to spiritual leaders for wisdom and support before secular mental health providers. Thus, it is important that clergy are educated regarding IPV so that they can develop safe and effective response teams and provide referrals to IPV experts.

If possible, clergy can offer financial support to survivors facing financial distress or unemployment. Schneider et al. (2016) found that unemployment and economic hardship were positively correlated with IPV during the last recession. If individual intervention is impossible, consider ways your local church might champion the payment of bills, provision of food, or supply of necessary toiletry and clothing items for at-risk families in the community.

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Key Takeaway: Home is not a safe place for everyone, and social distancing is increasing risk for intimate partner violence.

Paying Attention to Suicide During the Pandemic and Caring for Those at Risk

An interview with Jack C. Lennon on suicide during COVID-19

Jack C. Lennon

Suicide is an incredibly devastating issue with widespread prevalence in many communities. However, this secondary pandemic to the current COVID-19 pandemic must not be overlooked. Now more than ever, people need to know they are supported and cared for.

Jamie Aten: How did you first get interested in this topic?

Jack C. Lennon: I believe that many people in all professional and personal domains are becoming concerned about suicide and other mental health concerns—if they were not concerned prior to the rampant transmission of COVID-19, they are now. I have been interested in suicidal behaviors for many years, gravitating toward it because it is a pandemic within itself that we simply cannot seem to prevent in any meaningful, widespread manner. We have a vast literature on the topic, yet it is incredibly difficult to translate many of these findings to clinical practice. Particularly in the context of neurologic populations, the risk of suicide is actually quite high relative to the general population and what many seem to believe. Thus, this is the area in which I believe my interests and skill-set can contribute the most good. When COVID-19 emerged, a new emergent suicide risk simultaneously arose. This virus is not necessarily a modifiable risk factor at-present, such that it is critical we confront the topic seriously and purposefully.

> WHEN COVID-19 EMERGED, A NEW EMERGENT SUICIDE RISK SIMULTANEOUSLY AROSE.

JA: What was the focus of your study?

JCL: This publication was a call for action and awareness, arising from an ongoing review of the COVID-19 studies on neurologic and psychological impacts. Current studies are focusing on clinical characteristics and outcomes of individuals presenting to hospitals with COVID-19. Ongoing studies will continue to monitor the outcomes of individuals recovering from the virus. Importantly, this pandemic is illuminating the flaws of our healthcare system and the political and socioeconomic disparities that have been present in the U.S. for centuries. Specifically, black persons are experiencing disproportionately greater numbers of COVID-19 infections compared to white persons. These findings are critical to our understanding of more than COVID-19 and suicide, informing us of the need to target this population when assessing for suicide risk.

JA: What did you discover in your study?

JCL: We have much to learn in the coming months and years, so it is difficult to state what will occur. However, it is reasonable to suspect that the psychosocial stressors associated with COVID-19 will serve as a risk factor for suicide in those at risk for these types of behaviors. These stressors include but are not limited to a high degree of uncertainty, fear of viral spread either to self or others, increased risk of domestic violence due to quarantining, socioeconomic and employment stressors, witnessing or experiencing the death of friends, family, or patients, and ongoing questions about the future in a world that has not fully recovered from COVID-19. We all read and hear mixed messages related to COVID-19 and its current state in the U.S., which only serves to exacerbate levels of stress.

JA: How might readers apply what you found to their lives during COVID-19?

JCL: I would like to believe that all readers can use the article and apply it to their lives. First, people can recognize that there are well-intentioned researchers focusing on these topics—they are seeking answers to make our lives more certain and understandable. Secondly, no one is alone in his or her struggles. We each have a unique life narrative that includes specific types of stressors but we are all living in an uncertain time during which our lives seem to be turned upside-down. It is not abnormal or unusual to experience 'side effects' or thoughts or emotions that are typically uncharacteristic of us. If one is concerned about these emotions and feels that they are becoming too negative or concerning, talk to a trusted friend or family member. We are all in this together and speaking up about how we feel may be the best approach to reducing our anxiety, fear, or general discomfort. There are also mental health professionals out there who would be willing to work with people in need, whether that be on a sliding payment scale or overall reduced fees.

JA: How can readers use what you found to help others amidst this pandemic?

JCL: We should glean from this information a willingness to reach out to those who seem to be struggling, even if those people are not us. We can offer support to those who are experiencing domestic violence during times of quarantining and social-distancing. We can offer support to those who seem to be experiencing emotional difficulties. We can also engage in research for others—calling professionals and seeking assistance for those who may not have the resources or energy to do so. Speaking about these topics, even suicide, is not known to increase the risk of worsened symptoms—it is better to speak aloud about these subjects. Given the pandemic, social interaction is one component, even if by phone or email, that can be incredibly beneficial to those in need.

JA: What are you currently working on that you might like to share about?

JCL: I am currently working on a paper with several colleagues that aims to investigate racial disparities among those with Alzheimer's disease, specifically focusing on the unique neuropsychiatric presentations that may help us better understand racial differences even within the same diagnostic classification. We hope that this will serve as a call to action for future research to better recruit black persons for studies and ensure that racial differences are thoroughly discussed. In the context of COVID-19, suicide, and potential neurologic concerns, this will be critical to ensuring the well-being of all people, particularly those at greatest risk of negative outcomes. Lastly, I am currently working on a book related to suicide, the brain, and attitudes surrounding it that I would like to eventually publish.

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Key Takeaway: COVID-19 has increased the risk and prevalence of suicide; we need to seek out and support those who are struggling.

IV Helping Others

Support Others Amidst This Pandemic with Practical Presence

An interview with Dr. Alice Schruba on the power of practical presence

Alice Schruba

At some point, we all need a shoulder to lean on. Other times, we are that shoulder for other people. Yet we can often feel unsure of how to be a support to those who need it. One way forward is using the power of practical presence, even while social distancing during COVID-19.

Jamie Aten: How would you personally define practical presence?

Alice Schruba: There are two key facets to practical presence. The concept of presence is to be with another in the moment of their deepest pain and to communicate that "I see you, I hear you, I'm with you." This means honoring their story, validating their emotions, normalizing their response, and promoting their healing.

Therefore, presence is actually a very active process. It's an active process of setting aside your own agenda, setting aside your own need to fix, setting aside your own anxiety or discomfort in the face of their pain. Your job is neither to fix nor to absorb their pain. It is just to be with them and to listen to them.

> YOUR JOB IS NEITHER TO FIX NOR TO ABSORB THEIR PAIN. IT IS JUST TO BE WITH THEM AND TO LISTEN TO THEM.

Grief, anger, and sadness exist for a reason, to give people permission to acknowledge their experience. Our presence seeks to support their processing of these experiences while moving through them towards hope. Often, presence in this space also means being with them in a very practical manner, such as helping them find food or shelter. Collectively, practical presence focuses on listening to the person in front of you from a safe, supportive stance to address their immediate needs in service of their long-term holistic health.

JA: What are some ways practical presence can help us live more resiliently?

AS: In the wake of tragedy, we often look to connect people with external resources, which is an important facet of practical presence. However, often overlooked in this equation is the person as their own resource. Ultimately the goal of practical presence is to reconnect them back to their own internal resources, to what is healthy for them, to what works for them, to what they know or need. In doing so, they are reminded that they can cope, and they can heal, as they have done so before and have the support to do so again. Ultimately, it places them in a position of acknowledging and addressing their needs, right here right now, and in doing so, it promotes healing, hope, and resilience.

JA: What are some ways people can cultivate practical presence?

AS: When providing practical presence, we are our own tool by using skills such as active listening, respect, emotional awareness, assertive communication, problem-solving and critical thinking skills, and compassion. Therefore, it is important to practice self-awareness, self-regulation, self-compassion, and self-care. This creates space for humility, openness, and acknowledgment of our own limits. It is no longer presence if you lose sight of the one you're with. Our responsibility is to recognize our role and stick to it, recognize our abilities and maximize them, and recognize our limitations and live within them in service of effectively walking alongside others as they traverse their new reality.

JA: Any advice for how we might use practical presence to support a friend or loved one struggling with a difficult life situation?

AS: When someone is in pain, we can feel pulled to answer the "why" questions of "why me" or "why did this happen." While this is a natural response, oftentimes, there is no answer, and answering may do more harm. If we spend too long focusing on the past, the problem, what others did, or on "why" something occurred, this can foster feeling powerless and ashamed. Therefore, we want to shift away from focusing on the past and uncontrollable factors.

However, humans can't go directly from focusing on the painful past to a hopeful future. This is why practical presence greatly emphasizes focusing on what is needed in the here and now. Not doing for them, but with them.

When we focus on what can be done, we shift away from what cannot be changed to what can be healed. Asking "what" is needed in the here and now and "how" to move forward is a start. These questions focus on options, solutions, what they can control, what they can address. This focus is meant to foster empowerment towards healing and, in turn, fosters hope in a better future while reminding them that they're not alone in the present.

JA: What are you currently working on that you might like to share about?

AS: Through the Wheaton College Humanitarian Disaster Institute's M.A. in Humanitarian & Disaster Leadership program, I have the opportunity to share more about how to support individuals and communities impacted by disasters. Specifically, I'm currently teaching a course titled "Disasters, Trauma, and Crisis Intervention." This course provides students with a global understanding of the biopsychosocial impact of disasters and traumatic events in addition to introducing the students to evidence-based and evidence-informed skills, interventions, and programs to further equip them as humanitarian aid workers.

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Key Takeaway: Practical presence is all about being with and listening to another person amidst their pain, and it can be used to support those who are struggling.

Volunteering and COVID-19

Interview with Rob Peabody on the impact of volunteering locally

Rob Peabody

Volunteering is a great way to get connected with and give back to your community. Local volunteerism is one key way that communities will strengthen and move through the current pandemic. Now, more than ever, volunteers are needed to combat the burdens people face because of COVID-19.

Jamie Aten: How would you personally describe what is happening with volunteering during COVID-19?

Rob Peabody: The last three months have been chaotic and unpredictable, and many people are isolated. Everything feels out of control. There is a massive awareness in the news and media that help is needed, and people want to take action, but nobody knows quite what to do. We have collected data proving there is a shortage of almost 6.5 million volunteers nationwide. That is not going to change anytime soon. Just as healthcare workers and first responders have been on the frontlines during the pandemic, nonprofits will be at the epicenter of the rebuilding process.

One of the challenges will be moving people from hype into action. It's really cool to talk about helping, but to see actual change, people are going to need to have the courage to step out. I believe that is going to require two things. First, we'll need a digital platform where we can get the word out on a national level and grab the attention of as many people as possible. Second, hyper-local engagement will be critical as we engage people in actively helping within their own communities.

JA: What are some ways volunteering can help us live more resiliently amidst this pandemic?

RP: We already know from studies conducted at Harvard that volunteering is associated with better physical and mental health. Volunteerism is also an effective remedy for loneliness.

When people stop focusing on themselves and engage in meeting the needs around them, they cease being a consumer and become a producer within society. Volunteering provides a way for people to take back control, which enables them to recover more quickly from the crisis.

> **VOLUNTEERING PROVIDES A WAY FOR PEOPLE TO TAKE BACK CONTROL, WHICH ENABLES THEM TO RECOVER MORE QUICKLY FROM THE CRISIS.**

Now we're learning the same principle applies to communities. The United Nation's 2018 State of Volunteerism Report determined that volunteerism is a "fundamental survival strategy" that builds resilience after a crisis because it "enables collective strategies for managing risk."

Injustices and faults were in the system before COVID-19 hit. The pandemic puts everything under a microscope so we see it more clearly. Traditionally, many nonprofits and churches have operated as silos. In this new season, the walls are coming down and we're being forced to collaborate, which is going to lead us to resiliency.

It's the "all boats rise" idea. If we can pump a community full of volunteers and streamline their approach, then the nonprofits receive the help they need, people are unified, and the community wins.

JA: What are some ways people can cultivate a desire to volunteer?

RP: The basis for cultivating a desire to serve is relational. One of the most important lessons that COVID-19 has taught us is to take initiative and get to know people who are not like us. Start

with your neighbors. Learn their names. Find out who they really are. Build a friendship. Listen to their stories. With understanding comes empathy, and empathy leads to action.

Then we need to educate ourselves. There's an ignorance barrier. People want to help, but they don't know what the needs are or how to meet them. That's why we built [VOMO](#) and [Be A Neighbor](#) the way we have. We enable individuals and organizations to determine what their needs really are and provide a platform where they can publish those needs and request help.

It's then the responsibility of the individual to make a commitment to be part of the solution. Commit to one or two hours of giving back. Everyone has unique contributions to make. Our individual skills, experiences, and passions are an innate part of our humanity. If we're not activating those for the greater good, then we're robbing our community of our gifts and everyone suffers.

JA: Any advice for how we might use volunteering to support a friend or loved one struggling right now because of COVID-19?

RP: Last fall our staff volunteered at "Meals on Wheels." We learned that the contact we had with seniors when we delivered their meals was the only human interaction that many of them would have that week. It was sobering.

I think one of the most important ways we can support others is to learn to be good listeners. We have to slow down and hear people to understand what they really need. Then we are able to respond in a manner that is truly beneficial.

That's why we built the "submit a need" function on VOMO. It gives individuals a way to submit requests for help, and lets organizations and users be aware of deficits in their own communities. We're trying to democratize finding those needs so different people can go out and source them. It keeps the most vulnerable from falling through the cracks.

JA: What are you currently working on that you might like to share about?

RP: For the past three months, we have conducted the [Be A Neighbor campaign](#) to draw national attention to the volunteer shortages across our nation. In the process, we learned that real, lasting change must happen at the local level.

We decided to continue giving VOMO away for free, even after the pandemic, so that needs can be addressed in local communities, but we also realized we were missing something.

People who want to serve their community want an easy way to find needs and sign up while organizations desperately need volunteers. So, we created a new, hyper-local product called "VOMO Community." This will allow organizations in a local geography to work together in a streamlined experience on one common platform with volunteers. Together they can serve their community's greatest needs and help solve the problems in their neighborhood.

All of these lessons are things we have learned through the Be A Neighbor campaign. Now we want to share our knowledge and experience with you as you strive to impact your local community.

> **Key Takeaway:** Volunteering during COVID-19 helps combat loneliness and improves the mental wellbeing of individuals and communities because of the new relationships formed.

Practicing Empathy in a Pandemic

How to care for others when you feel like you can't

Belinda J. Bauman

Some years ago, before quarantining became a way of life, I stood in a packed crowd at the Tennessee Aquarium in Chattanooga. We were gazing, awe-struck, at what appeared to be a gargantuan (and grumpy!) barracuda through thick glass. My exuberant six-year-old son shot up on the bench and shouted to the crowd around us: "Look, it's just an obstacle illusion!" Caleb had correctly perceived that the size of the fish was distorted and made formidable by the glass between us. He didn't intend to create a pun. In his mind, optical and obstacle were one and the same.

And maybe they are.

Questions about the effectiveness of empathy generally emerge when people plead for more understanding, compassion, and cooperation in the wake of a crisis. You may have heeded the call for increased care for your extended family, neighbors, or those at risk early on. But now you may be tired, exhausted even, by the weight you feel, or guilt you don't feel. Does empathy make us feel too much pain, distorting our perception and actions? Can it plummet us into apathy, fatigue, unhealthy emotional terrain, and even depression? Or is all this just a barracuda-sized obstacle illusion?

Not Enough or Too Much

It can happen to any of us: we find ourselves in the presence of pain, and we feel precisely *nothing*. As a gender-based violence specialist, I often travel to conflict zones, collecting and writing war stories from women in dangerous places. I hear the stories, and unless I have someone to process with, I can find myself growing cold, passive-aggressive, numb.

Other times we feel too much. We become overwhelmed, flooded. Our reaction may even be so intense, we shut down. At the beginning of the COVID-19 pandemic, I was working in Congo with women who had been forcibly displaced by violent local militia. As I heard about the increasing numbers of cases across the world, I remember thinking, *I cannot possibly care about this right now. If I give energy to caring about this, I won't have enough for Congo.*

"If you register empathy as a feeling that happens to you, then yes, there is a limit," says Dr. Emillana Simon-Thomas, from UC Berkeley. "You have to numb yourself, to disconnect, or it [will turn] into anger or hostility."

But who we place in the center of the action matters. If we define empathy from the perspective of the person suffering, not just from our own perspective, we can tap into the unlimited resource of empathy. "Find a way to connect with [the story of another person], and at that moment you have an awareness you're not the person suffering," explains Simon-Thomas. When this happens, there really is a never-ending supply of compassion." Healthy empathy feels alongside a person in pain, but not for them.

Getting Practical

Instead of draining our emotional resources, or making us feel numb, empathy is meant to fuel our sense of efficacy. Here's how we can tap into the audacious power of empathy:

First, check in with yourself. Sometimes we need to pay attention to ourselves first. Our own anxiety will hinder our ability to help. Dr. Robert King from Yale once gave me his "best advice ever," a series of simple questions based on the acronym HALT:

H. *Are you hungry?* Becoming physically hungry can cause distraction from deeper issues that need attention, whether personal or relational.

A. *Are you angry?* Anger is often associated with perceived powerlessness. When you feel powerless, you lose your sense of agency and responsibility to care. While there are dimensions of anger that are healthy, letting anger control you or hurt others is not healthy.

L. *Are you lonely?* Are you isolating yourself or having difficulty reaching out to your community? Keeping connected to those who know and care about you is key to keeping your own empathy levels high.

T. *Are you tired?* Becoming too physically or emotionally depleted is dangerous. Proper amounts of sleep (my personal favorite), quiet rest, exercise, and Sabbath-like weekends and vacations are vital to increasing our capacity to empathize.

Second, make yourself uncomfortable. Sometimes it takes a crisis to expand our circle of empathy beyond people we naturally gravitate to. After checking in with ourselves, center your focus away from yourself by centering someone else. Find a person you don't naturally empathize with and spend a moment with her. As you do, be aware of more than her words; become her student. Look for one or two things you have in common. Place her at the center of your engagement. Willingly "hold" her story, spoken or unspoken.

Third, reverse engineer your situation. Sociologist Dr. Martha Beck suggests employing a technique akin to the process of reverse engineering as a way to practice empathy. Working backward from the *effects* of an emotion to the emotion itself can help us reconstruct a better, more streamlined way to understand, and help, another person.

Start with someone who is a mystery to you while in this crisis—your garrulous coworker, your introverted classmate, or your fearful mother-in-law. "Remember a recent interaction you had with this person—especially one that left you baffled as to how they were really feeling," Beck proposes. "Now imitate, as closely as you can, the physical posture, facial expression, exact words, and vocal inflection they used during that encounter." What arises in you emotionally could be very close to what was going on in the person you are seeking to understand. Allowing this understanding to inform the help you offer them is key to engaging the power of hope and healing empathy can bring in a crisis.

More than ever, the world needs people to enter the fray with empathy. Rather than draining us, empathy can energize us. It is strong enough to respond to the pain and complexity of our current crisis, with the power to transform obstacles, even the barracudas in life, into opportunity.

RATHER THAN DRAINING US, EMPATHY CAN ENERGIZE US.

Key Takeaway: When done well, empathy can be energizing instead of draining, enabling us to continue caring for others.

How to Refer a Loved One for Counseling During COVID-19

People in crisis are regular people acting normally in an abnormal situation

Jamie Aten & Laura Shannonhouse

"It's been intense here. People have been rescued from rooftops, trees, just about anywhere. The flood came so quickly. People have lost everything. There is devastation all around and people are hurting," shared Baton Rouge, Louisiana clinical psychologist, Andrew Yarborough, Psy.D., of The Well Clinic.

According to then-recent reports, the Louisiana flood in 2016 was the worst natural disaster to strike the United States since Superstorm Sandy.

Many flood survivors will bounce back after the flood with support of their loved ones and community. However, some will struggle more than others and may need to be referred to a professional mental health professional for care.

Following are some basic guidelines for when, where, and how to refer someone you care about for mental health services.

What's "normal"?

A private practice I use to work at had a sign in the waiting room that read, "Normal…a setting on a washing machine." The director of the counseling center had placed it front and center to remind clients and providers that there is no one "right" way to respond to distress.

Be mindful that survivors are normal people acting normally in an abnormal situation. It is common for disaster survivors to experience emotional (e.g., feeling sad, anxious, irritable), cognitive (e.g., memory problems, confusion, slowness of thinking), behavioral (e.g., change in activity, difficulty communicating, inability to rest), physical (e.g., increased blood pressure, upset stomach, change in appetite), and spiritual stress (e.g., questions faith, anger at God, lack of meaning).

Survivors are more likely to become impaired when they experience multiple stress reactions simultaneously and intensely.

The good news is that for a lot of people these common stress reactions to disasters have limited long-term effects. Humans are very resilient creatures with abilities to cope and transform for positive outcomes. But, when our natural resources are strained too far, having the help of a professional perspective can be invaluable.

When to refer

It is important that you recognize when a disaster survivor may need additional follow-up services from a licensed mental health professional.

If your loved one's stress symptoms seem really intense, don't seem to go away with time, start to interfere with everyday life, or appear much later (further removed from the event) than you expect, you should start to be concerned. Look for signs of serious symptoms like extreme emotional reactions, impulsive or risky behaviors, and self-medicating with drugs or alcohol as well. These sorts of behaviors are all "red flags" indicating professional support may be needed.

THE GOAL HERE IS INSTEAD TO TRY AND UNDERSTAND THE EXPERIENCE OF WHAT YOUR LOVED ONE IS GOING THROUGH IN ORDER TO DETERMINE IF A REFERRAL IS WARRANTED.

Moreover, listen for signals that your loved one might be contemplating harm to self or someone else. Be alert to survivors talking or hinting about self-harm or harming others. Make sure you are not ignoring a potential cry for help. You have an obligation to refer a loved one who may be considering self-harm or harming someone else.

Don't be afraid to ask questions about harm

It should also be noted that it is against current suicide intervention best practices to either minimize or deflect such feelings of self-harm. Instead, empathy and active listening are essential until response can be made by a trained suicide interventionalist.

Some people fear that asking if someone is thinking about harming oneself or someone else is more likely to make something bad happen. This simply is not true. In fact most people who are experiencing significant distress report that they felt relieved when directly asked.

Here are a few sample questions that can be helpful getting a better read on where your loved one is emotionally: Have you thought about hurting yourself or someone else? Do you have a plan for hurting yourself or someone else? Do you have the means (e.g., capability or resources) for hurting yourself or someone else?

Keep in mind you are not trying to do a formal assessment, nor are you assigning a diagnosis—leave that up to the pros. The goal here is instead to try and understand the experience of what your loved one is going through in order to determine if a referral is warranted.

Where to refer

Following are some examples of organizations we've been told are providing disaster mental health services (e.g., counseling, referral assistance) for those affected by the flood:

- SAMHSA's National Helpline (Treatment Referral Routing Service): 1-800-662-HELP (4357)
- National Alliance on Mental Illness (NAMI) HelpLine: 1-800-950-NAMI (6264)
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- National Red Cross: 1-800-733-2767 (1-800-RED-CROSS)

How to refer

It's important to let your loved one know that you care for them as you make the referral.

As best as you can, try to protect the person's privacy when you prepare to tell them that you think they could benefit from professional help.

Share with them a few specific reasons why you think they might need to talk to a licensed mental health professional. Be concrete, and focus on some specific behaviors you or others have observed. The goal is not to confront your loved one. Instead, emphatically and compassionately let them know your concern for their well-being.

Most people will appreciate your concern and won't take offense. However, that's not always the case. Be patient with your loved one and give space for the person to respond. If your loved one seems like they will be safe without immediate additional services, you might give them a little bit of space and try again after they've had a chance to reflect on your suggestion.

If there is the possibility that your loved one might be an immediate danger to self or others, you need to make a referral right away independent of their consent. That is, you need to proactively

get in touch with a licensed mental health professional, proper authorities (e.g., police), or call 911. More resources on when and how to refer are available at apa.org or counseling.org.

Key Takeaway: It is important to refer loved ones for counseling during times of crisis, especially when you begin to notice red flags.

COVID-19 and Vicarious Trauma

Research reveals vicarious trauma in general public and health staff

Joy Lee-Ryan

In this global COVID-19 pandemic, many frontline medical staff are facing incredible amounts of distress as they care for patients who have COVID-19. In one research study, 70 percent of frontline nurses and doctors working in and near the epicenter of the outbreak in China reported experiencing distress, and about half of them reported experiencing anxiety and depression.

Though the disease and the lack of information about it have had life-threatening consequences, another concern for frontline medical staff caring for patients with COVID-19 is vicarious trauma (VT). VT is a psychological byproduct where a helper is exposed to a patient's psychological trauma and the helper feels like they experience it too. Symptoms of VT include "loss of appetite, fatigue, physical decline, sleep disorder, irritability, inattention, numbness, fear, and despair" (Li et al, 2020, p.2).

Measuring Vicarious Trauma

Researchers Zhenyu Li, Jingwu Ge, Meiling Yang, and others from several universities in Nanjing, Wuhan, Zhengzhou, Soochow, Changzhou, and Chiba collaborated to assess the levels of VT found in frontline nurses, non-frontline nurses, and the general public. The researchers believe that assessments of VT are important for improving the quality of response and quickening a society's return to normalcy. They recently published their findings in Elsevier.

The study was conducted using a questionnaire survey app that was circulated through the instant messaging platform WeChat from February 17 to 21, 2020. Isolation policies during this time in China included social distancing and an order to stay at home. There were 740 participants in total: 526 of them were nurses while 214 of them were part of the general populace. The survey included questions about life belief and physical, psychological, emotional, behavioural, and cognitive responses.

Results from the study compared the severity levels of VT experienced by each group mentioned:

> *"...frontline nurses had significantly lower vicarious traumatization scores than the general public and non-frontline nurses. However, no significant difference was noted in the vicarious traumatization scores between the general public and non-frontline nurses."*

Unexpectedly, the general public and non-frontline nurses reported having higher levels of VT compared to nurses at the frontline confronting COVID-19. Inadvertently, those that are not directly interacting with COVID-19 patients are still being exposed to their trauma and can experience high levels of distress in the form of vicarious trauma.

If you are not interacting with COVID-19 patients, why might you experience vicarious trauma?

Researchers collaborating on this study suggest a few reasons for higher levels of VT found in the general populace and non-frontline nurses. To account for the exposure to trauma, the researchers propose that the stay-at-home order provides more time for the general public to consume media about patients with COVID-19. Therefore, the general populace would

THOSE THAT ARE NOT DIRECTLY INTERACTING WITH COVID-19 PATIENTS ARE STILL BEING EXPOSED TO THEIR TRAUMA AND CAN EXPERIENCE HIGH LEVELS OF DISTRESS IN THE FORM OF VICARIOUS TRAUMA.

have increased sympathy and concern for patients as well as medical staff confronting the virus. In the case of non-frontline nurses, the researchers suggest that they feel sympathy for patients with COVID-19 and their colleagues at the frontlines. The concern for their colleagues becomes additional stress that increases the severity of VT.

On the other hand, the lower levels of VT found in frontline nurses could imply that:

> *"the psychological endurance of frontline nurses is stronger. This notion may be due to the fact that frontline nurses are voluntarily selected and provided with sufficient psychological preparation. Secondly, the selected frontline nurses are mainly middle-level backbone staff with working experience and psychological capacity...[they] are more knowledgeable about the epidemic than the general public and non-frontline nurses."*

Protective Measures

Overall, the researchers suggest that frontline nurses, in this case, had more work experience and were better equipped with knowledge because of their direct contact caring for patients that have COVID-19. Their experience and knowledge become protective measures for psychological wellbeing when faced with patients' trauma. For those who are not directly confronting COVID-19, spending less time-consuming media about patients battling the virus, practicing VT coping strategies, and reading reliable information can help decrease levels of vicarious trauma.

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Key Takeaway: Vicarious trauma is impacting people beyond frontline workers; we need to be aware of how we interact with COVID-19.

V Social Media & Technology

Four TED Talks That Will Get You Thinking About COVID-19

As we grapple with the impact of COVID-19, we can draw on these insights

Jamie Aten & Kent Annan

As we grapple with the impact of COVID-19 on our families, communities, and world, we can draw on the insights of those with particular areas of insight and expertise.

At this moment, as we see daily reports of increasing cases across the United States, we can learn from thinkers and problem-solvers who've already been noodling on how to best navigate this terrain.

Here are four of the best TED and TED-Ed talks for learning about pandemics, in general, and COVID-19, in particular. While a single talk can't offer a comprehensive solution, each of these four talks offers fresh insights to help us understand how we are thinking, feeling and reacting to the challenges of today.

1. We Ignored the Inevitability of This Outbreak

In the wake of the 2014 global Ebola outbreak, Bill Gates gave a 2015 TED talk about what we could put in place to better weather the next epidemic. He explained, "If anything kills over 10 million people, in the next few decades, it's most likely to be a highly infectious virus rather than a war. Not missiles, but microbes."

Highlighting the fact we weren't ready for Ebola, Gates offered practical steps that would have better prepared us for what we're facing today. In a fictional scenario that now feels eerie, Gates offered this: "You could have a virus where people feel well enough while they're infectious that they get on a plane, or they go to a market."

Lesson for Today: We weren't prepared for this, but we can be in the future. If we're willing to be forward-thinking, we have the resources to build a strong response team for the next outbreak.

2. We Are Tempted to Ignore Risks We Can't See

In a recent TED talk about the coronavirus pandemic, infectious disease expert Adam Kucharski briefly answers some of the most pressing questions about COVID-19. He reminds listeners:

> "It's not just whose hand you shake, it's whose hand that person goes on to shake. I think we need to think about these second-degree steps that you might think you have low risk and you're in a younger group, but you're often going to be a very short step away from someone who's going to get hit very hard by this. I think we really need to be socially minded."

Kucharski's insight rings particularly true for many high school and college students, suddenly liberated from campuses, who continue to circulate and socialize in public.

Lesson for Today: We must be socially-minded, thinking beyond our own risks to the risk we present to others.

WE MUST BE SOCIALLY-MINDED, THINKING BEYOND OUR OWN RISKS TO THE RISK WE PRESENT TO OTHERS.

3. Human Nature Resists Isolation

In her TED talk about the potential future in a world with COVID-19, global health expert Alana Shaikh reminds us of what we'd learned during the global Ebola outbreak. Specifically, she reminds us that, because we are by nature social creatures, we resist isolation.

"We saw in the Ebola outbreak," Shaikh explains, "that as soon as you put a quarantine in place, people start trying to evade it."

She adds, "Individual patients, if they know there's a strict quarantine protocol, may not go for healthcare."

Lesson for Today: Although we must discover workable containment measures, the strictest forms of quarantine may backfire.

4. We Are Prone to Succumb to the Spread of Inaccurate Information

A 2012 [TED-Ed talk about pandemics](#) explains how viruses and diseases spread. In February 2003, a doctor from Hong Kong was unknowingly harboring SARS, Severe Acute Respiratory Syndrome. Hotel guests with whom he interacted traveled to several other countries. Four months later, when the epidemic finally ended, the virus had reached 29 countries. Thanks to quick emergency measures, a pandemic was averted.

But the narrator explains: "Though the virus was rapidly contained, however, there was little that could be done about the alarming news reports carried by cable news channels and the internet."

Bloggers and others contributed to mass hysteria by spreading unfounded conspiracy theories.

Lesson for Today: We must actively choose to seek out the most accurate information and avoid unreliable sources.

If we can allow these respected thinkers to inform our reactions today, we will be better equipped to defeat this enemy together tomorrow.

Key Takeaway: TED Talks and other informational media can help us better understand how we are reacting to COVID-19 by revealing that we ignored the inevitability of this outbreak, we are tempted to ignore risks we don't see, human nature resists isolation, and we are prone to succumb to the spread of inaccurate information.

Welcome to the COVID-19 'Infodemic'

Misinformation and cyberchondria are at work in your social media news feeds

Grace Howell

Amidst the COVID-19 pandemic, time feels endless. Before self-quarantine and social distancing took over, time was a hot commodity. Now, children and adults alike are looking for ways to fill their time, often settling for extended moments on social media.

We've known of the consequences of social media, both positive and negative, for a while. It serves us by keeping us connected to each other and the world. Yet, it also functions as a breeding ground for polarization, self-promotion, and fake news.

COVID-19 does not change these realities. World Health Organization Director-General Tedros Adhanom Ghebreyesus is quoted as saying: "We're not just fighting an epidemic; we're fighting an infodemic." This moment of heightened anxieties and increased time on social media warrants the question: What are the mental health implications of this 'infodemic' taking over our feeds?

The Research

With the collaboration of four researchers from the University of Turku, the Military Institute of Science and Technology, and J.E. Cairnes School of Business and Economics, 294 students and faculty at a university in Bangladesh were surveyed in March of 2020. This online survey questioned the respondents' trust of online information, their threshold for information overload, COVID-19 perceived severity, and COVID-19 perceived susceptibility. Along with various individual factors, the survey also asked about the respondents' personal experience with cyberchondria—the "constant online searching for health information which is fueled by an underlying worry about health that results in increased anxiety." In this study, researchers wanted to know why people keep sharing misinformation during the COVID-19 pandemic, even at the expense of their mental health.

These researchers understood the following:

> *"Indeed, the lock-down enacted in many countries with workplaces and social activities required to close may have the unintended consequence of escalating misinformation and cyberchondria as people have more time at their disposal to overload on social media content."*

In an effort to find out why misinformation and fake news is still ever-present—even amidst the severity of the pandemic—the research found that, though fake news may increase an individual's worry about their personal health, a worry for personal health does not increase the likelihood that the individual would propagate fake news. Therefore, the presence of this crisis is not directly contributing to an increase in misinformation. It is simply an unfortunate side effect of social media.

However, with each factor that was measured—indicating an increase in online information trust, information overload, perceived severity of COVID-19, and perceived susceptibility of COVID-19—a significant increase in the presence of cyberchondria was found. Demographically, females experienced higher levels of cyberchondria than males, whereas males had a higher tendency to share unverified information on social media. The research also suggested that older people experience less cyberchondria and share less misinformation due to lower information overload and perceived severity of the crisis.

Some Solutions

With our current reality of misinformation and increased time on social media, cyberchondria is a real threat. It has proven to be associated with functional impairment and increased anxiety. Knowing this to be true, how can we be proactive in our intake and involvement in social media to prevent such harmful mental health effects?

Ultimately, it all comes back to the source. The next time you are scrolling through your Facebook feed and see the latest "breaking news" headline, take the time to consider its source. Is it a reliable news outlet, or is it just fake journalism with a hidden agenda?

Being able to decipher what news is reliable and accurate could significantly improve your mental stability during this time. In the same way, consider what you share. If you have reason to question the trustworthiness of that news article that has a gripping headline or even that silly meme poking fun at the latest update, maybe it is not a helpful token of content to share with your followers.

BEING ABLE TO DECIPHER WHAT NEWS IS RELIABLE AND ACCURATE COULD SIGNIFICANTLY IMPROVE YOUR MENTAL STABILITY DURING THIS TIME.

Another way to protect your mental health is to reduce your consumption of social media all-together. Instead of scrolling through the countless updates, complaints, and devastating news of the latest coronavirus impact, take a stroll through your neighborhood. Spend some time with your family, playing games or watching your favorite movie. You could even bake a cake! These activities are positive influences on your mental health and can help to mitigate your risks for suffering from higher anxiety due to cyberchondria and information overload.

Being anxious about our health, our futures, and the state of our world is normal during this time. But if taking these small steps could prevent excessive anxiety from misinformation and cyberchondria, it could significantly impact our overall mental stability, increasing our ability to cope during this difficult time.

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Key Takeaway: The coronavirus "infodemic" that is spreading fake news and misinformation can be stopped by being thoughtful about what you read and what you share.

Delete That COVID-19 Joke or Forward It?

Understanding how different types of humor impact our resilience in a pandemic

Ami Hileman

When I picked up my phone this morning, I found three memes and a "quarantine soundtrack" video, all courtesy of some good friends wanting to share a laugh. While it would be easy to chuckle and shrug this off as a silly way to pass the time in isolation, there is actually something deeper going on here. The humor circulating in emails and on social media feeds may be serving to protect us from long term traumatic effects of the fear and anxiety accompanying the COVID-19 pandemic.

Disaster psychologists have studied the theme of personal resilience, which is a person's ability to bounce back and recover after adversity. Research shows that humor ranks alongside social support, optimism, faith, and several other qualities as powerful factors in cultivating personal resilience.

RESEARCH SHOWS THAT HUMOR RANKS ALONGSIDE SOCIAL SUPPORT, OPTIMISM, FAITH, AND SEVERAL OTHER QUALITIES AS POWERFUL FACTORS IN CULTIVATING PERSONAL RESILIENCE.

Is All Humor Beneficial?

It may come as no surprise that humor is a powerful force for well-being. After all, "laughter is the best medicine," as the saying goes. However, not all styles of humor are equally effective in improving personal resilience.

Humor can be broken down into four styles. Affiliative humor is the style used to amuse others and strengthen social connections, typically involving playful storytelling. Self-enhancing humor refers to a humorous outlook on life used by individuals as a coping mechanism under stress. Aggressive humor is the type of humor that makes fun of others, targeting an individual or group. Self-defeating humor is used to amuse others at our own expense, by pointing out a weakness or failure in ourselves. Affiliative and self-enhancing humor are considered positive types of humor, while aggressive and self-defeating are considered negative humor styles.

A recent study at the University of Oviedo in Spain dove deeper into these differences. Researchers asked 804 participants to complete three questionnaires which determined their humor styles, level of anxiety and depression, and tendency toward optimism. Their findings confirmed that the two positive styles of humor can be protective factors against anxiety and depression.

> *"An optimist will be a much more habitual user of positive humor than negative and... will be particularly protected against anxiety and depression." (Menéndez-Aller et al., 2019).*

The negative styles of humor were found to have an opposite effect, but of the two types, self-defeating humor had a much stronger correlation to anxiety and depression. Aggressive humor could have positive or negative impacts, with potential differentiation between men and women and between cultures.

How Do We Get the Most From Humor?

This study confirms that age-old adage. Laughter is indeed good for the soul—if it's the right kind of laughter. We aren't stuck with just one style of jokes.

> *"One may envisage how training in a different use of humor may be beneficial." (Menéndez-Aller et al., 2019).*

By becoming mindful of the different humor styles and choosing positive forms of humor, we can reduce anxiety and promote personal resilience. The next time you forward a meme, you might be sharing more than a laugh; you could be helping your friends bounce back after COVID-19.

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Key Takeaway: Humor is a powerful tool to build resilience amidst COVID-19, but be wary of which humor style you use.

Why Virtual Communication Can Leave You Worn Out

Communicating online may cause more stress than connection

Jamie Aten

More than ever, we are reaching out online and communicating virtually. Remote communication is essential to combating loneliness and feelings of isolation. It's also the best means we have for connecting and working together during the COVID-19 pandemic.

However, communicating this way can have drawbacks. If you are feeling like all those online calls and video conferences seem to be leaving you drained by the end of the day, it's not just you—virtual fatigue is real.

Below are five reasons you may be feeling worn out and tired by virtual communication.

IF YOU ARE FEELING LIKE ALL THOSE ONLINE CALLS AND VIDEO CONFERENCES SEEM TO BE LEAVING YOU DRAINED BY THE END OF THE DAY, IT'S NOT JUST YOU—VIRTUAL FATIGUE IS REAL.

Social Nonverbals

With Zoom or FaceTime, for example, you can't rely on body language for communication in the same way you might when talking with someone in person. Sometimes there are sound delays, and it can get stressful in communicating or repeating yourself constantly. It can sometimes also be difficult to pick up on inflections in peoples' voices, which can make it challenging to understand the fullness of what others are trying to communicate. It also makes picking up nuanced forms of communication like sarcasm harder to detect.

Social Boundaries

For those with social anxiety, Zoom or FaceTime makes it harder to draw boundaries. People get to see into your environmental context, where you live or are staying.

This isn't just about physical surroundings; it's also more difficult to control interactions, especially if you are staying at home with others. For example, a person who works at an office likely has more control over the surroundings. Yet, when working from home or socializing from home virtually, there's a greater chance that others, like a spouse or child, may drop in and interrupt accidentally or even on purpose.

Social Cues

Another reason all those online calls and conversations may be leaving you feeling tired and sluggish is because social cues become less clear. It can be hard to know when "socializing" should end and the work or primary purpose of the call should shift. Certain social cues that are easily read in real life, like boredom or frustration, can be harder to read virtually. Because of this, it's common for people to feel pressure to fill silences and converse.

Social Transitions

Further compounding the awkwardness of communicating remotely may be that you and the person you are talking with are struggling to know when to transition from small talk into something more substantial. When it comes to connecting virtually, a lot of people approach virtually socializing with the assumption that the purpose of the call is to just talk and catch up. This can leave you feeling like you are having conversations online that don't seem to be going anywhere. In many cases, people are reaching out more often online for virtual communications

as a way of addressing feeling lonely, not necessarily because they need to discuss a particular topic or issue.

Social Anxiety

Feeling worn out and drained by virtual communications may also be in part to how you are hard-wired. The benefits of digital hangouts are the flexibility and accessibility to connect with one another. Digital hangouts have fewer technical barriers to socializing (e.g., finding a place to meet, the cost of transportation). However, it would be presumptuous to say that digital hangouts are correlated with a finite result of well-being.

Anxiety and stress manifest in people differently, and while there are common symptoms, the subjective experience cannot be neatly confined. If digital hangouts are causing crippling social anxiety, perhaps an alternative form of communication may serve better. If a person's anxiety is at a functioning level and the benefits of socializing outweigh or foster positive behavior, then perhaps a gentle push outside of the comfort zone can be helpful. If this describes you or someone you know, another approach is to turn off the video function if possible. Changing video settings is another practical approach to reducing online social anxiety, like lowering lighting or changing filters to buffer image.

Conclusion

There is no perfect formula for how you should connect with people or how often you should connect. Everyone feels connection differently. For some people, texting is enough for them to feel socially engaged, while others may need an audible and visual connection to be satisfied in their social life. Just because people have moved to digital hangouts doesn't mean your social boundaries have to change.

Overall, we need to be proactive and creative in fostering virtual social connections during this time of isolation. But we also need to make sure that how we are communicating doesn't make things worse. This is why understanding the social drivers that may be causing you to struggle is important, now more than ever.

Key Takeaway: Virtual communication can leave you more worn out than normal communication because of changes affecting social nonverbals, social boundaries, social cues, social transitions, and social anxiety.

All Those Zoom Calls Might Be Helping You Sleep

New research highlights relationship between social capital and sleep quality

Kayla Gustafson

Like most people, the last few weeks of my life have consisted of a series of canceled plans and major disruptions to my normal routine. Working from home has taken on a whole new meaning—platforms like Zoom, Google Hangouts, and FaceTime are helping people to navigate this new normal of staying home and saving lives. Families are connecting to play digital board games, friends are gathering for morning coffee in their pajamas, and entire school districts are educating the next generation over the internet. I myself have spent more time on video calls in the last two weeks than I care to count. And while I'd love nothing more than to have all my friends in my home for dinner, or meet my grandma for tea and scones at our favorite café, I'm glad for the opportunity to utilize my social capital from a safe distance. In fact, because of my social capital, I might just be sleeping better at night.

New findings from a group of researchers in China evaluate the correlation between the social capital and sleep quality of individuals self-isolating because of COVID-19. Social capital simply means having people around who you can count on. To measure this, researchers asked nearly 200 Chinese citizens on day three of their COVID-19 self-isolation about the number and quality of their social connections. They also assessed participants' anxiety, stress, and sleep quality using a variety of psychological measurements. Respondents with less social capital reported higher anxiety, leading to poor sleep. Similarly, a lack of social capital was correlated to higher stress and lower sleep quality. The researchers explained,

> *"People who have more social capital usually have less stress because they have spiritual or material support from others. Social support helps to reduce the perception and evaluation of the threat of stress events, the physiological response and inappropriate behavior caused by stress, and the level of fear and anxiety induced by stress."* (Xiao et al., 2020)

SOCIAL CAPITAL CAN REDUCE STRESS AND ANXIETY, WHICH LEADS TO BETTER SLEEP DURING THESE UNCERTAIN TIMES.

Social capital can reduce stress and anxiety, which leads to better sleep during these uncertain times. How can you assess your own social capital?

First, make a list of all your friends, relatives, co-workers, neighbors, and classmates. Then, narrow it a bit by determining how many of those acquaintances are trusted or would help you out if you were in a pinch. Also, consider the groups that you are a part of, like religious communities, gym memberships, or neighborhood associations. Again, narrow this list by asking if the organizations would help you if you were in need. By this point, you should have an idea of the social capital in your life.

Now, consider how you can maintain these relationships during COVID-19. This is the perfect time to teach your grandparents how to work FaceTime, and let them read a story to your kids every night before bed. The busy friend you only meet up with twice a year? Perfect chance to give them a call, they probably have a minute (or an hour) to talk. You might not be able to attend church service on Sunday morning, but many churches are ramping up their online offerings with everything from streaming services on YouTube and Facebook to collecting donations for congregants in need. Other organizations are holding Zoom meetups or Instagram Live events.

Reaching out to others won't just help you, it will help them, too. Dropping off a loaf of freshly-baked bread at your sister's door or sending an encouraging email to an old co-worker might just help them get a better sleep tonight.

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Key Takeaway: Assessing and utilizing your social capital and virtual communication can help you sleep better during crises.

VI Children, Adolescents, and Young Adults

COVID-19 and Children's Mental Health

Research on rising issues and ways to solve them

Stella Otai

The global pandemic that began in Wuhan, China in November 2019 has led to the lockdown of businesses, schools, restaurants, and recreational centers, leaving a huge impact on the world. Current studies indicate the confirmed number of cases globally is 858,669 and the number of deaths is 42,151[1]. Although a few cases of children have been registered, they are believed to be less vulnerable to the COVID-19 pandemic, except those with underlying health conditions such as asthma.

Studies so far indicate that the pandemic could have negative effects on children's physical and mental health, and yet parents do not have the appropriate mental health or counseling skills to help their children or themselves. However, due to uncertainties surrounding the outbreak and ongoing scientific research, it's estimated that 220 million Chinese children are at a risk of facing mental health issues due to potential prolonged school closure and home containment.

Additionally, the fear that the psychological impact on children and adolescents could potentially be neglected has exacerbating effects. During the first months of the outbreak in China, studies revealed that the average posttraumatic scores were four times higher among children who were quarantined than those who were not. This implies that, due to restrictions to routine lifestyle, psychosocial stress caused by home confinement or isolation could further exacerbate the harmful effects on the child's physical and mental health.

> THE PANDEMIC COULD HAVE NEGATIVE EFFECTS ON CHILDREN'S PHYSICAL AND MENTAL HEALTH, AND YET PARENTS DO NOT HAVE THE APPROPRIATE MENTAL HEALTH OR COUNSELING SKILLS TO HELP THEIR CHILDREN OR THEMSELVES.

Studies show that the mental health needs of COVID-19 patients are on the rise and yet poorly met. Research indicates that the mental health needs of patients with confirmed COVID-19, patients with suspected infection, quarantined family members, including medical personnel have been poorly managed.

Although these studies were originally conducted in China, the nations that are currently getting new cases of COVID-19 should learn from China's experience. For instance, home confinement restricts children from their normal lifestyles which has effects on their physical and mental health. Since children are constantly exposed to COVID-19 related news which could alleviate their anxiety and panic, parents need to create direct conversations with children about these issues to avoid panic and reduce anxiety. This could also create opportunities to develop close and open communication with children so that any physical and psychological concerns are addressed.

It's important that the health authorities establish multidisciplinary mental health taskforce teams compromised of professional psychiatrists, psychiatric nurses, clinical psychologists, and other mental health workers at regional and national levels to provide mental health support to patients. Professionals with specialized skills should collaborate and work with religious clergy to bring specialized treatments and appropriate mental health services to families and patients, including those who have been isolated.

1 This article was originally published on April 28, 2020. Any statistics cited reflect numbers at that time.

Public health ministries should utilize technology, media, mobile devices, and applications (WhatsApp, Facebook, Instagram, IMO, and others) to reach out to the affected communities to provide psychological counseling to patients, as well as their families. Additionally, given that children are vulnerable to environmental risks that affect physical health, mental health, and future adult life performance, it's important that what affects them now is addressed in order to avoid any long-term consequences. It's also important that parents or caretakers address children's needs, especially because they may not be able to advocate for themselves.

Key Takeaway: With all the changes going on around them, children are unprepared and parents are under-resourced to adequately handle the mental health issues COVID-19 presents.

COVID–19 Mental Health Effects on Children and Adolescents

Ideas for increasing mental health support and advocacy for minors

Stella Otai

It's May 2020 already[1]. The COVID-19 global pandemic has led to global mental health issues with well-resourced and under-resourced economies alike continuing to face these similar needs. The world's sense of peace and security continues to erode. Today, a total of 4,996,463 reported cases have been diagnosed with COVID-19 with 328,113 reported deaths. Where's thou sting, O you, virus?

By early this April, over 188 countries worldwide suspended schools countrywide in response to suggested measures of physical and social distancing in order to mitigate person-to-person transmission. However, with the school closures, 90 percent (1.5 billion) of registered learners are young people and 72 percent have been impacted. Studies show that the effects of school closure during COVID-19 have exacerbated negative effects on children and adolescents. For instance, in Hong Kong and Singapore, candidate final exams were canceled and university entry exams were suspended or canceled. Twenty percent of the young people affected were anxious and worried if they would ever go back to school.

> **RESEARCH SHOWS THAT CHILDREN AND ADOLESCENTS ARE EXPERIENCING MENTAL DISTRESS DUE TO THE DISRUPTIONS OF THE CLOSURE OF SCHOOLS, ACTIVITIES, AND MAINTAINING SOCIAL AND PHYSICAL DISTANCING.**

Research shows that children and adolescents are experiencing mental distress due to the disruptions of the closure of schools, activities, and maintaining social and physical distancing. Schools hold a lot of resources, especially for children and adolescents with special mental health needs. For example, children with autism spectrum disorder are at high risk. Their routine has been disrupted. Research shows that they easily get irritated, frustrated, and short-tempered. Not being able to do their routine activities has greatly impacted our children and young people. Suspension and cancellation of speech therapy sessions and social skills groups stalls the progress among children and adolescents who have been in therapy during school time pre-COVID-19.

In the UK, 83 percent of the adolescents attribute exacerbating conditions to COVID-19 and 26 percent are unable to access mental health support, peer support groups, and face-to-face services that have been canceled. Moreover, research indicates that social/physical distancing has short- and long-term effects on children and adolescents. Many children and adolescents are suffering from anxiety, worry, depression, and living without internet services all while not being able to know when schools will reopen. Some children and adolescents have been exposed to child abuse and isolation and all they have is home containment. How can you help the children and adolescents in your neighborhood maintain good mental health in the middle of the virus that has robbed us of so much?

As research continues, schools will soon reopen. But UNESCO, WHO, and Ministries of Health and Education worldwide should work together and plan ahead of time before the reopening of schools. Some plans to consider include psychosocial support, counseling, and guidance for children and adolescents, families, and schoolteachers, so that there's a general understanding between them. Governments should put in place mass sensitization campaigns to increase awareness before schools reopen and should consider providing subsidized specialized services

1 This article was originally published on May 22, 2020. Any statistics cited reflect numbers at that time.

such as mental healthcare before the learners go back to school. It's important that the methods of reaching the children, adolescents, and their families with appropriate interventions are agreed upon and communicated during mass campaigns before the reopening of schools.

Special guidelines for early interventions before reopening of schools should be issued to parents and guardians with special needs children and adolescents. This can be done by providing the public with access to virtual or online support systems. Parents or families can also provide supportive interventions such as psychoeducation in order to promote wellness in family settings. For instance, parents can take the initiative to create schedules for their children and keep them busy in order to reduce anxiety during this time of uncertainty.

In countries that are well-resourced, mental health service providers should come up with e-platforms for their clients to access services so that the children and adolescents on speech therapy and social skills are not stalled by the disruptions.

Parents should be encouraged to make use of their existing networks—coordinate, collaborate, and communicate. For instance, they can form afternoon Zoom calls, virtual game nights, virtual prayer groups, virtual religious services, and more to provide peer social support. While the professionals are scaling up mental health services, it's very important that everyone keeps interested in the basic psychosocial support to promote wellness and maintain hope in our communities. Children and adolescents are our responsibility.

Key Takeaway: Children and adolescents need increased social and psychological support, especially with the closing of schools and decrease in available resources.

What COVID-19 Home Confinement Means to Children

A holistic strategy for children who are the most vulnerable

Shane Jang

To prevent the spreading of COVID-19, schools and educational institutions have been closing all around the world. Not only adults, but children are also facing uncertainty and chaos in this season. But one significant difference between adults and children is that children often lack the ability to advocate for themselves, name their needs, and recognize what they are facing.

A recently published article studied how home confinement can affect children. It emphasizes the need for a more holistic approach to alleviate the negative effects of COVID-19 on children's physical and mental health. The lead author of this article is Guanghai Wang of the Department of Developmental and Behavioral Pediatrics of Pediatric Translational Medicine Institute, Shanghai Children's Medical Center. The article was published on 21 March 2020 by *The Lancet*.

The five authors have found the evidence demonstrates that children have much longer screen time, less physical activity, irregular sleep hours, and less organized diets when they are out of school. These daily changes cause physical changes, too, such as a loss of cardiorespiratory fitness and weight gain. Home confinement and lack of interaction with same-aged friends also have a psychological impact on children. There are several other stressors, such as fears of infection, boredom, and lack of personal space. The authors state that:

> *"... the mean post-traumatic stress scores were four times higher in children who had been quarantined than in those who were not quarantined. Furthermore, the interaction between lifestyle changes and psychosocial stress caused by home confinement could further aggravate the detrimental effects on child physical and mental health, which could cause a vicious circle."*

For holistic mitigation, the authors point out that the government, non-governmental organizations, community, school, and family should address these issues more immediately and effectively.

The researchers suggest that people learn from previous experiences and do not overburden the students, but most importantly, they stress the necessity of mobilizing existing resources. NGOs and many other communities have such resources, but a platform needs to be created to gather the best information with easy access for the most people.

Since children are having online classes, schools can integrate courses about healthy lifestyle and psychosocial support programs into the online education curriculum as a critical channel for children. Those who have professional expertise can serve schools and families by helping manage family issues with further applicable resources.

The article highlights the importance of age-appropriate and attractive resources. Children change rapidly and there are big differences between different age groups. Schools and communities like parents' committees also need to work on interacting with children and their parents virtually to help them apply the resources with more psychological skills.

Social workers also play critical roles. For example, they can offer online services to help parents with family issues. The authors state:

"Psychologists can provide online services to cope with mental health issues caused by domestic conflicts, tension with parents, and anxiety from becoming infected...Such a social safety net could be particularly useful for disadvantaged or single-parent families, but the action is needed to make it accessible to them."

Another point is that parents should be the best and closest resource for their children to seek help from. The authors recommend open communication for identifying any issues they have both physically and psychologically. However, monitoring children does not mean not respecting their identity. Self-discipline skills are also one of the suggestions that they can improve during this big change in education.

Children are exposed to constantly updating news about the infection and the effects of the disease. Parents and other adults are responsible to minimize the negative impact of COVID-19 on children. With the right parenting and the right use of resources, home confinement can be a time to interact more with children, develop self-sufficiency skills, and face uncertainty with strengthened family bonds. The authors conclude with one more important point about the contextualization of these resources:

"Any sustainable programme must involve local professionals to culturally adapt the interventions to the administrative system and to the regional and community environment, and it must develop contextually relevant material for children and adolescents...It is the responsibility and keen interests of all stakeholders, from governments to parents, to ensure that the physical and mental impacts of the COVID-19 epidemic on children and adolescents are kept minimal. Immediate actions are warranted."

IT IS THE RESPONSIBILITY AND KEEN INTERESTS OF ALL STAKEHOLDERS, FROM GOVERNMENTS TO PARENTS, TO ENSURE THAT THE PHYSICAL AND MENTAL IMPACTS OF THE COVID-19 EPIDEMIC ON CHILDREN AND ADOLESCENTS ARE KEPT MINIMAL.

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Key Takeaway: For children, home confinement can severely impact physical health and mental wellbeing, even putting them at higher risk of PTSD.

The Impact of Prolonged School Closures on Children

COVID-19 measures affect child and adolescent mental health

Stella Otai

Six months into the pandemic, the coronavirus disease is still on the loose and making headlines. Health security continues to deteriorate as the reported cases of infection now stand at 7.04 million with 404,396 deaths[1].

In the early days of the lockdown of "non-essential" activities and public places, most, if not every person hoped that by this time life would have returned to its normal routine and pattern. It has not. Wearing and talking through masks, social and physical distancing as the reopening of many activities kicks in with continued restrictions, it is still not the old routine. But, how do we collectively and collaboratively address the growing threats to children and adolescents' mental and physical health?

Studies show that the global pandemic has profound effects not only on the aspects of society, but also the mental health and physical health of adults, children, and adolescents. It's very important that the mental health care for children and adolescents is taken seriously. To this, research shows that most children's mental health disorders begin in childhood and, if not identified and treated early, will impact that child's development, potentially leading to poor health and social outcomes. Studies indicate that, in the US, close to 55 million students from kindergarten through 12th grade are affected by school closures. In China, about 220 million children and adolescents in primary school, secondary school, and preschool are confined to their homes.

UNESCO highlights some of the challenges of school closures and home confinement. For instance, school closures meant the shifting of roles from teacher to parent, whose skills do not match the needs of home and distance schooling. Increased social isolation, inability of parents to assess, measure, and validate learning—especially calendar-based assessments to determine advancement to next education levels—increased exposure of children to violence, exploitation, and maltreatment, all of these impact the health of a child. Moreover, the empirical studies suggest that keeping children and adolescents less physically active and disrupting their routine activities have negative impacts on child and adolescent mental health and physical health. The outcome is that 42 percent of the world's population is exposed to long-term negative effects on their mental health.

> **SCHOOL CLOSURES MEANT THE SHIFTING OF ROLES FROM TEACHER TO PARENT, WHOSE SKILLS DO NOT MATCH THE NEEDS OF HOME AND DISTANCE SCHOOLING.**

If some countries and US states have postponed reopening of schools to the next academic year and restrictions to all weekend and summer holiday outdoor activities continue, how affected will the mental health of our children and adolescents be?

In order to mitigate the increasing threats to children and adolescents' mental and physical health, everyone must actively, rapidly, and collaboratively act towards mitigating the growing threats. For instance, since the COVID-19 pandemic is a global threat, international communities, researchers, professionals, and policymakers should proactively share psychological and social

1 This article was originally published on June 20, 2020. Any statistics cited reflect numbers at that time.

information. This can be used to create interventions that prioritise the provision of immediate and long-term strategies to reduce the mental health impacts on children and adolescents during school closures.

It's important that governments encourage the widespread use of teletherapy and virtual mental health services in the short-term in order to not delay services for children and youth with past mental health treatment for pre-existing needs. For instance, increased use of mobile mental health apps could be designed to capture the interests and focus of both children and adolescents.

During the prolonged school closure, governments should encourage the principals, presidents, and professionals of schools and colleges to coordinate with community mental health agencies to deliver services within school settings. This would potentially increase the continuity of mental health and physical health care.

Governments, INGOs, NGOs, and religious institutions should collectively work towards empowering under-resourced communities and provide for the unmet needs, especially those which directly impact the mental health of youth. For instance, some families or communities are struggling with food insecurity, economic needs, and general family support. These realities could threaten the nutritional health of children and adolescents and, eventually, their mental health.

To mitigate the consequences of home confinement, governments, humanitarian organisations, NGOs, communities, schools, and parents all need to work together to ensure that they collectively address the challenging situation and together identify the effective interventions to address these issues immediately.

Governments through respective ministries and agencies should continually increase awareness concerning the need to use available resources to support the mental wellbeing of their children and adolescents.

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Key Takeaway: COVID-19 has disrupted the lives of children who go to school, increasing the need for age-appropriate telehealth services delivered at home.

The Impact of COVID-19 on Maternal Mental Health

Additional Weight to Bear

Katie Poulin

Perinatal depression (PND) occurs during and after pregnancy and affects up to 25 percent of women worldwide. Although common, stigma surrounding PND continues to inhibit public awareness and discourage mothers from seeking necessary medical help. While the coronavirus pandemic has increased concern for overall mental health, a new study has shed light on why perinatal mothers are especially vulnerable.

Published in the SSRN e-library, a team of medical professionals evaluated pregnant women in 25 public hospitals throughout 10 Chinese Provinces. The Edinburgh Postnatal Depression Scale was used to measure the prevalence of PND and anxiety in women, both before and after January 20, 2020, the day that the COVID-19 epidemic was officially announced in China. The results of the evaluations were then compared to determine the implications of COVID-19 awareness.

The study found the following:

- Awareness of COVID-19 significantly increased the prevalence of perinatal depression among women (26.0 percent vs 29.6 percent, P=0.02).

- Significantly increased the proportion of women with thoughts of self-harm.

- PND prevalence increased along with the number of announcements of coronavirus death and newly diagnosed.

- Factors that make women especially vulnerable to PND include insufficient physical exercise, working a full-time job, lack of financial and family support, having a lower level of education, and pregestational lower weight, or if this is their first pregnancy.

AWARENESS OF COVID-19 SIGNIFICANTLY INCREASED THE PREVALENCE OF PERINATAL DEPRESSION AMONG WOMEN.

As a result of these findings, the researchers urgently recommended multiple strategies such as early mental health screening, counseling, and peer support:

> *"We strongly advise health providers to screen PND and provide accessible support for perinatal women. Under the circumstances of isolation, psychological hotlines and online counseling would be a safe and feasible strategy. With the limited medical resources, women who have experienced PND could be recruited as volunteers to provide peer supports as previously reported."*

The implications of ignoring these recommendations could be devastating. If left untreated, depression can hinder a mother's ability to care for herself and her child, likely affecting the child's development. Additionally, severe cases of PND can lead to suicide. No mother is immune to this issue and the stress associated with COVID-19 increases the likelihood of her suffering. However, there is hope, and treatments exist to combat the effects of PND. Through greater awareness and resources made available, these treatments can be made a reality for mothers in need.

Key Takeaway: Perinatal depression among women has become more prevalent with COVID-19.

How to Talk to Your Kids about COVID-19

7 practical steps for helping your children feel safe, not scared

Jamie Aten & Kent Annan

Schools and community organizations around the country have begun announcing closures due to coronavirus (COVID-19). If you are a parent, you have likely started thinking about how your children may have been impacted by the news. However, we've heard from many parents who feel uncertain about how to talk to their children about COVID-19. You may feel tempted to avoid talking to your children about COVID-19. But between the news, social media, other kids, and school announcements, your children are probably more aware of what's going on than you realize. You do more to love them by being thoughtful about how you approach such conversations than by avoiding them. Here are seven practical tips for talking with your children about COVID-19 so that they feel safe, not scared.

> YOUR CHILDREN ARE PROBABLY MORE AWARE OF WHAT'S GOING ON THAN YOU REALIZE. YOU DO MORE TO LOVE THEM BY BEING THOUGHTFUL ABOUT HOW YOU APPROACH SUCH CONVERSATIONS THAN BY AVOIDING THEM.

Prepare Yourself

Take steps to make sure your needs are being met by other adults—don't put that burden on your children. Keep in mind that children often follow their parents' lead when it comes to responding to a crisis. Children are like sponges and absorb their parents' reactions, words, and energy. Talking about difficult issues like COVID-19 isn't easy. If you're feeling anxious, that's natural. Part of the reason is that you're having your own feelings about what you or your family may be facing. And you may be worried about saying or doing the wrong thing—remind yourself that it's okay to struggle and even to make mistakes. But also remember that you are there for your children, not the other way around. Before you share with your kids, give yourself the time you need to notice and process those feelings, so that you can be fully present to your children's needs and feelings.

Be Hopeful

Seek to instill hope among your family. Keep in mind that hope doesn't mean that everything is going to work out the way you long for things to be. Hope doesn't mean the problem will go away. Instead, think of hope as what keeps you going in the face of adversity: Some things, maybe even lots of things, will be lost, but there are still good reasons to push forward. Instill hope into the conversation by embracing what has helped your family find strength, meaning, and comfort in other difficult situations. At the same time, resist the temptation to minimize possible challenges your family and community might be facing. The goal is to strike a tone that is hopeful and honest.

Use Age-Appropriate Language

Recognize your child's developmental ability to understand the situation. When your children ask questions, answer them to the best of your ability, using words and concepts that are appropriate for their developmental stages. Likewise, be sure to create space for questions your children might have. It's normal to be scared of inviting questions, as you likely have more questions than answers yourself. That's okay, but be honest if you don't know what to say by letting them know that you don't know. And when possible, assure them that you'll look into it and get back to them. (If you make this promise, make sure you follow through.) Be authentic with your children, but remember to talk to your children as children, not as adults.

Provide Reassurance

Sometimes children may feel responsible for events that are entirely beyond their control. When it's not clear that there is a plan in place to face COVID-19, children may, in some way, feel they must bear the weight of that responsibility. When you reassure children that the adults are managing the situation, you give them permission to be children.

Try to Maintain Routines

COVID-19 is already quickly starting to disrupt daily life for many families across the United States. Taking small steps to help our students regain some sort of normalcy will help them cope more effectively. This does not mean ignoring what has occurred, but rather trying to maintain some structure in our interactions. Familiar activities, schedules, and routines can go a long way in helping your children feel secure. There is something soothing and healing, even in mundane day-to-day life rhythms.

Discuss What They Are Hearing

Kids pick up on more than we realize. With COVID-19 so heavily in the news, odds are they have heard things on TV, at school, at church, or from you that they don't fully understand. Whether it's in the car, at the dinner table, or while playing ping-pong, ask your children questions like: Have you heard anything new about coronavirus? Who did you hear it from? Listen carefully, affirm their feelings about what they're hearing, help fill in any knowledge gaps, and answer questions they may have.

Monitor and Limit Media Exposure

Young children's media exposure should be very limited. Parents may wish to monitor their child's time online and, depending on their age, use of social networking sites. Presently there is a lot of unhelpful and incorrect information online. Take steps to monitor what your children are reading, hearing, and watching. This may also include parents monitoring and appropriately limiting their own exposure to anxiety-provoking information.

Key Takeaway: Having conversations with your children about COVID-19 can be easy if you follow these tips: Prepare yourself, be hopeful, use age-appropriate language, provide reassurance, try to maintain routines, discuss what they are hearing, and monitor and limit their media exposure.

Finishing Out Your Academic Year During COVID-19

Taking care of physical, emotional, and spiritual health

Tammy Schultz, Mandy Kellums Baraka, & their Clinical Mental Health Counseling students

Over the last two weeks, millions of college and university students experienced a drastic shift in their academic journey. During COVID-19, for the overall well-being of students, staff, and faculty, many colleges and universities chose to reallocate instruction in a distance format.

Last week, a flurry of parents drove across the country to pick up their children, dorm rooms and apartments were hastily packed, textbooks stashed in backpacks and boxes heading in the direction of home. Numerous domestic and international graduate students living off-campus remain close to campus but indoors while others traveled back to their family homes. With the universally-sanctioned practice of social distancing during COVID-19, college and university students must find new ways to navigate the rhythms of finishing their academic year, wherever they are located.

WITH THE UNIVERSALLY-SANCTIONED PRACTICE OF SOCIAL DISTANCING DURING COVID-19, COLLEGE AND UNIVERSITY STUDENTS MUST FIND NEW WAYS TO NAVIGATE.

We invited our graduate Clinical Mental Health students to share tips for other college students navigating the COVID-19 terrain in terms of taking care of their physical, emotional, and spiritual health.

- **Give space for lamenting losses of college as you knew it.** Name the losses, big or small, such as the loss of a sense of community, going for lunch together, coming to class, seeing your crush in the hall, transitioning to online classes when you prefer on-campus classes, graduation, in-person-goodbyes, closure. Grief means that something or someone was important to you.

- **Students with anxiety concerns are particularly vulnerable to heightened fears.** Be assured that it is common to feel concerned about this serious emerging health crisis. However, there is a difference between being well-informed and reading the news 24/7. Practice breaking news detox for good portions of the day and allocate limited times for news reviews.

- **Engage in deep breathing exercises.** They really help. Keep moving. Turn on some music and dance in your bedroom!

- **Consider telehealth** as a possibility if mental health concerns continue to surge.

- **Socialize with distance.** Set up virtual mealtimes with friends who you would typically eat lunch with. Schedule game nights over Zoom as a study break.

- During a long string of days at home, **establish routines**, particularly in light of continuing rigorous academic requirements. Divide up your day. When will you eat? When will you check your email? When will you study? When will you complete any assignments for your courses?

- **Be careful about how much time you are on Netflix** and engaging in screen time.

- **Take a walk or run** and listen to the orchestra of birds playing symphonies all around you.

- **Find a way to laugh and be present with friends, online, or in person.** In groups under 10, of course! A computer-based collection of games called Jackbox works through participants

using their phones as play screens. One person, owner of the software, can start a Zoom call, share the screen with others, who can participate in their own space anywhere in the world with Internet access.

- **Have a meal over Skype.** Everyone needs to eat, so why not share the time over dinner to catch up and get some time together.

- For college students who have children, **realize your children may have fears** in addition to their own adjustment to e-learning. Check out some credible sites giving wisdom regarding ways to talk with your kids such as the Centers for Disease Control and check out Caroline Conquers Her Corona Fears A Kids Coping & Coloring Book.

- In the midst of experiencing disappointments, **create a gratitude journal**. I am thankful for clothes to wear, food in my fridge, technology leading to connection, sunshine streaming through my window, the purr of my cat, knowing God is sovereign over every germ, friends, and family who love me.

- **Spiritual coping** invites us to talk with God (or Higher Power). Consider how we can reflect faithfulness during this health crisis. Pray about your fears and your joys. Asking for help to quiet your soul and avoid purchasing excessive amounts of toilet paper and cleaning supplies, knowing they cannot save you.

> **Key Takeaway:** College students need to lament what they lost because of COVID-19 and find new ways to navigate university under lockdown.

Graduation in the Year of COVID-19

Nurturing resilience for the class of 2020 seniors

Shayne Moore

May is the month of spring and of new life. For high school seniors, it is a month for time-honored and much-anticipated traditions, milestones, rites of passage, and celebrations.

This May, spring arrived, but for the class of 2020, the celebrations did not. I, along with all the other mothers of high school seniors, watched in disbelief as the news painfully rolled in about the COVID-19 pandemic, beside myself with grief as my son's senior year and last experiences of high school—poof—were gone. Musical competitions representing an entire year of work were canceled. No prom. No graduation. I was utterly defeated watching Thomas arrive home with the contents of his locker on a dreary March day and unceremoniously plop it in the hallway. The end.

Over the weeks, I've tried to check in with my son on how he is handling losing his senior year. Some days he is upbeat and going with it. Other days, Thomas is sad, angry, and mad. I remember one morning when it hit him that there are friends from high school, who he has gone to school with since kindergarten, who he may never see again. It has been heartbreaking as a mother to watch the ramifications of the realities of COVID-19 sink in.

I wanted to know more in-depth about how Thomas was feeling. Here is part of a recent conversation I had with him:

S: How have the losses of COVID-19 affected you?

T: I have two older siblings. I've watched them get to complete their senior years. My whole life I was told my senior year, especially second semester, is the coolest part and the most fun of my whole school career. And I had that taken away. It is disappointing I will never ever get the experiences that others got. It hurts.

S: How have you coped with the losses?

T: I play a lot of video games with my friends. But seriously, I've had to keep it in perspective. I had to realize there are people dying and going through very difficult and much worse situations. If I had to give up prom to keep my grandparents alive and others like them safe, well, I'd rather do that then go dancing at prom.

S: If someone wanted to offer you help and support during COVID-19 amidst the losses for the class of 2020, what would that look like to you?

T: I would say the main thing is to communicate. Not only are we missing out on defining moments of our senior year, we're being isolated. We don't get to talk to people and our friends as much as we want to. We don't have other adults such as teachers and coaches talking to us. We aren't on the emails, the Zooms, the conferences with those making decisions during this time. It feels powerless. I would say, communication in every way—with friends and with needing information.

S: How do you think seniors of the class of 2020 can grow in being resilient during COVID-19?

T: We need to remember we are about to go on to a new stage of our life and our lives are about to change. We could spend our time looking to the past and thinking and being depressed that we didn't get to do this, this, and this. I think it is important instead to have the mindset, "I am going to do this, this and this." I will get experiences at college, even if not in the fall. Colleges will open up and I will get a college experience.

Learning from my class of 2020 senior on how parents can help nurture resilience during COVID-19, here are some tips:

1. Acknowledge the grief and the pain of their losses.

2. Allow your senior to cope in the ways that work for them.

3. Affirm all the emotional highs and lows.

4. Help your senior stay connected with friends and other adults to relieve feelings of isolation and powerlessness.

5. Create bonding family activities that affirm your senior and get them away from a computer or gaming screen.

6. Celebrate your senior in ways they want to be celebrated.

7. Live in the moment, focusing on hope for the future.

> **Key Takeaway:** Graduation in 2020 was marked by sadness and the loss of celebration but it is important to acknowledge the losses and move forward toward resilience.

The Impact of COVID-19 on College Students

A new study analyzes the psychological impact of COVID-19 on college students

Georgina Fairbrother

COVID-19 has drastically changed the lives of millions around the world, including college students. The pandemic has shifted classes online and sent many students back home to their parents. A recent study conducted in China on Chinese college students aimed to analyze the psychological impact of this abrupt change and shift in livelihood. The study was conducted with three main purposes in mind:

> *"(1) To evaluate the mental situation of college students during the epidemic*
>
> *(2) to provide a theoretical basis for psychological interventions with college students*
>
> *(3) to provide a basis for the promulgation of national and governmental policies."*

The study was conducted on undergraduate students at Changzhi Medical College through cluster sampling. The study was implemented through anonymous structured questionnaires: 7,143 respondents completed the questionnaire and were included in the final analysis. The questionnaire packet included demographic questions, along with inquiries about their cognitions and preventative behavior regarding COVID-19. The students' access to social support was also surveyed. Lastly, the study had students respond to the 7-item Generalized Anxiety Disorder Scale (GAD-7). The study was approved by the ethics committee at Changzhi Medical College and all participants voluntarily gave their information.

The data collected by the survey was divided by demographic data and data regarding anxiety levels. Of the participants, two-thirds were women. All of the participants lived in the Hubei province, with 43.83 percent of participants living in rural areas of the province. Of those surveyed, 95.4 percent lived with their parents, with 52.86 percent reporting that their parents did not have a steady income; and 99.54 percent of respondents had no relatives or acquaintances infected with COVID-19.

With regard to mental health, the study determined that of the 7,143 college students, three-quarters showed no symptoms of anxiety (75.1 percent). Of the others surveyed, 21.3 percent displayed mild anxiety, 2.7 percent showed moderate anxiety, and 0.9 percent displayed severe anxiety in relation to COVID-19. The researchers studied the demographic responses to indicate anxiety influencers, and determined that students living alone and students living without a steady income had an increased level of anxiety. It was also determined that gender and region did not influence anxiety outcomes.

In further analysis, the study also determined that factors such as economic stability and delayed studies increased anxiety levels among students. The researchers determined that some of the biggest anxiety stressors for college students were in relation to delayed studies and future employment opportunities. A third factor was that physical distance from classmates likely gradually increased anxiety symptoms throughout the extended period of quarantine.

Overall, the study determined that students' anxiety with regard to the pandemic stemmed from their housing and economic situations. Often,

IT IS IMPORTANT, MOVING FORWARD, TO CHECK IN ON STUDENTS, PARTICULARLY THOSE LIVING BY THEMSELVES OR FACING FINANCIAL HARDSHIP.

the mental health of college students can be overlooked, especially during a pandemic. It is important, moving forward, to check in on students, particularly those living by themselves or facing financial hardship. While this study was completed in China, many of the same stressors are likely indicators of anxiety for college students in the U.S. We are living in an unprecedented time; it is important to keep an eye out for those around us.

Key Takeaway: College students who were forced to leave their studies in person faced increased psychological stress and anxiety, especially those living alone and those with unstable financial situations.

VII Older Adults

COVID-19, Aging, and Mental Health

The virus is not the only challenge facing the elderly

James Fisher

COVID-19 has done serious damage around the world since the outbreak in late 2019. As of this writing, there have been a reported 271,000 COVID-19-related deaths around the world[1].

The data has shown that of the fatalities, an overwhelming majority of them are in the aging population. The elderly are sadly the most vulnerable demographic to the virus. However, the virus is not the only challenge facing them. The aging population practicing social distancing is also exposed to a constant supply of media that is not overly sensitive towards them. "Coronavirus is mysteriously sparing kids and killing the elderly," is just one example of the not-so-subtle media.

If that was not enough, at the same time our aging population seems to be the object of jokes and laughter from the younger millennials and zoomers. If you have heard someone dismiss their parent, grandparent, or someone older than them with an "OK boomer" and thought that it was rather presumptuous, it was, and it always will be. The cavalier, condescending attitude towards our elders by some in the younger generations is quite alarming. Not shockingly, the "YOLO" crowd did not let the pandemic stop them from becoming public health hazards during spring break. The same self-proclaimed enlightened group thought it would be funny to cough on grocery store produce, because what could be funnier than endangering the people around you? This is not a time that is particularly kind to our aging population. The scope of the entire situation poses serious mental health risks.

Thankfully, researchers in the *American Journal of Geriatric Psychiatry* have called for more research into the mental health of our aging population and how it correlates with COVID-19 and related issues. The researchers,

> *"anticipate a need for timely and valid scientific information on a range of topics. These may include the distinct mental health impact related to the fatality risks from the coronavirus, stress around behaviors that may lead to contact/infection (including contact with caregivers), consequences from social distancing and isolation measures instituted by governments around the world and the neurobiological consequences of the resulting stress and inflammation that may increase vulnerability to mental health issues."*

It is encouraging to know there are institutions that believe in investigating the issues facing our aging population specifically. We live in a world that caters to many demographics, yet often aging peoples are not a priority. But now, the researchers are investigating. For example, they are calling for documentation of active mental health services and tools being used now by hospitals, nursing homes, and other care settings:

> *"It will be important for the field to assess the range and efficacy of these measures — these may include implementing telepsychiatry for direct care and psychotherapy, using a range of technologies for social engagement and measures to facilitate physical activity and nutrition."*

WE LIVE IN A WORLD THAT CATERS TO MANY DEMOGRAPHICS, YET OFTEN AGING PEOPLES ARE NOT A PRIORITY.

1 This article was originally published on June 2, 2020. Any statistics cited reflect numbers at that time.

And thankfully, the researchers share very timely words and call for new knowledge that will help serve older generations:

> *"Even as we assess impact on aging individuals, we also account for their important contributions in disaster preparedness and response. Research has documented the important social capital, perspective and wisdom provided by these individuals in the form of their experience and pre-existing social networks. Thus, older adults may have important lessons to teach COVID-19 sufferers, as well as healthcare professionals from all age groups. Simply put, a new body of knowledge needs to be generated to capture the wide impact of the pandemic on mental health and wellness."*

This is encouraging, and hopefully, the new data can help better serve our communities and our vulnerable. Until then, let us try to be the best assistance to our elders that we can be, not their adversaries.

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Key Takeaway: COVID-19 is affecting older adults' mental health, making it critical to support and provide interventions for them.

How Older Adults Can Avoid Social Isolation During COVID-19

Part 1: When social distancing meets social isolation

Laura Shannonhouse, Mary Chase Mize, Matthew Fullen, Jamie Aten, & Michael Porter

Millions of older adults across the U.S. struggle with loneliness, isolation, and lack of regular companionship. Chronic loneliness negatively affects both physical and mental health outcomes, and can even be lethal. Researchers have found social isolation and loneliness are twice as likely as obesity to be harmful to both physical and mental health, and lack of social connection may heighten health risks as much as having an alcohol use disorder, or smoking 15 cigarettes per day. Prevailing psychological theory suggests that when people feel like a burden and they don't belong, their risk of suicide increases. For socially isolated older adults, this risk pathway can become lethal. In our ongoing study of 493 homebound, isolated older adults, 13 percent exhibited serious suicide risk, including 2.4 percent who said it was "likely" they will attempt suicide someday.

But what happens when social isolation is combined with the new need for social distancing? In the current pandemic, socially isolated older adults have been flooded with messages from the media that, "elders with underlying medical conditions are most at risk of death from COVID-19," "hospitals will be overrun," and "health care will be scarce." Social distancing interventions may be needed for up to 18 months to avoid multiple outbreak peaks until a vaccine can be developed for COVID-19. Although social distancing is designed to #flattenthecurve and protect the most vulnerable, an unintended consequence is that distancing can further isolate older adults who may already be at risk for loneliness or social disconnection.

> **AN UNINTENDED CONSEQUENCE IS THAT DISTANCING CAN FURTHER ISOLATE OLDER ADULTS WHO MAY ALREADY BE AT RISK FOR LONELINESS OR SOCIAL DISCONNECTION.**

Due to the pandemic, even access to health care is limited, which may exacerbate feeling vulnerable, isolated, and alone. Older adults know about the global shortage of ventilators and are seeing in real-time Italian health care providers prioritize the lives of younger and healthier persons. One can understand how, when faced with these stark realities, homebound older adults can feel further isolated, hopeless, and in need of mental health services. Even older persons who have been actively engaged with their community are also experiencing isolation since many senior centers have closed. Those normal avenues for socialization and linkage to services are now increasingly unavailable in order to protect the physical health of seniors.

The ensuing mental health strain caused by social distancing only compounds the problem since mental health care has historically been difficult for older adults to access. Mental helping professions have not prioritized working with older adults; for example, only 1.2 percent of psychologists describe geropsychology as a specialty area. Due to Medicare regulations last updated in 1989, there are 200,000 Licensed Professional Counselors (LPCs) that are restricted from working with older adults and people with long-term disabilities, even during the current crisis. The lack of available mental health services means that social isolation and loneliness may persist.

When social isolation, social distancing, and systemic health care restrictions are combined, there are unfortunate consequences for older adults. During the March 19 AARP tele-town

hall, a person described the grief and distress of not being able to be with their actively dying parent, due to a lockdown at the nursing home. Although palliative exemptions have been added to quarantine guidelines care, these are dealt with locally on a case-by-case basis. The forced separation of that parent and child during such sacred time will unfortunately not be a singular experience during this crisis.

These are interesting times when everyone is facing the challenge of maintaining physical distance while trying to remain socially connected to friends and loved ones. For certain older adults with a history of social isolation and loneliness, the current phase of social distancing may be dangerous. But there is hope! Now that many of us are sitting at home, why don't we put that time to good use? We challenge you to step up and share your time. Stay tuned for Part 2 to learn ways we can use our time to promote life among older adults.

Key Takeaway: Older adults are suffering from social isolation while social distancing, and it is up to us to reach out and share our time.

Connecting with Older Adults Amidst COVID-19

Part 2: Time to connect

Laura Shannonhouse, Mary Chase Mize, Matthew Fullen, Jamie Aten, & Michael Porter

Previously, we talked about the perils of social isolation and loneliness, and how a lack of connection is dangerous for certain older adults. Is it possible that during this period of physical distancing, we foster more social connection with older people?

The Power of a Phone or Video Call

Might there be older adults in your family, in your life, whom you love that are at risk of social isolation? Are there older members of your faith community that might be further isolated as a result of COVID-19? Connecting with them is a powerful way to promote life! There are many ways to stay connected; never underestimate the power of a call. In addition to talking and catching up, there are more creative ways to spend quality time at a safe distance. Together, you could...

- Plan to watch a favorite television show
- Watch a game show (we humbly suggest Jeopardy!)
- Do a crossword puzzle or trivia game
- Listen to music or read a book
- Do any number of creative, fun activities that are meaningful to you and your loved older adult.

It is even more powerful if you schedule a regular time to talk. Make connecting just a part of your routine in our new, COVID-19 world. Many older adults don't want to bother or burden loved ones. So, taking the initiative, and being consistent, and even pushing a little to connect when the older adult says they are "OK" can sure go a long way. It is often hard for older adults to form new connections, yet social connection and belonging are often very appreciated by them. This makes the connection from their existing loved ones (i.e., you) that much more vital!

Having an Intentional, Structured Conversation

Some of the most culturally sensitive, respectful, and impactful ways counselors and psychologists work with older adults are through early recollections (ERs) and life review, which are forms of reminiscence therapy. However, you don't have to be a psychologist to reminisce. All you have to do is invite older adults to talk openly about their childhood/adolescent/adult experiences. Frequently, older persons would rather spend time there, reminiscing, than in their current emotional and psychological state. Wouldn't we all right now? In the context of COVID-19, asking about favorite memories can serve to unplug and foster meaning.

Recalling ERs is often received by older persons as an acknowledgment of their wisdom and expressing an interest in their well-being. Anecdotally, the first author had a conversation with an older loved one about her ERs a few years ago, and it very much deepened their relationship. Here are some sample questions to foster reminiscing:

- Can you share a favorite childhood memory?
- Might you remember what it was like in elementary school?

- What is the most impressive thing you can remember from your teenage years?
- Are there meaningful life events that come to mind from middle age or older adulthood?
- Who were the influential people in your life?
- Can you tell me about... College (if attended)? Your work/career? Significant relationships? Major life events? Marriage? Kids?

Operate through an Organized Effort

One form of outreach, home-delivered meals (HDM), is provided nationwide to homebound seniors and organized through county senior services offices. Many have organized routing systems to deliver incredibly healthy and medically suitable meals with loving-kindness; this practice is often referred to as "more than a meal." While senior centers organize HDM differently, these services are under stress everywhere. This programming is essential to the health and well-being of the most vulnerable older adults and is often not possible without volunteers. In addition, many of those who deliver meals are themselves older persons. They value service to and connection with their homebound peers but need to protect themselves— this crisis really has even hindered the most active and able older persons from being engaged in their communities!

We spoke with Tori Strawter-Tanks, the director of Senior Services for Clayton County, Georgia, about their needs during the pandemic. She reported that across metro-Atlanta, many older adults "are actually afraid to have people come into their homes," and "some even canceled the home services we provide." More than ever, the older adults they serve require both emotional and practical support. This means people need to both check in on them and provide tangible support, such as grocery shopping, arranging for medication delivery, or other errands.

While donations are always needed, there are practical ways you can help, and we need a village. First, continue volunteering if you already do. Many volunteers have been struggling during COVID-19, trying to figure out work, adjusting to childcare and other workplace challenges. Rest assured that CDC safety recommendations are being followed to ensure the safety and well-being of HDM volunteers.

Even though HDM organizers have adjusted to "no contact" strategies, the tagline of "more than a meal" remains. Now HDM volunteers set down meals at the front door, back up 6-8 feet, and connect from a distance (i.e., ask how the older adult is doing, reflect how challenging the current pandemic is, and/or just say "I am glad to see you today" with a smile). If you want to volunteer, use the Eldercare Locator to find your local senior service office and ask how you can help. Now is the time!

Connection and volunteering, while simple, are powerful ways to buffer loneliness, foster connection, and promote life! Connect or volunteer to the degree you are able to. Even a small, short, brief call saying, "Hey, I'm thinking about you, and I'm sending you a virtual hug" can go a long way. Please know that you already have all that you need to promote life with a socially isolated older adult: a caring heart and desire to connect.

CONNECTION AND VOLUNTEERING, WHILE SIMPLE, ARE POWERFUL WAYS TO BUFFER LONELINESS, FOSTER CONNECTION, AND PROMOTE LIFE.

Resources:

ACL Eldercare Locator, Toll-Free: 1-800-677-1116

Administration for Community Living

Resources for family caregivers

How to make a household care plan

American Association of Retired Persons (AARP)

Psychology Today Therapy Directory

Key Takeaway: Reaching out to older adults is easier than ever—start a video or phone call, have an intentional, structured conversation, or operate through an organized effort.

Loneliness & Isolation Are Another Epidemic for Older Adults

A need for new approaches to COVID-19's impact on mental health and aging

Shane Jang

The COVID-19 pandemic has spread around the world. As this virus is known for rapid transmission and fatal results among older adults, the media and world are warning everyone, especially the elderly, to avoid people and stay at home. A recent article was published to study how keeping social distance raised loneliness and isolation for older adults. It demonstrated that this could be a big mental health problem if more studies are not done during the period of the pandemic. As the authors say:

> *"The impact of even short-term social distancing measures merits careful study. Simultaneously we will need to pay attention to how social distancing impacts the dynamics between older adults, their caregivers, and their treaters."*

The lead author of this article is Ipsit V. Vahia, M.D. who studied at Harvard Medical School in Boston and is working at McLean Hospital in Belmont, MA. The article was published on 21 March 2020 by the *American Journal of Geriatric Psychiatry.* The ten authors researched ideas based on existing studies about mental health and epidemics to see the first waves of epidemiological data and apply it appropriately to older adults. In this frontline research of COVID-19, they wrote in their article:

> *"These [effects] may include the distinct mental health impact related to the fatality risks from the coronavirus, stress around behaviors that may lead to contact/infection (including contact with caregivers), consequences from social distancing and isolation measures instituted by governments around the world and the neurobiological consequences of the resulting stress and inflammation that may increase vulnerability to mental health issues."*

One remarkable finding is from the retrospective studies of the 2003 SARS epidemic. One study shows rates of suicide among older adults soared during the period of the SARS epidemic. This implies that the study of elders' mental health is needed in real-time to reduce negative impacts, especially when the society requires social distance.

Another finding is that the focus of research should be shifted, too. There is a need to research not only on how old age is a deadly risk factor for COVID-19 infection, but also the opposite. Studying why older people would not be infected or even why they would recover fully without long-term aftereffects would allow us to show resilience to older adults, protecting their mental health preventatively.

The study also found that lessons learned from managing the COVID-19 pandemic may not be the only lessons. In fact, there are many things that we can learn from older adults:

> *"Moreover, even as we assess the impact on aging individuals, we also account for their important contributions in disaster preparedness and response. Research has documented the important social capital, perspective and wisdom provided by these individuals in the form of their experience and pre-existing social networks. Thus, older adults may have important lessons to teach COVID-19 sufferers, as well as healthcare professionals from all age groups."*

Older adults are not only a population we should protect but also one we can learn from. Of course, we should take care of each other amidst isolation in this socially distant season, but we should not loneliness become a pandemic itself. We must avoid the risk of excluding the older population in policy discussions and to work with them as helpful resources, not marginalizing them during COVID-19. This research also anticipates useful evidence-based data to guide the most effective and valuable care at this critical time. We should move on towards cooperation and connection with the new perspectives of research and resources in this epidemic of loneliness and isolation.

OLDER ADULTS ARE NOT ONLY A POPULATION WE SHOULD PROTECT BUT ALSO ONE WE CAN LEARN FROM.

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Key Takeaway: During COVID-19 we need to not only protect but also learn from the older adults around us—we should not exclude them, but rather cooperate with them.

How to Help Older Adults Fight Loneliness During COVID-19

Social isolation can be dangerous for older adults. Here's how to help

Kailin Huang

> *"We are a social species. Our social networks (families, tribes, communities, etc.) enabled us to survive and thrive."*
>
> *- Clifford Singer (2018)*

As social distancing and self-imposed quarantine become more necessary and this global pandemic spreads more widely and quickly, workplaces are urging employees to avoid the office. The COVID-19 outbreak has left many people more alone than they've been in a long time, or ever.

When you stay in place without your family and friends, when you are forced to keep a social distance from all your coworkers, will you feel isolated? Rejected? Disconnected from society? How does it mentally affect you?

Why the Elderly? What Does Research Show Us?

According to recent research titled "COVID-19: An Exposition, with a Focus on Social Isolation in the Elderly (UK)," social isolation, especially in the elderly, brings with it a higher likelihood of psychological and medical risks. The major risk factors include older adults' physical limitations which can impact mobility and their ability to do things by themselves (Novotney, 2019; Shaw, 2020; Robinson, 2019). Also, they might already feel disconnected living on their own not having support from relatives or social connection to others (forming friendships, involvement in regular social interaction, etc.).

SOCIAL ISOLATION, ESPECIALLY IN THE ELDERLY, BRINGS WITH IT A HIGHER LIKELIHOOD OF PSYCHOLOGICAL AND MEDICAL RISK.

Social isolation can also lead to loneliness and depression. Physiologically, loneliness and long-term social distancing can decrease someone's ability to fight infection and inflammation. The stress and anxiety which loneliness causes can lead to a change in white blood cells as well, creating more issues for older adults.

So, What Can We Do?

Social isolation is a method to improve public health, but how can we combat the adverse effects of social isolation, especially in the elderly at this time of the COVID-19 lockdown?

Nowadays, we have the technology to fight against social isolation, but what if the elderly don't have a smartphone, or they don't know how to use it? The research suggests that technology experts and specialists have innovated varied ways of keeping connected with the isolated elderly. During this social-distancing season, it is important to make sure that the elderly can have social connectedness, and through technology, we get to monitor their well-being, their needs, and their health.

Local Government Plays an Important Role During COVID-19

At the same time, the government also plays an extremely important role during this season for elderly people. Local government should provide services such as grocery delivery, visits from doctors and specialists, and transportation for the elderly, especially to the hospital for

medical appointments. These services can protect them from potential COVID-19 infection. The government should be aware of how COVID-19 can harmfully affect the elderly in our society and, if the government can be proactive and put these interventions into practice in local areas, it is possible to mitigate the adverse effects of social isolation.

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Key Takeaway: Older adults are in need of support from local people and local government—providing psychological support, home-delivered meals, and home medical care.

VIII Healthcare Workers

Frontline COVID-19 Workers Sacrifice Beyond Physical Health

Study shows an increase in mental health issues among medical staff

Sarah Wilcox

There is no question that the COVID-19 pandemic has taken a toll, to some degree, on the mental health of almost every person in the world. This CDC webpage, along with a plethora of other online resources, provides a list of symptoms and coping strategies to deal with the unique challenges presented by a still unknown and unpredictable global outbreak. There is one group of individuals, however, that research shows may bear a particularly heavy mental health burden during these stressful times. Frontline medical workers combatting the coronavirus, day in and day out, put themselves at risk of not only contracting the illness themselves but also being exposed to the mental and emotional horrors of the merciless disease that has already killed at least 248,000 people in only 6 months[1].

This viral Facebook post by New York ICU nurse KP Mendoza explains the extreme loneliness and emotional toll the virus has taken on him, a once naively optimistic nursing student now considering whether to write his own will at only 24 years of age. While we are all struggling with the consequences of the coronavirus in our own ways, it is especially important that we shine light upon the unique challenges faced by frontline healthcare workers and consider ways to come alongside them to meet the mental challenges they may be facing.

The above-referenced study was conducted by lead researchers Wen Lu and Hang Wang out of China's Fujian Medical University. The study sought to assess the psychological status of frontline medical workers compared to administrative staff at the same hospital, surveying a total of 2,299 people (2,042 frontline staff and 257 administrative staff). The survey measured 3 different psychological indicators including fear, anxiety, and depression, using the well-respected Numeric Rating Scale (NRS) for fear, the Hamilton Anxiety Scale (HAMA), and the Hamilton Depression Scale (HAMD).

The results of the survey demonstrated statistically significant differences in the mental health levels of frontline versus administrative staff. The study explains that:

"The proportion of [the] medical staff group [with] moderate and severe fear was higher than that in the administrative staff group (70.6 percent VS 58.4 percent). Moreover, 22.6 percent of medical staff showed mild to moderate anxiety...the corresponding proportions of administrative staff were 17.1 percent. The different severity of fear...and anxiety...between two groups were significant. [However], as compared to the administrative staff group, there was no significant difference in severity of depression in medical staff group."

In other words, frontline medical workers are more susceptible to experiencing anxiety and depression in the face of the COVID-19 pandemic than individuals not on the front lines. The study goes on to explain some of the anxiety-provoking elements unique to frontline workers, including direct contact with patients, a shortage of PPE, suspect of patients concealing medical history, and fear of bringing the virus home to their loved ones. With so many challenges,

IT IS ESPECIALLY IMPORTANT THAT WE SHINE LIGHT UPON THE UNIQUE CHALLENGES FACED BY FRONTLINE HEALTHCARE WORKERS AND CONSIDER WAYS TO COME ALONGSIDE THEM.

1 This article was originally published on June 6, 2020. Any statistics cited reflect numbers at that time.

the study explains that medical workers might feel "incapable of reaching their aspirations... creat[ing] anxiety and depression." Being a frontline medical worker during the age of the coronavirus is both a physical and mental vulnerability that must be acknowledged and addressed by family and friends, policymakers, and humanitarians alike.

The data presented by this study from the Fujian Medical Hospital, unfortunately, has f ar-reaching, heartbreaking realities. Just last week, top New York ER doctor Lorna Breen, a survivor of the coronavirus herself, took her own life, the mental health burden placed on her too difficult to bear. Despite having no known history of mental illness, Breen's father explains how hard it was for her to be so helpless and unable to save COVID-19 patients. Her father urges that "she's a causality just as much as anyone else who has died [from the virus]." Frontline medical workers are sacrificing far more than their physical health in their efforts to serve others by combatting COVID-19, and we must come alongside them, in turn serving them by being a social support for the mental health challenges they bear on our behalf.

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Key Takeaway: Frontline medical workers are at higher risk of mental health problems during COVID-19, including anxiety and depression.

The Emotional Toll of Coronavirus for Healthcare Workers

Research reveals psychological burdens of COVID-19 on frontline health workers

Katie Poulin

Despite extreme risk and exposure, medical professionals are working tirelessly to tend to the physical demands of those affected by COVID-19. While they bravely put the needs of others above themselves, the mental health implications of their sacrifice cannot be overlooked. A recent study published in *JAMA Network Open* and led by Dr. Jianbo Lai is shedding light on the extent of emotional trauma these workers endure and the need for immediate mental health well-being interventions.

Lai and his team conducted a cross-sectional, survey-based study by collecting "demographic data and mental health measurements from 1,257 health care workers in 34 hospitals from January 29, 2020, to February 3, 2020, in China." The researchers sought to evaluate levels of depression, anxiety, insomnia, and distress among healthcare workers.

Overall, the study found:

- High prevalence of mental health symptoms among health care workers treating patients with COVID-19 in China, including symptoms of depression (50.4 percent of workers), anxiety (44.6 percent), insomnia (34.0 percent), and distress (71.5 percent).
- Nurses, women, those working in Wuhan, and frontline workers reported more severe symptoms on all measurements.

These findings underscore that protecting health care workers is vital in addressing the COVID-19 pandemic. According to researchers, "special interventions to promote mental well-being in health care workers exposed to COVID-19 need to be immediately implemented, with women, nurses, and frontline workers requiring particular attention."

The study serves as a remember to take care of the ones who take care of us—who put others before themselves.

THE STUDY SERVES AS A REMEMBER TO TAKE CARE OF THE ONES WHO TAKE CARE OF US.

Key Takeaway: COVID-19 health workers need immediate and accessible mental health interventions.

Trauma-Related Symptoms Among COVID-19 Medical Professionals

Medical response workers are experiencing increasing mental health needs

Grace Howell

The world is on edge. The novel coronavirus, known as COVID-19, has swept across the globe, causing communities to take drastic measures to protect themselves. Every day people are stocking up on their household necessities as they continue to social distance themselves. Others are worrying about their jobs, and whether or not they will retain an income. Students are learning from home, a place that has become a refuge and a trap. Fear of catching the coronavirus is real and present, and therefore intruding every part of our lives. Yet, what about the people on the front lines, fighting every day to save the lives of those infected? How are they doing? A recent study funded by the Science and Technology Program of Guangzhou, China surveyed these medical workers on their mental health.

Wuhan, Hubei, China was the first region to experience COVID-19 in December 2019. As the virus spread at a rapid rate, various Chinese researchers came together to study the mental health effects this now pandemic was having on medical professionals. This study is still conducting research as China is slowly beginning to recover from the outbreak and other nations have begun bracing for impact. From February 9-15, online questionnaires were completed in China via social networking software by 5,393 respondents. The survey assessed symptoms of anxiety, depression, and insomnia in medical workers only. The survey also questioned the individuals' level of social support.

What makes medical professionals a unique target for trauma-related symptoms due to the coronavirus outbreak? The researchers explain:

> *"Medical workers are the majority fighting against the epidemic [now pandemic], they undoubtedly bear the greatest responsibility and stress, including the responsibility for diagnosis and treatment, a high risk of infection and inadequate protection from contamination, overwork, worrying about their families, and exhaustion."*

The final results from the first rounds of research found that 5.9 percent of respondents had anxiety symptoms, 28.0 percent had depressive symptoms, and 34.4 percent had insomnia. This obviously shows the need to address more intentional mental health care for those facing COVID-19 head-on. In addition, individuals showed lower scores of anxiety, depression, and insomnia when they reported higher scores of social support. With the growing need for mental health care for these professionals, special care should be shown toward increasing social support systems, such as community development, friendships, and the family unit. However, in this time of social distancing, creative solutions are needed.

Knowing this information that was collected from a small group of medical professionals in China, other countries and communities must take these examples and prepare to mitigate the risks for their own medical professionals. Now that the virus has arrived in the United States, government officials, community leaders, and other groups can take the lead to advocate for mental-health support for these clinicians and nurses. Along with this, leaders should take the necessary actions to ensure that medical workers are well rested with adequate amounts of social support, even during these times

LEADERS SHOULD TAKE THE NECESSARY ACTIONS TO ENSURE THAT MEDICAL WORKERS ARE WELL RESTED WITH ADEQUATE AMOUNTS OF SOCIAL SUPPORT.

of social distancing. These are the people we can count on to save our lives in this time of uncertainty. Individuals waiting out the crisis can help by continuing to stay home, donating supplies, and even donating blood if they are able.

Medical professionals have the unique stress of facing COVID-19 directly. Yet, each day they work to save people's lives. Being sensitive to their needs and stepping in to help will make an enormous impact on their mental health. It will hopefully provide a psychological intervention that can increase their perseverance. We are all in this together, even if we are at least six feet apart.

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Key Takeaway: COVID-19 medical workers are at a high risk for developing trauma-related symptoms.

Stressors and Coping Mechanisms for COVID-19 Medical Staff

The psychological well-being of medical staff facing COVID-19 is essential

Logan Penovich

As the coronavirus (COVID-19) outbreak begins to infiltrate our daily lives, many people are struggling to determine the ways they can be most helpful. Researchers are completing studies to answer questions many of us are thinking about, such as how the larger community can provide support to frontline medical workers and what the mental health concerns will be for individuals working during this epidemic.

One of the first published studies addressing these issues is titled "Psychological Impact and Coping Strategies of Frontline Medical Staff in Hunan Between January and March 2020 During the Outbreak of Coronavirus Disease 2019 (COVID-19) in Hubei, China." This study was led by Haozheng Cai and published by the *Medical Science Monitor*. 534 questionnaires were completed by the participants who were frontline medical workers (doctors, nurses, medical technicians, and other hospital staff) working in the province adjacent to Hubei, where the initial COVID-19 outbreak occurred. This cross-sectional observational study sought to understand the psychological impacts and coping mechanisms medical professionals had, along with any variances based on age, gender, or job title.

Before understanding how medical workers cope, it was essential to determine what motivated them to work and how emotions differed based on job role. Research found:

> *"The most important element was their social and moral responsibility, which drove them to continue working during the outbreak...Medical staff also expected to receive recognition from hospital authorities, and nurses had more concerns regarding extra financial compensation during or after the outbreak when compared with other healthcare workers. However, nursing staff also felt more nervous and anxious when on the ward when compared with other groups. Doctors were more unhappy about working overtime during the COVID-19 outbreak than other healthcare workers."*

Although nurses experienced higher levels of anxiety than those in other roles, all medical staff experienced three major stressors. These consisted of "concerns for personal safety, concerns for their families, and concerns for patient mortality." Of these three concerns, "the safety of family was the biggest impact in reducing staff stress." This means that one way to decrease the stress for medical staff is to have strict disease prevention protocols in place for employees to lower the odds of being infected with COVID-19 and spreading the disease to their family members.

For those of us not responding directly to the COVID-19 response, it is important to know how frontline medical workers are coping. The study found:

> *"Strategies such as strict protective measures, knowledge of prevention and transmission, social isolation measures, and positive self-attitude resulted in the highest scores, with nurses giving the highest scores in every question. Seeking help from family and friends was a significant supportive measure. Medical staff did not express a significant wish to reduce stress by consulting a psychologist to discuss their emotions, especially in the populations of doctors and medical technicians."*

The above statement highlights that medical professionals will be more likely to turn to their family and friends instead of seeking counseling. Since the COVID-19 outbreak is still occurring, research is sparse and best practices are constantly shifting. In these times of uncertainty, we need to pay attention to the evolving needs of the frontline medical workers. Once the outbreak is under control, it is our duty to continue looking after all needs (including mental health) of those who risked it all for our safety.

IN THESE TIMES OF UNCERTAINTY, WE NEED TO PAY ATTENTION TO THE EVOLVING NEEDS OF THE FRONTLINE MEDICAL WORKERS.

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Key Takeaway: Frontline medical workers face three central anxieties: concern for their families' health, their personal safety, and for their patients' mortality.

4 Tips for Frontline Responders to Stay Grounded

Practical tools to help frontline responders care for themselves

Wendy R. Smith & Benjamin Andrews

If you are a frontline responder in healthcare, law enforcement, mental health, faith-based organizations, or other helping professions, the pandemic can be a dark shadow that looms over the health and well-being of the people you serve. Compounding this stress is the threat to your own health and well-being as well as those you love.

Further, it may be easy to neglect your own well-being due to the demands of helping others. At work, your attention is likely fully attuned to the situation around you as you make decisions about how best to help the people in your midst. Yet what happens when your shift ends? How are you caring for yourself so that you can serve your community well during weeks and months ahead?

Research shows that people who are exposed to trauma are at risk for developing symptoms of secondary trauma, even if they are not the victim (Bercier & Maynard, 2015; Lipsky & Burk, 2009). Secondary trauma symptoms can be similar to those experienced by the victim, including increased fatigue or illness, social withdrawal, reduced productivity, feelings of hopelessness and despair, nightmares, re-experiencing the event, anxiety, unwanted thoughts or images from the event, hypervigilance, anger, and the desire to avoid people or activities (Siegfried, 2008). Additionally, we can become cynical, unable to empathize, hopeless, fearful, or believe we are the only ones who can help, among other reactions (Lipsky & Burk, 2009). If you are noticing any of these signs in your life, it is even more important that you care for yourself during this time.

Here are four practical tips for staying grounded as a frontline responder during the COVID-19 crisis.

1. Stop and Check in With Yourself

When you finish your shift, your adrenaline might still be pumping, and your mind may still be racing. It may seem impossible to stop the wave of concerns that have been flowing through your mind. Or maybe you feel too exhausted to think or engage. Either way, it may be helpful to:

- Take a break from the news and media
- Intentionally create space and time for silence
- Check in with yourself:
    - How are you feeling physically? Are you tired, hungry, or sore?
    - How are you feeling emotionally? Are you agitated, exhausted, excited, depressed, or anxious?
    - How do you feel socially? Are you lonely and need connection, or do you need time to yourself?
    - If spirituality or religion is a part of your life, how are you feeling spiritually? Do you feel connected to God/your higher power/nature, or are you feeling alone and disconnected?

Shifting from caring for others to checking in with ourselves can be hard. If you struggle with this, you might want to try an app that guides you through this process (e.g., "COVID Coach," "Stop, Breathe, Think," "Headspace," or "Calm").

2. Assess and Address Your Needs

Once you check in with yourself, assess what you need to feel more comfortable physically, emotionally, socially, and spiritually. Next, take steps to address your needs. Do you need to reach out to people around you for help? Do you need help with errands, food preparation, or childcare? Do you need to take a day trip with someone? Do you need to talk about your thoughts and feelings with a trusted confidant? Would you benefit from a day off or a spiritual retreat?

Asking for help may go against every fiber of your being—after all, you are the one who meets the needs of others. However, much like the safety instructions on an airplane ("Put on your own mask before assisting others"), if you are not well and healthy yourself, you may lose your ability to help others.

3. Assess and Maintain Your Resources

As a frontline responder, you might be tempted to push past your limits in order to meet the needs around you. You may feel guilty about leaving tasks undone, and it might seem selfish to take care of yourself.

When you have a choice about adding responsibilities or shifts to your workload, assess how resourced you are physically, emotionally, socially, and spiritually. Will the extra commitment(s) deplete your reserves so that you will struggle to maintain your normal duties? If so, give yourself permission to say "no" for the time being. You can pick up extra responsibilities when you are more resourced.

4. Stay Connected to Your Sources of Encouragement and Hope

Lastly, it is important to be connected to sources of encouragement and hope. Celebrate and share your successes—every life saved or individual helped is worthwhile. As necessary, grieve together, and share your burdens with those around you.

Some people may find their sense of hope through their connection with God or a higher power, and engaging in spiritual practices such as prayer, worship, or reading sacred texts can be encouraging. Others may feel rejuvenated after spending time in nature and fostering a connection to the world around us. Another source of hope and encouragement is our community of family, friends, and loved ones.

Research shows that engaging our positive religious, spiritual, and social resources is associated with improved health and well-being, and this is especially true during times of duress and disaster (Aten, Smith, Davis, Van Tongeren, Hook, Davis, Shannonhouse, DeBlaere, Ranter, O'Grady, & Hill, 2019; Michie & Williams, 2002; Taylor, 2008).

RESEARCH SHOWS THAT ENGAGING OUR POSITIVE RELIGIOUS, SPIRITUAL, AND SOCIAL RESOURCES IS ASSOCIATED WITH IMPROVED HEALTH AND WELL-BEING, AND THIS IS ESPECIALLY TRUE DURING TIMES OF DURESS AND DISASTER.

Frontline responders, thank you for your service!

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Key Takeaway: Frontline responders can guard against secondary trauma by following these steps: 1) stop and check in with yourself, 2) assess and address your needs, 3) assess and maintain your resources, and 4) stay connected to your sources of encouragement and hope.

Who Will Take Care of COVID-19 Health Care Workers?

Exposed health workers could be stressed with no mental health help

Hannah Sudhakar

At the end of the year 2019, the city of Wuhan, China, reported a novel pneumonia caused by the coronavirus disease (which has come to be known as COVID-19). The virus spread widely both domestically and internationally, resulting in a global pandemic—with its current highest number of infections being, shockingly, in the United States. According to *The New York Times*, as of April 15, 2020, 624,048 people have tested positive for the virus in the U.S.

With the predicted worst yet to come, the world now depends on health care workers of all capacities to step up and provide round-the-clock care. They are being rightfully lauded as heroes who have put their lives on the line to serve the afflicted. But, as research has shown, the ever-increasing number of confirmed and suspected cases, overwhelming workload, depletion of personal protection equipment, widespread media coverage, lack of specific drugs, and feelings of being inadequately supported may all contribute to the mental burden of these health care workers.

The research, led by senior authors Zhongchun Liu, M.D., and Shaohua Hu, M.D., along with first author-contributors J. Lai, S. Ma, and Y. Wang, was funded by grants from the National Key Research and Development Program of China. It was published as an open-access article in the *JAMA Network Open* on March 23, 2020. The purpose of the study was to answer the question, "What factors are associated with mental health outcomes among health care workers in China who are treating patients with COVID-19?" They did this by quantifying the magnitude of symptoms of depression, anxiety, insomnia, and distress and by analyzing potential risk factors associated with these symptoms.

This survey-based study collected demographic data and mental health measurements from 1,257 health care workers in 34 hospitals from January 29, 2020, to February 3, 2020, in China around Wuhan, which at that time was considered the epicenter of the pandemic. Eligibility for this study was determined by the presence of fever clinics or wards for patients with COVID-19. The method of this study followed the American Association for Public Opinion Research (AAPOR) reporting guidelines.

Participants from 34 selected hospitals were asked to fill out surveys. They were asked whether they were directly engaged in clinical activities of diagnosing, treating, or providing nursing care to patients with elevated temperature or patients with confirmed COVID-19. Those who responded affirmatively were characterized as frontline workers, while the others were secondary workers. The questions on the survey were focused on symptoms of depression, anxiety, insomnia, and distress for all participants, using validated measurement tools. A quantitative cutoff score for detecting symptoms was established, and participants who had scores above the cutoff were characterized as having severe symptoms.

The results presented from the research showed that 50.4 percent, 44.6 percent, 34.0 percent, and 71.5 percent of all participants reported symptoms of depression, anxiety, insomnia, and distress, respectively. These results also reported a disturbing effect on certain demographics of the participants. The authors stated:

> "Our study further indicated that being a woman and having an intermediate technical title were associated with experiencing severe depression, anxiety, and distress. Working

in the front line was an independent risk factor for worse mental health outcomes in all dimensions of interest. Together, our findings present concerns about the psychological well-being of physicians and nurses involved in the acute COVID-19 outbreak."

The authors also compared their study with the results of a previous study conducted during an acute SARS outbreak. While the COVID-19 study reported that 70 percent of health care workers experienced psychological distress during an initial stage of the disease spread, 89 percent of health care workers reported psychological distress during the peak of the SARS outbreak. Regarding this psychological distress, the authors say:

"The psychological response of health care workers to an epidemic of infectious diseases is complicated. Sources of distress may include feelings of vulnerability or loss of control and concerns about health of self, spread of virus, health of family and others, changes in work, and being isolated. The fact that COVID-19 is human-to-human transmissible, associated with high morbidity, and potentially fatal may intensify the perception of personal danger. Additionally, predictable shortages of supplies and an increasing influx of suspected and actual cases of COVID-19 contribute to the pressures and concerns of health care workers."

In order to combat this high prevalence of mental health issues, the authors concluded that:

"Protecting health care workers is an important component of public health measures for addressing the COVID-19 epidemic. Special interventions to promote mental well-being in health care workers exposed to COVID-19 need to be immediately implemented, with women, nurses, and frontline workers requiring particular attention."

Amidst this global health crisis, psychological assistance services like telephone-based, internet-based, and application-based counseling and interventions have been widely deployed by local and national mental health institutions. Many regions both in China and internationally have set up psychological assistance hotlines to help those in quarantine. However, evidence-based evaluations and mental health interventions targeting frontline health care workers are scarce. This cannot continue, as it will lead to the breakdown of many health care workers as they continue to work under such intense psychological stress. States must also consider the mental health of their health care workers and provide opportunities for mental health intervention. Organizations that provide mental health care for quarantined citizens must also take up the case of our overworked health care workers to ensure that their sacrifice is valued and treated with respect.

EVIDENCE-BASED EVALUATIONS AND MENTAL HEALTH INTERVENTIONS TARGETING FRONTLINE HEALTH CARE WORKERS ARE SCARCE.

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Key Takeaway: Special interventions specifically targeting medical workers are scarce and need to be developed.

Caring for COVID-19 Medical Providers

Research shows importance of mental health care for COVID-19 medical providers

Abigail Crowder

When facing new challenges, people usually prepare to the best of their abilities for all possible outcomes. Students study the given topic before an exam, employees complete job-specific training to prepare for new roles, and first-time parents read books or talk to family and friends with experience to have a better-formed view of parenthood. These types of preparation give them a starting point when they face the challenge in front of them and can help them feel more in control of the problem at hand.

With regard to a traumatic event, resilience is the ability to respond, recover, and grow from the given situation. Different coping strategies allow people to adapt to the situation and limit their risk for different mental health disorders. In a study published in the *European Journal of Psychotraumatology*, Brian Iacoviello and Dennis Charney conclude that positive coping mechanisms, including optimism, a supportive social network, and active coping skills, all seem to contribute to greater measures of resilience.

As the global community faces the COVID-19 crisis, many resources are being produced with the goal of helping people cope with isolation, anxiety, fear, and other disorders.

In December of 2019, the first cases of COVID-19 were reported in Wuhan, Hubei Province, China. Four months later, the virus has spread globally, with over 3.4 million confirmed cases and 239,000 deaths, according to the May 4th, 2020 Situation Report from the WHO. These numbers continue to rise and have left many people at an increased risk of mental health disorders.

This crisis has put a particular strain on medical professionals, specifically those dealing with COVID-19 patients, as they work in stressful, isolated, and high-risk situations that can contribute to trauma and psychological distress. To learn more about the mental health impact of the virus on medical professionals, Lijun Kang from the Psychiatry Department at Renmin Hospital of Wuhan University and Simeng Ma from the Computer Science and Technology Department at Huazhong University of Science and Technology in Wuhan led a team of researchers to examine the psychological state and needs of medical professionals working in Wuhan. Their results are compiled in an article in the journal *Brain, Behavior, and Immunity*.

The Study

The team distributed six-part questionnaires to doctors and nurses working in Wuhan, China, for participation between January 29, 2020, and February 4, 2020. The survey included basic demographic data, a mental health assessment, risks of exposure to COVID-19, mental health care services accessed, psychological needs, and self-perceived health status compared to that before the COVID-19 outbreak.

The mental health assessment consisted of four questionnaires that evaluated an individual's likelihood of depression, anxiety, insomnia, and distress. Participants were also asked if they had access to mental health care, and of all participants, 36.3 percent had accessed psychological materials, 50.4 percent psychological resources through media, and 17.5 percent individual or

> POSITIVE COPING MECHANISMS, INCLUDING OPTIMISM, A SUPPORTIVE SOCIAL NETWORK, AND ACTIVE COPING SKILLS, ALL SEEM TO CONTRIBUTE TO GREATER MEASURES OF RESILIENCE.

group counseling. Finally, the risk of exposure was evaluated by asking participants whether or not family members, friends, neighbors, or patients had contracted the virus.

In all, 994 people, 18.4 percent doctors and 81.6 percent nurses, completed the survey. Using statistical methods, the responses were divided into four categories based on the average scores of their mental health assessment: sub-threshold mental health disturbances (36 percent), mild disturbances (34.4 percent), moderate disturbances (22.4 percent), and severe disturbances (6.2 percent).

The study found that individuals with higher levels of disturbance and psychological distress had both increased risk for COVID-19 exposure and had accessed fewer mental health care resources. All participants expressed interest in obtaining skills for psychological care, but those in the sub-threshold and mild categories were looking for skills to support others, while participants in the moderate and severe disturbance categories wanted self-supportive skills.

Some solutions

During this pandemic, people rely on medical care providers for their work in keeping the population safe and healthy. Unfortunately, as Kang and Ma et al. write:

> "The number of people suffering from mental health impacts after a major event is often greater than the number of people who are physically injured, and mental health effects may last longer."

Including mental health care protocols and resources, both before and during a crisis, can be very beneficial for the health of medical providers and allow them to serve for a longer time. Adding these pieces ensures that medical staffers are equipped with all tools necessary to serve their patients. The authors continue:

> "A large rapid response team in crisis situations should include mental health care workers. Local medical and nursing staff at the epicenter of a crisis are pivotal to the overall response, and care for these caregivers...is essential in efforts to extend their immediate efficiency and to better protect their mental health in the long term."

Depending on the severity, mental health disorders can impair an individual's ability to function. In order to protect the medical professionals that are integral to society today, psychological resources need to be more accessible. These resources should continue to be available, and mental health education should be provided that can help medical providers increase their resilience and better protect themselves during future traumatic events.

While the duration of the COVID-19 pandemic is unknown, smaller outbreaks are likely to occur until a vaccine is developed. Just as one would continue training to advance in their careers, hospitals and medical providers should prioritize mental health care to equip themselves for the uncertain years to come.

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Key Takeaway: Mental health measures for frontline health care workers needs to be developed to promote and develop resilience among these essential workers.

Beyond COVID-19 Healthcare Crisis Response

How I hope the pandemic can change us

Breanna Lathrop

Having spent the last decade providing primary care in a community clinic in downtown Atlanta, the COVID-19 pandemic has shifted so much of our approach to health care. Every service at the clinic, which serves primarily those who lack health insurance, is designed to help people feel welcome, connected, and loved. Now patients are screened for COVID-19 systems outside the clinic, and those experiencing symptoms receive assessment in a newly created isolation zone.

We use telehealth to keep medically vulnerable patients at home and wear masks when seeing patients in person. I spend hours telling people who feel sick to stay home and isolate when every part of me yearns to tell them to come in so I can offer treatment and comfort. Our educational programs, cooking classes, prenatal group visits, and exercise initiatives have been replaced with virtual versions. I have gone from hugging most of my patients to limited touch, always through a pair of gloves.

These precautions are necessary but fall short of protecting my patients. In this pandemic, as with so many chronic conditions, the odds are against them. My patients are the working poor; many are immigrants, some undocumented; some are experiencing homelessness. My daily conversations with patients are vivid reminders of how this pandemic is hardest on those who are already marginalized and experiencing health disparities.

THIS PANDEMIC IS HARDEST ON THOSE WHO ARE ALREADY MARGINALIZED AND EXPERIENCING HEALTH DISPARITIES.

Each day, I talk to people who are working in public transit, in factories and food preparation, cleaning hotels and hospitals, usually without any protection. Many have underlying health conditions that place them at higher risk but do not have the ability to stop working. This morning, I was speaking with a young man who told me he is now sleeping in a parking garage. The emergency overnight shelter he previously relied upon closed, unable to operate safely in the pandemic. One woman called me after a week of fever and coughing. She was paralyzed with fear as to what would happen to her if she had COVID-19. As a black woman, her mistrust of the health care system is earned.

We are only a few months into the pandemic, and already the data is showing disparities in hospitalizations and deaths from COVID-19. From Colorado to New York, people of color are more likely to be hospitalized and die from COVID-19 than those who are white. The virus does not discriminate, but our social structures from health care to food access to housing most certainly do. I have been struggling to keep up with the CDC's frequent updates on protecting people experiencing homelessness. This is necessary because homelessness persists in nearly every U.S. city.

These findings are appalling, but not surprising. Disparities in disease burden, treatment, and mortality fall along lines drawn by race, socioeconomic status, and zip code. This is not accidental. Our nation's social structures and policies have been built to advantage some at the expense of others. Racism, poverty, and other social determinants of health create a breeding ground for sickness and death. Until we address this reality, our response will always be reactive and fall short.

The crisis response to COVID-19 has highlighted some of the best of humanity. I have watched our staff and volunteers, as well as colleagues across the nation, step up to respond, often at the expense of their personal safety and comfort. My patients have long been my best teachers of resiliency, turning to their communities and creating their own solutions, assuming system-level help is not coming. And while it is cathartic and healing to share the goodness we see in crisis response, we need to call out the way in which this crisis perpetuates and exposes longstanding inequity.

I long to hug my patients and welcome people experiencing illness without a mask, gloves, and face shield. However, I don't want our health care system or society at large to simply return to normal. Our nation will come out of this whole and healthier if we sit with our current discomfort and commit to changing the structures that made this crisis so severe and inequitable in the U.S. We can use this space, when everything around us has changed, to rebuild for resiliency beyond this crisis.

Start by looking at the response in your community: What is working? Who is doing the work? Find the organizers doing effective work and ask what they need. Commit to supporting them both now and after the crisis. Next, ask which policies and systems have failed to respond, particularly to marginalized communities. Determine how you can use your influence and voice to change these structures. Finally, if you are serving, organizing, and advocating for your community, your work is our best hope.

The opportunity to do better gives me hope. As we respond to the emergent needs across the nation which COVID-19 demands, we can also call out discrimination, racism, and inequity. We can choose to name it for what it is and resolve to not return to our former normal. This is how we emerge from this crisis a healthier nation.

> **Key Takeaway:** Marginalized communities are bearing the burden of disease with COVID-19—policies, responses, and resources need to be adapted to address these inequities.

IX Culture

When Culture Meets COVID-19

What psychology can teach us about culture, rules, and our coronavirus response

Dana Krol

We've all seen the news and watched the different ways countries are responding to the coronavirus outbreak. Places like Hong Kong are enforcing a 14-day quarantine for those who came in contact with someone who tested positive for the virus, while some states in the U.S. more recently mandated a loosely monitored shelter-in-place order.

Why is there such a varied response to a global pandemic? Why does each response elicit acceptance from one and skepticism from another? Why has it been a challenge for some places to grasp social distancing? Some may say it's a policy issue. But beneath all that is something else: the ever-present, often-overlooked power of culture.

Dr. Michele Gelfrand, a cross-cultural psychologist at the University of Maryland, has been studying the impact of culture for over 30 years. In her book *Rule Makers, Rule Breakers,* Gelfrand explores the cultural concept of tight and loose cultures. Simply put, tight cultures are more rule-oriented while loose cultures are more allowing of rule-breaking. Could this cultural lens help us understand the differences in responses to the pandemic? Let's look at the research.

In one study on tight-loose cultures, Gelfrand and colleagues analyzed 33 countries with the purpose of better defining the difference between the two in order to "foster cross-cultural understanding in a world of increasing global interdependence." In this study, they surveyed over 6,000 individuals, using scales and ranking systems to measure the strength of social norms as well as the acceptance of deviating from them. They also collected data on environmental threats, conflict history, and various historical information.

They found that tight cultures had stronger social norms and less acceptance for deviating from them. There were more constraints on everyday situations (ex: behavior in banks, parks, public transport, etc.). The tightness was also reflected in government policies and practices. Loose cultures showed the opposite, with fewer constraints, weaker norms, and higher acceptance for deviation.

And this is all reflected on an individual level. Individuals from tight cultures tend to like rules and order and to have high self-control. On the other hand, those from loose cultures tend to be more impulsive, take more risks, and ignore rules.

TIGHT CULTURES HAVE LEARNED THROUGH TIME AND EXPERIENCE THAT RESPONDING TO THREATS COLLECTIVELY PRODUCES BETTER OUTCOMES.

Another interesting finding from the study was the correlation between threat and tightness. The research concluded that tight cultures had histories with higher conflict and environmental disasters. Additionally, cultures were able to quickly tighten up when threats arrived. Essentially, tight cultures have learned through time and experience that responding to threats collectively produces better outcomes.

What does this mean for us?

In times of global crisis, the importance of collective action increases. If you're from a loose culture (like me), this can be difficult to adjust to. We might bristle under the new restrictions

that define our current reality. Here are three things we can learn from tight cultures to help as we adjust:

1. Adjust our perspective on rules. Rules don't necessarily mean constriction and deprivation. Often, they're created with our best interest in mind. The clear suggestions from the authorities help keep our essential workers safe and health systems from being overrun. Please wash your hands and remain at a safe distance from others.

2. Manage our impulses. I know you want to see your friends/go out/travel. Believe me, I do too. But instead of giving in to our whims, let's practice patience and creative ways to connect. This too shall pass, and when it does, we can go do these things.

3. Believe we can change. History and research show that cultures (and individuals) can tighten in the face of crisis. It will be difficult, but we can change our behavior—on both an individual and national level—in order to flatten the curve.

Centuries ago, philosopher Herodotus observed,

> "if one were to order all mankind to choose the best set of rules in the world, each group would, after due consideration, choose its own customs; each group regards its own as being the best by far."

Our inherent tendency is to believe that our culture knows the best way to do things. But the truth is, no culture is inherently better than another. We all need both tight and loose inside us and our nations. We can pause and learn from others. In this current situation, we can learn from tight cultures and their accompanying perspective on rules. As Dr. Gelfrand said in a recent interview on NPR, "we can think of this as a temporary tightening up to flatten the curve." As we move forward, let's remember that we are stronger together.

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**It's important to note that neither tight vs. loose is better, nor is it totally exclusive. There are exceptions to every rule. Research allows us to generalize, not stereotype.

**If you want to learn more about tight and loose cultures, listen to Dr. Michele Gelfrand's interview on NPR's "Hidden Brain" with Shankar Vedantam

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Key Takeaway: Understanding the difference between tight and loose cultures can help our COVID-19 response by adjusting our perspectives on rules, managing our impulses, and believing we can change.

Long-Term COVID-19 Mental Health Effects for Asian Americans

Previous research suggests consequences of discrimination during COVID-19

Abigail Crowder

The novel coronavirus first appeared in Wuhan, China in December of 2019, but has rapidly become a growing concern for the global community, eventually being [declared a global pandemic](#) by the World Health Organization (WHO) on March 11, 2020. As concern regarding the virus has grown in the United States, so has discrimination against Asian Americans. The virus has been personified as Chinese, and Asian American businesses and individuals are receiving the backlash as they become the targets of racial slurs, speech, and attacks.

Despite their responsibility to deliver current news with little bias, media outlets have been observed as one of the higher contributing factors to the increased discrimination and xenophobia. In an [article](#) for *U.S. News & World Report*, Middle Tennessee State University professor Katie Foss from the School of Journalism and Strategic Media writes:

> "U.S. coverage has been inflammatory, particularly across social media and other unsubstantiated sources, which are unfortunately often taken as fact."

This barrage of stigmatized media has already negatively impacted Asian Americans and is likely to continue as fears and concerns over the coronavirus grow.

In recognition of the integral role the media has played in the increased discrimination against Asian Americans, Dr. Jun Wen and his team of tourism scholars from different universities conducted a post-published review on a 2015 research study examining the role of perceived racial discrimination on one's mental health. Wen et al. include the role that the media may play as the coronavirus continues to spread and discuss the negative effects Asian American businesses and the tourism industry have already observed.

The study they reference was led by Craig Rodriguez-Seijas, a clinical psychology student in the Stony Brook Graduate School whose interests include the intersection of psychopathology and environmental factors. The study, ["Transdiagnostic Factors and Mediation of the Relationship between Perceived Racial Discrimination and Mental Disorders"](#), was published in *JAMA Psychiatry* in 2015. The purpose of the experiment was to analyze whether or not one's perceived racial discrimination contributed to mental health illness, and if it was through a specific diagnosis or a transdiagnostic factor. In other words, Rodriguez-Seijas et al. were investigating whether an encounter of perceived racial discrimination could account for a specific mental illness diagnosis or a generalized diagnosis, one that addresses an overarching category of disease.

The national probability sample included 5,191 non-institutionalized African American adults in the United States who participated in the National Survey of American Life (NSAL) between February 2001 and March 2003; 3,570 of the participants were African American and 1,621 were Afro-Caribbean. Design features were implemented to ensure sociodemographic characteristics were equally represented, despite oversampling of African Americans.

Rodriguez-Seijas et al. used the World Mental Health Composite International Diagnostic Interview to test participants for any of 12 examined external or internal mental health illnesses. The NSAL included nine situations where participants may have experienced racial

discrimination and asked participants to mark the number of times they had experienced the situation. In order to combat potential skew and outliers, a "more than five" option was available.

The research team used multiple indices and models to evaluate the data and examine different associations and implications. The results concluded that the direct effect of perceived discrimination increased the probability for the individual to be diagnosed with a specific illness. However, the positive correlation of the indirect effect of discrimination and the probability of having a mental illness, meaning the role of the transdiagnostic factor, was much greater than the direct effect. This evidence confirms that perceived mental discrimination is positively correlated with a mental illness diagnosis, and can support inferences of the impact of discrimination through the media on Asian Americans during the coronavirus.

In their review "Effects of Misleading Media Coverage on Public Health Crisis: A Case of the 2019 Novel Coronavirus Outbreak in China," Wen et al. discuss how the research of Rodriguez-Seijas et al. may be applied to the current situation and provide insight on the potential long-lasting effects of current attitudes against Chinese and Asian populations, including individuals of Asian descent living around the world, like Asian Americans. Adding their own hypothesis for the role of media, they write:

> "[T]he media's publication of biased headlines could presumably bring adverse effects to local communities, namely through inequitable treatment and misperceptions. In the case of [the coronavirus], such coverage could affect Chinese people living overseas. Individuals could also develop mental health conditions that may persist in the current social climate."

The potential health effects that have been referenced by both research teams include serious mental illnesses like post-traumatic stress disorder, generalized anxiety disorder, substance and alcohol abuse disorders, and others that have negative impacts on the individuals and those around them. These illnesses are serious and could be limited simply with the adjustment of media coverage to an informed, seldom biased coverage of the coronavirus story.

In this chaotic period of unknown, the American public is clinging onto all of the information it can find, relying on public news sources to provide accurate data from the government and other informed institutions about the coronavirus. Americans are scared, and understandably so, but that does not mean they can place all of their blame and fear on a specific ethnic population. Media outlets must recognize their integral role in the distribution of information and the power they hold, adjusting their delivery to limit the bias against Asian Americans.

AMERICANS ARE SCARED, AND UNDERSTANDABLY SO, BUT THAT DOES NOT MEAN THEY CAN PLACE ALL OF THEIR BLAME AND FEAR ON A SPECIFIC ETHNIC POPULATION.

As has become clearer recently, the United States will be in this battle for an extended period of time. It cannot continue to build walls of fear and uncertainty around race when it requires a mass movement of all Americans to come together to support one another. Without the recognition of the problem and an active effort to resolve it, the country could be looking at an additional health crisis, one surrounding mental illness, in the near future.

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Key Takeaway: Xenophobic behavior and media coverage in the U.S. have caused discrimination against Asian Americans, causing increased mental health impacts.

Mental Health Disparities Impact Rural Communities Amidst COVID-19

Interview with Dr. Nicole Summers-Gabr on rural-urban health inequities

Nicole Summers-Gabr

Access to healthcare has been challenging during COVID-19. But many communities, especially those in rural areas, had pre-existing health needs that are now increasing. More must be done to address the mental and physical health disparities between rural and urban places.

Jamie Aten: How did you first get interested in this topic?

Nicole Summers-Gabr: My concern for rural communities is drawn from the service region of our department. The state of Illinois has 102 counties. Our department serves 66 of those counties, many of which are rural. While rural communities are at greater risk for health disparities, their culture, character, and strength are inspiring. So many of our partners were thriving up until COVID-19, and I became quite concerned about the wellbeing of youth and other residents. While the world focused on becoming virtual, I was concerned that health disparities would only continue to persist for rural communities where residents are already more likely to die from heart disease, cancer, and suicide than urban communities. The solutions for urban communities are not an option for rural communities who may not have the technology, trained doctors, or broadband access to receive basic healthcare. I think expanding broadband access is an investment rural communities need. This investment would not only increase access to physical healthcare, but it will also improve access to mental health care, education, and remote work.

> THE SOLUTIONS FOR URBAN COMMUNITIES ARE NOT AN OPTION FOR RURAL COMMUNITIES WHO MAY NOT HAVE THE TECHNOLOGY, TRAINED DOCTORS, OR BROADBAND ACCESS TO RECEIVE BASIC HEALTHCARE.

JA: What was the focus of your study?

NSG: The focus of my paper was to highlight how changes due to COVID-19 can exacerbate mental health disparities. Specifically, I examined patient access to mental health providers across eight states: California, Colorado, Illinois, Louisiana, Michigan, Montana, New York, and North Carolina. Within those states, I studied differences between metro and nonmetro counties based on their Rural-Urban Continuum Code designated by the Department of Agriculture. My paper concluded by describing how policies attempted to bridge these differences. Unfortunately, most have not brought equity to mental health access.

JA: What did you discover in your study?

NSG: While more states should be examined than those included in my analysis, entire counties are without access to a psychologist or psychiatrist. Not only that, but nonmetro counties are disproportionately affected. For instance, the state of Illinois has 102 counties. Overall, nearly 60 percent do not have a psychiatrist. From those counties, 35 percent are metro but 75 percent are nonmetro. This pattern where greater proportions of nonmetro counties lack mental health professionals than metro counties is fairly consistent and concerning. In a time where people are isolated, at higher risk for domestic violence, and face greater food insecurity, mental health access is crucial. Telehealth could be a solution, but that will only be successful if the provider has the platform and the patient has internet access, money/insurance, and a safe space to talk.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

NSG: I was pleased to learn that the CARES Act provided $100 million to increase broadband access and $200 million for telehealth. This is a good start, but more investment is necessary. An estimated $80 billion is needed to bring broadband access to all. Increased stimulus funds focused on broadband access are crucial to promoting telecommunity, tele-education, and telehealth. This funding would not only provide immediate relief but invest in building back future healthier, equitable communities.

JA: How might readers apply what you found to their lives?

NSG: Take the time to investigate your place of work, your children's school, and your healthcare provider. Understand what mechanisms are in place to continue communication and identify where the weaknesses are so that the organization can improve them in the event another pandemic or similar crisis occurs.

JA: How can readers use what you found to help others?

NSG: If your work pushes for telecommuting or your child's school makes policies around remote learning, think about whether these decisions are equitable. Not only do rural communities suffer from lack of broadband access, but there may be people associated with your institution that are in a dead zone, cannot afford internet access, or are from a different country (e.g., international students) where a stable connection is not readily available.

JA: What are you currently working on?

NSG: I am currently working on two projects which focus on reducing health disparities in rural communities. The first project is COVID-19-related and examines the successes and challenges of K-12 teachers during remote learning. Data revealed that teachers from districts that had fewer policies (e.g., no grading, replacing internet access) were significantly more likely to have moderate or severe anxiety than schools that had clear policies in place. In another study, we are investigating the quality of Community Health Needs Assessments (CHNA) as required by the 2010 Patient Protection and Affordable Care Act. We have found these assessments often lack primary data and there is an over-reliance on consultants to complete the work. We have created a model called Partnership HEALTH (Hospital and Education Alliance for Long-Term Technical Help) to improve the CHNA process by leveraging community partnerships and promoting community ownership. We plan to pilot this process with local hospitals soon.

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Key Takeaway: Rural communities have unequal access to the technology and medicine needed to utilize telehealth health services.

The Impact of Social Media on COVID-19 in Wuhan, China

China looks at how social media is affecting mental health in light of COVID-19

Gabbie Froiland

Now that the world is several weeks into this COVID-19 reality, people are starting to feel a new normal. Everyone is spending copious amounts of time indoors, which means one thing—more screen time. The number of hours spent browsing Facebook, Instagram, and Twitter are skyrocketing. This is causing many issues, but the most worrisome is the effect on mental health. In the article, "Mental health problems and social media exposure during COVID-19 outbreak" from the *PLOS ONE* journal, Goa et al. point out:

> "The National Health Commission has released guidelines for local authorities to promote psychological crisis intervention for patients, medical personnel, people under medical observation and civilians during the COVID-19 outbreak. However, what type of mental disorders are prevalent and how they distribute among population are not know. So, a rapid assessment of outbreak-associated mental disorders for both civilians and health care workers is needed."

In order to seek out answers, Goa et al. conducted a study administering surveys through an online platform called Wenjuanxing. The study took place from January 31 to February 2, 2020, and included 4,872 participants, ranging from ages 18-85. The purpose of the study was to evaluate the link between social media use and common mental health disorders during COVID-19.

In the survey, the researchers assessed depression with the Chinese version of the WHO-Five-Well-Being (WHO-5) Index, which looks at overall well-being through a series of questions that can be scored to determine the presence of depression. Similarly, anxiety was assessed with the Chinese version of the generalized anxiety disorder scale (GAD-7), which consists of seven symptoms that individuals may be experiencing. Social media exposure (SME) was assessed by asking individuals how frequently they saw COVID-related information on social media within the last week. The methods that researchers used to quantify this data is as follows:

> "Response options were 'never,' 'once in a while,' 'sometimes,' 'often,' and 'very often.' Because of less proportion of 'never,' so we recoded social media exposure into 'less' ('never' and 'once in a while'), 'sometimes,' and 'frequently' ('often' and 'very often')."

When analyzing the results, researchers found that 8.8 percent of the participants answered "less," 9.2 percent answered "sometimes," and 82.0 percent answered "frequently." The proportion of frequent SME was lower for the men in the study and much higher for people 30 years or younger. One super interesting statistic found in the study was:

> "Participants with low education (middle school and high school) had lower proportion of frequently SME than who with high education (college and master). Participants who are students or retired had higher proportion of frequently SME."

The prevalence of depression among participants was 48.3 percent, with a greater proportion being 21-40-year-old individuals, and was less prevalent in those with a college education. Similarly, the occurrence of anxiety was 22.6 percent, with a greater proportion being 31-40-year-old people, also lower in those with a college education. The combination of anxiety

and depression (CDA) was 19.4 percent. In comparison to the latest nation sample of any disorder (except dementia), the prevalence of anxiety and depression was 16.6 percent.

This shows that based on this sample size, and with the current state of China because of COVID-19, the prevalence of mental health disorders has risen dramatically. Goa et al. posit that social media might be the driving force behind this rise in mental health disorders. The authors include,

> "Social media is one of [the] main channels updating the COVID-19 information. This study also found that 82.0 percent of participants frequently expose them to social media, and frequent SME [is] associated high odds of anxiety and CDA, which is consistent with previous studies. There may be two reasons explaining the association between frequent SME and mental health. During COVID-19 outbreak, disinformation and false reports about the COVID-19 have bombarded social media and stoked unfounded fears among many netizens, which may confuse people and harm people's mental health."

WITH THE CURRENT STATE OF CHINA BECAUSE OF COVID-19, THE PREVALENCE OF MENTAL HEALTH DISORDERS HAS RISEN DRAMATICALLY.

All in all, it is obvious that there is a high prevalence of mental health disorders across China and the entire world, for that matter. It is also apparent that a traumatic circumstance like COVID-19 puts a tremendous amount of stress on a community, and when social media propaganda gets thrown in, it only increases the risk of mental health issues. For China, they find themselves in an advantageous situation, because their government is implementing ways to mitigate the effects of mental health disorders due to COVID-19.

Although this study includes a relatively small sample size, it is time for the rest of the world to consider two options. The first one is: How do we start related conversations of mental health in regard to traumatic events? The second one is: What mental health resources do we already have in place that we can utilize during a season of crisis?

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Key Takeaway: COVID-19 in China has increased mental health problems, causing the government to implement ways to mitigate them.

Mental Health Resources for COVID-19 in China

China administers surveys to reveal mental health issues needing attention

Gabbie Froiland

The rapid spread of COVID-19 has instilled a mindset of fear all across the globe. China, where the virus started, is making great strides to eliminate the disease and is now looking into the other effects it causes, such as on mental health. Researcher Shuai Liu et al. in their [article](#) from *The Lancet Psychiatry* assert:

> *"Since January 2020, the National Health Commission of China have published several guideline documents, starting with the notification of principles for emergency psychological crisis intervention for the COVID-19 epidemic on January 26, then the notice on establishing psychological assistance hotlines for the epidemic on February 2, and most recently, guidelines for psychological assistance hotlines during the COVID-19 epidemic on February 7."*

When looking at the severe acute respiratory syndrome (SARS) epidemic of 2003 in China, researchers saw that there was a lack of internet and smartphone availability. Because of this, there was limited opportunity for patrons to access online mental health resources. With this most recent outbreak of COVID-19, China's effort to extend a helping hand in the mental health realm is tremendous. These researchers are making a great effort to use the development of technology to help those who are in need.

Researchers began to send out surveys starting on February 8th, 2020. They crafted 72 surveys through the platform, WeChat. The surveys were directed at multiple people groups including medical staff, patients with COVID-19, students, the general population, mixed populations, those in Hubei province, other provinces in China, municipalities, and autonomous regions. One of the surveys was sent to Nanfang Medical Center, which included 1563 medical staff. As the surveys came back, the results display that 50.7 percent suffer from depression, 44.7 percent struggle with anxiety, 36.1 percent with insomnia, and 73.4 percent dealing with stress-related symptoms. All of these questions were based on a 1 to 10 scale. The percentage who said to be depressed or anxious all defined their symptoms as a five or greater. The percentage who said they have insomnia all said their symptoms are an 8 or higher. And finally, the percentage who said they have stress-related symptoms all said their symptoms were a 9 or higher.

Since these surveys were administered, WeChat has worked hard to come out with numerous online resources and counseling options, which are available 24/7. They have also shared their psychological self-help intervention systems with medical institutions, universities, and other organizations, including services like online cognitive behavioral therapy. The programs can even flag individuals who are at risk for suicide so that volunteers can tend to the needs of these individuals. Researchers also claim:

> *"In general, online mental health services being used for the COVID-19 epidemic are facilitating the development of Chinese public emergency interventions, and eventually could improve the quality and effectiveness of emergency interventions."*

The work of these researchers is outstanding and may even change the direction of how we think about mental health during and after an incident. It points out that everyone has different reactions to a tragedy like COVID-19. There is not a specific answer to how to treat someone

who has been through a traumatic time, but there is a way to start the conversation of healing, and I think China is taking steps in the right direction.

China's ability to recognize the need for mental health resources during a global outbreak of a disease is outstanding. I recognize that China is now looking to be on the other side of COVID-19, but it is remarkable how relatively quickly they were able to recognize mental health as an essential need. This raises the question: When is the U.S. going to start focusing on the mental health outcomes due to COVID-19? Though there are numerous ways to still meet with a therapist over video chat, I pose the question: When and how are we going to reach out to those who are struggling with mental illness because of COVID-19?

THERE IS NOT A SPECIFIC ANSWER TO HOW TO TREAT SOMEONE WHO HAS BEEN THROUGH A TRAUMATIC TIME, BUT THERE IS A WAY TO START THE CONVERSATION OF HEALING.

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Key Takeaway: Tele-mental health services have been created and distributed in China, helping to combat COVID-19's impact on mental health.

Filipino Responses to COVID-19

Research documents Filipino panic responses to the global pandemic

Georgina Fairbrother

A recent study explored panic responses to COVID-19 in the Philippines. COVID-19 has been declared a global pandemic and has caused mass lockdowns and closures across the globe. An angle relatively unexplored amidst this global pandemic is the impact of COVID-19 on mental health. The survey conducted was a mixed-method study that gathered qualitative and quantitative data in order to better explore the different dimensions of panic responses.

The survey was conducted through convenience sampling by online forms due to government-mandated limitations of social contact and urgency. The online survey ran for three days and gathered 538 responses. The average age of a survey participant was 23.82, with participants ranging in ages from 13-67. 47 percent of those who completed the survey were working, 45.4 percent were students and 7.6 percent were not working. Of those who completed the survey, 1.3 percent had witnessed direct exposure to a COVID-19 patient, while 26 percent had witnessed exposure within their community, and 72.7 percent had not been exposed.

For purposes of the survey, the Health Anxiety Inventory (HAI) Short Week was adapted in order to test illness anxiety on COVID-19 amongst Filipinos. The HAI had four main sections used in this survey: 1) Symptoms of health anxiety (hypochondriasis), 2) Attitudes towards how awful it would be to develop COVID-19, 3) Avoidance, and 4) Reassurance. Responses to questions answered within these areas were scored on a 0-3 basis, compromising the quantitative portion of the study. To complete the qualitative section of the survey three open-ended questions were used. The open-ended questions used for qualitative purposes in this survey were:

> *"1. What came to your mind when you knew the existence of COVID-19?*
>
> *2. How do you feel when you know the existence of COVID-19?*
>
> *3. What actions have you done with the knowledge of existence of COVID-19?"*

Upon completion of the survey, researchers were able to analyze data in regard to five different areas. First, researchers discovered that it was very evident that respondents were experiencing moderate illness anxiety in all four aspects listed by HAI. Secondly, by comparing locations, researchers also discovered that respondents residing in Metro Manila exhibited less avoidance behavior compared to respondents residing outside Metro Manila. While there is no definitive reason for this result, speculation looms around education, awareness, and proximity to COVID-19 cases. Thirdly, researchers looked at occupation, but determined illness anxiety was present regardless of occupation. Fourthly, researchers determined that respondents who had been in direct contact with those having COVID-19 were more likely to exhibit symptoms of hypochondriasis compared to respondents who had not witnessed or contacted anyone with COVID-19.

The fifth area that researchers explored upon completion of this survey was that of feeling, thinking, and behavior in response to COVID-19. Nineteen different themes were ranked by 100 experts based on their positivity and negativity. The themes included items such as the following: Health Consciousness, Optimism, Cautiousness, Protection, Compliance, Composure, Information Dissemination, Worry on self/family/others, Relating to Past Pandemics,

Anxiety, Government Blaming, Shock, Transmission of Virus, Fear, Sadness, Paranoia, Nihilism, Annihilation, and Indifference. Upon completion of the survey, the highest-scoring themes amongst respondents included Fear, Social Distancing, Health Consciousness, and Information Dissemination. Meanwhile, the lowest-scoring themes included Indifference and Nihilism.

Overall, COVID-19 has become a global pandemic that is continuing to move and spread across the world. In the aftermath of this pandemic, it will be interesting to compare the panic responses of different countries. The Philippines approaches this study from a more socially collectivist perspective. With that being said, it was reported that the Philippines leaned towards more individualistic tendencies in times of fear. Another area to look deeper into would include how panic responses change from the initial shock of COVID-19 to lockdown phases to re-emergence phases.

IT WAS REPORTED THAT THE PHILIPPINES LEANED TOWARDS MORE INDIVIDUALISTIC TENDENCIES IN TIMES OF FEAR.

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> **Key Takeaway:** COVID-19 has elicited certain themes in the feeling, thinking, and behavior of people in the Philippines—fear, social distancing, health consciousness, and information dissemination.

X Expert Interviews

Addressing COVID-19 Grief and Loss

Interview with Rebecca Bertuccio on dealing with loss during a pandemic

Rebecca Bertuccio

Everyone is feeling the emotional effects of COVID-19. The grief and loss that many are struggling with is a very normal response to the turmoil around us. There are many ways to address these burdens and simply learning more about grief and loss is a great place to start.

Jamie Aten: How did you first get interested in this topic?

Rebecca Bertuccio: When quarantining, stay-at-home orders, and other precautionary practices were first issued in response to the COVID-19 pandemic, a friend of mine reached out asking if I could shed some light on her younger cousins' behaviors. She shared that her cousins were feeling upset about not being in school and were both angry and confused as to why they were not able to see their family members as they did before. After hearing her concerns, I was reminded of Dr. Pauline Boss' research on ambiguous loss and contemplated the role of grief and loss in people's responses to the pandemic. I felt that it was important to write a paper to raise awareness about the issue, so I reached out to my co-author, with whom I have worked on several research projects (including some on grief and loss), and we put our commentary together.

JA: What was your focus?

RB: The focus of our paper was on the role of grief and loss in the context of the COVID-19 pandemic. We explored how people may experience different kinds of grief in response to challenges presented by the pandemic. In our commentary, we highlighted three different types of grief, including (a) ambiguous loss, (b) anticipatory grief, and (c) complicated grief. We explain each of the types of grief and provide examples of how they may appear during these times.

JA: What did you conclude in writing the commentary?

RB: Much of the unknowns associated with the COVID-19 pandemic may be linked to ambiguous loss. For example, people may question when, or if, their life will "go back to normal" and may experience symptoms of grief as a result. Further, some may anticipate losses to come in the future, otherwise known as anticipatory grief. To illustrate, many may grieve the loss of a graduation, wedding ceremony, or other major milestones due to restrictions resulting from the COVID-19 pandemic. Others may worry about acquiring COVID-19 and related health challenges.

Additionally, due to the various limitations presented by the pandemic, people may have a more difficult time coping with loss. With social distancing expectations in place, it is more difficult to hold a funeral service, say goodbye to a loved one who has passed, or even do something as simple as giving a hug to console someone during a difficult time. As there are fewer opportunities to cope with grief, people may experience more severe and inhibiting symptoms over a longer period of time, or rather, complicated grief.

JA: How might readers apply what you found to their lives during COVID-19?

RB: Overall, readers should remember that grief is a normal response to loss. Responses of grief are not limited to the ones highlighted in our paper. Nevertheless, with grief, people may experience a variety of mental health symptoms similar to depression or anxiety. As such, many

may be inclined to align their symptoms with a psychiatric diagnosis. While some individuals may in fact have a clinical disorder, it is critical that folks consider how their symptoms may instead be more consistent with grief. It is important to engage in strategies such as dialectical thinking, meaning-making, self-care, and telehealth services to cope with grief.

JA: What are you currently working on that you might like to share about?

RB: My co-author and I are looking forward to writing a follow-up piece that will help provide additional guidance to students, school professionals, and/or parents in response to the various challenges presented by the COVID-19 pandemic.

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IT IS IMPORTANT TO ENGAGE IN STRATEGIES SUCH AS DIALECTICAL THINKING, MEANING-MAKING, SELF-CARE, AND TELEHEALTH SERVICES TO COPE WITH GRIEF.

Key Takeaway: In response to COVID-19, ambiguous loss, anticipatory grief, and complicated grief have been felt by many—utilizing dialectical thinking, meaning-making, self-care, and telehealth services can help address these losses.

COVID–19 Job Insecurity May Impact Your Personality

Interview with Dr. Chia-Huei Wu on chronic job insecurity and personality change

Chia-Huei Wu

Chronic job insecurity can alter the way employees behave both at work and at home. The stress and anxiety associated with this situation may even begin to affect things like a person's personality, research suggests. With the current high levels of unemployment related to COVID-19, these potential negative impacts need to be understood and addressed.

Jamie Aten: How did you first get interested in this topic?

Chia-Huei Wu: I am interested in studying how work experiences and environment can shape personality development, partly because I found my life and work experiences in Taiwan, the United Kingdom, and Australia provided different ingredients that gradually shaped who I am today.

I started this research line by looking into the role of job satisfaction and/or job characteristics (e.g., job autonomy) in shaping one's self-concept and personality. Then I switched my focus to chronic job insecurity (i.e., perceived job insecurity over a long period) as the fear of losing a job could fundamentally influence one's engagement in her/his work and social life.

If such a worry is persistent, it could result in long-term consequences for how one feels about themselves and the environment, as well as how one interacts with others or our personality in these aspects. My speculation is partly based on my observation in academia that young scholars usually worry about finding permanent jobs or being tenured and secured. Such a worry, usually lasting for many years, could impair one's work and social life, bringing long-term consequences.

Beyond academia, the increase of precarious employment across all industries, globally, has accentuated the severity of job insecurity, meaning that more individuals could be exposed to job insecurity over the long term. We know very well that job insecurity can undermine performance, health, and well-being. But whether job insecurity, if persistent, would have long term implications for individuals is the question my colleagues and I seek to answer in this study.

JA: What was the focus of your study?

CHW: We analyzed data from the *Household, Income and Labour Dynamics in Australia (HILDA) Survey*, a national household survey in Australia conducted every year since 2001, capturing representative samples from the population and encompassing employees from a broad cross-section of professions with all forms of employment. The data we used involved employees' self-reported job security and personality over a nine-year period between 2005 and 2013. The job insecurity measure asked how participants perceived themselves to have a secure future in their job. The personality measure was based on the well-established framework known as the Big Five, which categorizes human personality into five broad personality traits: emotional stability (opposite to neuroticism), agreeableness, conscientiousness, extraversion, and openness.

JA: What did you discover in your study?

CHW: From a total of 1,046 employees across Australia whose data were tracked over 9 years, we found that when employees perceived job insecurity over several consecutive years, this

had a negative influence on their personality development. Specifically, chronic job insecurity makes personality development worse, as we found that those who experienced higher job insecurity over nine years increase their neuroticism and decrease their agreeableness and conscientiousness—three personality traits that reflect one's emotional, social, and motivational stability. In brief, chronic job insecurity makes employees:

- Become easily anxious, tense, irritable, and depressed
- Focus on their own negative feelings, preventing them from paying attention to others and building harmonious social relationships
- Become less motivated to set and achieve goals in an effective way.

Importantly, the above three personality traits represent healthy personality growth because as we age and mature, we become more emotionally stable, more agreeable, and more conscientious over time. Our research thus demonstrates that when chronic job insecurity occurs, it disrupts this normative personality development process, potentially further impacting individuals' success and health and bringing long-term costs for individuals, workplaces, and society. Our results generally showed null effects of chronic job insecurity with regard to extraversion and openness (the traits that reflect plasticity).

WHEN CHRONIC JOB INSECURITY OCCURS, IT DISRUPTS THIS NORMATIVE PERSONALITY DEVELOPMENT PROCESS, POTENTIALLY FURTHER IMPACTING INDIVIDUALS' SUCCESS AND HEALTH.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

CHW: While chronic job insecurity can be associated with negative changes in personality, we are curious whether higher chronic job control or autonomy could help buffer the negative effects. We did not find such an effect. Chronic job control cannot help probably because it is a resource for employees to determine their tasks and work activities, which cannot help employees to deal with issues around the sustainability of employment relationships. This null finding suggests that better job design, such as offering more job autonomy, cannot prevent the negative impact of chronic job insecurity. Practitioners should thus be aware of their approaches to mitigate impacts of chronic job insecurity.

JA: How might readers apply what you found to their lives?

CHW: At the moment, we know that the outbreak of COVID-19 has resulted in job losses globally, according to a report by the International Labour Organization. As the job market suffers a strong downturn and we do not know when it will be recovered fully, the threat of chronic job insecurity could become severe. Such a challenge has pushed individuals, organizations, and governments to work even harder to combat job insecurity.

At the individual level, what we can do to reduce the severe impact of chronic job insecurity? In addition to striving to keep current jobs by putting more effort and showing better performance, we could proactively manage our job situations and career tracks by, for instance, actively building a network of professional connections, learning new skills and knowledge, and gathering information about the different job markets and career routes. Making ourselves to have higher job mobility or enhancing the capability to find other employment is a way to protect oneself from being in a precarious position. In the meantime, being aware of how chronic job insecurity could affect us long-term may be equally important as such an awareness can help us be mindful of its negative consequences and find ways to mitigate its influence.

JA: How can readers use what you found to help others?

CHW: We can help others overcome the negative impact of job insecurity or chronic job insecurity. As reported, chronic job insecurity can undermine one's emotional (i.e., an increase of neuroticism), social (i.e., a decrease in agreeableness), and motivational (i.e., a decrease in conscientiousness) stability. We can help others who are suffering from job insecurity by helping them protect stability in these aspects. They would need emotional support when feeling distressed. They would need to know if they are still cared for. They would also need to know that they are still able to make achievements and not forget to appreciate what they have accomplished despite the worry of job security. Reminding our friends who are unfortunately suffering from job insecurity of our available support can be a small, but important resource for them to be resilient. Our support in those three aspects could mitigate the negative impact of job insecurity on personality change in the long run.

JA: What are you currently working on that you might like to share about?

CHW: I am working with my colleague, Ying (Lena) Wang, who is the second author of the paper, on a book about work and personality development. This book will draw on an increasingly prominent line of research on work and personality development over recent years. In the book, we seek to provide an advanced and contemporary understanding of personality at work, with a particular focus on the changing perspective of personality. Thus far, the majority of research focusing on personality at work takes a more static perspective, assuming that personality is fixed and stable. However, an increasingly prominent research line over recent years have started to indicate that personality is not fixed, and that personality can be changed by work and vocational experiences, such as employment status, career roles, job characteristics, and deliberate training and interventions. We will review the latest research evidence in this area (despite being relatively limited), and draw on research in other relevant fields such as social and clinical psychology to make a new conceptual development of how personality can be changed via work, job-related factors and how individuals can take an active approach in changing their personality at work. The book is expected to be published in 2021 by Bristol University Press.

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> **Key Takeaway:** COVID-19 job insecurity can cause personality changes, but we can support those without jobs or with chronic job insecurity by promoting their emotional, social, and motivational stability.

How Can the Chronically Ill Cope With COVID-19 Stress?

Coping strategies for those with disabilities

Emre Umucu

COVID-19 has caused issues for almost everyone worldwide, but especially those with disabilities and chronic health conditions. The particular stresses this group of people is experiencing require thoughtful and informed research to implement relevant mental health interventions.

Jamie Aten: How did you first get interested in this topic?

Emre Umucu: After scientists informed the public that people with chronic conditions may be at higher risk for experiencing the negative impact of COVID-19, as a researcher, my colleague (Dr. Beatrice Lee) and I were curious about how people with chronic conditions and disabilities experience COVID-19 stress and what coping strategies they use. Our main motivation was to understand and conceptualize how people with chronic conditions experience stress caused by COVID-19, and how frequently they use different coping strategies to cope with it. Besides, we thought this research will serve as a preliminary study that helps us and other colleagues develop further research intervention studies examining COVID-19 and coping in this population.

JA: What was the focus of your study?

EU: The main purpose of our exploratory study was to describe perceived stress levels and coping mechanisms related to COVID-19, and whether coping is related to well-being in people with chronic conditions and disabilities. We examined the relationship between perceived stress and coping strategies related to COVID-19, and which COVID-19 coping strategies were associated with well-being after controlling for demographic (age, gender, race, and marital status) and psychological characteristics (depression, anxiety, and stress). To our knowledge, our research was one of the first studies that examined stress, coping, and well-being in individuals with chronic conditions and disabilities at the time we conducted the study. Participants were recruited from Amazon MTurk.

JA: What did you discover in your study?

EU: We found that perceived stress related to COVID-19 was positively associated with coping strategies including self-distraction, denial, substance use, behavioral disengagement, venting, planning, religion, and self-blame. Further, our results demonstrated that active coping, denial, use of emotional support, humor, and religion coping were found to be positively correlated with well-being scores. Self-blame was found to be negatively correlated with well-being scores.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

EU: Yes. Surprisingly, denial, as a coping mechanism, was found to be positively associated with well-being scores in our sample, meaning that people who reported frequent use of denial coping strategy endorsed higher scores on well-being. This was a highly surprising finding given we thought that denial would be negatively associated with well-being because the literature presented contradictory findings. After going through the literature again, we concluded that individuals with chronic conditions and disabilities may have benefited from adopting a denial coping strategy because they may use denial as a function of an escape from the harsh reality of facing the COVID-19 pandemic. The literature indicates that denial, in the short term, can serve

as a useful mechanism to drift their focus away from experiencing stress and negative emotional experiences. However, we highly believe that further research is needed in this area to evaluate the long-term effects of using denial coping strategies.

JA: How might readers apply what you found to their lives during COVID-19?

EU: Researchers can further examine the long-term effects of stress and preferred coping strategies on well-being in individuals with chronic conditions and disabilities. Regarding clinicians, we believe that measuring and conceptualizing COVID-19-related stress and coping strategies in individuals with chronic conditions and disabilities can help them understand the potential effects of COVID-19 among people with chronic conditions and disabilities. Understanding the potential effects of COVID-19 can help clinicians better support people with disabilities and provide individualized treatment to help them combat COVID-19 stress. For the general public, we believe they can support each other even with social distancing (via phone calls and online meetings) to cope with stress related to the pandemic. Given our results revealed that the use of emotional support is related to well-being, readers can provide emotional support to each other. In addition, there are many organizations and agencies providing emotional and social support to the public, including people with chronic conditions and disabilities. We believe seeking help and support is critical during this pandemic. And most importantly, we are not alone, and we will cope with this altogether.

> UNDERSTANDING THE POTENTIAL EFFECTS OF COVID-19 CAN HELP CLINICIANS BETTER SUPPORT PEOPLE WITH DISABILITIES AND PROVIDE INDIVIDUALIZED TREATMENT TO HELP THEM COMBAT COVID-19 STRESS.

JA: What are you currently working on that you might like to share about?

EU: I am currently working on COVID-19 data I collected so more research projects can be published. In addition to that, my colleagues and I have many research projects aiming to improve well-being, life satisfaction, and quality of life in individuals with chronic conditions and disabilities. I really enjoy including my students in my research projects, and one of our most recent projects on grit among veterans was published in the *Psychiatric Rehabilitation Journal* where I had two Master of Rehabilitation Counseling students in this manuscript as co-authors.

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Key Takeaway: People with chronic illness and disabilities struggle with particular mental health challenges during COVID-19, which can be alleviated by social support, conscientious healthcare, and continued research.

How Does Media Play into Trauma?

An interview with Dr. Dana Rose Garfin on media exposure and trauma

Dana Rose Garfin

Media coverage is non-stop. There is always another article to read or a breaking story to keep up with. With COVID-19, things are no different. How does this constant stream of information affect our emotional wellbeing?

Jamie Aten: How did you first get interested in this topic?

Dana Rose Garfin: When I started as a traumatic stress researcher, I was not necessarily interested in the effect of media exposure on psychological distress per se. I was interested in responses to natural disasters and the effects of large-scale violence on communities. However, in 2013, my colleagues and I ran a study of 4,675 Americans a few weeks after the Boston Marathon bombings. We found that one of the strongest predictors of acute stress symptoms (a precursor to the development of posttraumatic stress disorder [PTSD]) was media exposure to the coverage of the bombings. What was particularly striking was that the highest levels of media exposure were more strongly associated with acute stress symptoms than even direct exposure to the event. When the COVID-19 pandemic began to inundate the 24/7 new cycle, my colleagues and I became concerned about the implications of this intense media exposure on mental and physical health.

JA: What was the focus of your study?

DRG: The focus of the article was to review research about how high levels of media exposure could be harmful to your physical and mental health. We referred to longitudinal research we conducted after the Boston Marathon bombing, as well as a variety of other collective traumas including natural disasters, the Pulse nightclub shooting, and other public health crises (i.e., Ebola outbreak in 2014). These studies used epidemiological, representative samples of thousands of Americans, collected to match the demographic composition of the United States and smaller target regions (for example, we oversampled in Boston and New York after the Boston Marathon bombings; we surveyed a representative sample of Floridians after Hurricane Irma). This allows us to make inferences about how Americans (or target communities) overall respond to events. We use web-based platforms to administer our surveys, so people can take the survey on their computer, cell phone, or mobile device in the immediate aftermath of an event, which helps minimize recall bias and improves response rates.

JA: What did you discover in your study?

DRG: In all of these studies, we found that the more event-related media that people consumed, the higher their psychological distress. We also found that these effects persisted over time and that they were linked with functional impairment (i.e., when one's physical and emotional health gets in the way of social and occupational functioning) months after the event. In other work, we found that the "acute stress response" (which can be thought of as immediate psychological distress after a trauma and is sometimes referred to as early PTSD) was linked with physical and mental health ailments months and even years after the event. This also highlights the concern that the immediate psychological distress one experiences after a traumatic event could have implications for physical and mental health

> **THE MORE EVENT-RELATED MEDIA THAT PEOPLE CONSUMED, THE HIGHER THEIR PSYCHOLOGICAL DISTRESS.**

down the road. In our Boston Marathon bombing study, we found that graphic images (like images of dead bodies or blood) were associated with higher posttraumatic stress responses and functional impairment months after the bombing. This finding showed us that what you see matters in addition to how much. We also found that these effects accumulate over time—exposure to a greater number of events online in real-time (for example, a shooting, a natural disaster, and a bombing) was associated with greater negative responses to a future event.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

DRG: I was surprised (and to some extent continue to be surprised) at how strong the effects of media exposure are on physical and mental health over time. As a trauma researcher, I would initially think that being exposed to an actual event in person would be much more distressing than witnessing it on television. And certainly, my other work on trauma-exposure has shown that direct exposure to a traumatic event can have lifelong implications for physical and mental health. (As an aside, the more individual-level direct traumas that you experience, the more sensitive you tend to be to media-based exposures.) Nevertheless, after conducting more than a dozen surveys on representative samples after exposure to a myriad of collective trauma, media exposure keeps showing up as one of the strongest predictors of distress over time.

JA: How might readers apply what you found to their lives in the midst of COVID-19?

DRG: It is critical to stay informed during traumatic events, especially ongoing events like the COVID-19 pandemic, an approaching hurricane, and now the George Floyd protests and riots. People need to know what they are supposed to do with respect to local regulations and recommendations (e.g., curfews, stay-at-home orders, wearing masks). Media dependency theory is an old theory that posits people depend and rely on the media even more during times of crisis and I think this is even truer in contemporary times. That withstanding, I encourage people to pick one or two media sources to stay informed and try to limit repeated exposure, particularly to disturbing images. There is a tendency to want to stay glued to media coverage, and there is evidence that this feeds into a cycle of distress and exposure (you watch media coverage and feel distressed, so you watch more media coverage because you are thinking about the event, and then feel more distressed, etc). It is possible to stay informed without spending hours of your day exposing yourself to the same information repeatedly. This can reinforce the threat circuitry in your brain, which can lead to the traumatic stress response that can persist even after you walk away from the news. It can be even more difficult to step away from all this coverage when we are exposed to it all day at our fingertips (cell phones, computers, etc.) and endless scrolling and links do not necessarily have a true stop point like old school newspapers have (i.e., you finish reading the paper, put it down, and switch activities).

JA: How can readers use what you found to help others during COVID-19?

DRG: Be supportive and understanding of others who might be having a difficult time. Be available for them to talk to if you want, but do not force anyone to share who is not up to it. People heal and cope with problems in individual ways—for some, that involves communicating about the event, and for others, it does not. For people who do not want to talk about the event, they might enjoy spending time with you or talking about other things. Everybody responds differently to traumatic events. Some people might have a lot of direct exposure (e.g., lost their job, knew someone sick) and still be functioning pretty well. You might have someone else in your life who has not had that type of "direct" exposure but is experiencing many distress

symptoms. Be compassionate, understanding, open-minded, and supportive. Suggesting activities that get your loved ones (and yourself!) out of the house (to the extent that local guidelines permit) and away from the constant barrage of media exposure could be helpful. Activities such as exercise, meditation, prayer, art, cooking, and connecting with friends and family could also help reduce stress.

JA: What are you currently working on that you might like to share about?

DRG: Currently, I have two projects, both generously funded by the National Science Foundation studying the psychological effects of the COVID-19 outbreak. The first, with Drs. Roxane Cohen Silver and E. Alison Holman (also from UCI), is a study of 6,500 Americans, assessed in the first six weeks after the COVID-19 pandemic was declared a national emergency. People were assessed in three cohorts, so we could see if people responded differently as the epidemic progressed in America. Media exposure and health-protective behaviors play a big role in that project. My other project, with Dr. Gabrielle Wong-Parodi (from Stanford University), involves following Gulf Coast residents who are dealing with COVID-19 in advance of what experts predict to be a very active hurricane season. We have surveyed almost 2,000 Gulf Coast residents and will be assessing them again after the threat of a landfilling major (Category 3 or higher) hurricane. We will keep you posted on the results.

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Key Takeaway: Media consumption can cause acute stress responses and trauma, so caution, limitations, and thoughtfulness are encouraged to protect yourself from these adverse psychological effects during COVID-19.

Can Google Anticipate Local COVID-19 Needs?

Interview with Dr. Christine Ma-Kellams on Google Trends and COVID-19

Christine Ma-Kellams

Search engines like Google provide incredible opportunities for data analysis. Researchers have started to realize the value of using search results for anticipating needs in local communities worldwide.

Jamie Aten: How did you first get interested in this topic?

Christine Ma-Kellams: I first got interested in tools that could predict things back in graduate school, when my engineering friend Steve joked that we should team up to build a machine to forecast the future. A large part of what I do as a psychologist is trying to figure out the patterns of people's behavior, and in that sense, many of our studies are about prediction. Then over time, it became apparent that tools like Google could be used for more than just directions, recipes, and general know-how. The first studies on Google Trends suggested that they could predict mass social trends like disease and elections. As a post-doc, I went to a talk by Seth Stephens-Davidowitz who presented his data on how many votes racism cost Obama in the election, and it blew my mind. The idea that Google could tell you things that you could not easily access otherwise (because people's online searches reveal more about themselves than what they are willing to tell you) was the main reason I got into this area of research.

JA: What was the focus of your study?

CMK: My policy brief was mainly focused on taking the growing body of studies using Google Trends and discussing how public health experts could potentially use them to inform their decisions. In my own work on Google Trends, for example, my colleagues and I have found that online search volume could predict suicide better than traditional surveys at the state level. So, one idea could be to use Google searches to figure out where suicide risk is the highest (based on what people are searching for) and deploying resources like mental health services and suicide prevention campaigns to those regions.

JA: What did you discover in your study?

CMK: In my own studies, my colleagues and I have found that Google searches for suicidal phrases like "painless suicide" and "how to kill yourself" predicted actual suicides across the 50 states. Along a different vein, I've also done other research showing that Google searches predicted the 2016 presidential election. Other studies have shown that search volume can predict a host of other phenomena, from skin cancer to (more controversially) the flu.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

CMK: Not so much in my own research, but in my review of the literature on Google Trends, I was surprised by how many studies were conducted in other countries that showed the same pattern of Google searches predicting behavior. I had assumed that Google was largely an American search engine—I think it's well established that its' the #1 search engine in this country—but I did not realize how popular it was globally. The fact that it also predicted outcomes elsewhere was something I wasn't fully expecting.

JA: How might readers apply what you found to their lives?

CMK: I think one of the neat things about Google Trends is that anyone can access it—it's publicly available, and the interface is very intuitive/user-friendly. So, you don't have to be a social scientist to play around with it and explore trends at the national or global level. It's great for curiosity, but the resourceful reader could likely be able to use it for practical purposes too. For example, if you belong to a particular social group (e.g., vegans) and want to figure out where others like you are, you could look up search terms that members of your group are likely to be interested in (e.g., "vegan restaurants").

JA: How can readers use what you found to help others?

CMK: You can also easily imagine how you can use Google trends to figure out where the need is regionally speaking. So, for example, take any need people have, and think about what people with that need would search for. If you look up that search term, Google Trends should be able to tell you where that need is most concentrated. To illustrate, it's likely that searches for "food pantry" correlates strongly with where hunger is a problem or searches for "PPE" may reveal where such protective medical equipment has the most shortages. So, if you wanted to help alleviate COVID-19 needs, you could use search volume to find out where the deficits are likely the strongest.

> **IF YOU WANTED TO HELP ALLEVIATE COVID-19 NEEDS, YOU COULD USE SEARCH VOLUME TO FIND OUT WHERE THE DEFICITS ARE LIKELY THE STRONGEST.**

JA: What are you currently working on that you might like to share about?

CMK: One of my other recent articles with my co-author Michael Wu is about how men and women can, in some ways, lead different emotional lives. We looked at the biological approach and avoidance systems and how their activation is linked to how each gender reacts to emotionally charged events. Last year, one of my former students, Shaiasia Wannamaker and I developed a new scale designed to capture the idea of "global citizenry," or the extent to which people identify with, and think like, citizens of the globe at large, rather than with a particular nation. I think as we live in an ever more globalized world, having a way of capturing how people see themselves as members of this more cosmopolitan identity will be increasingly important.

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Key Takeaway: Google Trends is an easy-to-use and accessible tool that can help anticipate COVID-19 needs in your area.

How to Manage Stress as a Newly Remote Employee

The life of employees forced online

Paul White

COVID-19 has changed many things. One of the most prominent changes is the shift for many to virtual work. Remote employment can have many benefits, but the current circumstances call for a deeper look into the challenges this type of work can raise.

Jamie Aten: How did you first get interested in this topic?

Paul White: My professional focus for the past 10 years has been "making work relationships work." I've co-authored 3 books with Gary Chapman, most notably *The 5 Languages of Appreciation in the Workplace*, where we applied the concepts of the 5 love languages to work-place relationships. We have previously done research on how remote employees differ from onsite employees in how they like to be shown appreciation and encouragement. With the millions of new remote workers—who face different challenges than traditional remote workers—I thought it would be wise to explore the experiences, perceptions, reactions, and coping mechanisms of this group of workers (and what they are learning).

JA: What was the focus of your study?

PW: We wanted to learn about newly remote employees—who were forced to work remotely, who were working from home (which is different than just working remotely), and in the midst of the health and financial concerns created by the COVID-19 pandemic.

From 1200-plus applicants, we chose 50 individuals in order to get a balanced sample of gender, living situations (alone, with a roommate, spouse/significant other, children), location (urban, suburban, rural). Some of these individuals have been working remotely for years, but most of them had been working remotely less than two weeks when the study began.

We had them fill out an online questionnaire once per week for four weeks, looking at their concerns, the challenges they were facing, their level of anxiety (and what they were anxious about), what coping behaviors they were using, what feelings they were experiencing, and what positive results were coming from working from home. We also looked at their sense of connectedness and isolation, actions they and their colleagues took to stay connected, their level of hope, and on what they based their hope.

JA: What did you discover in your study?

PW: We found a number of themes—some confirming previously learned lessons, some interesting tidbits—and most of the results point to practical actions that leaders, managers, and even employees themselves can take to manage the stress and anxiety of having one's daily work situation turned upside down.

First, it is important to note that this group is different than the general population about whom the major media frequently reports survey results. These individuals are employed versus unemployed or furloughed. Having said that, as a group they have a moderate amount of anxiety, seemingly at a level appropriate for their circumstances. They are anxious about their health (more so about their family members' than themselves), about the impact of the pandemic globally and on the economy, and what their future lives will look like.

However, the biggest challenges they have to deal with on a daily basis are issues created from working from home ("working while overseeing my children's schooling"), work-related issues ("trying to get all my work done while feeling scattered"), and family issues ("children's behavior regressing—lots of crying and meltdowns").

A key set of findings related to how people cope with their stress and anxiety. Individuals who: a) got adequate sleep, b) ate healthily, c) limited their "binge-watching" of the news, d) took breaks from work, e) engaged in rejuvenating activities, and f) made efforts to connect with colleagues experienced fewer stress reactions and lower anxiety, and reported higher levels of positive feelings.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

PW: Remote employees report strongly enjoying the extra time they have as a result of not commuting 1-2 hours per day. Specifically, they are enjoying more time with their families ("I get to have lunch with my wife"; "I love being at home with my baby") as well as having more time for exercising and projects around the house. They also love the flexibility resulting from working from home ("taking walks for a break from work").

Interestingly, some factors did not influence employees' stress, anxiety, and positive feelings, including the age of the employee, location (urban, suburban, rural), living situation (alone, roommate, family), or their degree of extraversion/introversion.

Overall, the majority of remote employees continued to have hope that "things will get better." The most impactful sources of hope were their religious faith, family and friends, and maintaining a positive attitude. Those who were most at risk for experiencing more stress and anxiety indicated they had no specific reason for their hope.

JA: How might readers apply what you found to their lives, especially during COVID-19?

PW: A key finding with practical implications is that an important factor related to reducing remote employees' stress, anxiety, and positive coping was the practice of actively reaching out to coworkers to connect. Employees reported that communicating via video (versus just email or phone), "checking in" occasionally, having time to chat with colleagues about non-work topics, and sharing funny texts or videos are all ways that helped them feel connected to their colleagues.

AN IMPORTANT FACTOR RELATED TO REDUCING REMOTE EMPLOYEES' STRESS, ANXIETY, AND POSITIVE COPING WAS THE PRACTICE OF ACTIVELY REACHING OUT TO COWORKERS TO CONNECT.

Additionally, a key message about keeping resilient through this difficult time is "it's not rocket science." Do those activities that we know—and which working from home remote employees report—are helpful: get adequate sleep, eat a healthy diet, take breaks, stay connected with others, limit your watching of anxiety-producing news, and do something fun occasionally.

JA: What are you currently working on that you might like to share about?

PW: We have recently launched a remote version of our online assessment, the *Motivating By Appreciation Inventory*, that identifies how each team member prefers to be shown appreciation and provides actions relevant to long-distance relationships.

Additionally, we are "translating" our Appreciation at Work training resources into a virtual training kit that can be used with remote employees through an online video conference methodology. Our goal is always to provide practical, relevant resources to help build positive workplace cultures and to "make work relationships work."

Key Takeaway: Remote employees can succeed best and avoid stress when they actively reach out and connect with coworkers, take breaks from work, and engage in rejuvenating activities.

Parenting in a Pandemic Can Include Self-Care

An interview with Ashley Abramson on building resilience as a parent

Ashley Abramson

Parenting during COVID-19 can be frustrating and tiring, but parents must remember to take care of themselves and find help when they need it. Here are some insights into building resilience and practicing self-care while caring for children.

Jamie Aten: How would you personally describe parenting during COVID-19?

Ashley Abramson: Parenting during COVID-19 is doubly straining, because more than just parenting our kids in their current developmental phases, parents are tasked with facing new emotional challenges and demands from their children—along with reduced childcare and increased personal stressors. With fewer "protective" resources available (like school, childcare, and social interaction for kids), kids and parents alike are both more prone to stress. The problem is, kids don't always know how to express their stress, so it can come out in behavioral issues like anger or acting out. Stressed-out parents have a unique job of managing their own stress while helping their kids find healthy ways to navigate their own big emotions, which can feel draining.

JA: What are some ways parents can cultivate resilience through Coronavirus?

AA: The most effective way to cultivate resilience is to stay connected. It's difficult to maintain meaningful connections with ourselves, our partners, and our loved ones when physical distancing is essential for public health, but prioritizing relationships helps us manage our emotions and the physiological effects of stress. During stress, the logical brain—the part of the mind that helps us process difficulty—goes "offline," and meaningful, safe relationships can move us from "survival mode" into a place where we can actually deal with stress, so it doesn't affect us later on.

For me, investing in relationships means taking regular time alone with my husband, FaceTime calls with friends, and keeping up my telehealth therapy appointments. These practices may seem selfish or unimportant amidst kids' emotional stress and their ongoing demands, but ultimately, I believe staying connected as parents will help us connect with our kids, both short-term and for the long-haul.

JA: What are some ways a parent's perspective can help others live more resiliently amidst this pandemic?

AA: The most formative relationships parents have right now are with their children. When parents are tuned in to their emotions and eager to process through stress rather than avoiding it, they can stay connected with their kids and help them grow more resilient, too. It's easy to be frustrated with children who are acting out, melting down, withdrawing, or regressing, but finding ways to stay calm and empathetic in the face of these behaviors is the best way to help. I've learned in my research that the nervous system is contagious, so when we can regulate our own emotions, we physiologically help dysregulated children do the same thing!

> **WHEN PARENTS ARE TUNED IN TO THEIR EMOTIONS AND EAGER TO PROCESS THROUGH STRESS RATHER THAN AVOIDING IT, THEY CAN STAY CONNECTED WITH THEIR KIDS AND HELP THEM GROW MORE RESILIENT, TOO.**

JA: Any advice for how we might use these insights into a parent's life to support a friend or loved one struggling as a parent during COVID-19?

AA: If someone has a loved one who's struggling with parenting during the pandemic, I'd recommend normalizing the situation while maintaining empathy: We are all stressed, but your stress is important, too. Finding ways to connect with struggling parents, even digitally, and reminding them of ways they can practice self-care (sleep, exercise, healthy eating) can all increase resilience, and this encouragement could serve as a useful reminder for the parent giving advice, too. There are also a number of resources available for stressed-out parents and their stressed-out kids, like teletherapy or even telemedicine play therapy. I'd encourage parents to put those resources to use and share contacts with their struggling friends.

JA: What are you currently working on that you might like to share about?

AA: I'm focusing on health and psychology writing that helps people understand their emotions and behaviors so they can grow. Look for my work in the American Psychological Association *Monitor on Psychology* as well as online publications like *Allure Magazine, The New York Times, The Washington Post, Elementa*l, and *Forge*.

> **Key Takeaway:** Parents can better care for their children when they practice self-care for themselves, taking time to work through their own stress and emotions.

Get the Most Out of Digital Education

Interview with Dr. Regan Gurung on how online learning can be done well

Regan Gurung

Education systems across the globe are adapting to remote learning and digital platforms. Instructors and students alike are figuring out what it looks like to provide quality online learning. As summer courses continue and the first full semester of COVID-19 approaches this fall, here are some tips on engaging students and navigating e-learning.

Jamie Aten: How would you personally define digital education?

Regan Gurung: I see digital learning as any learning supported or conducted with the use of technology. This encompasses online or extended campus (Ecampus) classes, blended and hybrid learning, and face-to-face classes that utilize learning management systems such as Canvas or electronic collaborative tools such as Google Jamboard or Zoom. The learning may vary to the extent it is synchronous or asynchronous and the level of interaction between instructor and student, student and content, and between students.

JA: What are some ways digital education can help us become more resilient?

RG: One of the biggest ways that I see digital learning varying from traditional face to face learning is in the level of accountability on the student. In digital learning, the learning itself plays a significant and large role in their learning. They make the decision on which parts of the course or material to interact with, how much to connect, and eventually are in the position to influence how much they will learn. This takes more motivation than the traditional classroom where the synchronous meeting with an instructor force attention and the instructor often is more likely to increase accountability. Correspondingly, digital education forces resilience, as it can be more challenging and often more time-consuming.

> **DIGITAL EDUCATION FORCES RESILIENCE, AS IT CAN BE MORE CHALLENGING AND OFTEN MORE TIME-CONSUMING.**

In many cases, a physical location (a classroom) and the physical presence of an instructor in front of you and classmates you can turn to and see, provide a sense of security and support that may not come naturally online, and is part of well-designed digital education. Students, again, become more resilient when they navigate an online environment where it is easy to feel more like you are on your own.

JA: What are some practices teachers can use to cultivate a productive digital learning environment during COVID-19?

RG: There are six key ways faculty can cultivate learning online.

1. Be compassionate. Faculty sensitive to the challenges of academia and the stressors of the lives students lead in general modify courses to be careful of how much is being asked for students every week. They also communicate their care and concern for their students. They are kind, thoughtful, and even in the face of their own personal turbulences, care for their students' well-being.

2. Faculty need to be clear. Courses with clear expectations and detailed, well-structured, learning management system (LMS) content are easier to learn in.

3. Organization is important. A well-organized instructor and class have always facilitated better learning. Paying close attention to the alignment of student learning outcomes to class activities and assessments stands to increase student motivation as their efforts are better justified.

4. Multifaceted courses, which provide students with many ways to learn and to interact with the content, the instructor, and other students, tend to be easier to keep attention.

5. With the many extra challenges faced by students and faculty alike, teachers need to be flexible. Successful instructors are more flexible on due dates, attendance, and how learning is demonstrated.

6. Finally, instructors need to consider ways to build engagement. Faculty who pay close attention to students end up having students who were more engaged in the material.

JA: Any advice for how we might use tools from digital education to support a friend or loved one struggling with a difficult life situation during COVID-19?

RG: I would guide a friend to the many resources provided in a special course designed for coping with the pandemic. In uncertain times like these, it's normal to feel anxiety, stress, loneliness, and other feelings of isolation. Stress effects can be invisible and damaging even if we are not consciously aware of them. We are all concerned about the health and well-being of our families, friends, and the world. Experts in psychology will help you handle these feelings and learn ways to cope and communicate in "Punch Through Pandemics with Psychological Science." Materials are free.

JA: What are you currently working on that you might like to share about?

RG: I enjoy having a good blend of active empirical research in progress as well as larger-scale writing projects. I am analyzing data on pandemic learning and teaching looking at what pedagogical techniques worked better than others and what individual differences and student behaviors predicted better learning outcomes. The data comes from over 600 students who took the course, Intro Psychology. Some fascinating results have shown how preferences for online learning and the extent to which instructors used synchronous versus asynchronous activities influenced learning and even general outlook on education. I am also finalizing a manuscript reporting on what near 1,000 instructors of Intro Psychology do in their classes and what works well.

From a writing standpoint, I am working on a student-focused book translating cognitive science into practical strategies that are actually tested and used by students. This is a lot of fun to write and I am working with John Dunlosky on this *Study Like A Champion* project due out early next year. I am also working on a book for faculty at primarily teaching institutions (with Pamela Ansburg of Metropolitan State in Denver and Mark Basham of Regis College), and a new take on Research Methods in Psychology.

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Key Takeaway: Digital education is done best when teachers are compassionate, clear, organized, flexible, creative, and engaged.

Talking With Your Children About Coronavirus

Interview with Gena Thomas on her new children's book, *Alisa & the Coronavirus*

Gena Thomas

Talking with your kids about difficult topics can be daunting. How do you explain something that you don't quite grasp yourself? One of the most helpful things is to simply start the conversation and share honestly.

Jamie Aten: Why did you set out to write your book?

Gena Thomas: The world fell apart just about every day prior to the coronavirus for my 4-year-old daughter, as I imagine it does for every preschooler. These days, the meltdowns are numerous: missing grandparents, wanting a different snack, taking a bath, etcetera, etcetera, etcetera. How do we talk to our kids about life's upending changes when we don't even really understand it ourselves?

Conversations with my 4-year-old and 8-year-old have pressed me to discuss very unfamiliar territory. I'm not sure how to answer them when they ask the questions I'm still asking myself, so we're learning a new rhythm of asking the same questions and sitting in the unknown together when we don't know the answers. This book emerged from those conversations.

JA: What is the primary takeaway you hope readers will learn from reading your book?

GT: Even as a former foster mom, a former teacher (of ages preschool through 10th grade), and a mom for over eight years, I'm still struggling with how to talk to my kids, especially from a Christian viewpoint about what all is happening around the world and inside our home. Finding healthy habits has been a struggle, whether the habits are physical, spiritual, or emotional.

In the book, we talk about daily routines, sadness, anger, racism, global effects, and how we are going to get through this quarantine life the only way we know how—together. Each page has a conversation between Alisa, her brother, and her parents, a reflection question or questions, and a drawing challenge to get children and parents talking and processing their feelings together. I had several readers who read it to their children and said they had positive and new conversations with their children because of the book. My hope is that this book will prompt more honest and helpful conversations within families and that more global solidarity will come from it.

JA: What are some lessons from your book that can help people live more resiliently during COVID-19?

GT: The biggest lesson is simply for parents and children to talk about their feelings together, because we are all on emotional rollercoasters. Understanding that people receive love differently will help build resilience, as will the breathing exercise at the end of the book. Finding little ways to empower children, like drawing a picture or answering a question, helps them build confidence. Additionally, helping children see that this is happening all over the world, while it might be overwhelming at first, will help them build solidarity and compassion for fellow human beings.

> **THE BIGGEST LESSON IS SIMPLY FOR PARENTS AND CHILDREN TO TALK ABOUT THEIR FEELINGS TOGETHER, BECAUSE WE ARE ALL ON EMOTIONAL ROLLERCOASTERS.**

I want to be clear that there is one topic I don't cover in this book, and that is the topic of death. For those who have lost family members because of COVID and are looking for something specific to that topic, there are other resources from more qualified authors, such as "The Dos and Don'ts of Talking With a Child About Death" or "Talking With My Kids About Death".

JA: What are some insights from your book that help readers support a friend or loved one?

GT: Empowering children in these days is a difficult thing to do. My kids feel very powerless against the coronavirus, as I often feel myself. In each drawing challenge, I'm asking children to color pictures of their backpacks, schools, favorite animals, and their ideas of what the coronavirus looks like. This engages them as learners through kinesthetic activities. Parents and caregivers can sit and color the drawing challenge with their children, having a discussion as they do the activity together; or, if a child processes alone better, it's possible the child can use this activity as something he or she does alone to better understand internally what is happening. The reflection questions bring meaning to what children are learning and simultaneously experiencing. The conversations I've had with my children allowed them to see that I'm struggling too, and that equalizes our pain and our empowerment together and knits us more tightly as a family.

JA: What other books have you written and what inspired them?

GT: I've written two other books. My most recent — *Separated by the Border* — was inspired by events that happened to my former foster daughter who traveled to the U.S. from Honduras. Having her in my life really opened me up to an understanding about the U.S. immigration system and global migration in a way I had never expected. Her mother's love for her opened me up to a profound understanding of the tenacious motherly love of God that I had never seen before. Prior to that, I wrote *A Smoldering Wick: Igniting Missions Work With Sustainable Practices* that was inspired while living as a missionary in northern Mexico and simultaneously working toward my master's degree in International Development. It is my attempt to speak into short-term missions work from a framework of biblical justice.

Download Alisa and the Coronavirus *for free here*.

> **Key Takeaway:** Simply starting to communicate is the key to talking with your children about COVID-19.

Key Self-Care Strategies for Medical Workers Amidst COVID-19

Interview with Dr. Marcus Shaker on ways medical workers can prevent burnout

Marcus Shaker

Everyone needs to practice self-care as a way to ensure their well-being long term. This is even more true for clinicians and medical staff on responding to COVID-19. Here are some evidence-informed strategies to do self-care and prevent burnout.

Jamie Aten: How did you first get interested in this topic?

Marcus Shaker: Actually, that's a funny story. About nine months ago I was at a national allergy meeting. It was a Saturday evening and I was heading back to my room to try to squeeze in a few more hours of work. On my way to my hotel, I was intercepted by a colleague who insisted I change my plans immediately and join him and several other allergists for a night of Texas barbeque and line-dancing. Well, this group of dancers included some really fantastic individuals from the wellness group of the American Academy of Allergy, Asthma, and Immunology. We had some wonderful Texas hospitality at the "Rustic" and formed lasting friendships. When the pandemic was upon us, several of us connected to provide important guidance on clinician wellness.

JA: What was the focus of your study?

MS: "Physician heal thyself" is a common proverb, but it still is largely overlooked by healthcare providers and the general public that many clinicians struggle with a lack of fulfillment, depression, and burnout. The best definition of burnout may be "an erosion of the soul caused by a deterioration of one's values, dignity, and spirit" (Maslach and Leiter, 1997). Burnout can be insidious, and everyone is at risk, especially when dealing with heightened stress during the pandemic. It is important to address because burnout can increase the risk of medical errors, divorce, substance abuse, and even suicide. If you feel like you have symptoms of burnout, depression, or suicidal thoughts, it is important to talk to your healthcare provider (even if you are one).

JA: What did you discover in your study?

MS: Classic signs of burnout are exhaustion, lack of personal accomplishment, and depersonalization. Before the pandemic, burnout rates among US physicians were around 46 percent, and those rates may be even higher now. Especially early in the pandemic when a shortage of personal protective equipment was occurring nationally, stresses upon medical providers were pronounced. Tensions escalated as anxiety about personal health and safety increased while dealing with the uncertainties of a new and evolving global pandemic. While the warmer months and acclimation to the "new normal" has blunted the edge of these stressors, clinicians and health care systems must still be vigilant to recognize early symptoms of burnout.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

MS: Somewhat surprisingly, an attitude of gratitude can be a really important component of preventing burnout. While any one behavior may not make you immune to burnout, counting blessings rather than burdens can really help. Acknowledging fears and resentments, practicing forgiveness, and

> AN ATTITUDE OF GRATITUDE CAN BE A REALLY IMPORTANT COMPONENT OF PREVENTING BURNOUT.

sharing worries with trusted friends can be very helpful (and you don't even have to be line-dancing in Texas to do it). Incorporating mindfulness practices can be helpful to nurture the eight dimensions of wellness—emotional, spiritual, intellectual, social, physical, environmental, financial, and occupational.

JA: How might readers apply what you found to their lives during COVID-19?

MS: Social media can be a "double-edged sword" in times like these. There are billions of active users accessing social media platforms across the world, and it becomes more important than ever to have valid and well-vetted sources of information. Pandemic guidance has been rapidly changing in recent months, and with uncertainty looming, batting the coronavirus "infodemic" is important for everyone, especially healthcare providers. It is really critical to creating time and space for mindfulness, especially during the pandemic. Some tips include turning off social media notifications so that your device doesn't rule your life. Scheduling time to interact with social media and recognizing when you are developing unhealthy habits with your screen can also be helpful. Similarly, it is important to find the balance between staying informed about COVID-19 recommendations and becoming overwhelmed by a barrage of worrisome news.

JA: How can readers use what you found to help others amidst this pandemic?

MS: In medicine, as in all areas of life, if you give all you have and hold nothing back, you can quickly find yourself lonely, empty, and disconnected. But we are not alone. We each need friends to successfully captain the ship of our own lives. The feelings clinicians have may are unique to healthcare providers, but everyone needs to pay attention to their own mental, physical, and spiritual health. We ignore the domains of wellness to our own peril. But there are some simple tools available at our fingertips to improve wellness. You can start by simply searching the App Store for mindfulness, gratitude, or wellness. Together we can each stand by the good and make it better.

JA: What are you currently working on that you might like to share about?

MS: I am currently working on several projects including reflections on wellness, national allergy practice parameters, and studies to maximize value in the care of patients with allergic and immunologic diseases. Much of this work relates to understanding how patients' values and preferences can be communicated with healthcare providers to provide the right care, at the right time, every time.

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If you're thinking about suicide, help is available—the national suicide prevention hotline is a phone call away: 1-800-273-8255.

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Key Takeaway: To prevent burnout during coronavirus, try practicing gratitude and forgiveness, acknowledging your fears, and sharing with others.

Lessons From the 2003 SARS Outbreak About Tending to Medical Workers' Mental Health

Interview with Dr. Antoinette Lee on tending to medical workers' mental health

Antoinette Lee

The impact of COVID-19 only seems to be growing, reaching far and wide across the globe. However, as we figure out steps forward, we must not forget the health workers on the front lines. The physical safety of these pandemic workers is crucial, but so is their mental health.

Jamie Aten: How did you first get interested in this topic?

Antoinette Lee: During an infectious disease outbreak when lives are at stake, everyone's focus is on physical health and public health—the mental health impact tends to be overlooked. However, from the increased rates of emotional distress and maladaptive behaviours such as panic-buying in society, it is apparent that epidemics have significant impacts on mental well-being as well.

One group that is particularly affected is health care workers. They are at the forefront fighting the outbreak on a daily basis, which presents enormous stress and challenges. A heavy workload, a novel pathogen with limited knowledge on treatment strategies, fatality among patients, colleagues getting infected, a heightened risk of infection, inadequate personal protective equipment, fear of passing the infection to family and friends all contribute to increased stress and possible mental health problems, especially for health care workers in high-risk settings providing direct care to infected patients. This is of concern as stress reduces immune system functioning, thereby increasing their risk of being infected. Stress also adversely affects cognitive functioning which impairs task performance as well as infection control abilities. Hence, the stress and mental health of health care workers is an important issue. As a health psychologist, I was drawn to this area of research.

JA: What was the focus of your study?

AL: During the SARS outbreak in 2003, our research team led by Grainne McAlonan surveyed health care workers (including doctors, nurses, and health care assistants) in two acute care general hospitals in Hong Kong. Respiratory medicine departments were considered high-risk settings, so health care workers in these settings constituted the high-risk group. Those working in non-respiratory medicine departments constituted the low-risk control group. All were assessed on stress level and a range of psychological responses including insomnia, fatigue, and worry about health. In 2004, one year after the outbreak, we surveyed health care workers from the same clinical teams again to assess stress, psychological responses as well as depression, anxiety and post-traumatic stress. We wanted to examine the psychological states of the two groups of health care workers during the immediate outbreak period and see if there were any changes a year later after the outbreak was over.

JA: What did you discover in your study?

AL: During the outbreak, both high-risk and low-risk health care workers reported high stress levels, but the levels were not significantly different between the two groups. The high-risk group, however, reported poorer sleep, more fatigue, greater health concerns and greater fear of social contact. A year after the outbreak, the stress level of high-risk health care workers remained high and was substantially higher than that of their low-risk counterparts. In addition, they had significantly higher levels of depression and anxiety symptoms than the low-risk health care workers. We also found that the higher stress level among the high-risk health care workers

could be partly explained by their posttraumatic experiences with SARS during the outbreak. In other words, having been through the traumatic experience of being at the forefront of the SARS outbreak contributed to their elevated levels of stress, depression, and anxiety one year after the outbreak.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

AL: It is alarming to find the sustained and negative impact of the SARS outbreak persisting until at least a year after the outbreak was over. It showed that the psychological consequence was not just a transient, immediate reaction to the SARS outbreak and that the effect persisted well after the immediate stressor was over. The trauma of working in high-risk settings during the epidemic was associated with chronic stress as well as more severe depressive and anxiety symptoms. We do not know the exact reason for this and it is an area that is worth further investigation. However, possible reasons include heavy strain, fear, constant and severe threat, social isolation, sense of helplessness, and even guilt. The negative consequences did not just subside over time but lingered on.

JA: How might readers apply what you found to their lives?

AL: The impact of infectious disease outbreaks on the mental health of health care workers should definitely not be overlooked. This is a particularly timely reminder amidst the current COVID-19 pandemic, which is arguably more severe and hitting on a more extensive scope than SARS. Patients are affected, the whole society and indeed the whole world is affected. Health care workers who are constantly working in the frontline fighting this global battle and caring for infected patients are particularly vulnerable. Infectious disease outbreaks are not just a public health challenge. It is also a mental health challenge. And good mental health of health care workers is essential for their own well-being and to ensure their best performance on the job as psychological distress can impair attention, judgment, and decision-making, all of which are pertinent in clinical care and infection control.

The toll of infectious disease outbreaks on mental well-being could be chronic and persist well after the outbreak is over. We cannot assume that, having been through the SARS outbreak, health care workers would be psychologically more prepared. It is highly likely that health care workers fighting the current COVID-19 pandemic are stressed and emotionally distressed. It is also reasonable to expect that if timely support is not available, the trauma would persist and have long term effects, and we do not know how long it will take for them to recover psychologically.

> **THE TOLL OF INFECTIOUS DISEASE OUTBREAKS ON MENTAL WELL-BEING COULD BE CHRONIC AND PERSIST WELL AFTER THE OUTBREAK IS OVER.**

All these point to the utmost importance of attending to the immediate and long term mental health needs of health care workers. It is important for health care workers to manage stress and develop self-compassion. Despite the heavy workload, they should have downtime and engage in self-nourishing and stress-relieving activities. They should have realistic expectations of themselves and acknowledge one's limitations.

Social connectedness is also important. Although physical social interaction is limited by practical considerations, maintaining a healthy social life through virtual means should be a priority, and social support among colleagues in the same setting should be encouraged, with necessary infection control strategies implemented.

Early signs of psychological distress, such as low mood, tearfulness, lack of motivation, loss of pleasure, sleep disturbances, excessive fatigue, irritability, excessive worry and anxiety, and cognitive impairment such as difficulty concentrating and poor memory should be properly acknowledged and timely help from mental health professionals be sought. Care for one's mental health should continue even after the outbreak is over. Only then can resilience be built, creating psychological preparedness for the next outbreak, should one hit again in the future.

JA: How can readers use what you found to help others?

AL: Hospital policymakers should be aware of the immense stress that health care workers, especially those who work in high-risk settings, are under. It is also important to recognize how both acute and chronic stress can affect their well-being as well as their clinical performance. Dedicated mental health professionals should be designated to provide psychological intervention for at-risk colleagues. Hospitals should put in place measures for early detection of signs of psychological distress and provide timely intervention. De-stigmatization of mental health problems should permeate every level from management to peers.

For prevention efforts, programmes should be designed to specifically target enhancing resilience among health care workers. Hospitals should also deploy resources for workplace stress management programmes. It would be useful to consult mental health professionals to institute administrative policies that cater to health care workers' mental health needs, such as structured shift schedules with rest periods, rotation through different roles, and mentoring and organizational support systems. Of course, adequate infection control training and personal protective equipment are necessary.

After the outbreak is over, continued efforts in debriefing and rebuilding of mental health are of great significance. As our study findings show, we simply cannot assume that health care workers will naturally rebound. Chronic stress and sustained psychological distress are to be expected. Active measures should be taken before our cadre of infectious disease fighters would be adequately prepared for the next epidemic.

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Key Takeaway: The 2003 SARS outbreak gives precedence for serious and long-lasting mental health consequences like chronic stress, anxiety, and depression.

Racial and Economic Disparities During COVID-19

Interview with Matthew Raifman on the disproportionate burden of the disease

Matthew Raifman

Injustice takes many shapes and forms, including the disparities in healthcare that have been exacerbated by COVID-19. Pre-existing racial and economic divides that have already harmed millions are now creating more problems. Changes in policy, advocacy, and research are needed for some of these wrongs to be righted.

Jamie Aten: How did you first get interested in this topic?

Matthew Raifman: Like many public health researchers, we wanted to inform the public health response to the novel coronavirus pandemic. While there was groundbreaking research on transmission and treatment, we felt there was a relative dearth of discussion about risk factors, the disproportionate burden of disease by race and ethnicity, and the importance of recognizing these disparities in developing public policy.

When we conceptualized this analysis in early March 2020, relatively little was known about COVID-19 illness. Early reports were coming in of cases and deaths, but unfortunately, the slow ramp-up in testing made these data unreliable. The general sentiment was that COVID-19 was something that would only affect a small number of Americans who were already very sick or elderly. The official guidance in the U.S. was that Americans should not wear face masks. Further, only a few states and cities had released data on cases and outcomes by race or ethnicity.

While it was clear from these initial reports that COVID-19 was affecting Black Americans, in particular, more severely, this critical disparity was not yet part of the mainstream conversation. In this study, we started with a simple question: How many Americans were at risk of severe illness from COVID-19, and did risk factors differ by race/ethnicity and income? Our hope was that these results could potentially inform policymaking and communication around the risk of illness from COVID-19.

JA: What was the focus of your study?

MR: In this study, we started with that simple question surrounding the risk factors of race/ethnicity and income. Early on in the pandemic, the CDC released a list of conditions that put Americans at higher risk of severe illness from COVID-19 infection. Most of these conditions were chronic health conditions, like asthma or kidney disease, and some were demographic in nature, for example, those who were 65 years old or older. We used a nationally representative survey of health called the Behavioral Risk Factor Surveillance System with over 400,000 respondents to estimate the number of Americans who had these risk factors. We broke down the prevalence of risk factors by race/ethnicity and income to better understand if certain populations were at higher risk of illness.

JA: What did you discover in your study?

MR: We found that in contrast to prevailing opinion, around 40 percent of adult Americans (97 million) had at least one of the CDC risk factors for severe COVID-19 illness. We also found substantial disparities in risk factors by race and income. Among those under 65, Black adults were 22 percent more likely to have at least one risk factor than White adults and 27 percent more likely to have multiple factors. Similarly, we found that American Indians were 53 percent

more likely to have one factor than Whites and 115 percent for multiple factors. About 25 million adult Americans who are living in households receiving less than $25,000 a year had at least one risk factor and were 63 percent more likely to have a risk factor than those with higher income.

JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?

MR: In some sense, the most shocking aspect of this analysis is also the least surprising. Decades of inequitable policies have created a situation where substantial disparities by race and income exist in access to health care, wealth, education, employment, and other conditions. In the face of the current pandemic, these conditions have compounded to put Black and American Indian Americans at higher risk of severe illness from COVID-19. There also appears to be racial disparities in exposure to COVID-19 driven by what types of jobs are classified as essential and who is able to work from home.

The takeaway here is not that COVID-19 has a differential impact on people of color, rather it's that we live in a society that enables these inequities through disparities in chronic conditions, exposure, diagnosis, treatment, health insurance, and other factors that impact health.

JA: How might readers apply what you found to their lives?

MR: It is very important to recognize that almost half the U.S. adult population has a condition that puts one at a higher risk of severe illness from COVID-19. This means all of us need to continue taking precautions to reduce transmission, both for our own health and the health of those we come in contact with throughout the day. That means wearing a mask in public even if it's uncomfortable, washing hands regularly, avoiding large gatherings, and the other guidance we've received from the CDC and health officials.

I hope that we all can internalize that we live in a fundamentally inequitable system when it comes to health care, environmental exposures, and, yes, now COVID-19 as well. We all have a role to play in disrupting that status quo, whether it is highlighting inequities we see in our daily lives, pushing for reform through the political process, or other avenues of change. The disparities we identified with risk factors for COVID-19 illness, and the subsequent analysis from many on disparities in cases and deaths, are just the most recent chapter in the long book of injustice.

JA: What are you currently working on that you might like to talk about?

MR: When not running a daycare for my young son, as so many of us are, I am working on better understanding the health impacts of increased physical activity from an initiative aimed at reducing transportation greenhouse gas emissions on the East Coast, called the Transportation Climate Initiative. While my main focus is on environmental health, I am also continuing to look for ways to contribute to better understanding disparities around COVID-19. Along with some collaborators at MIT, I am working on a study that explores the role of racial segregation in shaping COVID-19 cases and deaths. We hope this research will be published sometime this summer.

> DECADES OF INEQUITABLE POLICIES HAVE CREATED A SITUATION WHERE SUBSTANTIAL DISPARITIES BY RACE AND INCOME EXIST IN ACCESS TO HEALTH CARE, WEALTH, EDUCATION, EMPLOYMENT, AND OTHER CONDITIONS.

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Key Takeaway: Pre-existing racial and economic disparities have caused greater harm to certain communities during COVID-19, further increasing the importance of equitable access to quality resources.

The COVID-19 Burden of Disease on Refugees and Immigrants

Interview with Tarik Endale on holistic mental health programs

Tarik Endale

COVID-19 has affected so many vulnerable communities in our world. Refugees and immigrants are two such groups who have had to bear the burdens of this disease, ultimately affecting their finances, families, and mental wellbeing. Mental health programs worldwide have converted to telehealth services to help address some of these needs.

Jamie Aten: How did you first get interested in this topic?

Tarik Endale: I come from a family of refugees and immigrants from Ethiopia. Their, as well as my, experiences have been a major driver for my broad interest in public health approaches with refugees and immigrants in the US and abroad, specifically focusing on mental health. This paper came about after the Kovler Center Child Trauma Program's (KCCTP) rapid transition from providing completely in-person mental health and social services for immigrant and refugee youth and their families in Chicago to a completely remote service provision model almost overnight. Knowing how much we scrambled for guidance, we thought it would be valuable to document our experience for others.

JA: What was the focus of your study?

TE: KCCTP works with immigrant and refugee youth between the ages of 6-21 who have had traumatic experiences, including but not limited to war, terrorism, forced migration, family separation, state-sponsored torture, and resettlement. In our first year of services in Chicago, KCCTP has seen an incredibly diverse set of youth and families, with 24 countries and 24 languages represented. Approximately half of our participants are Spanish-speaking, half are between the ages of 13-17, and slightly more than half were unaccompanied minors or experienced family separation and/or detention.

This population is particularly vulnerable during the COVID-19 pandemic as many are low-income, undocumented, may not have health insurance, face language and technology barriers to healthcare and education, and are excluded from government relief packages. Many are also part of minority groups that are disproportionately represented among the sick and dying, work in industries that put them at elevated risk of infection, and are particularly hard hit by the economic fallout of the pandemic. Immigrants and refugees are underrepresented in research, but what research exists indicates a high prevalence of posttraumatic stress symptoms and exposure to pre-migration trauma and post-migration stressors. This paper drew on the observations of KCCTP program staff and responses of program participants in the face of COVID-19.

JA: What did you discover in your study?

TE: Many of the parents and youth were laid off and had difficulties accessing resources such as unemployment insurance, leading to food and housing insecurity. Awareness and concern regarding COVID-19 itself were variable, but general levels of worry and anxiety increased. Social distancing and school and work closures led to increased boredom and isolation, negatively affecting youth wellbeing. Meeting basic and material needs was a priority for many youths and their families.

KCCTP's response was comprised of four key components: information, active outreach, extensive case management, and telehealth/online communication. Early on there was a lack of accessible, accurate information on COVID-19, public health measures, and local resources in many families' languages. So, an early and ongoing focus was finding or translating these materials and distributing them via text and WhatsApp. Therapists and case managers proactively reached out to youth and families, regularly checking in to assess wellbeing and mitigate isolation. Staff assessed needs and coordinated financial, food, housing, and educational services. Kovler Center also created a donation and distribution process to further mitigate these hardships. When possible, therapists continued intensive, evidence-based therapies via video conferencing platforms. They also provided lower-intensity but more frequent psychosocial support to youth with those platforms or on the phone, as well as running virtual groups to foster social connectedness and creating or sharing exercise, relaxation, meditation, or educational videos.

JA: Is there anything that surprised you in your findings or that you weren't fully expecting?

TE: From previous research literature and experience, we knew that despite the prevalence of posttraumatic stress symptoms and other mental health problems, refugee and immigrant families are often more focused on economic survival and experience significant mental health stigma, making positioning mental health services within a framework of supportive case management and coordination with school and other services important. However, it was still somewhat surprising the degree to which the stress of the social and economic fallout from COVID-19 surpassed the fear of the disease itself.

This experience has displayed the feasibility of telehealth with refugee and immigrant populations, while also highlighting key challenges such as technology access and literacy as well as privacy in large or multi-family homes. Moreover, while not surprising, working with these families during this pandemic highlighted inequalities in health, education, and economic opportunity as a result of racism and immigration policies.

JA: How can readers use what you found to help others amidst this pandemic?

TE: The biggest takeaway from all of this is how important it is to pay attention to the structural and socioeconomic realities of those we work with, especially if they are part of a marginalized or vulnerable group. Without a conscious effort to account for these factors, it is easy to miss the needs and priorities of clients, which can reduce the effectiveness of traditional psychotherapy. We must acknowledge these barriers and do what we can to ameliorate their harms, while also acknowledging the strength and resilience it has taken to survive despite them.

> PAY ATTENTION TO THE STRUCTURAL AND SOCIOECONOMIC REALITIES OF THOSE WE WORK WITH, ESPECIALLY IF THEY ARE PART OF A MARGINALIZED OR VULNERABLE GROUP.

JA: What are you currently working on that you might like to share about?

TE: During the pandemic, KCCTP has temporarily paused our standard battery of mental health and wellbeing assessments to respond to current needs. KCCTP has developed and been using a brief assessment of COVID-19's effects on mental health, access to resources, and social connectedness in order to better serve those in our program. As we wrap up the second round of this assessment, we look forward to getting a better understanding of what these past months have been like on a group level.

Personally, I am working on a series of papers on drivers and challenges to implementing global mental health programs that draw on the experiences of dozens of innovators from around the world. I have learned a lot during this process, working with a team of folks affiliated with the Mental Health Innovation Network, and I am looking forward to sharing the past few years' worth of work.

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Key Takeaway: The COVID-19 burden of disease falls heavily upon vulnerable and marginalized groups, such as refugees and immigrants.

Conclusion

Jamie D. Aten, Kent Annan, & Jack Meeker

The mental health situation during COVID-19 has been complicated, confusing, and complex, giving rise to this handbook. Research is central to understanding what is going on and how to navigate the continuing pandemic with respect to mental health. Each chapter brought a different and important aspect to the table and we will end this handbook with a compilation of the key takeaways seen throughout:

- Certain factors, such as living with loved ones and steady household income, can increase your resilience to COVID-19 stressors.

- Being open, aware, engaged, active, self-compassionate, and grateful can help you cultivate resilience amidst adversity, like COVID-19.

- Resilience is the most common response to trauma and adversity, but it still requires work and can fluctuate over time.

- Resilience through inner peace can be cultivated through the following spiritual ideas: human beings have the potential resources for internal peace, all human beings are connected socially and spiritually, human beings seek to make transcendent meaning out of life events, and human beings can live with the radical acceptance of life on life's own terms.

- Experiencing joy requires work and practice; it is a habit formed by seeking out the things, people, and activities that give you profound joy.

- Functional fear is a two-sided blade that can both encourage hygiene-related behavior while also decreasing emotional wellbeing.

- A person's attachment style and temperament can affect how they perceive distress related to COVID-19.

- Anxiety about COVID-19 can be helpful if handled well through emotional intelligence.

- Coronaphobia—one of the COVID-19 anxiety-related mental health issues—can be measured by assessing dizziness, sleep disturbances, tonic immobility, appetite loss, and nausea/abdominal distress.

- Understanding the type of grief or loss caused by COVID-19 can help the journey toward resilience. These are the categories to know: primary, secondary, and multiple losses; and anticipatory, disenfranchised, and prolonged grief.

- Between quarantine, media coverage, and social hostility, COVID-19 has created opportunities for PTSD to develop among infected patients.

- Staying emotionally healthy during COVID-19 can be done by paying attention to your body and emotions, embracing the best health practices, accessing and sharing reliable resources and information, and practicing self-care.

- The negative mental health effects of quarantine can be mitigated by limiting duration, providing adequate information and supplies, reducing boredom, and improving communication.

- Coping well with COVID-19 requires a reorientation towards the problem at hand by sitting with our emotions to understand them, accepting what is both in and out of our control, maintaining healthy momentum, connecting deeply with others, and finding sustainable hope.

- Managing anxious thoughts during COVID-19 can be done in 5 steps: 1) recognize your anxious feelings and thoughts, 2) slow down and "press pause," 3) ask yourself if these feelings and thoughts are helpful right now, 4) step out from under the anxiety spiral, 5) repeat steps 1-4.

- You can cope with COVID-19 in 7 key ways: 1) assess the four pillars of basic health, 2) use emotion-based coping, 3) use mental, physical, and soothing grounding, 4) use deep breathing, 5) practice mindfulness, 6) act altruistically, and 7) understand your problems.

- Here are some self-care strategies to use so that you can be ready to care well for others: 1) take the necessary steps to protect yourself and your loved ones, 2) acknowledge that you need to cope, 3) be mindful of how you compensate for your lack of control, 4) stay in the present moment, 5) take care of your body, 6) distract yourself in moments of acute stress, and 7) stay connected with others and reach out for support.

- Having small moments of connection—even virtual ones—can help reduce social isolation and increase resilience.

- Self-care strategies can help you stay connected while social distancing by not giving up on yourself or those around you, empowering yourself, connecting with others, practicing self-compassion, and finding and clinging to hope.

- Home is not a safe place for everyone, and social distancing is increasing risk for intimate partner violence.

- COVID-19 has increased the risk and prevalence of suicide; we need to seek out and support those who are struggling.

- Practical presence is all about being with and listening to another person amidst their pain, and it can be used to support those who are struggling.

- Volunteering during COVID-19 helps combat loneliness and improves the mental wellbeing of individuals and communities because of the new relationships formed.

- When done well, empathy can be energizing instead of draining, enabling us to continue caring for others.

- It is important to refer loved ones for counseling during times of crisis, especially when you begin to notice red flags.

- Vicarious trauma is impacting people beyond frontline workers; we need to be aware of how we interact with COVID-19.

- TED Talks and other informational media can help us better understand how we are reacting to COVID-19 by revealing that we ignored the inevitability of this outbreak, we are tempted to ignore risks we don't see, human nature resists isolation, and we are prone to succumb to the spread of inaccurate information.

- The coronavirus "infodemic" that is spreading fake news and misinformation can be stopped by being thoughtful about what you read and what you share.

- Humor is a powerful tool to build resilience amidst COVID-19, but be wary of which humor style you use.

- Virtual communication can leave you more worn out than normal communication because of changes affecting social nonverbals, social boundaries, social cues, social transitions, and social anxiety.

- Assessing and utilizing your social capital and virtual communication can help you sleep better during crises.

- With all the changes going on around them, children are unprepared and parents are under-resourced to adequately handle the mental health issues COVID-19 presents.

- Children and adolescents need increased social and psychological support, especially with the closing of schools and decrease in available resources.

- For children, home confinement can severely impact physical health and mental wellbeing, even putting them at higher risk of PTSD.

- COVID-19 has disrupted the lives of children who go to school, increasing the need for age-appropriate telehealth services delivered at home.

- Perinatal depression among women has become more prevalent with COVID-19.

- Having conversations with your children about COVID-19 can be easy if you follow these tips: Prepare yourself, be hopeful, use age-appropriate language, provide reassurance, try to maintain routines, discuss what they are hearing, and monitor and limit their media exposure.

- College students need to lament what they lost because of COVID-19 and find new ways to navigate university under lockdown.

- Graduation in 2020 was marked by sadness and the loss of celebration, but it is important to acknowledge the losses and move forward toward resilience.

- College students who were forced to leave their studies in person faced increased psychological stress and anxiety, especially those living alone and those with unstable financial situations.

- COVID-19 is affecting older adults' mental health, making it critical to support and provide interventions for them.

- Older adults are suffering from social isolation while social distancing, and it is up to us to reach out and share our time.

- Reaching out to older adults is easier than ever—start a video or phone call, have an intentional, structured conversation, or operate through an organized effort.

- During COVID-19, we need to not only protect but also learn from the older adults around us—we should not exclude them, but rather cooperate with them.

- Older adults are in need of support from local people and local government—providing psychological support, home-delivered meals, and home medical care.

- Frontline medical workers are at higher risk of mental health problems during COVID-19, including anxiety and depression.

- COVID-19 health workers need immediate and accessible mental health interventions.

- COVID-19 medical workers are at a high risk for developing trauma-related symptoms.
- Frontline medical workers face three central anxieties: concern for their families' health, their personal safety, and for their patients' mortality.
- Frontline responders can guard against secondary trauma by following these steps: 1) stop and check in with yourself, 2) assess and address your needs, 3) assess and maintain your resources, and 4) stay connected to your sources of encouragement and hope.
- Special interventions specifically targeting medical workers are scarce and need to be developed.
- Mental health measures for frontline health care workers needs to be developed to promote and develop resilience among these essential workers.
- Marginalized communities are bearing the burden of disease with COVID-19—policies, responses, and resources need to be adapted to address these inequities.
- Understanding the difference between tight and loose cultures can help our COVID-19 response by adjusting our perspectives on rules, managing our impulses, and believing we can change.
- Xenophobic behavior and media coverage in the U.S. have caused discrimination against Asian Americans, causing increased mental health impacts.
- Rural communities have unequal access to the technology and medicine needed to utilize telehealth health services.
- COVID-19 in China has increased mental health problems, causing the government to implement ways to mitigate them.
- Tele-mental health services have been created and distributed in China, helping to combat COVID-19's impact on mental health.
- COVID-19 has elicited certain themes in the feeling, thinking, and behavior of people in the Philippines—fear, social distancing, health consciousness, and information dissemination.
- In response to COVID-19, ambiguous loss, anticipatory grief, and complicated grief have been felt by many—utilizing dialectical thinking, meaning-making, self-care, and telehealth services can help address these losses.
- COVID-19 job insecurity can cause personality changes, but we can support those without jobs or with chronic job insecurity by promoting their emotional, social, and motivational stability.
- People with chronic illness and disabilities struggle with particular mental health challenges during COVID-19, which can be alleviated by social support, conscientious healthcare, and continued research.
- Media consumption can cause acute stress responses and trauma, so caution, limitations, and thoughtfulness are encouraged to protect yourself from these adverse psychological effects during COVID-19.
- Google Trends is an easy-to-use and accessible tool that can help anticipate COVID-19 needs in your area.

- Remote employees can succeed best and avoid stress when they actively reach out and connect with coworkers, take breaks from work, and engage in rejuvenating activities.

- Parents can better care for their children when they practice self-care for themselves, taking time to work through their own stress and emotions.

- Digital education is done best when teachers are compassionate, clear, organized, flexible, creative, and engaged.

- Simply starting to communicate is the key to talking with your children about COVID-19.

- To prevent burnout during coronavirus, try practicing gratitude and forgiveness, acknowledging your fears, and sharing with others.

- The 2003 SARS outbreak gives precedence for serious and long-lasting mental health consequences like chronic stress, anxiety, and depression.

- Pre-existing racial and economic disparities have caused greater harm to certain communities during COVID-19, further increasing the importance of equitable access to quality resources.

- The COVID-19 burden of disease falls heavily upon vulnerable and marginalized groups, such as refugees and immigrants.

- Coping with COVID-19 stress is a unique process that can be done easily with determination, creativity, and time.

Appendix

101 Ways to Cope With COVID-19 Stress

Strategies for self-care and growth during this pandemic

Jamie Aten

We all cope differently when we are faced with challenges. Each of us has a different level of resilience when coping with the unexpected. However, having researched disasters around the globe over the last 15 years has taught me that when we need to use the healthy coping skills we've developed over the course of our life, we tend to stop using those skills.

There are a lot of different reasons that explain why this occurs, like feeling so overwhelmed we don't know where to start, options for exercising coping become limited, and sometimes what worked in the past just isn't enough to help in the present.

To help everyone struggling with how to cope with COVID-19, I'm sharing a list of 101 ways you can cope that I've learned from studying disasters and crises from across the world. Many of these are also strategies that I have personally used to cope with surviving Hurricane Katrina and cancer.

1. Hold onto hope in the face of COVID-19.
2. Try doing something that brought you enjoyment before COVID-19 got in the way.
3. Remember there is no one way to cope with COVID-19.
4. Interrupt anxious thoughts about COVID-19 by picturing a stop sign.
5. Be creative in identifying and trying out new ways of coping with COVID-19 stress.
6. Ask others you trust how they have coped with COVID-19 stress.
7. Breath through COVID-19 stress by inhaling and exhaling slowly and deeply.
8. Soothe COVID-19 stress by protecting time to relax.
9. Share your COVID-19 stress by talking with someone you trust.
10. Escape COVID-19 anxiety by picturing yourself being somewhere meaningful.
11. Distract your COVID-19 stress by focusing on something entertaining.
12. Do what is life-giving for you amidst COVID-19 that still brings joy.
13. Push through COVID-19 stress by trying to stick with regular routines.
14. Literally "walk off" COVID-19 stress or do other light exercise, if able.
15. Accept difficult COVID-19 challenges by picturing the pain washing over and past yourself.
16. Grieve COVID-19 stress by releasing your emotions holding you down.
17. Holistically address COVID-19 stress by attending to physical, emotional, social, and spiritual needs.
18. Search for meaning amidst COVID-19 by holding onto your ideals.
19. Do something fun that you haven't done in some time because of COVID-19.
20. Journal about your COVID-19 experience.
21. Remind yourself during COVID-19 of other times in your life when you were able to endure prolonged stress.

22. If you are up for it, try watching a show or movie that speaks to your COVID-19 stress.

23. Try to watch something funny that makes you smile or laugh on a regular basis during COVID-19.

24. It's okay if you deal with COVID-19 stress differently than how others close to you deal with their COVID-19 stress.

25. Be mindful that some ways of coping with COVID-19 may help short-term but harm long-term.

26. Practice self-compassion when COVID-19 limits your abilities.

27. Advocate for your needs or find someone who can advocate for you during COVID-19.

28. Find a progressive muscle relaxation script online to cope with COVID-19 stress.

29. Listen to music or sing a song to yourself that helps you soothe anxiety related to COVID-19.

30. Paradoxically, find a greater sense of control over your pain by releasing control over your COVID-19 experience.

31. It is okay to acknowledge that life may not go back to "normal" because of COVID-19.

32. Read inspiring stories of others who have navigated COVID-19.

33. Try to learn and reduce your exposure to triggers or situations that make COVID-19 worse.

34. Be optimistic but also realistic about COVID-19.

35. Hope to be able to overcome COVID-19 stress, but put your energy into enduring the stress.

36. Remember your body needs rest to resist COVID-19 stress.

37. When COVID-19 stress takes all your energy in the middle of the day, take a nap.

38. If you are feeling guilty for needing to slow down because of COVID-19, reframe it as "active resting."

39. If COVID-19 limits your accomplishments, set new, more attainable expectations.

40. Communicate how you need others to "sit" in the pain with you when struggling with COVID-19 stress.

41. Do something that feels familiar to help you remember you are more than your anxiety about COVID-19.

42. It's okay to hold back and tell others "no" who compound your stress when discussing COVID-19.

43. Remember journeying through COVID-19 is more like a marathon than a sprint.

44. Let yourself feel anger and other difficult emotions caused by COVID-19, but don't get stuck there.

45. When COVID-19 makes everything seem impossible, set one small attainable goal to do.

46. Set small attainable goals and repeat until you build momentum when feeling overwhelmed by COVID-19.

47. Find community with others who know what it is like to live with anxiety during COVID-19.

48. Look to your culture for ways to cope with COVID-19 stress and anxiety.

49. When feeling isolated because of COVID-19, surround yourself with pictures or cards that encourage.

50. When you can, try to find something beyond COVID-19 to be grateful about.

51. Don't waste the challenges you are experiencing because of COVID-19 by channeling it into helping others.

52. Remind others helping you that your caregiver(s) are also going through pain because of COVID-19.

53. Don't feel forced into sharing your COVID-19 stress with others before you are ready.

54. If it's hard to share about your COVID-19 stress or anxiety, start small and share as you are able over time.

55. Seek help from a health care and/or mental health provider for COVID-19 stress.

56. Learn to live amid COVID-19 instead of waiting for COVID-19 to pass in order to live.

57. Give yourself permission to take a break from thinking about COVID-19.

58. Limit media exposure that may be intensifying COVID-19 anxiety.

59. Engage in joyful activities that push away COVID-19 anxiety.

60. Learn to recognize negative ways you've coped with COVID-19 stress.

61. As best as you can, try doing what you did prior to COVID-19.

62. Advocate on the behalf of others who are struggling because of COVID-19.

63. Look to poems, books, and sacred writing that give you encouragement for facing COVID-19.

64. Tell others what you need from them and how they can help when you are struggling with COVID-19.

65. Try to integrate your COVID-19 struggles into your life story.

66. Hope for the best, but be realistic about COVID-19.

67. Let go of the survivor guilt linked to your COVID-19 stress.

68. Approach your COVID-19 struggles with a spirit of humility.

69. Don't be afraid to ask a professional for help with COVID-19 stress and anxiety.

70. Forgive yourself and others associated with your COVID-19 stress.

71. Be aware of COVID-19 emotional triggers.

72. Practice mindfulness when thinking about COVID-19 starts to overwhelm.

73. Be honest with yourself about how much you are struggling with COVID-19 anxiety.

74. When you are ready, be willing to lean into the painful parts of your COVID-19 story.

75. Notice your strengths despite COVID-19 stress.

76. Give yourself time to deal with emotional struggles caused by COVID-19.

77. Try not to pathologize the way you think about your COVID-19 mental health.

78. Seek connection with others during COVID-19.

79. Avoid minimizing or trivializing your COVID-19 struggles.

80. Try to reframe your COVID-19 struggles.

81. Partner with others to problem-solve your struggles causing you significant COVID-19 stress.

82. Make a plan for how you might learn to cope with COVID-19 stress.

83. Invest time in meaningful relationships amidst COVID-19.

84. Identify resources that give you hope in the face of COVID-19.

85. Tap into your beliefs when pain strikes to find comfort during COVID-19.

86. Consider life lessons you've learned from COVID-19.

87. When overwhelmed by COVID-19, reflect on times when you've struggled with pain but emerged as a stronger person.

88. Remember you aren't alone in your COVID-19 journey.

89. Focus on one hurt at a time when COVID-19 stress becomes complicated.

90. Find creative ways to express COVID-19-related emotions.

91. Do something to "pay it forward" the next time someone helps you amidst COVID-19.

92. As best as you can, maintain healthy sleep, eating, and exercise habits to cope with COVID-19 stress and anxiety.

93. Avoid over-focusing on your COVID-19 anxiety.

94. Write down negative thoughts that may be making your pain harder to manage COVID-19 stress.

95. Spend time thinking about who the important people are in your life when feeling isolated because of COVID-19.

96. Explore what gives you purpose to help you endure COVID-19 stress.

97. Learn about something new to help you cope with COVID-19 stress.

98. Give yourself permission to not have to use video on all those video calls when feeling stressed by COVID-19.

99. Don't compare your COVID-19 experience to others based on their social media posts.

100. Make plans for the future that you would like to do once COVID-19 passes.

101. Make your own list of creative ideas for coping with COVID-19.

> **Key Takeaway:** Coping with COVID-19 stress is a unique process that can be done easily with determination, creativity, and time.

About the Humanitarian Disaster Institute

The Humanitarian Disaster Institute was founded in 2011 at Wheaton College and is the country's first faith-based academic disaster research center. Our mission is to help the church prepare and care in a disaster-filled world. HDI carries out our mission through research, training, convening, and resourcing.

About HDI's M.A. in Humanitarian and Disaster Leadership Program

This M.A. in Humanitarian & Disaster Leadership at Wheaton College Graduate School can be completed in one year on campus or two years online (which includes a week of on-campus coursework at the beginning and end of the program). We have also partnered with the School of Psychology, Counseling, and Family Therapy at Wheaton College Graduate School to offer a new Trauma Certificate in a specialized track specifically tailored to humanitarian and disaster responders. Learn more at wheaton.edu/HDL.

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Contact Us

Our website and social media accounts provide ongoing updates and resources for preparing your church for COVID-19. You can also find more information about Spiritual First Aid, including additional tools and related research.

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For resources on the topic of this guide, visit spiritualfirstaidhub.com.

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