Center for Cognitive and Behavioral Therapy (CCBT) and
Central Ohio Primary Care (COPC):
Total Care through Co-Location ®

Adapted Treatment Protocol for COVID19-Related Healthcare Professionals: A Holistic Model and Clinical Health Application of Cognitive-Behavioral Therapy to Pandemics[1]

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Over-arching Rules: *Be Genuine, Express Empathy, Frame as a Consultation*

Consultation 1: Assessment

- Identification of Healthcare Profession and Role During COVID19 Pandemic
  - Profession (e.g., ED physician, respiratory therapist)
  - Role During Pandemic (e.g., direct patient care, hospital vs. primary care)
  - Likelihood of Exposure to COVID19 (ask for perceived exposure and actual frequency per day or week of known exposure)
- Assessment of General Anxiety, Depression, and Acute Traumatic Stress Symptoms
  - Give the GAD-7, PHQ-9 and the PTSD Checklist-Civilian Version (PCL-C)[2]
  - Follow-up with Open-ended Questions to Identify Unhealthy Cognitions and Behaviors Related to COVID19
    - ⇒ Categorize Cognitions in Appended Categories based on Managing Healthcare Workers' Stress Associated with the COVID-19 Virus Outbreak (2020)[3]
    - ⇒ Categorize Behaviors and a) Avoidant or b) Over-Compensation
      - Identify how Over-Compensation Reduces Anxiety (Emotional Avoidance)
  - Identify Emotional Avoidance Cognitions and Behaviors
    - ⇒ Categorize Avoidance or Over-Compensation Strategies as Producing Anxiety and/or Depression
- Assessment of Social Resources and Stressors

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[1] Some of this protocol is based on the work of Skillings & Arnold's (2016) Holistic Cognitive Behavioral Therapy model of Biopsychosocial CBT for Integrated Care.

[2] Blanchard, EB, Jones-Alexander, J, Buckley, TC & Forneris, CA (1996). Psychometric properties of the PTSD checklist (PCL). *Behavioral Research and Therapy, 34*, 669-673.

[3] https://www.ptsd.va.gov/covid/COVID19ManagingStressHCW032020.pdf

- Collect information about work demands and over-extended efforts
  - ⇒ Identify SUDS (0-10) of regarding work status
- Collect 0-10 ratings of happiness and satisfaction on current relations
  - ⇒ Partner/Significant Other/Spouse
  - ⇒ Children
  - ⇒ Extended Family (e.g., Parents, Siblings)
  - ⇒ Closest Friendships
  - ⇒ Social Friendships
  - ⇒ Other Work Relationships
- Collect stress-related relationships
  - ⇒ Collect narrative of stress factors in relationship
  - ⇒ Identify underlying function of stressful relationship(s) (e.g., loss of contact, fear of contaminating others, belief of never seeing others again)

- Assessment of Health Issues (based on CDC, http://dx.doi.org/10.15585/mmwr.mm6913e2) in addition to standard health history
  - Interview for diagnoses of known health disorders related to increased risks of severity or morbidity from COVID19 and effectively (E)/not effectively managed (NE)
    - ⇒ Diabetes E/NE
      - Assess if in/not in Diabetes Distress
    - ⇒ Heart Diseases (including hyperlipidemia) E/NE
      - Type and Treatment (e.g., Myocardia/Pacemaker)
    - ⇒ Lung Disorders
      - Type and Treatment (e.g. Asthma/Nebulizer)
    - ⇒ Immunocompromised
      - Type and Treatment
    - ⇒ Chronic Renal Disease
      - Type and Treatment
    - ⇒ Pregnancy
      - Type and Treatment
    - ⇒ Neurologic/Neurodevelopmental
      - Type and Treatment
    - ⇒ Chronic Liver Disease
      - Type and Treatment
    - ⇒ Current Smoker (Y/N)
    - ⇒ Former Smoker
      - Sequelae and Length of Time since Cessation
    - ⇒ Other Chronic Disorders (Highlight hypertension; thyroid disease; gastrointestinal disorder; hyperlipidemia; cancer or history of cancer; rheumatologic disorder; hematologic disorder; obesity; arthritis, nonrheumatoid, including not otherwise specified; musculoskeletal disorder other than arthritis; urologic disorder; cerebrovascular disease; obstructive

sleep apnea; fibromyalgia; gynecologic disorder; embolism, pulmonary or venous—based on CDC with prevalence at or above 5% of the sample)
    - Disorder/Course of Disease (repeat if necessary)
  - ⇒ Risk Assessment for Hospitalization or ICU about 2.5X higher if **1 or more** Chronic Health Condition
- Assessment of Self-care & COVID19 Protective Habits and Knowledge
  - Health Habits Include
    - ⇒ Frequent Hand Washing (yes/no)
    - ⇒ Availability and Use of PPE
    - ⇒ Social Distancing when not Providing Patient Care (yes/no)
    - ⇒ Current Living Arrangements including Availability of Privacy
  - Biosecurity Measures
    - ⇒ Physical Strain of Protective Equipment (e.g., dehydration, exhaustion)
    - ⇒ Physical Isolation (e.g., "no-touch" measures, post-shift isolation)
    - ⇒ Vigilance for Infection Control
    - ⇒ Strick Protocol Adherence (e.g., no flexibility with application of procedures)
  - Disease Transmission Risk
    - ⇒ Mistaken Symptoms of Flu or Cold for COVID19
    - ⇒ Asymptotic Patients Infected with COVID19
    - ⇒ Impact of Higher Mortality Rate than Flu
    - ⇒ Conflicts between Public Health Concerns and Patient/Family Demands
  - Role Conflicts and COVID19 (e.g., Healthcare Worker vs. Family Member)
    - ⇒ Daily Demands Conflicting with COVID19 Measures
    - ⇒ Role of Performing Protocols Routines Conflicting with Ongoing Changes in Protocols and Governmental/Public Health Directives
    - ⇒ Physical Location of Healthcare Worker Role Conflicting with Location of Family Members
    - ⇒ Role Strain: Subjective Experience of Stress from Conflicts between Role of Healthcare Worker and Other Roles (Rate 0-10 on SUDs Scale)
  - Stigma of Being a Healthcare Worker
    - ⇒ Others Distancing out of Fear of Infection from Healthcare Worker
    - ⇒ Self-stigmatization Fear if Needs or Fears are Given Voice and Expressed to Others
- Stressors Related to COVID19
  - Exposed to COVID19 Risk Factors (yes/no)—If yes:
    - ⇒ Exposure to Individual with Confirmed COVID19 (yes/no)
    - ⇒ Exposure to Individual with COVID19 Symptoms (Non-Confirmed COVID19) (yes/no)
    - ⇒ Spent Time in Quarantine (yes/no)
    - ⇒ Travel to Hot Spot Areas in US (yes/no)
    - ⇒ Travel to Hot Spot Areas Abroad (yes/no)
    - ⇒ Known Associate or Family Member with Confirmed Case (yes/no)

        - ⇒ Known Associate or Family Member in Hospital for COVID19 (yes/no)
            - ICU (yes/no)
            - Respirator (yes/no)
            - Deceased due to COVID19 (yes/no; if yes consider complicated bereavement or worsening of depression)
    - Reduced Workload due to Working from Home (yes/no)
    - Increased Workload due to Direct COVID19 Patient Care Role (yes/no)
    - Children Unavailable to be Seen (yes/no)
    - Children Disruptive to Work from Home Demands (yes/no)
    - Financial Problems (yes/no)
    - Relationship Problems (yes/no)
    - Parenting Problems (yes/no)
- Behavioral Health Diagnoses (Ensure Consistent with Assessment Results)
- Motivational Interviewing
    - Asking Permission to Discuss Treatment Planning
    - Open Ended Questions about What's Most Important in Life
    - Use Empathic Statements Whenever Appropriate
    - Open Ended Questions about how Treating (Anxiety/Depression/Acute Traumatic Stress) Could Help Achieving What's Most Important
    - Open Ended Questions about how Treating (Anxiety/Depression/Acute Traumatic Stress) Could Have Costs (e.g., Initial Increase in Stress or Use of Healthcare Worker's Time)
    - Open Ended Questions to Express Willingness to Try Strategies for Anxiety/Depression/Acute Traumatic Stress Related to the Pandemic
        - ⇒ If Ready to Change, Do Treatment Plan
        - ⇒ If not Ready to Change, Ask Permission to Consult (If Yes, Consult and Use Tips Sheets)
- Treatment Planning
    - Review Protocols Below and Obtain Agreement and Decision to Adopt Strategies
- Review Healthcare Worker's Satisfaction with Session
- Ask Healthcare Worker for Any Questions
- Schedule Next Consult if Yes to Continue Working Together

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Consultation 2: Orientation to CBT of Anxiety, Depression or ASD during Active Healthcare Work during the Pandemic

- Motivational Interviewing Strategy
  - Open Ended Question about Status
  - Request Permission to Set Agenda
- Discussion of Emotions, Emotional Avoidance, and Behavioral Overcompensation or Avoidance of Triggers
  - Discussion of Anxiety and its Purpose
    - ⇒ Physical Sensations of Anxiety
      - → Muscles
      - → Breathing
      - → Heart Rate
      - → Flushing
      - → Digestive (Both Upper and Lower GI)
      - → Hands/Feet Sensations
    - ⇒ Subjective Feelings of Anxiety: Words for Processing
      - → Scared
      - → Terrified
      - → Fearful
    - ⇒ Purpose of Anxiety
      - → Survival Function (Run or Fight)
      - → Excitement Function (Roller Coaster)
      - → Necessity of Anxiety as a Motivator of Action
  - Emotional Avoidance
    - ⇒ Anxiety about Anxiety: Discomfort
    - ⇒ Problems with Tolerating Uncomfortable Feelings
    - ⇒ Triggers Sense of Unavoidable Doom (Catastrophizing)
    - ⇒ Avoidance of Feeling of Anxiety Results
      - → Cognitive Avoidance of Emotion
      - → Behavioral Avoidance of Triggers to Discomfort and/or Anxiety
- Overcoming: Habituation of Anxiety
  - Acceptance of Anxiety as a Normal Reaction
  - COVID19 Anxiety-Trigger Hierarchy
    - ⇒ Creation of a List of COVID19 Healthcare Worker Situations
    - ⇒ Rank Ordering the List Based on SUDS Ratings

- What is Use of Habituation for Promoting Self-Care and Realistic Ideas while Delivering Healthcare during the COVID19 Pandemic
  - ⇒ Imagination-Based
  - ⇒ Modified "In Vivo" in the Age of COVID19
- How Habituation and Extinction Works
  - ⇒ Flattening of the Anxiety and Discomfort "Curve" through "Boredom"
  - ⇒ Extinction: Overcoming the Reward of Minor Reductions in Discomfort by Avoidance
- Use of Habituation to Overcome Avoidance of Discomfort, Avoidance of Self-care Activities and Processing of Anxiety Cognitions about Healthcare and the COVID19 Pandemic

- Thoughts about Delivering Healthcare during the COVID19 Pandemic: Realistic and Unhealthy
  - What are Unhealthy COVID19 Thoughts in General
    - ⇒ Review Appendix
  - Knowing about *Expecting Bad Things to Happen* or *Disregarding Risk* Ideas
    - ⇒ Value of Understanding Thought-Feeling Connection
    - ⇒ Monitoring Ideas to Learn to Talk Back to Them
  - Learning Alternative Ideas and Actions Based on Evidence
    - ⇒ Talking Back to Cognitions Using Alternative Ideas Based on Evidence
      - → Regularly Seeking Accurate Information
      - → Seeking Mentoring to Make Decisions (Second Set of Mind's Eyes)
      - → Acceptance of Anxiety to Real Threats
      - → Identifying Exaggerated Risk Inferences about Perceived (Rather than Real) Threats
      - → Identification of What is vs. is not within Healthcare Worker's Power
      - → Recollection of Earlier Successes in Similar Situations to Create Ideas of Fortitude, Hope, Tolerance, and Patience
    - ⇒ Alternative Actions to Avoidance or Over-Reactions
      - → Self-care Actions to Manage Delivering Healthcare during the COVID19 Pandemic
        - Social Activities:
          - Regular Check-ins with Co-workers, Family, and Friends.
          - Working in Partnership with Teams
        - Personal Activities:
          - Brief Relaxation and Stress Management Breaks
          - Time-outs for Basic Bodily Care and Refreshments
          - Employing Actions within Healthcare Worker's Power
        - Self-Informative Activities:
          - Routinized Times to Seek Out Accurate Information
          - Self-limiting Consumption of News Media
  - Noticing Results
    - ⇒ Continued Negative Results or Symptoms Related to COVID19

- ⇒ Acceptance of Peers and Family when Engaging in Social Contact and Mentoring
- ⇒ Improved Physical Sensations when Using Self-Care Strategies
- ⇒ Improved Mood from Use of Healthier Thinking and Coping Strategies

The Model We Will Use: COVID19 Coping (Based on Coping Cat) using **FEAR Model**[4]

- **F**eelings: Identifying COVID19-Related Discomfort and Fear Feelings Related to Healthcare Worker Role
- **E**xpecting Bad Things Ideas: Noticing COVID19-related Healthcare Worker Unhealthy Ideas
- **A**lternative Ideas and Steps: Coming up with Alternative Realistic Ideas and Steps that
  - ⇒ Maintain Healthy Delivery of Healthcare and Personal Self-care within Context of Health-Risk Factors and Demands of Healthcare System/Patient Care
  - ⇒ Cope with Triggers to Discomfort and Anxiety and Avoidance of Emotions and/or Negative Emotion Triggers
- **R**esults and Self-Rewards: Noticing Effects of Healthy Behaviors and Rewarding Yourself for Adapting During the COVID19 Pandemic
  - ⇒ Noticing How Coping leads to More of what Healthcare Worker Values for Self, Family, Patients and the Public

- Ask for Healthcare Worker Teach-Back and Review Areas of Misunderstanding
- Ask Healthcare Worker for Feedback about Usefulness of Consultation and Feeling Understood
- Ask Healthcare Worker to Make Next Appointment

[4] e.g., Beidas, R. S., Benjamin, C. L., Puleo, C. M., Edmunds, J. M., & Kendall, P. C. (2010). Flexible Applications of the Coping Cat Program for Anxious Youth. *Cognitive and behavioral practice*, *17*(2), 142–153. https://doi.org/10.1016/j.cbpra.2009.11.00

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Consultations 3-5: Application of FEAR Model of Coping with COVID19 Healthcare Worker Stress

- Motivational Interviewing Strategy
  - Open Ended Question about Status
  - Request Permission to Set Agenda
- Create Hierarchy of 3 to 5 Stress Provoking COVID19 Factors from Hierarchy
- Categorize Healthcare Worker COVID19 Pandemic Factors as Producing 1) Avoidance or 2) Over-reactions
- Tailor FEAR Protocol to Avoidance (Coping Through Healthy Habituation) or Moderated Behaviors (Coping Through Stress Tolerance when Using Moderate Behaviors)
- Select Lowest Item in Hierarchy for First FEAR Practice
- Review FEAR Components (Repeat Until Memorized, Reward for Each Success)
  - **F** Stands for _____
  - **E** Stands for _____
  - **A** Stands for _____
  - **R** Stands for _____
- Creation of Plan for Three (3) Experiments for Lowest Item on Hierarchy
  - COVID19 Healthcare Worker Stress from Hierarchy:_____
    _____
    _____
    ⇒ **F** _____
    _____
    ⇒ **E** _____
    _____
    ⇒ **A** _____
    _____
    ⇒ **R** _____
    _____
- Assign Three "Prove You Can Cope" COVID19 Experiments Using FEAR Forms

Trigger of Stress from Hierarchy for Healthcare Work Related to the COVID19 Pandemic:

_____

_____

F _____

_____

E _____

_____

A _____

_____

R _____

_____

Repeat Stress from Hierarchy for Healthcare Work Related to the COVID19 Pandemic:

F

E

A

R

Repeat Stress from Hierarchy for Healthcare Work Related to the COVID19 Pandemic:

F

E

A

R

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Consultations 4-5: Application of FEAR Model of Coping with COVID19 Healthcare Worker Stress

REPEAT **F E A R** CONSULTATIONS 4 AND 5 USING SAME STRATEGIES AS ABOVE, BUT NEXT HIGHEST ITEM FROM HIERARCHY COLLABORATIVELY SELECTED BY HEALTHCARE WORKER AND BEHAVIORAL HEALTH CONSULTANT

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Final Session: Termination and Maintaining Gains

- Review of Progress Using Open-ended Questions
- Review of **FEAR** Model
- Identification of Areas **FEAR** can be Useful in the Future
- Ways to Counter New Healthcare Worker COVID19 Habits and Thinking Patterns Down the Road
- Grounding **FEAR** Coping Strategies in a "What's Important Approach" to Life
- Healthcare Worker Generated Self-Rewards for "Graduating"
- How to Follow-up with Consultant
- Ask for Feedback about Treatment and Final Session
- Provide Contact Methods if Consultations Needed in Future

Appendix

Checklist of Cognitive Distortions for Healthcare Worker Stress Associated with the COVID19 Pandemic[5,6]

1. Mind Reading: Thinking you know what others are thinking without any reason to do that. For example: "If I take a break, others will think I'm shirking my responsibilities and criticize me."
2. Exaggerated Concern for Others' Thoughts: Giving elevated status to what others think. For example: "If people think I'm not doing enough, I'll lose my job when this is over."
3. Catastrophizing: Believing that the future will be horrific, and you won't be able to manage it. For example: "Everyone will get sick, overwhelm my work, most will die; and I won't be able to bear the burden."
4. Discounting: Deciding what you've done is unimportant compared to others. For example: "I only worked 18 hours but look at everyone else working more than that. I never do enough."
5. Overgeneralizing: Thinking that everything is like what currently is being experienced. For example: "I know I'll get sick even though I am using all the safety precautions; I just saw that a healthcare worker got sick on the news."
6. "Shoulds": Using a framework of moral imperatives to think about the current situation. For example: "Others work around the clock, so should I."
7. Personalizing: Taking an excessive amount of responsibility or even blame. For example: "I would be selfish and put others at-risk if I take a minute to rest"
8. Blaming: Identifying yourself as the sole reason for negative outcomes. For example: "A patient was placed on a ventilator because I didn't do enough during triage. It's my fault if the patient dies."
9. Unfair Comparisons: Comparing yourself to others in a way that minimized you and exaggerates others' importance or success. For example: "My needs shouldn't count compared to the patients. The needs of survivors are much more important than my own."
10. Super Person: Exaggerating your capacities to the point of making yourself indispensable. For example: "Only I can do ….."
11. All or None Thinking: Concluding that things are only one way or the other, that there are no shades of gray. For example, "I can contribute only if I work all the time."

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[5] Developed from the list in https://www.ptsd.va.gov/covid/COVID19ManagingStressHCW032020.pdf

[6] Adapted From: Leahy, RL (2017). *Cognitive Therapy Techniques: A Practitioner's Guide, Second Edition*. New York: Guilford Press.