



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



Adapted Treatment Protocol for COVID19-Related Anxiety: A Holistic Model and Clinical Health Application of Cognitive-Behavioral Therapy to Pandemics¹

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Over-arching Rules: *Be Genuine and *Express Empathy

Emphasize Compliance with Public Health Interventions (e.g., Stay Home, Social Distancing, Frequent Handwashing, Elimination of Face Touching)

Session 1: Assessment

- Assessment of Anxiety and Depression Symptoms
 - Give the GAD-7 and PHQ-9
 - Follow-up with Open-ended Questions to Identify Unhealthy Cognitions and Behaviors Related to COVID19
 - ⇒ Categorize Cognitions in Appended Categories from Lahey (2017)
 - ⇒ Categorize Behaviors and a) Avoidant or b) Over-Compensation
 - Identify Emotional Avoidance Cognitions and Behaviors
 - ⇒ Categorize Avoidance Strategies as Producing Anxiety and/or Depression
- Assessment of Social Resources and Stressors
 - Collect information about work access (e.g., home vs. office) or either job reduction or job loss
 - ⇒ 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

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.

- ⇒ Other Work Relationships
 - Collect stress-related relationships
 - ⇒ Collect narrative of stress factors in relationship
 - ⇒ Identify underlying function of stressful relationship(s) (e.g., attention, social contact, intermittent intimacy)
- 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 Access to Healthcare, COVID19 Protective Habits and Knowledge
 - Identify Primary Care Physician
 - ⇒ Last Seen
 - ⇒ Available for telehealth

- Has 30 day or more supply of medications
- Health Habits Include
 - ⇒ Frequent Hand Washing (yes/no)
 - ⇒ Social Distancing (yes/no)
 - ⇒ Essential Travel Only (yes/no)
 - ⇒ Can Provide List of Most Relevant COVID19 Symptoms
 - Fever (yes/no)
 - Shortness of breath (yes/no)
 - Dry Cough (yes/no)
- 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 (Not Confirmed) (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)
 - Working from Home (yes/no)
 - Children not in School (yes/no)
 - Job Reduction (yes/no)
 - Job Loss (yes/no)
 - Financial Problems (yes/no)
 - Relationship Problems (yes/no)
 - Parenting Problems (yes/no; if yes consider referral for CBT of Parenting During Pandemic)
- Diagnoses (Ensure Consistent with Assessment Results)
- Motivational Interviewing
 - Asking Permission to Discuss Treatment Planning
 - Open Ended Questions about What's Most Important in Life
 - Open Ended Questions about how Treating (Anxiety/Depression) Could Help Achieving What's Most Important
 - Open Ended Questions about how Treating (Anxiety/Depression) Could Have Costs Like Initial Increase in Stress or Use of Patient's Time
 - Open Ended Questions to Express Willingness to Try Treatment for (Anxiety/Depression) 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 Change
- Review Patient's Satisfaction with Session
- Ask Patient for Any Questions
- Schedule Next Session if Yes to Treatment

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Session 2: Orientation to CBT of Anxiety during the Pandemic

- Motivational Interviewing Strategy
 - Open Ended Question about Status
 - Request Permission to Set Agenda
- **Emphasize Compliance with Public Health Interventions (e.g., Stay Home, Social Distancing, Frequent Handwashing, Elimination of Face Touching)**
- Discussion of Emotions and Emotional Avoidance
 - 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
 - What is Use of Habituation for Promoting Health-behaviors during 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 and Processing of Anxiety
- Thoughts about COVID19: Realistic and Unhealthy
 - What are Unhealthy COVID19 Thoughts in General
 - ⇒ Minimizing (Not that Big a Threat)
 - ⇒ Jumping to Conclusions (I’m not Sick Yet Because I Already Had it Probably)
 - ⇒ Discounting (The Experts are Making Up the Worst to Scare Us)
 - ⇒ Exaggeration (I Have a Super Immune System, I’m not At Risk)
 - ⇒ Catastrophizing (I Will Die if I Go to the Store Regardless of Masks and Distancing)
 - 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
 - Evidence from Earlier Success with Management of Exposure to Illness
 - Evidence from Earlier Success when Confronting Avoidance
 - Evidence from Experts About Risks and Effective Health Behaviors
 - ⇒ Alternative Actions to Avoidance or Over-Reactions
 - Healthy Actions to Manage Exposure to COVID19
 - Example: Going to Obtain Essentials Using Distancing and Masks
 - Healthy Actions to Reduce Over-Reactions
 - Example: Overcoming Toilet Paper Hoarding with Planful Buying
 - Noticing Results
 - ⇒ Taking Temperatures Daily if Possible
 - ⇒ Keeping Toilet Paper Inventory
 - ⇒ Giving Yourself Rewards for Successful Coping (e.g., Self-Praise, Social Media Post)

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

(see 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>)

- **F**eelings: Identifying COVID19-Related Discomfort and Fear Feelings
- **E**xpecting Bad Things Ideas: Noticing COVID19 Unhealthy Ideas
- **A**lternative Ideas and Steps: Coming up with Alternative Realistic Ideas and Steps that
 - ⇒ Maintain Healthy Living within Context of Personal Health-Risk Factors
 - ⇒ Cope with Triggers to Discomfort and Anxiety
- **R**esults and Self-Rewards: Noticing Effects of Healthy Behaviors and Rewarding Yourself for Changing
 - ⇒ Noticing How Coping leads to More of What Matters Most

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

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Sessions 3-5: Application of FEAR Model of Coping with COVID19 Anxiety

- Motivational Interviewing Strategy
 - Open Ended Question about Status
 - Request Permission to Set Agenda
- Create Hierarchy of 3 to 5 Discomfort and Anxiety Provoking COVID19 Factors
- **Emphasize Compliance with Public Health Interventions (e.g., Stay Home, Social Distancing, Frequent Handwashing, Elimination of Face Touching)**
- Categorize COVID Factors as Producing Avoidance or Over-reactions
- Tailor FEAR Protocol to Avoidance (Coping Through Healthy Habituation) or Moderated Behaviors (Coping Through Anxiety Tolerance when Using Moderate Behaviors)
- Select Lowest Item in Hierarchy
- 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 Trigger of Fear from Hierarchy: _____

 - ⇒ **F** _____

 - ⇒ **E** _____

 - ⇒ **A** _____

 - ⇒ **R** _____

- Assign Three Prove You Can Overcome COVID19 Experiments Using FEAR Forms

COVID19 Trigger of Fear from Hierarchy: _____

F _____

E _____

A _____

R _____

COVID19 Trigger of Fear from Hierarchy: _____

F _____

E _____

A _____

R _____

COVID19 Trigger of Fear from Hierarchy: _____

F _____

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Final Session: Termination and Maintaining Gains

- **Emphasize Compliance with Public Health Interventions (e.g., Stay Home, Social Distancing, Frequent Handwashing, Elimination of Face Touching)**
- Review of Progress Using Open-ended Questions
- Review of **FEAR** Model
- Identification of Areas **FEAR** can be Useful in the Future
- Ways to Counter Old Habits and Thinking Patterns Down the Road
- Grounding **FEAR** Coping Strategies in a “What’s Important Approach” to Life
- Patient Generated Self-Rewards for “Graduating”
- How to Follow-up with Provider
- Reminder to Follow All Guidance and Directives from Federal and State Authorities During the COVID19 Pandemic
- Ask for Feedback about Treatment and Final Session