Ongoing Resources List

Resources from today’s session and past sessions can be found in our ongoing resources list:

https://iecho.unm.edu/sites/uidaho/download.hns?i=440

Behavioral Health

• Tips for Coping with the COVID 19 Pandemic
  • Amy Walters, PhD; St. Luke’s Humphreys Diabetes Center
• Coronavirus Anxiety Workbook

Provider Self-Care

• Resources for Providers in Coping with COVID-19 Pandemic:
  • American Psychological Association Division of Health Psychology compiled by Amy Walters, PhD

Pediatric Considerations

• Coronavirus coloring book
• The Story of the Oyster and the Butterfly: The Corona Virus and Me
• COVID-19 Parent Handout, National Association of School Psychologists
## Today’s Agenda

<table>
<thead>
<tr>
<th>Time (MT)</th>
<th>Presentation</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 1:05 pm</td>
<td>Welcome, Announcements, Introductions</td>
<td>Lachelle Smith, Director, ECHO Idaho</td>
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<tr>
<td>1:05 – 1:10 pm</td>
<td>Idaho Epidemiology Curves and Public Health Updates</td>
<td>Carolyn Buxton Bridges, MD FACP</td>
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<tr>
<td>1:10 – 1:25 pm</td>
<td>Addressing Emotional Needs of Patients</td>
<td>Amy Walters, PhD</td>
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<tr>
<td>1:25 – 1:40 pm</td>
<td>Addressing Emotional Needs of Providers</td>
<td>India King, PsyD</td>
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<tr>
<td>1:40 – 1:50 pm</td>
<td>Q&amp;A</td>
<td>India King, PsyD, Amy Walters, PhD, Carolyn Buxton Bridges, MD FACP, Andrea Christopher, MD MPH, Megan Dunay, MD MPH</td>
</tr>
<tr>
<td>1:50 – 2:00 pm</td>
<td>Closing, Announcements, Call to Action</td>
<td>Megan Dunay, MD MPH, Lachelle Smith, Director, ECHO Idaho</td>
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</tbody>
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Behavioral Health in the Time of COVID-19: Patients and Providers

May 1, 2020

India King, PsyD
Amy Walters, PhD
Carolyn Buxton Bridges, MD FACP
Andrea Christopher, MD MPH
Megan Dunay, MD MPH
Idaho Epidemiology Curves and Public Health Updates

Carolyn Buxton Bridges, MD, FACP
Governor’s Coronavirus Working Group, Former CDC Public Health Physician and Researcher
Case Counts and SARS-CoV-2 PCR Testing in Idaho

Lab Confirmed COVID-19-related Deaths in Idaho by Age-Group

- Lab-confirmed and probable cases: 2,015
- Deaths: 63 (3.1%)
- At least 178 (8.8%) hospitalized
- At least 75 (3.7%) ICU, ~42% of hospitalized in ICU
- At least 254 (12.6%) HCP
- Number of people tested: 29,070

https://coronavirus.idaho.gov
Rebound Idaho Criteria, April 23, 2020

• Epi/capacity criteria required to move to next stage –
See website for details

  • Epidemiology data examples
    • Downward trend or <20/day on average over 14 days lab confirmed COVID-19 cases
    • Downward trend or <20/day on average over 14 days ED visits for suspected COVID-19 cases

  • Patient care and healthcare worker
    • No crisis standard of care required
    • At least 50 available (unused) ventilators, 50 ICU beds, and available 10-day supply of N95 masks, surgical masks, face shields, gowns, and gloves
    • Robust testing program for at-risk healthcare workers
COVID-19 Cases by Date of Onset and Emergency Department Visits for COVID-like Illness, Idaho

https://coronavirus.idaho.gov
Updated Testing Guidance from CDC – HCP Return to Work

Exclusion extended from 7 to at least 10 days since symptoms first appeared.

**Symptomatic HCP with suspected or confirmed COVID-19:**

- *Symptom-based strategy.* Exclude from work until:
  - At least 3 days (72 hours) have passed *since* resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); *and,*
  - At least 10 days have passed *since symptoms first appeared*

- *Test-based strategy.* Exclude from work until:
  - Resolution of fever without the use of fever-reducing medications and
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
  - PCR negative from at least two consecutive NP swabs ≥24 hours apart

**HCP with laboratory-confirmed COVID-19 with no symptoms:**

- *Time-based strategy.* Exclude from work until:
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If symptoms develop, follow strategy above.

- *Test-based strategy.* Exclude from work until:
  - PCR negative from at least two consecutive NP swabs ≥24 hours apart

Reminder: detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Updated Testing Guidance from CDC – Testing Priorities

Major change – now includes some persons with no symptoms

PRIORITIES FOR COVID-19 TESTING *(Nucleic Acid or Antigen)*

• **High Priority**
  • Hospitalized patients
  • Healthcare facility workers, workers in congregate living settings, and first responders *with* symptoms
  • Residents in LTCF or other congregate living settings, including prisons and shelters, *with* symptoms
  • Persons identified through public health cluster and selected contact investigations

• **Priority**
  • Persons *with* symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
  • Persons *without* symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

In 2018, the U.S. suicide rate was 14.2 per 100,000 standard population, with rates varying by state. The five states with the highest age-adjusted suicide rates were Wyoming (25.2), New Mexico (25.0), Montana (24.9), Alaska (24.6), and Idaho (23.9). The five jurisdictions with the lowest suicide rates were the District of Columbia (7.5), New Jersey (8.3), New York (8.3), Rhode Island (9.5), and Massachusetts (9.9).
Addressing Emotional Needs of Patients

Amy Walters, PhD
Health Psychologist and Director of Behavioral Health Services, St. Luke’s Humphrey’s Diabetes Center
Challenging Times Full of Change and Uncertainty

Mind interprets situation as threat - responds with nervous system activation

• We are experiencing a *normal* response to an *abnormal* event
  • Normalize reactions
    • Avoid pathologizing symptoms
  • Build coping skills
  • Connect to resources

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ECHO IDAHO
# Signs of Normal Distress Response

<table>
<thead>
<tr>
<th>Physical: Tired, exhausted, poor sleep, nightmares, appetite problems</th>
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</thead>
<tbody>
<tr>
<td>Cognitive: Ruminating, poor attention/concentration, confusion, forgetful, “what if?”</td>
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<tr>
<td>Behavioral: Decreased libido, socially withdrawn, avoiding talking about the stressor, drug and alcohol use</td>
</tr>
<tr>
<td>Emotional: Irritability, easily frustrated, fear of losing control/attempts to maintain control</td>
</tr>
<tr>
<td>Spiritual: Questioning belief, hyper-religious, lack of trust, feeling abandoned by beliefs</td>
</tr>
</tbody>
</table>

Frequency and duration dissipate over time - resurgence of symptoms is normal
Clinical Observations: Reactions to the pandemic

Uncertainty, disruption to routine – worry & grief/loss

3 areas impact: social, psychological, economic
- anxiety, irritability, anger and depression
- insomnia and sleep disturbance
- family conflict
- loneliness/isolation
- fatigue
- poor health behaviors (reduced activity, emotional eating)
Psychology of COVID Survivors: British Psychological Society 4/20

Psychological aspects of recovery include:
• Anxiety
• Low mood
• Fear of further illness and hyper-vigilance to bodily symptoms
• Nightmares or flashbacks
• Poor sleep
• Impaired memory functioning
• Effects on attention, mental processing speed and executive function
• Fear of stigma and impact of social isolation
Build Resilience

Research suggests those that possess this quality fare better during times of adversity and threat

• Adaptability
• Optimism
• Psychological Flexibility
Support Health Coping

- Media exposure: small doses, reliable sources
- Create routine & schedule
- Practice daily movement
- Maintain social connections
- Plan simple pleasures daily
- Practice daily relaxation and self-soothing activities
- Avoid catastrophic, obsessive or ruminating thoughts
- Practice Mindfulness

- Discuss concerns, practice active listening
- Practice psychological flexibility
- Engage in creative expression
- Let go of perfection
- Have family conversations about expectations
- Build hope and optimism
- Take time for activities you seldom have time to do
- Connect with your values
Addressing Emotional Needs of Providers

India King, PsyD
Clinical Psychologist and Associate Director of Behavioral Sciences, FMRI Nampa
Health Care Providers: What we know

2003 SARS Outbreak

• Increased burnout
  – (30% v 19%)
• Increased alcohol & tobacco use
  – (21% v. 8%)
• Not clearly related to increased mental health diagnosis
• Rest/sleep might be biggest impacted area

Initial COVID-19 Reports

• Physical needs first
• Tools to manage emotional distress in colleagues & patients

(Maunder et al., 2003 & Maunder et al., 2008)

(Chen et al., 2020)
Health Care Providers: Organizational Strategies

- Internal Support Process
  - Leverage existing support networks
- Support access to physical needs
- Clear, direct, organized communication strategies
  - Central information access point
- Provide space for staff to share feedback & organizational change

(BPS, March 2020)

Health Care Providers: Peer to Peer Strategies

- Awareness of available resources
- Support interpersonal connections
- Reflections versus problem-solving
- Challenge guilt and shame: a note on moral injury

(BPS, 2020 & Brymer et al., 2006)

https://nam.edu/expressclinicianwellbeing/#/artwork/24
“In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations.”

It sounds like you are being really hard on yourself about what happened.

It sounds like it is easier to see different options now that you are outside of the situation.

It seems like you feel that you could have done more.

How could you look at the situation that would be less upsetting and more helpful?

https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp
Health Care Providers: Personal Strategies

**Behavioral**
- Sleep
- Reliance on substances
- Exercise
- Schedule breaks
- Relaxation
- Eat & hydrate

**Interpersonal**
- Connect with colleagues & support system
- Mission versus person-driven

**Cognitive**
- Challenge “should” and guilt statements
- Mindfulness

**Spiritual**
- Values connection
- Engagement in spiritual practice

**Emotional**
- Self-compassion
- Shared emotional reality
Key Points

• These are unprecedented times – normal response to abnormal situation

• Patients and providers will experience distress
  – Normalize
  – Build resilience and coping skills
  – Connect to resources
https://www.adamedicalsociety.org/pvp-therapists

Ada/Elmore county licensed physicians, PA, NP – up to three appts no cost

OR

All currently licensed physician, PAs, NP in Idaho who are an IMA members

Magellan Healthcare COVID-19 Response

To address the mental health and emotional well-being concerns of our nation’s first responders and healthcare workers, Magellan Healthcare has opened a hotline that will be answered by our certified, licensed mental health clinicians.

Call 1-800-327-7451 (TTY 711) if you need to talk.
References

APA
https://www.apa.org/practice/programs/dmhi/research-information/pandemics

FACE COVID ACT https://www.youtube.com/watch?v=BmvNCdpHUYM [youtube.com]

Murphy, D (et al) (2020). Meeting the psychological needs of people recovering from severe Covid-19; British Psychological Society; 16.04.2020

National Academy of Medicine


Highfield et al. (March, 2020). The psychological needs of healthcare staff as a result of the Coronavirus pandemic. Guidance from the British Psychological Society Covid 19 Staff Welbeing Group.

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Q&A

India King, PsyD, Clinical Psychologist, FMRI Nampa
Amy Walters, PhD, Health Psychologist, St. Luke’s Humphrey’s Diabetes Center
Carolyn Buxton Bridges, MD Retired CDC, Governor’s Coronavirus Workgroup
Andrea Christopher, MD MPH, Internist, Boise VA
Megan Dunay, MD MPH, Geriatrician, Boise VA
COVID-19 ECHO More to come...

**Tuesday, May 5: Noon to 1 p.m. MST**
- **Moving Forward, Moving Targets: Recovery and Rebound**
  - How do we plan for recovery and rebound in our practices and healthcare systems?
  - What does this mean for patient care?
  - Where do we find relevant information to inform our clinical decision-making?

**Wednesday, May 6: Noon to 1 p.m. MST**
- **Facing a Pandemic: Practical Steps Using the Principles of Acceptance and Commitment Therapy (ACT)** by Jeremy Stockett, LCSW St. Luke’s Psych Wellness
  *(ECHO Idaho: Behavioral Health in Primary Care Series)*

- **COVID-19 ECHO Sessions Tuesdays only**