



# Following the Psychosocial Footprint of Pandemic: Longer term Implications for All of Us

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A close-up photograph of a hand holding a wooden stamp. The stamp is rectangular and has the word "Disclaimer" printed on it in a bold, black, sans-serif font. The hand is positioned as if about to use the stamp. The background is blurred, showing what appears to be a laptop keyboard.

# Disclaimers

- ▶ The views expressed in this presentation are strictly those of the presenter and do not reflect any official positions of the California Department of Developmental Services
- ▶ The story about the “psychosocial footprints” of COVID is still being written. Today’s presentation is based upon the current relevant literature and public discussion and represents current thinking which may be amended over time...

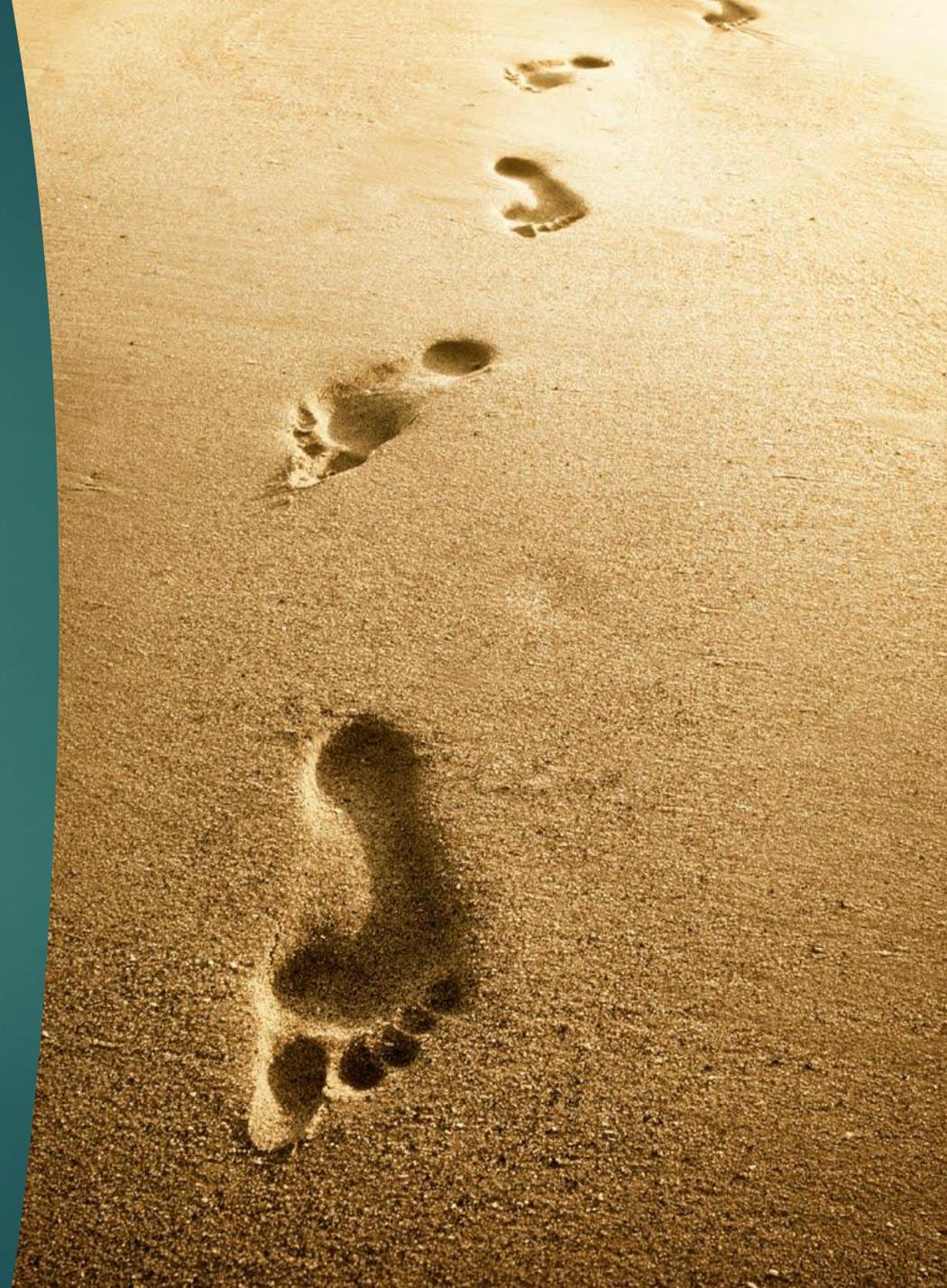


# Learning Objectives

- ▶ Identify the psychosocial consequences of the COVID pandemic
- ▶ Review the hallmark signs and symptoms of COVID Stress Syndrome (CSS)
- ▶ Apply what we have learned to strengthen and adapt psychosocial interventions and supports on an individual and community-wide level

# What are the psychosocial footprints of pandemic?

- ▶ We have focused on the medical and economic consequences of COVID-19, but paid less attention to the psychological and social aftermath of the pandemic
- ▶ How will our experience with COVID-19 impact us psychologically as individuals and within our families?
- ▶ What will the longer-term impact of COVID be on our communities? Will we resume pre-COVID activities, or can we expect a “new normal”?
- ▶ How and when will we return to large gatherings?
- ▶ Will there be a long-lasting impact upon the way we work, learn, recreate and socialize
- ▶ What are the implications for supporting individuals with intellectual and developmental disabilities?
- ▶ We may find that the psychological and social effects of this pandemic may linger long after COVID-19 is contained

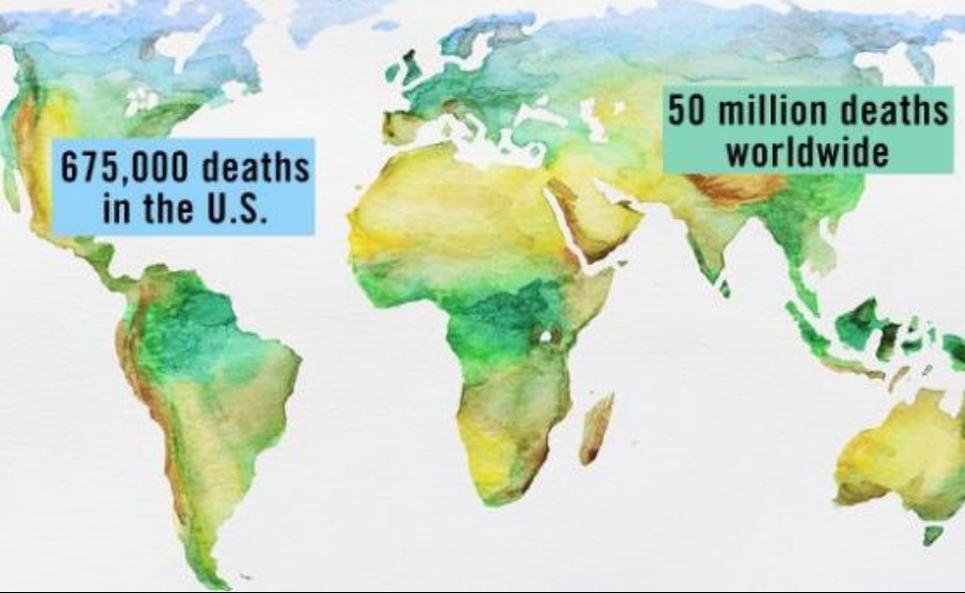


# Psychological Footprint of Pandemic

- ▶ We know that up to 25% of general Chinese population experienced moderate to severe anxiety related to COVID
- ▶ The psychological footprint of COVID is likely to include a surge in clinical cases of anxiety, depression and traumatic response
- ▶ Clinicians have expressed concerns about increases in suicidal behaviors, substance use and domestic violence which may be linked to the pandemic
- ▶ There has been a proposal for a new pandemic-related mental health diagnosis: COVID STRESS SYNDROME (CSS)



# 1918 Spanish flu



**SPANISH FLU**  
HOW NEW MEXICO DEALT WITH OUTBREAK

**CORONAVIRUS**  
IMPACT

## Lessons from the Spanish Flu

- ▶ Impetus for public health and the emergence of the field of epidemiology.
- ▶ Spurred recognition of the need to report and share data on infectious disease
- ▶ Prompted a focus on health behaviors (individual basis) and public health risk communications including mitigation strategies (community basis)
- ▶ Dawning realization that personal biology may determine response to infection once infected, but social factors influence the risk, detection and timely response to infection

# Effects of the Spanish Flu H1N1 virus

- ▶ There were proximal (short-term) and distal (long-term) effects of the H1N1 virus
- ▶ Anecdotal reports of lingering effects until the early 1930's
- ▶ Risk communications and risk mitigation same as used for COVID-19
- ▶ However, people did not look back once the pandemic ended
- ▶ Beginning of public health and epidemiology
- ▶ UC Davis study found that those born in 1919 during height of the Spanish flu had increased medical and psychological risk evident after cohort turned 60





## The individual or personal level...health behaviors

- ▶ Health behaviors are what we do daily to keep safe
- ▶ How do we incorporate mitigation strategies into our routines?
- ▶ What is the personal response to health risk communications?
- ▶ Health behaviors are influenced by individual psychological factors and by the behaviors of our valued social groups

# Anxiety Drives Health Behaviors

## Anxiety can drive response to virus

- ❖ People with too little anxiety are not likely to follow safety precautions or get vaccines
- ❖ People with too much anxiety are likely to over-react. They may engage in panic buying, go to the hospital when not necessary or misinterpret minor symptoms as indicative of serious ailment
- ❖ Alternatively, overly anxious individuals may minimize, dismiss or avoid reminders of health threat
- ❖ The very sight of others wearing masks can increase anxiety for some for whom facial covering serve as a reminder of health threat
- ❖ When anxious, people tend to be myopic; they do not take the longer view, anticipate longer term consequences or learn from the past

# Vaccine Hesitancy and Refusal

- ▶ **Vaccine hesitancy** refers to delay in getting immunized despite the availability of a safe and effective vaccine. This delay can cause unnecessary illness or death
- ▶ **Vaccine hesitancy** is a global phenomenon and was cited by the World Health Organization as among the top 10 global health threats



# Monitoring versus Blunting- ways of processing health information

*In times of increased health anxiety, people **tend** to have two main ways of processing information about health risks:*

- ▶ Risk *monitors* tend to be vigilant and respond to fear evoking messages
- ▶ Risk *blunters* tend to minimize risk messaging and are more likely to engage in avoidance behaviors
- ▶ Given these different information processing styles, we may need to circulate different types of health risk communications tailored to different ways in which people process health risk information
- ▶ For the people whom we support, it may mean that we target communications to their families and support staff

# COVID- related stress is an individual, a family and a community affair



# COVID Stress Syndrome

► **Five factors have been associated with CSS:**

- 1) Fear of contamination
- 2) Fear of the economic consequences of COVID
- 3) COVID Xenophobia
- 4) COVID compulsive checking and reassurance seeking
- 5) Traumatic responses (nightmares and intrusive thoughts)

Taylor, S. et al. *Development and initial validation of the COVID Stress Scales* , Journal of Anxiety disorders 72 (2020) 102232

# Loneliness is a health risk

- ▶ Loneliness is a physical and mental health risk.
- ▶ Social isolation is viewed as a risk factor for premature death on the order of cigarette smoking, physical inactivity and obesity
- ▶ Without social connection and meaningful activity cognitive and functional status may decline
- ▶ Loneliness and isolation can have serious health consequences.
- ▶ Research has shown that people who feel lonely or isolated are at increased risk for developing coronary artery disease, stroke, depression, high blood pressure, declining thinking skills, an inability to perform daily living tasks, or an early death.



# Efforts to protect, may have unintended negative consequence...

- ▶ In our efforts to protect individuals with disabilities, seen as more vulnerable to COVID-19, we may inadvertently deprive them of the basis of psychological wellbeing- ***social connection***
- ▶ ***Social networks*** were disrupted with suspension of family visits, lessened access to the community and lessened access into the community for social activity
- ▶ ***Routine care*** was disrupted because familiar and favored staff were not available to work directly with the person served
- ▶ ***Family traditions***-- the usual ways in which we celebrate and grieve-- were impacted: holidays, birthdays, anniversaries, graduations, funerals



# COVID Stressors and mental health needs

- ▶ **Our consumers are at higher risk for social isolation.** We became more intentional in providing support to clients in establishing phone schedules, Skype visits, exchanging messages and developing opportunities for socially distant safe visiting so the dangers of social disconnection and isolation were reduced.
- ▶ **Many individuals with IDD had difficulty filtering out anxiety-provoking information regarding COVID** on the news and social media. Make sure that information about the pandemic is accurate (from reliable sources) and is pitched at a level of the individual's comprehension
- ▶ **Many individuals did not have access to mental health treatment or their usual coping resources** We need to make sure that individuals had alternative ways of expressing themselves. We identified available resource to cope with increased anxiety and depression and monitor for signs and symptoms of distress, including behavioral and mood changes.

# COVID- related stress is a family and a community affair



# Family Stress and COVID: Lessons Learned from Wuhan

- ▶ Clinicians in the Wuhan clinic provided practical, information about COVID and related safety practice as well as information regarding how to teach children at home and address behaviors that might interfere with learning.
- ▶ Clinicians provided families with online opportunities for group practice and role modeling regarding wearing face masks and handwashing
- ▶ In the Wuhan study, children on the autism spectrum as young as two years old were able to learn how to adhere to safety practices based on this intentional instruction.

# Families with a child on the autism spectrum (in Wuhan, China)

- ▶ **Esteem building**
- ✓ Dr. Li and her staff were intentional in promoting a positive attitude among families that they (the families) could do something to help their child on the spectrum and their entire family during the pandemic
- ✓ The clinic staff drew direct and explicit equivalences, in their communications with families, among feeling safe, feeling supported and being happy
- ✓ The professionals used such phrases as “Safety is Happiness” and encouraged families to use affirmation such as “I am safe”. If the families did not express that they felt safe, staff worked on reviewing safety practices including offering group practice, role play and behavioral rehearsal

# Coping with Stress- a family affair

- ▶ Provide families with strategies for dealing with stigma
- ▶ Provide families with guidance on managing the stress involved in disruption to routine and assumption of new roles within the family
- ▶ Provide strategies that strengthen coping and build resilience
- ▶ Provide families with psychoeducational material on grief, anxiety, depression, and anger management
- ▶ When stress leads to significant clinical anxiety or depression, there are psychotherapeutic approaches, such as CBT, that may be helpful on an individual or family basis

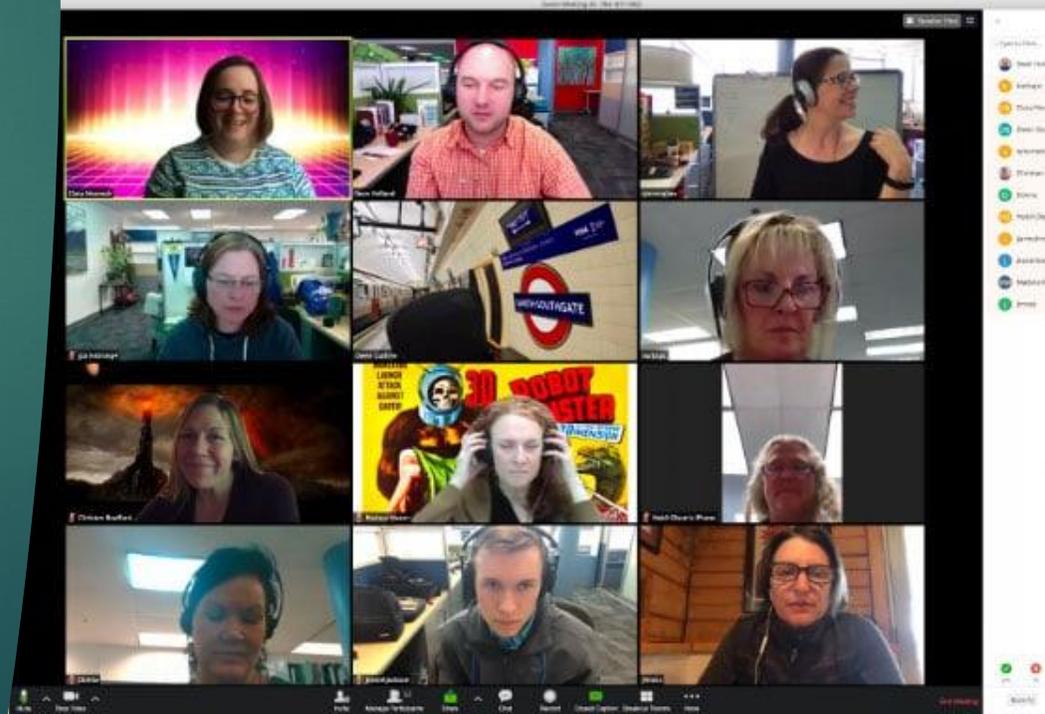


## Lessons drawn from where we are right now ...

- ▶ What can we glean from our experience to help us in the future regarding the psychological and social health of the individual consumer, families, support professionals?
- ▶ What can we do to help communities?
- ▶ How do we deliver responsive and effective mental health services?

# Some of the positive lessons learned

- ▶ We need to study and track the proximal (short-term) and distal (long-term) effects of COVID-19 for medical, social and psychological sequelae
- ▶ We can adapt to changes in routine and programming by being creative and pulling upon technology and pooled resources
- ▶ We have learned about hybrid models of mental health service delivery (using Zoom and in-person supports) which may be carried into future service delivery and design
- ▶ We can use technology to assist in instruction and social connection



# Providing Good Care while Promoting Independence and Self-determination...

## Two countervailing values in our culture:

- ▶ We care for the vulnerable by protecting and safeguarding them against harm
- ▶ We promote independence and self-determination and value autonomy
- ▶ How do we find the balance between both important values?



# Addressing COVID related health anxiety

- ▶ Identify individuals who are most at risk because of existing mental health problems or prone to develop COVID related mental health problems
  - ❖ Screen for anxiety and depression
  - ❖ Increase supports
  - ❖ Closely monitor
- ▶ Help people cultivate a sense of agency or control with regards to health actions and behaviors
  - ❖ Emphasize alignment between individual and community public health goals: when you keep yourself safe, you keep your family and community safe



# Individual and Community Response to Pandemic

- ▶ Managing infectious disease requires both individual and community response
- ▶ We learned that wearing a mask, keeping socially distant, washing hands, and getting vaccinated were among the things we could do as individuals to stay safe and to keep our family members, neighbors and friends safe
- ▶ We need to align our values for individual and public health

**COMMUNITY ACTION RESPONSE: COVID-19**  
5 things you can do to make a positive difference in your community

-  Think of others, consider your actions & be kind
-  Connect and reach out to your neighbours
-  Make the most of local online groups
-  Support vulnerable or isolated people
-  Share accurate information and advice

Logos: eden project COMMUNITIES, COMMUNITY FUND, NEIGHBOURHOOD WATCH, Campaign to End Loneliness CONNECTIONS IN OLDER AGE, Nextdoor

- 
- ▶ *Human connection is paramount. Especially when experiencing mental health challenges. When we're locked down, isolated, distanced physically - even a phone call can change someone's day or their perspective. Of course, seeing people in-person for mental health/behavioral treatment still reigns supreme but when faced with a beast like COVID, we must be flexible in whatever ways are still available to us. A phone call, a video session, a masked and distanced "walk and talk", dropping off materials and waving from your car - showing you are still there, you still care, can go a long way.*
  - ▶ *In general, being flexible, creative, thinking outside the box, using hybrid models, and treating each case or person as a unique individual and offering all of the aforementioned flexible options is something we should carry forward with us.*

***Karen C. Kaspern, MA, LPC***

Clinical Supervisor, CARES - Northern Region

- ▶ **Crisis Assessment Response & Enhanced Services**
- ▶ **Trinitas Regional Medical Center**

# Health Risk Communications

- ▶ The purpose of health communication is to provide information to the public so that they can make well-informed decisions and take safety precautions
- ▶ Strike a balance between overemphasizing dangers and minimizing *bona fide* health risks
- ▶ Messaging must be accessible to consumers
- ▶ Want to motivate people to act but do not want to evoke fear which may decrease compliance with safe health practices
- ▶ Effective health risk communication involves relaying legitimate risks, educating people about what they can do to protect themselves about those risks, sharing any limitations associated with taking health precautions, and indicating what to expect if they do or do not act



# The Story of 4-year-old Evelyn, and her plan to combat COVID

- ▶ Young children can learn how to follow safety practices and accept vaccination
- ▶ My 4-year-old granddaughter informed me that when a shot is out, she is going to take it because she wants to give a “Pow- Pow” to kill the germ
- ▶ Messaging can be developed to meet all levels of health literacy



# What can we do to counteract loneliness and isolation?

- **Provide opportunities for consumers to connect meaningfully** with family and friends in a way that works best for them: whether by phone, via video chat, or even by talking with your neighbors across the fence or in a park.
- **Help consumers focus on what they can change and control.** Spending time dwelling on one's current situation can perpetuate loneliness; rather, focus attention on something within your control and work at it.
- **Develop a routine that provides balance and familiarity.** Create a daily plan that includes physical activity, time for connecting with loved ones, a project or hobby, and a relaxing pleasure.



## The story of Max the COVID Cockatiel...

►...not all meaningful connection  
is to another person...

# Social Media and COVID

- ▶ Social media should not be the basis of health information. A surprisingly large percentage of individuals get their news from social media
- ▶ Social media may include rumor messaging, fear spreading which may make it difficult for consumers to distinguish from fact and accurate information
- ▶ Misleading info, once posted in social media, may not be corrected
- ▶ Antidote: Encourage people to seek out authoritative, reliable information, Provide the name and link to trusted sources of health information

# Utilize social narrative

- Disseminate stories of people who have been successfully vaccinated and engage in health safety behaviors
- Show local leaders, celebrities and trusted staff who role model safe health practices
- Focus on individuals who are vaccine hesitant. Since they outnumber those who are vaccine refusers, it may be possible to counsel, dialogue and move them from an “on-the-fence” position towards vaccine acceptance
- Develop health communications that emphasize the benefits of vaccination without overemphasizing the risks of vaccine hesitance or refusal
- <https://www.ourcovid19stories.org/>

# Trainings, and Coping Skills Development



- ▶ Train staff and families to recognize signs of loneliness, heightened anxiety and depression
- ▶ Train staff and families in strategies to increase communication and social connection among consumers
- ▶ Raise awareness regarding the diversity among the population of persons served and appreciation of individual differences that may influence response to COVID-19
- ▶ Incorporate mindfulness and stress management and coping techniques into daily positive routine
- ▶ Utilize strategies from such approaches as ACT and CBT which can increase psychological and cognitive flexibility
- ▶ Stay tuned for the online publication of the *An Enhanced Family Crisis Handbook: A Behavioral Health and Wellness Toolkit*

# Take Home Messages

- ▶ We can track the longer-term psychological and mental health consequences of COVID by tracking those consumers who had COVID
- ▶ We can find hybrid models for mental health services and program delivery
- ▶ We can identify consumers, their families and staff who are most at risk for COVID related stress and target such individuals for screening, interventions and support
- ▶ We can improve screening and treatment of pandemic related anxiety and emotional distress as apart of care for infectious disease
- ▶ We can find ways to increase and maintain adherence to safety practices in the months ahead
- ▶ We can find ways to tailor health risk communications in ways that speak to the separate concerns of different people
- ▶ Direct individuals to reliable and accurate sources of health information
- ▶ We can learn to address vaccine hesitancy among consumers, their families and staff



# Thank you!



- ▶ The presenter would like to thank members of the Trinitas CARES supervisory team. We gathered for a focus group reviewing their experiences providing crisis response and mental health follow along during COVID:
- ▶ Bonny Uchenna Life, Program Director
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- ▶ Suzann Abady
- ▶ Karen Kaspern
- ▶ Ke’Nesha Jones
- ▶ Leigh Seeley

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# Questions?

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