

# Resource Material:

*Online Training of Psychologists  
for providing brief and basic telephonic  
psychological support in the context of COVID19*



Department of Clinical Psychology  
National Institute of Mental Health and Neuro Sciences

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**National Institute of Mental Health and Neuro Sciences**

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## **Background to the training program**

The challenges related to COVID-19 can understandably result in heightened experience of stress and distress. This is due to multiple factors such as high sense of uncertainty about future in multiple life-domains, loss of familiar structure and routine, feelings of isolation, reduced sense of control over one's life situation, to name a few.

Maintenance of wellbeing and alleviation of distress in this scenario can be enhanced by easy access to basic psychological support provided by family and friends as well as professionals. Several helplines have emerged to cater to this need in various sections of the population and psychologists are volunteering/ enrolling themselves as support providers through these helplines. In the above backdrop, there is an urgent need for a short training program to sensitize and strengthen skills of psychologists to offer basic psychological support to those in need, through telephone, in the COVID-19 pandemic context.

### **About the training program**

The Department of Clinical Psychology, NIMHANS, Bengaluru has initiated a brief online training program for Postgraduates in Psychology for providing brief telephonic psychological support in the context of COVID-19 pandemic. This is being organized under the umbrella of NIMHANS Digital Academy.

The training program was offered to persons with MA/MSc degree in Psychology. The program was carried out over 4 sessions over 2 weeks in the month of April 2020.

### **Duration and Format**

The online training program is of 1.5 hour duration conducted by faculty of Clinical Psychology, with the last half hour dedicated to Q and A and interactions with the resource persons of the training program, faculty associated with tele helpline of NIMANS and the PhD scholars who have been volunteers of the NIMHANS helpline and responded to callers in the last few days.

## **Acknowledgments**

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## **Module - 1 Quick connect and exploring the psychological needs and distress of a caller in the context of COVID-19**

**Dr. Devvarta Kumar**  
**Professor of Clinical Psychology**  
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COVID-19 has created a state of crisis for many. It could be due to the direct effects of the pandemic (such as threat to survival) or its indirect effects (such as job loss). The severe distress caused by a pandemic can result in low mood, extreme frustrations, anxiety, panic, anger, and so on. Likewise, it may also affect the individual's self-concept and self-esteem (Jakuber, 2018).

Due to the distress, many people would like to seek advice/ talk to a mental health support professional through the tele-counselling services. The tele-counselling, in view of the number of potential callers requiring these services, is likely to be very brief and, therefore, it is imperative for the mental health professionals to connect to the individual in a short span of time and explore the psychological needs of the caller. While doing this, one should keep the following things in mind:

- Start the conversation with greeting the caller and introducing yourself. Ask gently “how may I help you”
- Talk with the person in a manner that communicates empathy. For example, “I understand that in this time of crisis, you feel.....” can comfort the individual.
- Try to ascertain the caller's mental state; for example, is she or he anxious/ angry/ irritable/ sad/ hopeless and if ‘yes’ (the presence of any of the emotion) then what is the probable level? Is the given emotion marked (for example, the person is continuously crying while talking about the loss in earning that s/he is anticipating due to COVID) or there is presence of a given emotion; however, it is not marked (e.g., the person talks about the anticipated loss; however, is not highly distressed).
- Ensure that the individual (the caller) gets sufficient opportunity to express himself/ herself. Thus, one must avoid inferring the psychological needs of the individual prematurely. In the context of COVID, the caller might have been:
  - Desiring to have more objective information about the disease,
  - Seeking guidance about how to deal with certain issues (e.g., the issues with children)
  - Wanting help about his own psychological issues (e.g., anxiety, anger etc.).

Listening carefully and paraphrasing the concerns will make the person feel that he has been understood. Also, it will help the mental health professional to conceptualize the needs of the caller objectively and accordingly decide the line of her/his counselling.

- Anything which could be indicative of being judgmental or disapproving must be avoided.
- It is important that the mental health professional, while gauging the distress of the caller, is not in haste to give advice. Sometimes, the person may feel relieved just by



ventilating her/ his distress to someone who is ready to listen and is not judgemental. Do not be in hurry in giving suggestions (such as suggesting the caller to use positive coping strategies, avoiding too much of information, involving in routine physical exercises, and so on) as the caller may have awareness of all these strategies and her/ his concerns are different.

- It is also important that the individual's feelings and emotions arising out of concerns related to COVID is validated and just not be negated as exaggerated concerns or unfounded anxieties. Even if the mental health professional feels that some of the concerns are exaggerated, first let the person express it clearly and then s/he can be explained how some of the concerns could be exaggerated and why it is important to have realistic evaluation of the situation.
- Do not trivialize person's concerns. Remember what may look quite trivial to one person could be highly significant for someone else.

### **Suggested reading**

Jakubec, S.L. (2018). Crisis and Disaster. In Halter, M., Pollard, C., Jakubec, S.L. (Eds). Varcarolis's Canadian Psychiatric Mental Health Nursing: A Clinical Approach, Second Canadian Edition. Toronto: Elsevier  
[https://journals.lww.com/nursing/Fulltext/2002/03000/Supporting\\_someone\\_in\\_distress.75.aspx](https://journals.lww.com/nursing/Fulltext/2002/03000/Supporting_someone_in_distress.75.aspx)

**Module - 2****Addressing anxiety and distress and referral escalation for high Psychological Distress in the context of COVID-19**

**Dr. M. Manjula**  
 Professor of Clinical Psychology  
 NIMHANS

COVID-19 is a public health emergency. Stress is a normal response to any emergency situation. An emergency situation brings in lot of uncertainty and sudden changes in the day to day functioning which is true in the current scenario as well.

**Manifestation of stress/distress in the context of COVID-19**

Stress manifests itself through a number of symptoms and these symptoms can be individual specific. It means that each individual respond to stress through specific set of symptoms. The common symptoms seen across people during COVID-19 related crisis are as summarized below:

**Physical:** Chest tightness, breathing difficulty, palpitations, digestive symptoms; muscle tension, headaches, body aches and pains; difficulty in sleeping - Changes in sleep patterns, feeling tired.

**Psychological:** Restlessness and an inability to relax; anxiety, panic, sadness, irritability, anger, boredom, loneliness.

**Cognitive:** Difficulty to concentrate; forgetfulness, negative thoughts - worries and fears, hopelessness.

**Behavioural:** Increased use of alcohol, tobacco or drugs, isolating, withdrawing; spending time of social media, internet gaming.

**Manifestation of anxiety and worries of COVID -19**

Experience of anxiety is a part of stress response. Anxiety may be experienced due to various issues related to COVID-19. Anxiety and worries can range from being mild and transient to becoming severe and disruptive. In addition to physical symptoms one may experience the following symptoms:

- Vigilant to threat – checking for symptoms, COVID-19 related news etc.
- Thoughts related to threat/danger – exaggerate mild symptoms, think of adverse/negative consequences –for e.g. contracting Corona, losing people etc.
- Worry- ‘What if I contract the virus when I go out, and spread it to my family’? ‘What if I lose Job’? ‘What if I get bad marks’?
- Anxieties - about one’s own health, health of loved ones, getting medical help, fear if they get infected, reaching home, basic facilities (food, shelter etc.).
- If they are under quarantine/isolation – stigma, fear of testing positive, anxiety about getting cured etc.

- Uncertainties related to job, career, education, or business.
- Managing work (both house hold and work) if working from home.

### **Addressing anxiety /worries**

- Validate the anxiety, anger or any other emotion – listen to them say that it is okay to feel that way, facilitate acceptance, make them understand the temporary nature of the problems.
- General information on necessary facilities that are available (food, medicines, medical help, police, help lines) can help reduce anxiety – provide information from authentic sources (MoHFW, WHO, NCDC). Ask them to read information from authentic sources
- Identify triggers – check when do they get anxious/worried for e.g. when sitting alone, attaching news, experience minor symptoms, not having clear answers to their questions etc.
- Limit watching news - it is also advisable that one should balance anxiety inducing news with uplifting news which talks about how many people get cured and availability of treatment facilities, and what is the experience of people who were quarantined and then got cured.
- Appreciate healthy coping methods, identify maladaptive coping (use of substances, spending time on internet, being alone etc.)
- Help them adopt healthy coping - contacting friends/ family, seeking support, resuming hobbies, healthy daily routines.
- Maintain regular routines – healthy routines can help in maintaining both physical and mental health for e.g. eating, sleeping, hobbies, social interactions, exercise etc. with adequate breaks.
- Problem solving – tips to solve immediate problems by exploring various options to solve a specific problem.
- Taking practical precautions and going ahead with routine tasks (going out to buy things, interacting with people etc). Things should not come to halt because of the crisis.
- Use anxiety reduction techniques – brief relaxation methods such as deep breathing, mindfulness meditation, brief muscular relaxation methods can help in reducing anxiety symptoms.
- Instructions for abdominal (belly) breathing: Practice for 5-10 minutes. Inhale gently, lightly and slowly count to four, expanding your belly as you do so; Hold that breath for a count of two; Slowly exhale through your mouth for a count of six.

### **Methods to address unhelpful thoughts**

- Think technique – check if your thoughts are true? Helpful? Inspiring? Necessary? Kind? if the thoughts are not helping you to solve the problems at hand and instead increases your worries and anxieties it is better to not give too much importance to those thoughts. See if your thoughts/worries are valid or you are asking questions which do not have clear answers for e.g. What if I lose job? What if I get corona?

- See what is under your control and what is not – do things that can be done to improve your condition.
- Focus on the task at hand and enjoy them (being mindful).
- Allow the thoughts to pass without giving importance to them – like moving traffic, clouds. Observing thoughts without being judgmental helps in reducing negative emotions and excessive preoccupation.
- Worry time- fix time for worrying and postpone till then.
- Do not try to control or suppress – trying to control thoughts paradoxically increases the intensity of worries and negative emotions. This applies to emotions as well.

### **High psychological distress**

- Many with pre-existing mental health problems/substance abuse may worsen/relapse because of stress, anxiety and uncertainty caused by the pandemic. For e.g. individuals having Obsessive Compulsive Disorder may experience an increase in symptoms such as washing, checking, reassurance seeking and so on. Similarly, people having depression may experience increase in sadness, because of isolation, not able to meet people and people with substance use disorder may have withdrawal symptoms.
- Those who are vulnerable (anxious by nature/sensitive) may also get affected.
- Ask if they are diagnosed with psychiatric problems and if there is worsening of symptoms after COVID-19
- Check if they are taking regular medications
- How are they handling their distress?

### **What to ask to determine distress?**

- Check if their daily routine is disturbed? (dysfunction caused by symptoms)
- Sleep, appetite, feeling tense/worried/sad (distress due to symptoms)
- Check what is bothering them the most?
- Identify if they are feeling anxious – through their voice, the nature of the concerns and fears.
- Identify if they are expressing hopelessness – ‘everything is over’, ‘I am doomed, there is no hope, I do not know what to do’, ‘I feel helpless’ ‘I feel like dying’
- Ask them to get back to the treating doctor (through phone, mail, helpline of the hospital)

### **Sad and lonely**

In addition to the tips provided for managing anxiety the following can help to deal with depressive symptoms.

- Stay connected with others, family members, friends - discuss happy events, common interests.
- Engage in activities that gives happiness, groom yourself, eat well.
- Be kind to yourself – reduce taking excessive responsibility for things happening around and responsibility towards people. Appreciate your efforts and and take care of yourself.

- If infected with Corona – give facts that many people get better.
- Help them to understand that this is temporary and ‘it will pass’ – help to hope positive, that helps to get better.
- Help them to identify their strengths and resources and to use them appropriately.

### **Take Home Messages**

- Stress is a normal response to any emergency situation.
- Anxiety and Worries related to COVID-19 may be because of a variety of reasons (health, uncertainty of situation, education, job, day-to-day functioning, facilities etc)
- Correct information, a healthy regular routine, relaxation methods, problem solving, accepting the situation, not giving too much importance to thoughts are helpful to handle anxiety and worries.
- Individuals with already existing mental health problems and people who are vulnerable experience high distress.
- In case of high distress refer them to appropriate referral sources/help lines for specific inputs and help.

### **References**

- <https://www.mohfw.gov.in/>
- [Good news newsletters](#)
- [Free Online Meditation Resources for Times of Social Distancing / COVID-19: https://www.theawakenetwork.com/free-online-meditation-resources-for-the-time-of-social-distancing/](#)
- [www.who.int/COVID-19](http://www.who.int/COVID-19)
- <https://thewellnesssociety.org/free-coronavirus-anxiety-workbook/>

## Module - 3 Supportive brief tele-counselling in the context of COVID-19: Do's and Don'ts

**Dr. Ravikant Pinjarkar**

Assistant Professor of Clinical Psychology  
NIMHANS

Everyone is affected by COVID-19 pandemic in some or the other way. Some are experiencing more psychological distress than others and need support and help to manage their distress. Brief supportive tele-counselling aims at reducing their distress and facilitate well-being. Counselling people with distress requires some important basic skills to be adopted. Some of them are summarised below:

### Active listening

**Situation:** You pick up the call and find that the caller is very distressed. From her speech, she appeared to be very anxious? What would you do in this situation?

1. You know that your client is in distress, but you don't have much time (only 15 -20 min), as you also have to attend other calls. As you have understood her concerns, you want to quickly ask questions to explore other issues so that you can address her problems. (*Inappropriate response*).
2. You allow the client express her distress, without any interruption. You listen to her actively and use encouraging words such as 'yes', 'I see' 'please continue' 'mmm'. (*Appropriate response*)

Active listening is required in the following situation. In the first response, you have interrupted caller's flow of emotions. Caller is likely to feel unheard and not being understood. Also, caller didn't get enough space to reduce her emotional distress through ventilation. Gentle interruptions are appropriate and required in later stage of session after the client has sufficiently expressed her distress.

The second response is known as 'Active listening' in which, by allowing the caller to express her distress (thoughts and feelings), you helped her reduce her emotional distress. By listening her actively you made her feel heard and understood. As she couldn't see you on phone, by using encouraging words you communicated her that you are genuinely listening to her and she can continue.

### Empathetic understanding

**Situation:** Your caller is in home quarantine and finding it difficult to cope with boredom and restricted routine. Following is the conversation between you and your client

**Caller:** “From the day I am in quarantine, I am getting angry and upset with my family members with every small thing. They are doing so much for me; how can I behave like this with them?”

**Counsellor – R1:** “That’s fine it’s just a matter of few days and you will be alright” (*Inappropriate response*)

**Counsellor – R2:** “It seems, you are struggling with quarantine and feeling frustrated. Your bad mood in turn makes you react angrily at your family members. You are feeling guilty for this behaviour towards your parents because you never expected this from yourself. Is that right?” (*Appropriate response*)

In the above situation, empathic response is required. The first response is inappropriate because the counsellor is only pacifying and not reflecting the feeling (frustration, anger, guilt) and providing reasons for underlying feelings.

In second response the counsellor is not just reflected the client’s feelings, but also the reasons for the feelings, thereby, communicating the caller that the counsellor understands the experiences (quarantine, frustration) that the he/she was going through.

You will come across callers in the hospital or in-home quarantine going through difficult emotional experiences due to isolation, uncertainty, restrictions, and loss of control. It’s important to respond to them with empathy. Empathic understanding requires you to look at callers’ experiences from their perspective and communicate to them that you acknowledge their feelings and understand the emotional experiences that they are going through, using active listening and reflection.

## **Validation**

**Situation:** Caller works in a company on temporary contract. He will not receive any salary from next month. Due to financial difficulty, he will not be able to support his family and therefore wants to go back to his hometown. However, due to lock down he can’t move.

**Caller:** “I don’t understand what to do. I am stuck here and have no more money to support my family”

**Counselling – R1:** “Don’t worry, hopefully everything will be fine in next few weeks and you will be back to your hometown” (*Inappropriate response*)

**Counsellor – R2:** “So, you are worried that if the lock down continues, without money you will be unable to support your family, and you feel helpless and frustrated for not being able to do anything due to lock down. Is that right?” (*Appropriate response*)

In this situation counsellor should validate client’s worries and helplessness as normal and valid reaction to his situation. The first response is inappropriate because the counsellor didn’t acknowledge the caller’s emotions (Invalidation). Third response is appropriate as counsellor has recognised and accepted client’s distress as normal reaction to his circumstances.

Feeling of boredom, loneliness, frustration, anger, uncertainty, anxiety, fear and worries are normal reactions to having COVID-19, getting quarantine, and lock down situation. When you find your client to be going through such circumstances, your response to the client should communicate that you acknowledge their emotional experiences as valid and normal reaction to their situation. This will enable your clients to look at their emotional distress as normal and understand that many people are going through similar experiences.

## Reflection

**Situation:** Caller is sharing her distress with you without talking about the underlying emotions. How would you respond to the client?

### Example 1:

**Caller:** “I just don’t understand how people can be so irresponsible. They should be put behind the bars”

**Counsellor – R1:** “Ya, I understand, it’s a serious situation and people should behave responsibly” (*Inappropriate response*)

**Counsellor - R2:** “You are angry that people are not serious about social distancing”. (*Appropriate response*)

In this situation it’s important that you reflect Caller emotions back to her so that she develops awareness into her emotions. The first response is inappropriate as it didn’t help client to get in touch with her emotions. Response is appropriate because counsellor has reflected client’s accurate emotions (anger) back to her.

People who are affected by COVID-19 are going through multiple emotional experiences ranging from boredom, anxiety, to frustration and anger. Reflection is important to help the callers to get in contact with their emotions so that they can develop better understanding about their inner experiences. Pay close attention to caller’s tone to recognize the emotions that he/she is experiencing when he/she is expressing his/her distress.

## Questioning

What type of questions (closed or open ended) you will ask to obtain information in your following situations?

**Situation 1:** You would like to know if your caller has thoughts of self-harm.

**Situation 2:** Caller is soon going to receive COVID-19 test results?

**Situation 3:** You want to know how caller is coping with environment in the hospital.

**Situation 1:** “You told me that you feel sad most of the day and don’t feel like talking to anyone. Do you also get any negative thoughts”? (*Inappropriate question*)

**Situation 1:** Do you sometimes feel so sad that you feel like hurting yourself or ending your life” (*Appropriate question*)



**Situation 2:** Do you think the results will be positive? (*Inappropriate question*)

**Situation 2:** What do you think about the test results? (*Appropriate question*)

**Situation 3:** Is the environment in the hospital fine? (*Inappropriate question*)

**Situation 3:** How do you find environment in the hospital? (*Appropriate question*)

In the situation 1, closed ended question is appropriate when you want factual information or want the caller to specifically answer in terms of ‘yes’ or ‘No’. However, in other situations, where you want to obtain detailed information about the caller’s thoughts, feelings, and actions, closed ended questions are inappropriate. Open ended questions are asked to develop better understanding of caller’s experiences.

In the context of COVID-19, you may have to use open ended questions to understand client’s emotional experiences associated with diagnosis of COVID-19, experience of quarantine, coping with restrictions/lock down/hospital/ environment/treatment staff, experience of discrimination, worries about future, uncertainty about present circumstances, and so on. Use closed ended questions to get factual information or when you want client to answer in ‘Yes’ or ‘No’ such as does caller have a history of psychiatric illness, is he/she on any medication, to check if he/she has serious mental health problems, and doing assessment of risk to self-harm.

### **Clarification**

**Situation:** Your caller appears to very tense. She is not able to provide the details properly and seems to be vague. What would you do? How would to respond?

**Caller:** “I am fed up of everything. I cannot take it anymore. Life has turn upside down for me.

**Counsellor – R1:** As you don’t have much time, you will use your expertise to figure out what she is trying to say (inappropriate response).

**Counsellor – R2:** “When you said you are fed up of everything what do you mean?”

In this situation, counsellor is not able to understand the main problem because the Caller is vague. Therefore, counsellor should use clarifications questions to clearly understand the matter, before moving ahead. The first response is inappropriate because the counsellor is assuming what probably caller’s problems might be or guessing it for the client which may also be incorrect, which can lead to misunderstanding. The second response is appropriate because that allow the counsellor to get correct information from the caller and moreover, communicate the client that counsellor don’t want to misunderstand him/her. Below are some of the examples of clarification: “Could you please repeat”; “I am not quite sure I understand what you are saying.”

Sometimes due to intense emotions or confusion, client may not be able to clearly explain their problems. It could also be that you are mentally exhausted due to speaking to many callers and hence have difficulty in actively listening and comprehending what the client is saying. Also, sometimes you may get distracted by something and missed out what the caller is just said.

### **Summarising**

**Situation:** You are about to end the session. Would you think briefly summarising the key points of discussion/work done would be important?

No, because of time constrain. Anyways, since the session was not lengthy, it is not required.

Yes, I would briefly summarise the distress experienced and its source, the key issues identified, and how the issues were addressed.

Yes, at the end of your session, you should try to summarize the main points of the discussion/work done and ask the caller if there is anything important that he/she thinks is left to be discussed. This provides proper closure to your session and also allows the client to meaningfully reorganise the discussion occurred in brief session.

### **Suggested reading**

1. Rosenfield M. (1997). Skills and Attitudes Needed when Counselling by Telephone. Counselling by Telephone (PP. 2-22) SAGE Publications Ltd.
2. World Health organisation (2020). Mental Health and Psychological Considerations during the COVID-19 outbreak.

## Module - 4 Addressing caller-concerns and sensitization about special population

**Dr. M. Thomas Kishore**

Additional Professor of Clinical Psychology  
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When any crisis or disaster strikes, children, people with developmental disabilities and elders will be at higher risk for neglect and inadequate care for various reasons. COVID-19 is no exception. This note is intended as a primer for offering psychological support for these populations.

### **I. Preparations needed**

**Step 1: Familiarize with generic issues:** We need to know that like any other disorders there are *generic issues* and *specific issues* related to COVID-19. Generic issues are common for all the groups. For example, knowing the signs and symptoms, treatment options, and precautions (e.g. hand washing, social distancing, quarantine, wearing a mask and waste disposal).

**Step 2: Familiarize with authentic sources of information and support:** information related to help lines and government or authorized contacts regarding the following is highly essential- medical help, medical supplies, essential supplies, and local contacts for psychological support. Please see the last page for essential contacts.

The above-mentioned two steps will ease the task of addressing concerns of specific population because all it needs is some simple changes in the general techniques.

### **II. Proper support for specific population (Children, People with Disabilities, Elderly)**

#### **A. Care and support for children**

**Note:** COVID-19 illness per se very few children have contracted it and apparently had milder symptoms. Major issues are as following:

- Anxiety of catching the illness
- How to ensure healthy habits
- Anxiety about self and loved ones
- Normalizing routines
- Dealing with any escalations in problem behaviours

#### **Allaying the concerns about catching COVID-19**

- Introduce COVID-19 as a kind of flu because familiarity with common terms will reduce anxiety.

- Share simple facts about the symptoms (i.e. fever, cough and breathing difficulties), mode of contraction of COVID-19, but do not scare them with data on death and dying.
- Use calm and clear tone and simple language to talk with children.

### **Ensuring healthy habits**

- Hand washing specially, after and before meals, use of toilet, coughing/sneezing
- Since hand washing for 20 seconds is ideal, they can be encouraged to say a rhyme or birthday song to keep time.
- Clarify that mask is needed only when sick or going out
- Sanitize all objects that children use frequently (e.g. remotes, smart phone, toys), but as specified on the product.
- Plan physical activities within the constraints of limited space.
- Ensure adequate healthy eating, day time rest and night-time sleep.

### **Dealing with anxiety about self**

- Parents must be available and listen attentively to the child
- Help with words to express feeling
- Teach relaxation (abdominal breathing)
- Coach to talk positively and change anxious inner speech (e.g. I do not have flu now so I need to worry; I can keep flu away if I wash hands regularly; I can keep flu away if I do not touch sick people; My doctor and parents know how to help me if I get the flu)
- Ensure adequate daytime rest and night-time sleep
- Advise referrals for more intense work/follow-up if the following symptoms are noticed- refusing to eat, sleep, talk; social withdrawal, clingy/ irritable, nightmares/ sleep terror, appears tearful, and loss of interests in play or pleasurable activities

### **Dealing with anxiety about loved ones**

- Arrange for them to interact with people they like through virtual media regularly
- Once they finish talking with loved ones via phone/internet, ask gently what they understood; and clarify if there is any inconsistent information.

### **Restoring normal routines**

- Giving consideration to low attention span and high physical energy in children, plan many smaller tasks that also allow them to move around in limited space freely; and regularly monitor their activities.
- Restrict TV time to defocus from negative information on the current crisis
- Restrict internet access/mobile use to less than 2 hours per day otherwise it will lead to very sedentary routine.
- Encourage indoor play/activities till the time outdoor activities are permitted.
- Arrange for online tuitions/ notes (Important: It should be done keeping the child's needs but not for mere engagement)
- Ensure regular social interactions with physical distancing; virtual media can be used if needed for the same.

- Be in regular touch with schools for information related to reopening and examination schedules and promotion policy.

### **Dealing with sudden rise in problem behaviours**

- Please know that sudden changes in schedules, limited play and social opportunities and restricted mobility can affect mood and behaviour. So understand any sudden changes in behaviour are normal in a situation like this.
- If you carefully look into the factors that triggered and maintained poor behaviours, it would be because the child needs one of the following: tangibles, others' attention, appropriate engagement to overcome boredom or lack of skills to deal with new problems. Accordingly, adults need to be innovative to engage the child to prevent the problems; ignore minor problems; use praise and reward appropriately to strengthen adjustment positive coping.

## **B. Care and support for people with disabilities**

**Note:** All the above issues highlighted for children will also be relevant for people with disabilities. But, a few issues and methods of addressing the same will vary. Please consider the following:

- Use appropriate prompts, pictorial clues and multi-media as per the cognitive and communication needs of the individual to share information and enforce all good habits of health and hygiene.
- If the persons need physical assistance, the adult carers need to take extra precautions about hygiene i.e. wearing mask, hand washing, and wearing gloves)
- If the person is on essential medication such as epilepsy, ADHD etc., ensure that the essential medical supply is adequate.
- Keeping the assisting devices functional (e.g. battery for hearing-aid, canes, cleaning the glasses/ dentures, repairing the wheelchairs)

## **C. Caring for children under residential care**

- Make hand cleaning supplies readily available
- Enforce all habits of personal care and hygiene
- Avoid physical contact with any person except in case of physically dependent children
- Ensure regular sleep, meals, individualized leisure-time activities
- Watch for any physical discomfort that the child is unable to express verbally, and seek medical care
- Stagger schedules to avoid mass contacts
- Opt for digital or distance learning
- Work with local health authorities
- Do not allow visitors except for health personnel or local administrators
- Call child helpline 1098 for further support, if needed.

## **D. Mothers with infants and toddlers**

- Currently there is no evidence for infants and toddlers contracting COVID-19 from mothers through any means than physical contact. Therefore, mothers can continue to care and engage infants and toddlers in regular way by following all precautions of health and hygiene.
- In a case where any one of them shows flu like symptoms, family needs to contact the doctors for appropriate help and guidance.

## **E. Care and support for elderly population**

**Note:** All the above issues highlighted for children will also be relevant for elderly population. In addition ensure the following:

- Ensure physical safety if they are alone. Take help of neighbours and authorized community volunteers in this.
- Regular supply of essential commodities and medicine (e.g. antihypertensive, diabetic care, etc.)
- Keep the assisting devices functional (e.g. battery for hearing-aid, canes, cleaning the glasses/ dentures, repairing the wheelchairs)
- Providing social contacts through any possible distance modes
- Watch out for symptoms of anxiety, depression and death wishes (gently probe for how they have been feeling the last few days; and whether the counselor can hope to call after few days for another session etc.)

## **Take home messages**

- Washing hands is very critical to safety
- Covering mouth with a mask while coughing and sneezing to is very important
- Regular physical activities and social interactions within permissible and possible means is essential to maintain the quality in daily life.
- Isolation but staying safely at home is mandatory till further advisory by authorized personnel
- Keeping essential contacts for medical help and commodities is needed
- Hope and positive attitude about future is necessary

## **Additional resources**

### **Ministry of Health and Family Welfare:**

COVID-19 facts: <https://www.mygov.in/covid-19>; [www.covid19india.org](http://www.covid19india.org)

**Helpline Number:** 1075

**Toll free:** +91-11-23978046

Helpline Email ID: [ncov2019@gov.in](mailto:ncov2019@gov.in); [ncov2019@gmail.com](mailto:ncov2019@gmail.com)

**NIMHANS Helpline for COVID-19:** 080-4611 0007

**IASSIDD:** <https://www.iassidd.org/covid-19-resources/>

**Module – 5****Strategies for enhancing self-care motivation in the callers in the context of COVID-19**

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Self-care is an essential area for you to focus on in your telephonic interaction with the caller. Self-care includes all the strategies that an individual uses in order to look after their health and wellbeing, as well as manage stress.

**I. Strategies to Discuss & Enhance Motivation for Self-Care:****Step 1: Initiate Discussion on Self-Care**

You can start with checking-in with the caller as to what are they doing in order to take care of themselves in the present situation. You could open a discussion on this depending on how and where the caller is situated – Quarantine, Isolation, Experiencing lock-down at home/hostel etc. – and what you have already conversed with the caller.

Examples of initiating a discussion on this:

- How are you taking care of yourself while in Quarantine/Isolation/at Hostel/etc.?
- As I understand, it is/may be difficult and stressful for you to be under isolation/quarantine. What are you doing to cope with this situation?

**Step 2: Listen Attentively**

- Listen attentively to what the caller tells you about the activities/practices through which they are taking care of themselves.
- Try to identify and understand which of these strategies may be adaptive and maladaptive (*Refer to the Do's & Don'ts in Section II of this Module*)

**Step 3: Express Appreciation/Concern****3.1: Appreciate the adaptive strategies, with statements such as:**

- It is wonderful that you are pursuing your hobby of sketching. It is a good way of taking care of yourself!

**3.2: Express concern for maladaptive strategies, with statements such as:**

- You mentioned about spending all your time watching videos/TV shows. While I understand that this helps you to distract, it may be useful to not let it negatively affect your health, e.g. getting adequate sleep, eating food in time, and maintaining hygiene.

- I understand that you are using alcohol/drugs to cope with the stress you are currently facing, but then these substances are known to instead worsen stress and increase difficulties.

#### **Step 4: Enhance Motivation for Self-Care**

For callers who seem to use maladaptive strategies or who do not seem interested in taking care of themselves, these are some of the methods you could use to increase their motivation.

While trying to increase motivation for self-care, do maintain the respectful, empathetic and collaborative approach, and phrase your statements accordingly.

##### **4.1: To start with empathize from the caller's perspective, with statements such as:**

- I do understand that you are worried about your family at this point of time, and - do not want to focus on yourself/feel guilty about engaging in activities that you enjoy.
- I understand that you feel unhappy and hopeless, and find it difficult to engage in activities that you like.

##### **4.2: Build a desire in the caller towards self-care by explaining why self-care is important in the present context, with statements such as:**

- The COVID-19 pandemic has brought with it unique challenges for each and everyone to cope with. Engaging in self-care activities will help you cope with these challenges better, decrease your stress level, boost immunity, and improve your sense of wellbeing.

##### **4.3: Ask the caller, what do they think that they could do for self-care, with statements such as:**

- What could you do in the present situation that will help you feel good and be healthy?

#### **Step 5: Collaboratively Develop a Self-Care Plan**

You could help the caller build a self-care plan, if the assessment through the previous steps indicates the need.

##### **5.1: Based on the previous Steps, bring focus towards self-care domains (*Refer to Section II of this Module*) that the caller is not attending to and which may have scope to be included. Initiate with statements such as:**

- If you like, we could discuss some activities that could help you to take care of yourself. You could choose activities that you would like doing and that may soothe you.
- It may be helpful if you consider looking after yourself in a more broad and holistic manner. So your caring for yourself will not just include the physical health area but also mental, emotional, professional, social and spiritual.

##### **5.2: You could use the next section on domains & strategies as a check-list/reference for yourself and introduce them to the caller.**



**5.3: Remember, each individual has their own method of self-care, and the caller needs to personalize these strategies. You could mention here:**

- While choosing activities to look after yourself, it may be useful to include those that you enjoy and that also help you in being well. So in case you find regular exercise boring, then you could dance to music instead!

**5.4: As required, address the issue of limitations that the caller may have in pursuing their usual modes of self-care, and the need to find alternative activities. For e.g. a caller may like to bake biscuits/cakes as means of relaxation, but the difficulty in obtaining ingredients due to lockdown.**

**5.5: Emphasize self-care as a part of daily routine and not as something to be done occasionally, with statements such as:**

- We have already discussed how taking care of your own self is useful. So I encourage you, to incorporate your self-care plan into your daily routine.

**5.6: Emphasize balance, as some strategies for self-care if used in excess could also be counter-productive.**

## **II. Domains & Strategies for Self-Care:**

The strategies mentioned below as Do's and Don'ts, under different domains, are *examples* and *suggestions* that can be provided to the callers as per the need. These strategies are not exhaustive, and you could add what may be appropriate.

### **1. Physical:**

These are some activities that could help the caller take care of their physical health.

#### **Do's**

- Eat nutritious food
- Engage in physical activity or exercise of your liking, but within the limits that your body can handle
- Sleep adequately
- If you are on prescription medications for a health condition, then do take them regularly as prescribed.

#### **Don'ts**

- Don't consume junk food and drinks
- Don't consume alcohol, tobacco and other addictive substances

## **2. Psychological:**

These are examples of activities that could help the caller take care of their psychological health.

### **Do's:**

- Read books that inspire you, or that make you laugh
- Meditation
- Practice acceptance of the present situation
- Consider the situation as a challenge, and tell yourself that 'I can overcome this'
- Practice gratitude each day by remembering at least one good/positive thing at the end of the day

### **Don'ts:**

- Don't endlessly look for news about the present pandemic situation, as it may cause stress
- Don't read/view, news/videos from unauthorized sources, as they may be fake and increase stress

## **3. Emotional:**

These are examples of activities that could help the caller take care of their emotional health.

### **Do's:**

- Talk with someone you trust about your negative feelings
- Engage in activities that will help you express and process your feelings such as writing a diary/blog, painting, dancing, singing

### **Don'ts:**

- Don't give in to gloom & doom worries regarding the virus
- Don't bottle up your negative feelings

## **4. Social:**

These are examples of activities that could help the caller take care of their relationships.

### **Do's:**

- Connect with your loved ones over phone, video chat, social media
- Attend online music/storytelling/poetry sessions
- Visit museums virtually
- Play online games with others

### **Don'ts:**

- Don't forget to wear a mask when you are around others
- Don't forget to maintain Social Distance as prescribed

## **5. Spiritual:**

These are examples of activities that could help the caller take care of their spiritual self, and may help them develop a sense of meaning and purpose.

### **Do's:**

- Read spiritual literature
- Attend online spiritual/religious services
- If possible get in touch with your inner self by reflecting on issues such as what holds most significance in your life

### **Don'ts:**

- Don't be a part of offline spiritual/religious gatherings unless permitted by the Govt.

## **6. Professional:**

These are examples of activities that could help the callers take care of their professional aspects. This could be applicable to anyone whether it be, students, homemakers, professionals, or those who are unemployed.

### **Do's:**

- Have a work/study schedule, even if you are at home
- If possible delineate a physical workspace for work/study
- Utilize the time to add to your knowledge and skills, develop professionally by taking up online courses or reading
- Initiate the activities/assignments that you have been procrastinating about

### **Don'ts:**

- Don't allow yourself to be distracted while pursuing your work/study at home

## **7. Altruism:**

*Note: Include this domain only for individuals for whom caring for others is a way of personal wellbeing.*

Some callers may like to de-focus on themselves, and would instead feel good, if they took care of others. For such individuals, who are healthy and who are not in Isolation or Quarantine, certain altruistic activities, which are approved by the Govt., could be suggested, such as volunteering to make masks, and delivering essential items to the elderly/persons with disability.

Finally, you as a healthcare provider are also experiencing the same pandemic situation, and may have similar sources of stress. So as you care for others, do try to find time to care for and recharge yourself too!

### **References:**

The below websites were accessed by the author between 3<sup>rd</sup> to 7<sup>th</sup> April 2020.

<https://psychcentral.com/blog/what-self-care-is-and-what-it-isnt-2/>  
<https://www.healthline.com/health-news/self-care-is-not-just-treating-yourself>  
<https://medium.com/@wendymillermeditation/5-types-of-self-care-and-practice-ideas-for-each-9e88a61c6bb0>  
<https://schools.au.reachout.com/articles/developing-a-self-care-plan>  
<https://www.healthline.com/health/mental-health/self-care-is-hard#1>  
<https://www.psychologytoday.com/us/blog/shyness-is-nice/201403/seven-types-self-care-activities-coping-stress>  
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/about-mental-health-problems/>  
<https://www.nami.org/Find-Support/Family-Members-and-Caregivers/Taking-Care-of-Yourself>  
<https://drugabuse.com/treatment-therapy/motivational-interviewing/>  
<https://sbtreatment.com/blog/self-care-affect-mental-health/>

<b>Module – 6</b>	<b>Referral sources and systems in the context of COVID-19</b>
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As per the needs and requirements of the caller, there are services and resources you can refer them to. These could be related to:

- Mental Health
- Physical Health
- COVID-19 related information, testing etc.
- Food
- Emergency
- Others

**Referrals related to Mental Health Problems:**

- For callers with mental health problems that cannot be managed by you, for e.g.
  - moderate to high levels of psychological distress
  - death wishes
  - substances related withdrawal/relapse
- Refer the aforementioned callers to Mental Health Professionals who are providing services through methods such as Tele Helpline, Online Consultation.
- For callers with high/serious risk of harm to self or others, you will need to report to the appropriate individuals/professionals/authorities, with providing of information that is essentially required. As per the situation and your judgment, you could also inform the caller, the need for you to report this information that has been shared with you which pertains to their safety, so that necessary help is provided to them.

**Provide details from reliable sources such as:**

- Ministry of Health and Family Welfare, Govt. of India
- State Govt.
- World Health Organization

**Collated data of resources:**

The frontline NIMHANS tele helpline volunteers from the Dept. of Clinical Psychology, NIMHANS, have collated helpline numbers and other contact details, for the purpose of referral, in order to address the various needs that have been brought up by the callers in the context of COVID-19. This collated document is appended as a separate PDF document.

**Additional resources:**

Indian Psychiatric Society: <https://indianpsychiatricsociety.org/>

Indian Association of Clinical Psychologists: <https://iacp.in/>

**References:**

Barnhorst A, Wintemute G, Betz ME. How Should Physicians Make Decisions about Mandatory Reporting When a Patient Might Become Violent? *AMA Journal of Ethics*, January 2018, 20, 1: 29-35.

<https://www.nationalcounsellingsociety.org/have-a-concern/safeguarding-policy/>

<https://www.simplepractice.com/blog/therapist-break-confidentiality/>

<b>Appendix 1: Question and Answer session</b>	<b>Summary of tele helpline volunteers and questions asked in the training program</b>
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Sl. No	Categories	Responses
<b>1</b>	<b>Information related to Corona</b> 1. Do I have corona virus? 2. Will it spread to community? 3. Where to get tested? 4. Availability of kits, treatment centres 5. Animals spreading/contracting COVID 6. Food restrictions to avoid corona virus	Ventilation, Validation of concerns  Website details of MoHFW, central helpline numbers As of now, no such cases have been reported WHO and ICMR have only mentioned about eating well-cooked food.
<b>2</b>	<b>Concerns</b> 1. Concern regarding work/school deadlines/preparation 2. How to get supplies for self or loved ones 3. Access to resources/ transport 4. Reduce updates on negative information on media 5. Other people not following government regulations- family member, neighbours 6. How to travel to work/home 7. How to get supplies for self or loved ones	Ventilation, validation, helpline numbers of respective states/UTs, call police/ local governing body Travel is not allowed as per government, talk to employer about the same, advice on reducing news time and social media and engaging in hobbies and exercise at home
<b>3</b>	<b>Hospital services</b> 1. Follow up- nimhans, other hospital, private practitioner	
<b>4</b>	<b>Psychological difficulties</b> a. How do I maintain my well-being / reduce boredom/handle worry about my loved ones? b. Uncertainty regarding future, stability of economy, employment, academics c. Not getting regular supplies/for self and others d. Frustration due to restrictions- not being able to be with family, existing system and measures e. Negative emotions: boredom, worries regarding future, Well-being,	Support, validation, education, self-care, behavioural activation, reassurance, ?problem solving via information seeking and coping strategies  normalizing reactions to crisis,  Reduce news and social media time,  Stay connected with loved ones over phone/video calls,  Exercise at home using online resources,  Follow government regulations on social distancing & hand hygiene & movement

	<p>boredom, anxiety, well-being of others</p> <p>f. Restrictions on activities (children)</p>	<p>restriction,</p> <p>Engage in group activities with family members</p> <p>Engage in hobbies,</p> <p>Following a loosely structured daily routine</p>
<b>5</b>	<p><b>Concerns of health professionals</b></p> <p>a. how to advise patients with fever</p>	<p>Follow government guidelines on social distancing, hand hygiene, restriction of movement;</p> <p>Reduce time spent on news and social media;</p> <p>Exercise at home;</p> <p>Engage with family members in offline activities;</p> <p>Engage in offline hobbies</p>
<b>6</b>	<p><b>Exaggeration of already existing mental health problems</b></p> <p>Like OCD, GAD, Depression, panic</p>	<p>NIMHANS and other places; referrals, advice to seek consultation</p> <p>Respective helpline number shared</p> <p>Other hospital-state helpline number,</p> <p>Private practitioner- seek phone/online consultation</p>



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**Appendix 2      Poster on How to Support People in COVID-19**

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# How to Support Someone with a Corona Related Challenge

The current pandemic poses a challenge to everyone. It is an unforeseen situation that can overwhelm even those who are working to provide psychological support to others facing COVID-19 related difficulties. Here are some suggestions on how to provide effective support to someone in distress during these times.

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## ✓ Try these



Use **open-ended questions** – allow information to emerge. E.g. *How are you feeling?* Vs. *Are you feeling anxious/worried?*



**Observe and reflect** – notice their tone of voice, expressions and body language (during video interactions). Try using statements like, *You seem to be quite upset...*, and let them respond.



**Permit them to express their distressing thoughts and feelings.** E.g. *...please tell me more about it...*



**Listen actively** so that the person feels understood. E.g. *This must be a difficult time for you.*

ask

**Be open to client's feedback** regarding your understanding of their situation/emotions. E.g. *From what I hear, it seems like ..... Do I understand it correctly?*



**Validate their feelings** related to the situation. E.g. *These are challenging times and many things are not under our control. It is natural to feel sad/ anxious/ helpless/ stressed.*



**Shift their focus to those things** that are under their control. E.g. *Are there other aspects in your current situation that are more manageable and can make you feel more in control of your life?*

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## ✓ Also Do



**Appreciate** them for reaching out for help at such times.

**Explore** what **methods of coping they are using currently.** Appreciate the efforts they are making.



**Jointly explore** what they can and would *like* to do to make themselves feel better.

**Provide** specific **tips/important information in simple language.** Check if the other person has understood what you have to say. Repeat, if required.



If you do not have the relevant information needed by the client, say so politely. Remember, it is not possible for one person to have answers to all possible questions/doubts/worries.

Offer to revert with relevant information or **direct them to appropriate sources.**



Encourage those who are vulnerable (elderly, PWD, children) that **seeking help is a sign of strength.**



To tackle social isolation, encourage or help people to **connect with friends or family members.**

Remind clients to **limit news exposure.**



Prepare a **client communication plan/protocol.** Do consider client's current cognitive and clinical status and refer immediately in case of crisis situation (e.g., severe psychopathology, suicide risk).

Consult colleagues/take supervision/**refer clients if the distress is beyond your skill/expertise to handle.**

## Avoid these



**Trivializing** a person's experiences and feelings. E.g. *It's a small thing. Don't bother.* People can have different experiences. For each person his/her experience is valuable even if it appears trivial to others.



**Interrupting the person or offering solutions when the person just wants to share feelings/thoughts.** E.g. *Make a daily routine and stick to it* (this can feel like a pressure to some people).



**Giving advice that may be difficult to follow.** E.g. *Try a new hobby like cooking or dancing* (there may be limited supplies or space).

**Offering too many suggestions/solutions** within a brief span of time.



**Providing personal opinions or information that you are not sure about.**



**Providing premature reassurance** to the person without having the information or without being qualified to do so. E.g. *Oh! You are fine* OR *You could be seriously ill.* Instead, acknowledge their concern and refer them to appropriate professionals.



**Asking personal information which may not be required to address their query/concern.** Seek consent before asking for personal information such as phone number, marital status etc. if it is needed to address the concern.



**Judging the person/holding prejudices** against people or ideologies. **Be aware of your biases.** Do not let them come in the way when you are offering support to someone in distress.



**Lastly, remember to practice self-care to take care of your own mental health and minimize burn out!**