NYC-CBT Spring 2020 Newsletter

THIS ISSUE:

FEATURE ARTICLE

Why People Do Not Comply with Pandemic Guidelines

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Until we have reliable and extensive testing for antibodies and current COVID-19 or powerful and effective medications to treat COVID-19 or a vaccine that is administered to 300 million Americans, we have to rely on quarantine, social distancing, and intensive hygiene to slow the spread, flatten the curve, and give us time. Perhaps we will eventually develop herd immunity, but if we did not take any of these measures, the spread of the disease and the mortality rate that would follow would overwhelm all hospital systems and lead to one of the greatest losses of life during our lifetime.

Do the Guidelines Slow the Spread?

If you live in New York City, then you are familiar with the continual sounds of sirens as people are taken to the hospitals, many of whom may end up dying alone without the ability to say their last words to those they love. At 7 p.m. each night throughout New York City, people lean out of windows, cheering the workers who serve the health care system at great risk to themselves and they cheer the many underpaid delivery people and essential workers who keep us fed—and alive. It is a wartime feeling, a sense that we are in this together.

But do these guidelines work? You might think that wearing masks and gloves when you shop, physical distancing from others, obsessively cleaning down packages that you bring home or have delivered, and extensive hand-washing seems like a universal Obsessive-Compulsive Disorder. There still is resistance from a significant number of people. Why should you do these things?

The answer is that it will keep you alive and protect the people you come in contact with. And there is evidence. As many will recall, Washington State was one of the first hot-spots for COVID-19. We can look at the Reproductive Rate (Re) of the illness. In King's County, Washington it fell from an estimated 2.7 to 1.4 within one month. Similarly, in a paper published by Jeffrey E. Harris for the National Bureau of Economic Research, these social distancing and hygiene recommendations have slowed down the spread in different communities nationwide. In addition, researchers at Columbia University in New York City estimate that decreasing social contacts by 40% could avoid 185,000 deaths in the Northeast and 33,000 deaths in the Midwest.

So, given the continued emphasis on compliance with CDC guidelines, state and federal directives, and the urging of Dr. Anthony Fauci on almost a daily basis, why is it that some people do not comply?

Who Doesn't Comply?

In a study conducted by researchers at Stanford University last month, it was found that young people (between 18 and 31 years of age) were least likely to comply—only 52% complied. In fact, in mid-March, 40% of people were not complying. The most common reasons given for non-compliance were the belief that work required taking the risk, feeling cooped up at home, and feeling it was depressing not to have the opportunity to engage with others. In another survey conducted by the Harris Poll in March, seniors who are at most risk of dying from COVID-19 were the least informed and least worried.

Reasons for Non-Compliance

There are as many good reasons for complying as there are bad reasons for not complying. Let's take a look at some common beliefs that underlie non-compliance and examine more helpful ways of thinking to encourage less risky behavior. (Indeed, I think we can generalize much of this to the high rates of non-compliance with health directives in taking medications, using tobacco, over-drinking, unsafe driving, and unprotected sex. There is a psychology behind underestimating risk. It is the Psychology of Risk Denial.)

I have taken the liberty to give examples of Risky Thinking in the left column and More Helpful Thinking in the right column. The reader may or may not agree that my comments are helpful, but I suggest that they are worth considering. After all, risky behavior might very well lead to ending up in the hospital on a ventilator, dying, or infecting and eventually killing someone you love.

Risky Thinking	More Helpful and Realistic Response
It hasn't happened yet (Past risk is now equated with less risk)	One man said to me, "I have been shaking hands with people over the last few days and I am not sick". But the reality is that the more frequent exposure you have the more likely you are to get sick. Your odds are running out.
I know someone who didn't get sick (Reliance on anecdotes rather than probabilities)	Anecdotes are not the same as per cent or probability. There are many people who smoke who do not get lung cancer, but lung cancer is directly linked to smoking. Engaging in this behavior may increase your probability of getting sick.
Wishful thinking: I want to be positive	What you desire is not the same thing as reality. I might want today to be a sunny and warm day but that will not change the weather. It is more important to be realistic than to want to be positive. Reality is not based on what you wish to be true.
Emotional reasoning: It feels good-therefore it can't be risky	Many things that feel good are also risky—such as overdrinking, unprotected sex, and exposing yourself to coronavirus. The reality of risk is not based on what feels good—it is based on medical science. It might feel good to do whatever you want, but that pleasure may lead you to do what is dangerous—which might end up feeling awful.
Autonomy: I don't like people telling me what to do	We all like doing things that we feel free to do—we don't like being told what to do. But a virus is not "listening" to what you want. It is going to infect people regardless of what they want. You may not like "following directives" but you will certainly find the illness far worse to tolerate than the loss of "freedom" for a month or two.
Illusion that you are invulnerable : I am young and healthy	Being young and healthy does reduce your risk of dying, but it does not eliminate the risk of getting very ill or even dying. And, even if you don't die, your illness can infect someone else who is vulnerable and they can die. Do you really want to risk their lives because you feel healthy?

False equation: This is just another flu	Covid19 is not the same as the flu. Unlike the flu, it does not respond to medication and you cannot reduce your risk with a vaccine. The per cent of people who have covid19 who die from Covid19 is 10 to 20 times higher. Because it is a "novel" virus, our immune system may not recognize it as a dangerous infection and therefore may have little or no defense against it.
Approval seeking: My friends would think less of me	It is nice to get approval from people---even people who are not informed and may mislead you. But their approval can easily lead you to do things that are dangerous and expose you to an infection that can make you deadly ill—or kill you or someone close to you.
Discounting the negative: It is not so bad	You are minimizing the potential risk of infection, serious illness, and death. One estimate of what would happen if we did nothing at all is frightening to consider. Here it is: Left unchecked 214 million Americans could get infected and up to 1.7 million could die. To give you some perspective, in all wars fought by Americans, the total number killed in combat is about 650,000, which is less than half of the projected deaths from Covid19 if left unchecked.
Illusions of "Toughness": I am a tough person, afraid of nothing (positive personalizing)	The virus does not care how tough you are. According to The Guardian (UK): In Italy, men have accounted for 71% of deaths and, in Spain, data suggests twice as many men as women have died.
Past false predictions: "The media is always exaggerating the bad news"	Yes, that may be true at times, but the virus does kill people in large numbers and if left to its own course could kill millions of people. The Great Influenza of 1918-1921 killed over 50 million people worldwide. To put that in perspective, there were 37 million military and civilian deaths in World War I.

Source: Dr. Robert Leahy

Final Thoughts

Yes, social distancing, hygiene, staying at home, or being unable to pursue your dreams right now is frustrating. You are not alone. Those feelings come from a good place—the desire to live your life fully, to have freedom, and even to believe that you are safe. But your safety is not something that you can simply wish for—it is not dependent on your beliefs and emotions. It depends on medical realities. And your safety and that of others around you right now depend on your choices and your behavior.

You can make a difference. Making the right choice requires some sacrifice. But your life and those of others make it worth it.

References

References from Risky Thinking Table

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PROGRAM PROFILES

Creating a National Framework for Coping with COVID: The Weissman Children's Foundation Corona Relief Initiative

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Introduction

The proliferation of empirically-supported behavioral health treatments into "real world" practice settings (e.g., community health clinics, private practices, schools, hospitals) over the past several decades has led to more U.S. children and families receiving high quality treatments and improved treatment outcomes (Reddy, Weissman, & Hale, 2013; Mohlman, Deckersbach, & Weissman, 2015; Weissman, Antinoro, & Chu, 2008; Weissman et al., 2019;

Weissman, under review; Weisz et al., 2018; Weisz et al., 2019). Even so, the overwhelming majority of these specialized evidence-based treatments (EBTs; e.g., for anxiety, depression, attention, speech, sensorimotor, learning, habit, and behavioral challenges) are still almost exclusively accessible at expensive out-of-pocket private clinics. What's more, the national healthcare system has not adequately prioritized coverage for evidence-based services in the mental and behavioral health arenas, and insurance reimbursement for most specialized out-of-network treatments is limited at best. The result is an overwhelming majority of the U.S. population, uninsured and underinsured children and families nationwide, left without access to affordable gold standard mental and behavioral healthcare. In addition, there remains a significant dearth of evidence-based service providers and training programs nationally, particularly in more remote communities.

During the current COVID-19 global economic and public health crisis, it is perhaps more important than ever to increase accessibility of affordable and pro bono evidence-based care for children, families, and communities in need. The Weissman Children's Foundation (WCF; Weissman, 2020, Weissman, under review) is a national dissemination-based behavioral health non-profit founded on six core unifying initiatives to address these mounting public health concerns: 1) Dissemination of EBTs Through Crisis Relief: Corona Relief Initiative, 2) Dissemination of EBTs Through Training, 3) Dissemination of EBTs Through Community Partnership, 4) Dissemination of EBTs Through Integrated Behavioral Health, 5) Dissemination of EBTs Through Technology, and 6) Dissemination of EBTs Through Multi-State, Multi-Site, Program Development and Implementation, all with a common goal of raising awareness and leveraging local and national resources to disseminate and implement accessible, affordable, and pro bono evidence-based care to underserved children, families, and communities across the United States, throughout the current pandemic and beyond.

As such, WCF's innovative EBT "Clinical Practice Dissemination and Implementation" model (CPDI, Weissman, 2019) is rooted in these six initiatives.

Dissemination Through Crisis Relief: Corona Relief Initiative

WCF's chief initiative is a comprehensive Corona Relief Initiative (CRI; Weissman, 2020; Weissman, under review) featuring pro bono and donation-based virtual support groups for coronavirus-related anxiety, depression, OCD, trauma/grief, social isolation, parenting challenges, and marital/family stress. The relief initiative also includes many additional virtual behavioral health services, including individual and family cognitive-behavioral therapy, psychiatry, neuropsychology, virtual reality therapy, biofeedback, creative arts therapy, speech therapy, occupational therapy, holistic health and nutrition, educational consulting, tutoring, home-schooling help, college prep, a Center for Chronic Medical conditions, and more. The CRI actively engages and synthesizes the below five stages and initiatives, leveraging strategic partnerships and thinktanks, and expeditiously rolling out relief programming to at-risk communities in crisis with the greatest need. Several additional relief-based partnerships are currently being developed with local schools, hospitals, government agencies, community organizations, training programs, community

practitioners, and corporations to help scale CRI efforts to broaden our impact nationally and reach more families and communities in need.

Dissemination-Through-Training

WCF's "Dissemination-Through-Training" (DTT, Weissman, 2019) initiative comprehensively trains student clinicians in EBTs for youth emotional, behavior, attention, and habit disorders to help increase the number of evidence-based providers pursuing licensure, as well as the provision of low-fee and no-fee services to underserved communities, including immediate COVID-19 relief services nationwide. To accomplish this, clinical psychology and social work training programs were first developed in-house, based on a modular-based CBT approach (e.g., MATCH-ADTC; Chorpita & Weisz, 2009; as well as evidence-based protocols for Selective Mutism; Kotrba, 2014; Obsessive-Compulsive Disorder; March, 2006; Tic and Habit Disorders; Woods, 2008, Dialectical Behavior Therapy; Rathus & Miller, 2014; and the full array of youth psychiatric disorders and related issues). All WCF trainees receive funding for external EBT training opportunities (e.g., workshops, conferences, CE's) through WCF's "Scholarship Training Initiative" (STI, Weissman et al., 2019), including stipends to attend conferences and workshops on cutting edge evidence-based practices, and in turn, the trainees present relevant updates back to the group.

In addition, external collaborations were subsequently developed with local clinical psychology and social work training programs, fostering further access to high quality evidence-based care through a growing collective of pro bono and low-fee student clinics, including a collaboration with Columbia University Teacher's College PhD program and student clinic in the works, servicing Harlem, the Bronx, and surrounding neighborhoods, some of the most highly COVID-19-afflicted, under-resourced communities in the nation. These students, in turn, receive expert EBT training and supervision from WCF's renowned training team.

Finally, WCF directors are also encouraged to apply for pro bono supervisory positions at local mental health training programs to help train students more broadly in EBTs, and further scale affordable evidence-based service delivery to children and families in need. Indeed, many WCF-trained students have gone on to start their own clinical practice and training institutes throughout the country (e.g., www.marincabt.com).

Dissemination Through Community Partnership

The next WCF initiative is a community partnership model, promoting outreach, consultation, advocacy, and community education/engagement around EBTs. As part of this initiative, WCF staff present and consult frequently to schools, parents/families, clinicians, and community organizations throughout the U.S., including many currently in crisis, partnering with community stakeholders and renowned experts in the field to expand the scope of EBT community education and access (recent speakers from the WCF Master Clinician Series included Drs. Bob Leahy, Leslie Sokol, Dennis Tirch, and Dean McKay). In addition, WCF's directors reside on city, county, state, and national CBT and

psychological association governance boards, and utilize these platforms to forge collaborative efforts and local crisis relief initiatives, host community-wide events, and advocate for best practices with youth from both a clinical and public policy standpoint. Finally, WCF is in the process of launching a school-based CRI, partnering with local schools (e.g., the Ella Baker School, the Lang School, and several Westchester County school districts to start) to increase direct EBT access to children and families during the pandemic and beyond, who, otherwise, might not have the knowledge and/or resources to access evidence-based mental health services on their own.

In addition to these collaborative efforts, WCF has recently launched a comprehensive educational and resource-rich CRI social media campaign, via Instagram, Facebook, Twitter, and LinkedIn to disseminate the most current information about COVID-19, its mental health sequelae, and related evidence-based resources available through WCF, CDC, WHO, State and City Departments of Health, and the community at large.

Dissemination Through Integrated Behavioral Health

The fourth WCF initiative is to develop local partnerships among expert evidence-based providers across a wide range of behavioral health disciplines, to foster an integrated behavioral health platform promoting best practices for youth, not only within the field of clinical psychology, but also pediatrics, psychiatry, neuropsychology, occupational therapy, speech therapy, holistic health and nutrition, educational consulting, academic remediation, and more. In doing so, WCF's two-pronged goal was to create an ongoing dialog with, and educate, one another, about evidence-based therapies, as well as to provide more integrated behavioral health programming and coordinated care for families requiring multiple ongoing services throughout this crisis period and beyond.

Dissemination-Through-Technology

WCF's "Dissemination-Through-Technology" (D-TECH; Weissman, under review) initiative leverages innovative evidence-based technologies and tracking systems to enhance treatments, assessment of treatment outcomes, and overall program evaluation. Central to the D-TECH initiative, WCF is currently piloting a new evidence-based tracking EHR software (Fuller, 2019), designed to facilitate within and across-session EBT fidelity tracking, data collection, and program evaluation, including global assessment of treatment outcomes, with the hope of replicating these efforts, including the CRI, more widely to scale funding and site development efforts and overall access to treatments that work.

In addition, WCF's D-TECH initiative utilizes innovative technology-based alternative and/or supplemental EBTs to optimize hard-to-access symptoms and/or treatment content (e.g., virtual reality-enhanced exposure therapy paired with biofeedback for anxiety and phobias, Barton & Weissman, 2019), contributing putative models for enhanced EBT outcomes, particularly while families are in social isolation due to COVID-19 and are unable to access and engage in typical EBT protocols (e.g., social anxiety exposures, as well as OCD, trauma, selective mutism, separation, panic, and phobia exposures that may occur

in a public forum).

Finally, WCF employs innovative video- and telehealth technology platforms to reach families adhering to social distancing and "stay-at-home" orders throughout the country, and internationally, including the most geographically remote families in need.

Dissemination Through Multi-State, Multi-Site Program Development and Implementation

The sixth and final stage of WCF's CPDI model, currently underway, is a multi-state, multi-site program development initiative to promote greater geographic dissemination and implementation of EBTs, in an effort to reach the needs of more geographically and socioeconomically diverse communities, with an emphasis on those with limited means and/or access to EBTs. To accomplish this, WCF leaders have collaborated with local practitioners, organizations, and stakeholders, community by community throughout the U.S. (NY, NJ, CT, FL, MI, CA, PA, DC, WA, AK to start) to assess the mental health landscape, barriers to EBTs, and the impact of CORONA, for the full range of youth mental health conditions, developing 15 sites to date, 12 in the Northeast- midtown Manhattan, Park Slope, Prospect Heights, Downtown Brooklyn/Boerum Hill, and Carroll Gardens, Brooklyn, Queens/Long Island, Bergen County, NJ, Greenwich, CT, Scarsdale, NY, Harrison, NY, and Mt. Kisco, NY, one Southern site- Aventura/South Florida, two Midwestern sites outside of Ann Arbor, Michigan, and one West Coast satellite office in San Diego, CA, with prospective plans on the horizon to service the San Francisco Bay Area, Philadelphia, Washington D.C., Washington State, and Alaska. Central to this initiative, WCF strategically engages in specialized niche program development based on the unique mental health needs of each community (e.g., developing a "Brave Voices" Selective Mutism Program, Center for Chronic Medical Conditions, IOP for OCD, Tics, Trich, & Habit Disorders Program, Adoption/Attachment Service, Maternal and Infant Mental Health Service, LGBTQ+ Program, Virtual Reality Therapy & Biofeedback Program, etc. in communities where no such services previously exist).

As mentioned prior, in addition to its on-site programming, WCF offers virtual EBTs broadly throughout the world, employing innovative video- and telehealth technology to reach more geographically remote families in need, which has been a welcome initiative amid the current COVID-19 pandemic.

Implications for Public Health, Policy, and Practice

Perhaps most central and unique to WCF's six initiatives, and its overall core values and mission, is the accessibility and affordability of services for each and every child regardless of socioeconomic limitations and ability to pay, including completely free evidence-based care for uninsured and underinsured families, breaking down generations-old barriers to EBT access in the nation's most disadvantaged, marginalized, and often highest-needs communities. This guiding vision is perhaps more essential now than ever, with so many families in economic and mental health crisis, simultaneously, throughout the U.S. and

around the world.

Preliminary feedback from patients, students, collaborators, local politicians and stakeholders, partner organizations, and the broader communities in the regions served has been enthusiastic, and many children and families in need are already receiving life-changing support from WCF and its CRI.

As WCF continues to build upon its six core missions, disseminating EBTs to communities across the U.S.—many now in crisis, its leaders recently launched a seventh initiative at the 2019 World Congress of Behavioral and Cognitive Therapies in Berlin—teaching international EBT practitioners and students how to develop their own dissemination-based behavioral health organizations using the CPDI model, to further disseminate EBTs for youth and increase access to evidence-based programming—including timely evidence-based CRI services—on a global scale (Weissman et al., 2019).

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