

# NYC-CBT Summer 2021 Newsletter

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**NEW YORK CITY COGNITIVE BEHAVIOR THERAPY ASSOCIATION**  
Helping mental health providers across New York City interested in evidence-based interventions to learn, share and connect.

## THIS ISSUE:

Feature Article: Living with Uncertainty in 2020 (and 2021), *Anna R. Edwards, Ph.D.*

Program Spotlights: Weissman Children's Foundation COVID Relief Initiative, *Adam S. Weissman, Ph.D.*

Coming Soon: NYC-CBT Training Initiative

## FEATURE ARTICLE

### **Living with Uncertainty in 2020 (and 2021): How running my OCD GOAL group helped me weather Covid-19**

*Anna R. Edwards, Ph.D.*

*Founder and Director, New York Anxiety Treatment  
Clinical Assistant Professor of Psychology, Weill Cornell Medical College*



Early March 2020 nine of us were in the Times Square train station. We had just been handing out money to the homeless and now a subgroup rubbed up against station trash cans, while the rest of us waited for the train on the yellow line. We finished the evening back in the office sharing pizza. No, we did not wash our hands beforehand. This was the

last night of a cycle of Exposure Lab, an exposure group I run with a colleague in my practice.

One week later, we had to cancel our OCD GOAL group that we hold at Weill Cornell and by the following week, following city directives, we transitioned to virtual treatment. How did we go so quickly from dumpster diving to no longer congregating with another person? Could we still help individuals suffering from OCD and anxiety when the rest of the population, anxious and non-anxious alike, were mimicking the same exact symptoms of avoidance and ritualization? When avoidance and ritualization were prescribed by government and health officials? When we all began to wonder if avoidance and ritualization were legitimate given the threat at hand?

All of the people I regularly went to for sound advice were in a state of alarm. My family admonished me for going to the grocery store. My husband started wiping down the milk carton when I brought the groceries home. Eight out of ten members of my book club relocated out of the city by mid-March. Mt. Sinai set up a temporary hospital near the Central Park reservoir, my go to running spot. So, I ran south.

My most stabilizing place was our OCD GOAL group, which we continued virtually. In this community, members had accepted living with uncertainty. They were not surprised that a worldwide pandemic could shake our world. They did not want it to happen, of course, but had given up or were working to give up the false, but compelling narratives that 1. complete protection is in your control and 2. all sacrifice is a testament of moral strength and good character. Without a healthy dose of "uncertainty training," even individuals without preexisting anxiety conditions had a difficult time not absorbing these loaded messages.

Covid-19 was a horrible virus, which stole lives and wreaked havoc. There were many, many unknowns. In the thick of spring 2020 New Yorkers were living in a collective traumatic situation. In addition to all of the recommended precautions many individuals were taking on additional ones as logical extensions of those recommended. If our hands required washing, why would we not be concerned about other surfaces? If we were not supposed to go to work, why would we go to the grocery store?

Many individuals suffered because they went from exercising caution to attempting to eliminate risk. Every time someone would Lysol mail or hold her breath passing a stranger on the street, she communicated to herself that these instances were dangerous situations and kept herself from learning that they were generally safe.

And, of course, anxiety was not the only source of suffering. Covid was a cascade of losses from ultimate (life) to necessary (socializing). We have weathered this difficult time and now we have incredible, life-saving vaccines, which are accessible to all New Yorkers over twelve years old. Over 50% of New Yorkers are fully vaccinated.

Some of my patients and some of my friends said the vaccine would act like a switch. For many it has. But we are not automatons and many are having trouble coming back out of

Covid. We learn safety through behavioral change and that means we cannot wait to feel safe to change our behaviors.

What do we know about trauma? It is natural to be on high alert initially and right after; it is maladaptive to stay on high alert once the landscape changes. But once we continue to avoid and ritualize, the perceived threat looms larger and larger. Today, many are having a difficult time reengaging back because it has been a long period of avoidance. Yes, there are variants out there and there are not 100% guarantees. But what my group members know is that there are no guarantees at all. There has always been risk. There will always be risk. And in order to have meaning we need to open ourselves up to measured risk and recoup at least some of our losses.

Two Tuesdays ago, our GOAL Group finally met again in person. We were not touching dumpsters, but we sat in a room together, fully vaccinated, without our masks.

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## **PROGRAM PROFILES**

### **Updates on the Weissman Children's Foundation COVID Relief Initiative**

*Adam Weissman, Ph.D.*



Ten years ago, I founded **The Child & Family Institute (CFI)** to offer children, families and young adults the most effective mental and behavioral healthcare treatments that science had to offer.

In the intervening years, CFI grew from one small Westchester County clinic to 15 locations in Greater New York and another nine states across the U.S. The COVID pandemic stepped up CFI's need to transition to telehealth for individuals, couples and groups; and it's likely that a hybrid model—some in-person, some virtual—is here to stay.

But the COVID era saw another change. Like many in the helping professions, my team and I understood that critical communities of need were being overlooked. The mounting mental health crisis was surging due to COVID, but still largely ignored by the federal government and insurance companies. With higher rates of anxiety, depression, suicide, trauma and grief, substance abuse, suicidal ideation, as well as child behavior issues and

marital/family conflict, the nation's most vulnerable and marginalized families were being denied access to affordable, effective care.

Our solution was to form a sister nonprofit to CFI, one that would provide the same high-quality, evidence-based psychological treatments regardless of an ability to pay. The idea became a reality in early 2020. The **Weissman Children's Foundation (WCF)**—still in development—quickly established itself as a means for uninsured and underinsured people in need to access affordable care.

While WCF was launched in the weeks before the pandemic, the timing was fortunate. Its COVID Mental Health Relief Initiative—funded over this past year by CFI and via web-based and social media campaigns—was able to meet the surging needs of children and families hit hardest by the crisis. To date, WCF has helped hundreds of underserved children and families.

### **Partners**

*WCF relies on healthcare and community partners to promote low- or no-cost services to families in need, especially for families that don't believe mental healthcare is available and affordable for them.* CFI and WCF staff present and consult frequently to schools, parents, clinicians and community organizations. They serve on local, state and national CBT and psychological association boards, forging collaborative efforts and advocating for best practices with youth from both a clinical and public policy standpoint.

### **Research**

*Concurrently with WCF formation, Dr. Weissman launched an **Equity and Effectiveness Scientific Council (EESC)** to explore the most effective treatments for children who need it the most. This can include children who are minorities, live in rural areas or lack financial resources. While there are evidence-based therapies to treat anxiety, depression and trauma, barriers to treatment for historically underserved and marginalized populations can seem insurmountable. Many families do not know where to get treatment, how to connect to the right treatment or to therapists with the right training, or how to access treatment due to financial, time or transportation constraints.*

In partnership with leading clinical psychology researchers and treatment developers, the EESC will develop and evaluate innovative cognitive-behavioral therapies for youth—including potential time- and cost-effective approaches (e.g., transdiagnostic, modular, brief intensive, group formats), as well as sustainable service delivery systems. Eventually, study data and protocols, along with service delivery models, will be shared with the mental and public health field, toward a collective goal of increasing mental health treatment access, equity and effectiveness. The EESC will present its initial mission, objectives, and program of research via scientific symposia comprising six of our council members, Drs. Thomas Ollendick, Dean McKay, Cheryl McNeil, Brian Chu, Stephen Whiteside and myself, at this year's APA, ABCT and NYSPA conferences. We are currently working on our initial IRB proposal and will look forward to sharing updates and initial data from our EESC in a future newsletter.

### **Training**

CFI and WCF are expanding training programs for graduate student clinicians and post-doctoral fellows in EBTs for youth emotional, behavior, attention and habit disorders. In-house clinical psychology and social work training programs use a modular, cognitive-behavioral therapy approach with protocols for anxiety, depression, emotion

dysregulation, eating disorders, selective mutism, PTSD, OCD, tic and habit disorders, ADHD, parenting and behavioral challenges, chronic pain/illness, and issues of attachment and complex trauma. In time, CFI and WCF trainees receive funding for external EBT training opportunities through a Scholarship Training Initiative, which provides stipends to attend virtual conferences on promising new practices. In turn, the trainees present updates back to the group.

The training program now includes collaborations with local training programs to provide expert EBT training and expand high-quality care through a growing collective of pro bono and low-fee student clinics. CFI/WCF's first partnership is with Columbia University's Teacher's College, whose student clinic services Harlem, Bronx and other under-resourced communities. Several former trainees have started their own clinical practices and training institutes throughout the country, furthering CFI/WCF's mission to spread evidence-based practices through training.

### **Diversity, Equity and Inclusion (DEI)**

As mission-driven organizations, both CFI and WCF aim to build awareness of and be responsive to the unique mental health needs of those from underserved and underrepresented populations. This is part of a new diversity, equity and inclusion effort at CFI/WCF, which seeks to elevate all its clients, staff and trainees to the same level and quality of mental and behavioral healthcare, clinical training and employment opportunities, respectively, regardless of circumstance. In this way, CFI and WCF aim to help breakdown generations-old, nationwide barriers and access to quality mental healthcare for every child, family or young adult in need.

Even as the pandemic wanes, the Weissman Children's Foundation continues its **Mental Health Relief Initiative** to provide highly specialized programs and services for the uninsured and underinsured, with an emphasis on helping low-income, Black, Indigenous and People of Color populations. The summer 2021 goal is to help another 100 families in crisis, matching them with our expert team of psychologists, psychiatrists and social workers.

Please consider joining us. Every tax-deductible donation, up to \$1,000 a person, will be matched and doubled—or quadrupled with certain employer matching programs. To donate, visit <http://ioby.com/>

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### **A mental health crisis in this country**

With COVID, civil unrest and economic hardship, it's not surprising to see spiking rates of anxiety, depression, trauma, grief, substance abuse, suicidal ideation, child behavior issues and marital/family conflict. This particularly affects our nation's most vulnerable and marginalized families, too frequently denied access to affordable, effective mental healthcare.

A 2021 [Stress in America](#) survey reported 2 in 3 adults (67%) said they were overwhelmed by all the issues America is facing, the highest stress level since COVID's early days. Over the past year, according to the [National Institute of Mental Health](#) (NIMH):

- 51.5 million adults (20% of all U.S. adults ages 18+) experience anxiety, depression or other mood disorders.
- A prevalence for mental illness in young adults (ages 18-25) is particularly troubling, rising to 30% for their age group and 32% for those reporting two or more races.
- Of 51.5 million adults, only 23 million (45%) received mental health treatment or counseling, or prescription medication, with this being worse for young adults (39%).

Not only are young people struggling the most, it's worsening for them. According to a Mental Health America report:

- This year, 9.7% of U.S. youth have severe depression, compared to 9.2% last year.
- Not only are more young people (ages 11-17) searching for help, but through COVID are more likely than any other age group to have major symptoms of anxiety and depression.
- Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth. In September 2020, more than half of 11-17-year-olds reported thoughts of suicide or self-harm nearly every day of the previous two weeks.

For the past year, the Weissman Children's Foundation has voiced its concern about the proven link between COVID and increased mental illness—and its disproportionate impact on youth, diverse and LGBTQ+ communities. It is hoped this new evidence will spur more research and support from the federal government and insurance companies.

### **Slow Progress to Accessible Mental Healthcare**

Over a decade ago the U.S. Congress passed the **Mental Health Parity And Addiction Equity Act**, with its promise to make mental health treatment as easy to access as other medical services. Yet today, amid COVID, economic hardship, an opioid epidemic and spike in suicide, individuals still struggle to find quality mental health treatments.

A recent healthcare study (Milliman -<https://www.milliman.com/en/insight/How-do-individuals-with-behavioral-health-conditions-contribute-to-physical> ) reported:

- Mental and behavioral health services were provided 4-6 times more often out-of-network, compared to medical/surgical care.
- In-network mental health providers were paid significantly less—in some states, more than 50% less—than primary care providers offering similar services.
- At least 63% of behavioral healthcare occurred exclusively out-of-network in some regions, such as Washington, D.C.

This results in expensive insurance plans with insufficient mental and behavioral health networks, coupled with rising costs of expensive private, out-of-network services. Being left without access to affordable, quality mental healthcare is further compounded by significant mental health disparities among socioeconomically disadvantaged and BIPOC

populations.

*Founding President, CEO and Chief Psychologist Adam Weissman, PhD, of The Child & Family Institute and Weissman Children's Foundation, is also an adjunct professor at Columbia University. Recent accomplishments include receiving the American Psychological Association's 2020 Distinguished Contributions to Practice Award, the highest practitioner honor in his field. The Business Council of Westchester also honored him as a 40 Under 40 Rising Star, and Westchester Magazine selected him for its 2021 Healthcare Heroes Award. Dr. Weissman currently serves as president of the Westchester County Psychological Association and the NY State CBT Division.*

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**COMING SOON**



### **NYC-CBT Training Initiative**

The NYC-CBT Association is pleased to announce a new training initiative for clinicians dedicated to working with underserved populations. Eligible staff and organizations may be approved to receive free admission to CBT lectures, workshops and trainings, including our CBT Basics Training, and an option to become a member at a reduced fee. Please stay tuned for the application process.

#### **Eligibility Criteria:**

- (1)** Be employed by a Community Mental Health (CMH) organization or a not-for-profit 501C3
- (2)** Accept Medicaid/Medicare or offer pro-bono mental health
- (3)** Have an organizational mission focused on underserved communities

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