

Outside of their regular session time, Lehman asked each of them two questions:

1.) *What has been the most difficult for you in coping with COVID-19?*

Clients had difficulty dealing with anger, handling frustration and/or knowing how to manage fear(s) amidst COVID-19. Surprisingly, their responses presented more like the symptoms of their primary co-morbid disorder rather than their PTSD symptoms.

While reasons for each of their responses were different for each patient, their responses presented more like the symptoms of their primary co-morbid disorder rather than their PTSD symptoms (i.e. avoidance behaviors, anger, feelings of helplessness). This was a surprising finding. Symptoms of their primary co-morbid disorder during COVID-19 were the same symptoms prior to COVID-19 but at a seemingly increased level. For example, one patient with PTSD and Major Depressive Disorder became “paralyzed with fear” (her words) and refused to leave her house. Another patient with PTSD and Obsessive Compulsive Disorder took recommended government precautions seriously; however, his daily preventative measures took him more than an hour each day to complete. Yet another patient with PTSD and Generalized Anxiety Disorder turned to Google in order to learn as much as she could about the spread of the virus and after days of research, became overwhelmed with her findings and decided to stay in bed.

Know the Five Signs of Emotional Suffering” including: personality change, agitation, withdrawal, poor self-care, and hopelessness. Those who see the signs of emotional suffering in themselves or someone they love, are encouraged to reach out and seek – or offer – help.

2.) *If you knew at the start of the pandemic what you know now (i.e. two months later), would you have done anything differently?*

While responses varied by individual, they fell into a single category: being or feeling more prepared. One patient explained that, being prepared for COVID-19 is similar to being prepared for a hurricane (i.e. gathering medications, food, water, gasoline, cash, candles, batteries, radio). Another patient added that most people are not working during a hurricane and he felt that going to work every day and maintaining the same schedule (with limitations) actually helped to control his own fear(s) and manage his Panic Disorder. Another patient reflected that while she could improve her preparation by acting sooner rather than later, she has stayed healthy and for her, this is a major accomplishment in the face of a pandemic.

In summary, does PTSD look different in the face of a pandemic or does a pandemic look/feel different through the eyes of a patient with PTSD? The surprising response is “not really” but for patients with PTSD and one primary co-morbid disorder, symptoms of the co-morbid disorder do look and feel different, mostly at a new heightened level.

Lessons learned from crisis responders encourage us to “to normalize our lives as best we can” during and following a crisis by returning to our typical daily schedules and responsibilities as soon as possible. Engaging in “what we know” provides a sense of safety and comfort. Listening and reading facts (from reputable sources) about the situation or event, rather than hearsay, helps to reduce supposition, anxiety, panic and fear of the unknown. In terms of crisis, people, in general, need to do something. Taking care of yourself and/or others is not only an activity but provides an added sense of well-being.

Much like PTSD Awareness Month aims to change the misunderstanding surrounding the condition, Give an Hour's Campaign to Change Direction aims to change the conversation surrounding mental health as a whole. The Campaign to Change Direction is a global public health effort focused on changing the culture of mental health so that all in need receive the care they deserve. Visit www.changedirection.org to join us or learn more about existing tools to promote mental health literacy.

As a School Psychologist and a Clinical Psychologist Dr. Lehman provides in-person and telehealth services. In 2019, she moved her practice solely to telepsychology. Lehman joined Give an Hour™ because she is passionate about helping others recognize the importance of mental health and to “feel OK just to talk about it.”

The truth is, whether we like it or not, we are all experiencing “life in the context of a pandemic.” As such, we may wonder how or if we will be able to do our jobs or just get through the day with a new heightened level of awareness about the safety of the environment. On those days, Lehman tells herself “today may not be my best day but I am here to make another person’s day better”.

Katie Civiletto, MHA is the Program Manager for Give an Hour’s Reserve Component Program. Katie has dedicated her career to the advancement of mental health programs for our military, veterans, and their loved ones. “I know firsthand that PTSD can effect individuals for various reasons and am delighted to see research emerging to support those in need.” she says “While we cannot predict the future of the pandemic, we can draw on our past understanding of the disorder and new research to provide the best care possible.”

Give an Hour™ empowers a community of volunteer mental health professionals who provide no-cost mental health care to active duty, Acute Stress Disorder or PTSD. Providers offer one hour per week of pro bono in person, phone or video counseling to anyone who is/has served in the military or anyone who loves someone who has served in the military. To find a provider in our network, visit www.giveanhour.org/get-help and enter your location and a few preferences to connect to providers who are ready and waiting to help you.