



The University of Texas at Austin  
UT Health Austin

Medical Specialties  
Post-COVID-19 Program



# POST-COVID-19 PROGRAM PARTICIPANT WORKBOOK

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# WELCOME

This group is being offered to help patients who are having persisting symptoms following an infection with COVID-19. We will be meeting for 8 sessions via telehealth.

These sessions aren't to replace your other medical care but add to the services you are already receiving. During these sessions the different symptoms experienced by patients will be reviewed, including issues with fatigue, breathlessness, cognitive functioning and adjustment, and different strategies to address these symptoms will be discussed and practiced within sessions and recommendations for strategies to use between sessions will also be made.

This manual and curriculum was created by the University of Washington's Post-COVID-19 Rehabilitation and Recovery program.

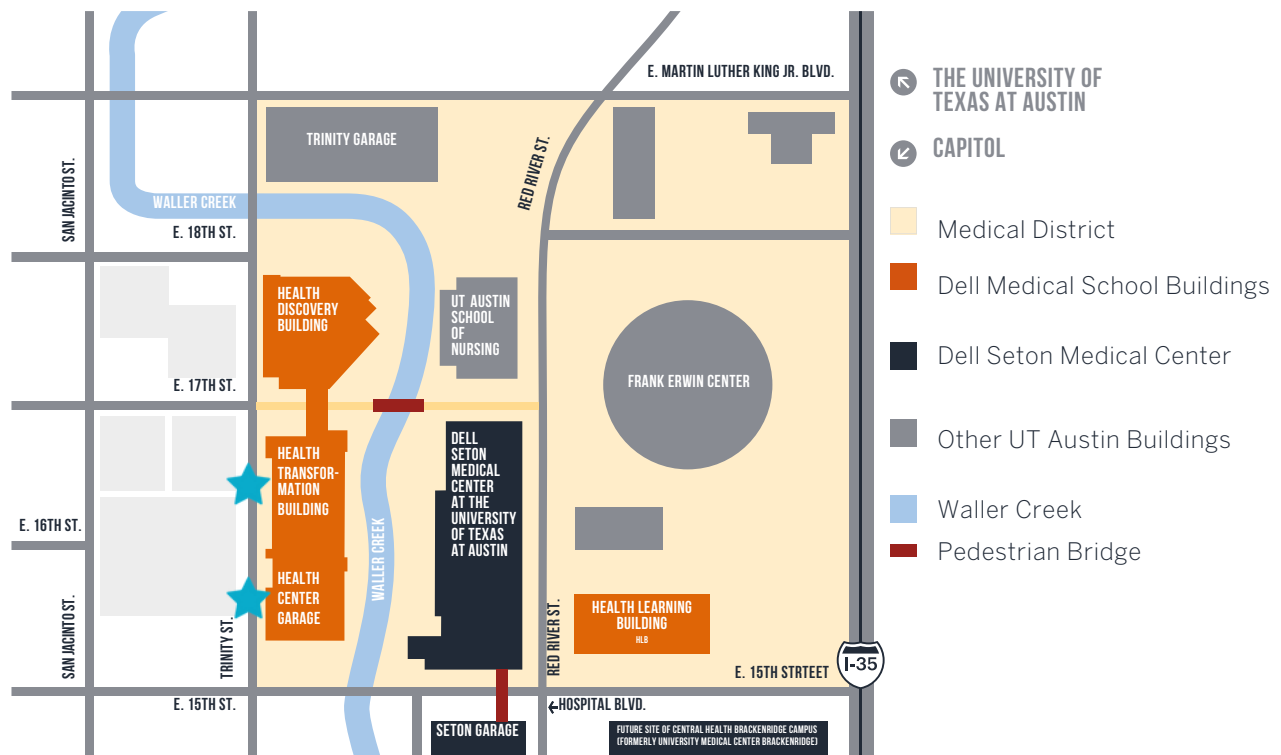
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# ABOUT UT HEALTH AUSTIN

UT Health Austin is the clinical practice of the Dell Medical School at The University of Texas at Austin (UT). Our experienced healthcare professionals deliver personalized, whole-person care of uncompromising quality and treat each patient as an individual with unique circumstances, priorities, and beliefs. We also collaborate with our colleagues at Dell Med and UT to utilize the latest research, diagnostic, and treatment techniques, allowing us to provide you with an unparalleled quality of care.

## WHERE TO FIND THE POST-COVID-19 PROGRAM

- Health Transformation Building, UT Health Austin, 1st Floor 1601 Trinity Street, Bldg. A, Austin, TX 78712
- Parking for the Health Transformation Building is available in the attached Health Center Garage. Parking rates do apply.



## CONTACT US

For questions or more information about the Post-COVID-19 Program call 1-833-UT-CARES (1-833-882-2737) or visit [uthealthaustin.org](http://uthealthaustin.org).

# TABLE OF CONTENTS

WELCOME	2
ABOUT UT HEALTH AUSTIN	3
TABLE OF CONTENTS	4
INTRODUCTION	6
<b>SESSION 1</b>	
Outline	7
I. Introductions	7
II. COVID-19: An Overview	7
III. The Biopsychosocial Approach to Understand and Help Symptoms	10
IV. Use of the Biopsychosocial Model and Upcoming Sessions	11
V. Breathlessness	11
VI. Diaphragmatic Breathing	13
VII. Homework	14
References: Session 1	15
<b>SESSION 2</b>	
Outline	16
I. Session 1 Homework Review	16
II. Contributors To Post-COVID Fatigue	16
III. Cycle Of Deconditioning	17
IV. Assessing And Re-Establishing Priorities	19
V. Pacing In Practice	21
VI. Homework	22
Appendix: Session 2	24
References: Session2	28
<b>SESSION 3</b>	
Outline	29
I. Session 2 Homework Review	29
II. Importance Of Sleep and Ways It Can Be Disrupted	29
III. Biological Process of Sleep	29
IV. Optimizing Your Thinking Skills After COVID: Memory	32
V. Attention	34
VI. Homework	38
Appendix: Session 3	39
References: Session 3	40
<b>SESSION 4</b>	
Outline	41
I. Session 3 Homework Review	41
II. Anxiety	41
III. Dealing With Uncertainty	42
IV. Mindfulness and Acceptance	44
V. Homework	47
Appendix: Session 4	48
Reference: Session 4	52

# TABLE OF CONTENTS

## SESSION 5

Outline	53
I. Session 4 Homework Review	53
II. Stress	53
III. A Coping Model	53
IV. Steps To Apply the Coping Model	55
V. Homework	60
Appendix: Session 5	61
Reference: Session 5	67

## SESSION 6

Outline	68
Session Description	68
I. Session 5 Homework Review	68
II. Communicating with Your Doctor and Other Health Care Providers	70
III. Communication with Family and Friends	72
IV. Goal Setting Between Now and the Booster Session	72
V. Mindful Closing	73
VI. Booster Session Worksheet	74
Appendix: Session 6	75
Reference: Session 6	77

## BOOSTER SESSION ONE

Outline	78
I. Checking Back in with One Another	78
II. Progress with Maintaining Gains	78
III. Progress Working on Goals	78
IV. Brush Up – Time to Review Any Strategies from Previous Sessions	78
V. Plan for the Second Booster Session	78

## BOOSTER SESSION TWO

Outline	80
I. Checking Back in with One Another	80
II. Progress with Maintaining Gains	80
III. Progress Working on Goals	80
IV. Set-Backs	80
V. Steps Toward the Future	81
Appendix: Booster Session Two	82

## VOCATIONAL FUNCTIONING

Situation 1: Back to Work but with Difficulties	85
Situation 2: Have Not Returned to Work (or Only Briefly Returned)	88
Information by Counselors	92

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## NOTES

# WELCOME AND INTRODUCTION

This group is being offered to help patients who are having persisting symptoms following an infection with COVID-19. We will be meeting for 8 sessions via telehealth. These sessions aren't to replace your other medical care but add to the services you are already receiving. During these sessions the different symptoms experienced by patients will be reviewed, including issues with fatigue, breathlessness, cognitive functioning and adjustment, and different strategies to address these symptoms will be discussed and practiced within sessions and recommendations for strategies to use between sessions will also be made.

Before beginning with the topics for this first session, following are some group norms and suggestions to get the most out of telemedicine group sessions.

## I. Privacy Rules

- A. For Group Leaders: Your leaders will not tell anything about the group to anyone outside of the group. The law says we must break this rule in two special cases:
  - 1. If we think you will hurt yourself or another person
  - 2. If you tell us about child abuse or elder abuse.
- B. For you: Out of respect for others, please do not talk about any members of your group to people outside of group or contact group members outside of our group time together.

## II. Roles of Group Members and Leader

- A. Attending all the sessions, as you are able, will be important, as well as trying different strategies, in-between sessions, we discuss in session to help with your symptoms. Please feel free to take part in each session, only sharing as much information as you are comfortable, and remember to leave room for all to have a chance to contribute to the discussion.

## III. Tips About Use of Zoom as Our Way to Conduct Our Group Meetings

- A. When you sign into the Zoom conference, type in your first name to facilitate discussion. Do NOT type your last name, in order to protect your confidentiality.
- B. Join the video conference from a quiet place so that you and others will not be distracted by background noise. If there is background noise you cannot help, please mute your microphone when you are listening.
- C. Remember that everyone can see you, all the time, and so do what you would do if you were attending these sessions in-person. For example, using good eye contact by looking into the camera, avoiding doing other tasks while in session and alerting the group if you need to leave the session for any reason.

# SESSION ONE

## Outline

- I. Introductions
- II. COVID-19: An Overview
- III. The Biopsychosocial Approach to Understand and Help Symptoms
- IV. Breathlessness
- V. Relaxation Exercise
- VI. Homework Reference: Session1

## I. Introductions

## II. COVID-19: An Overview

- A. Patients who are infected with SARS-COV-2 can be asymptomatic or present with a range of symptoms from mild to severe, some patients requiring hospitalization.
- B. The CDC has identified what they have termed Post-COVID Conditions to indicate patients who experience “new, recurring, or ongoing symptoms and clinical findings more than four weeks after infection, sometimes after initial symptom recovery.” There are several different types of Post-COVID Conditions that have been identified thus far:
  1. Effects of prolonged hospitalization – for example, if a patient had a several week stay in ICU, their COVID symptoms may have all resolved but they may be dealing with some prolonged deconditioning from being in bed or muscle weakness from inactivity.
  2. Co-occurring, separate conditions. Sometimes patients have been infected with COVID and coincidentally other conditions, separate from COVID, are discovered.
  3. Another type of Post-COVID Condition, frequently called “Long COVID ” or persistent symptoms after COVID infection, “encompasses a wide range of symptoms and clinical findings that can occur in people with varying degrees of illness from acute SARS-CoV-2 infection” (CDC).

This category is considered heterogeneous in that it can include patients with varying degrees of illness and also with a range of different symptoms.

Another important thing to consider is that research is still ongoing to understand the ways/mechanisms in which SARS-CoV-2 infection leads to reported symptoms.

To date, according to the CDC, the most commonly reported symptoms by patients classified as experiencing persisting symptoms after COVID infection include:

- a. Tiredness or fatigue that interferes with daily life
- b. Symptoms that get worse after physical or mental effort (also known as post exertional malaise)
- c. Difficulty thinking or concentrating (sometimes referred to as “brain fog”)

# SESSION ONE

- c. Difficulty breathing (with and without abnormal imaging and pulmonary function testing)
- d. Cough
- e. Painful joints or muscles
- f. Chest pain
- g. Depression or anxiety
- h. Headache
- i. Fever
- j. Heart palpitations
- k. Loss of smell or taste
- l. Dizziness on standing

According to the CDC: “The natural history of SARS-CoV-2 infection is currently being investigated. Researchers are actively studying the prevalence, mechanism, duration, and severity of symptoms following acute SARS-CoV-2 infection, as well as risk factors associated with post-COVID conditions.”

- C. Information from the University of Washington and Harborview Medical Center physicians about persistent symptoms following COVID-19.

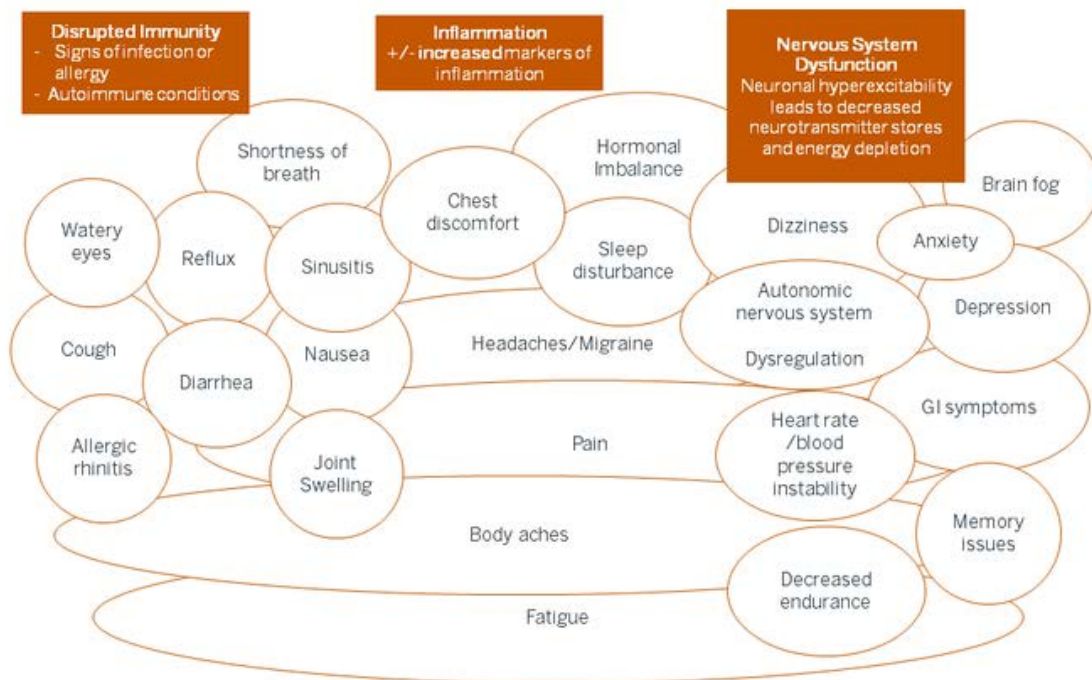
## Persistent symptoms after COVID: pathophysiology

- We are not certain why some people have certain persistent symptoms after a coronavirus infection – it is probably some combination of genetics and individual biochemistry.
- We are learning that the constellation of symptoms people are experiencing fit into one or all of three buckets:
  - Increased inflammation
  - Immune system dysregulation
  - Nervous system dysfunction



# SESSION ONE

Given this is an evolving field of study, it is also possible that other conditions or factors can be maintaining some symptoms. The physician team at UT Health Austin considers treatment to be a multi-modal and multi-disciplinary approach.



# SESSION ONE

## III. The Biopsychosocial Approach to Understand and Help Symptoms

- A. Almost any type of health issue we face is affected by three different factors:
  - 1. Biological Factors
  - 2. Social/Environmental Factors
  - 3. Psychological Factors
- B. To more fully understand symptoms and how to help improve symptoms, it is useful to consider all three of these factors. We may find that some symptoms are more influenced by one factor than another.
- C. Here is an Example:
  - 1. Decrease endurance (common post-COVID symptom)
    - a. Biological factors: This particular patient had pneumonia so her lungs were not functioning at full capacity for a while – she was in bed for a couple of weeks, so she lost some physical conditioning.
    - b. Social/Environmental: Her doctor recommended gradual exercise at the gym, but the gym is closed and she doesn't feel safe walking in her neighborhood – so she hasn't started exercising.
    - c. Psychological Factors: She has always been in great shape and so she keeps thinking how she is never going to get back to her previous strength/endurance.
- D. By considering these three factors and how they may contribute to symptoms, you can begin to get strategies/methods to address and improve your symptoms.

Practice:

Symptoms: \_\_\_\_\_

\_\_\_\_\_

Biological Factors: \_\_\_\_\_

\_\_\_\_\_

Social/Environmental Factors: \_\_\_\_\_

\_\_\_\_\_

Psychological Factors: \_\_\_\_\_

\_\_\_\_\_

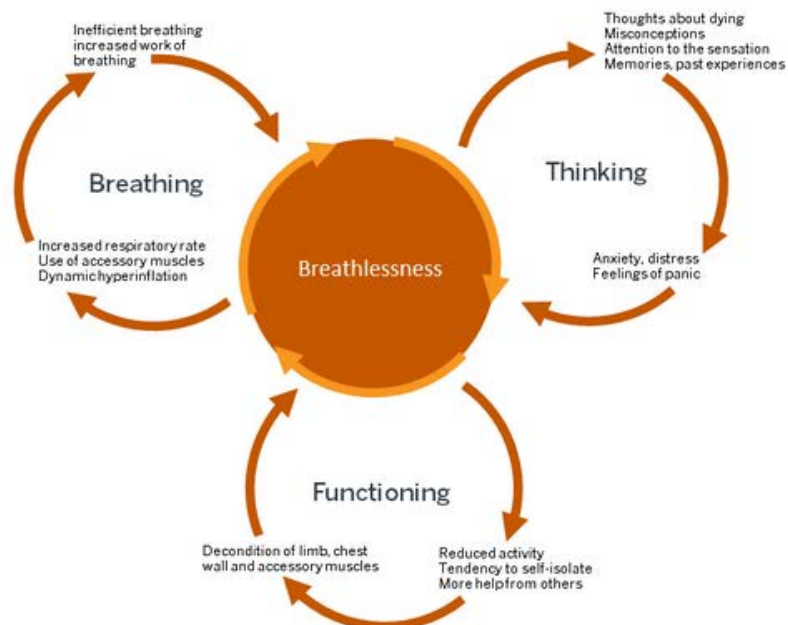
# SESSION ONE

## IV. Use of the Biopsychosocial Model and the Upcoming Sessions

- A. You can expect to apply the biopsychosocial model to many of your symptoms to (1) identify factors that may contribute to the presence of your symptoms and (2) understand and apply the strategies to improve and help you cope with your symptoms.
- B. The upcoming session will include topics such as fatigue, sleep, attention, and memory, anxiety, stress management, and communication skills. For the remainder of this session we will discuss breathlessness.

## V. Breathlessness

- A. What is it?  
Answer: Shortness of breath, labored breathing or distressed breathing
- B. Research has found that lung capacity, in many cases, is not entirely related to experience of breathlessness. In other words, other factors can influence the experience of feeling breathless.
- C. Research has shown that often when people feel breathless, they get the idea they “need more air” and so tend to breath more rapidly and just use the upper chest, which can tire you out, lead to quick/shallow breaths and very short pauses between breaths.  
Conclusion: The way we breathe can influence the experience of breathlessness.
- D. Breathlessness “involves both the perception of the sensation by the patient and his reaction to it”.  
Conclusion: So how we react to our breathing can influence the experience of breathlessness.
- E. The Breathing, Thinking, Functioning Clinical Model.  
Reproduced with permission of the Cambridge Breathlessness Intervention Service.



# SESSION ONE

Here is an example of how this model works.

Our patient, who was in bed for two weeks, noticed that they were breathing more heavily when going out for a short walk around the block. They thought, "Oh my gosh, this isn't me, I am in great condition, I wonder if my lungs have been really damaged?" They focused even more on their breathing, noticed every sensation and started to take small breaths. The patient goes home and decided more rest was in order and avoided walking around the block.

Can you identify the breathing, thinking, and functional aspects of the model in this example?

Breathing: \_\_\_\_\_

\_\_\_\_\_

Thinking: \_\_\_\_\_

\_\_\_\_\_

Functioning: \_\_\_\_\_

\_\_\_\_\_

# SESSION ONE

## VI. Diaphragmatic Breathing\*

- A. Diaphragmatic Breathing, like most relaxation exercises, can help with a variety of symptoms:
  1. Helps to regulate breathing/experience of breathlessness
  2. Helps with stress/anxiety
  3. Helps with sleep onset
- B. Diaphragmatic Breathing
  1. Is very easy to learn and very effective
  2. The diaphragm is a dome-shaped muscle right under the rib-cage, between chest and stomach cavities.
  3. During correct diaphragmatic breathing, the diaphragm is tightened, and pulls the lower part of the lungs down so more air can be inhaled. As you inhale, the abdomen swells, causing your abdomen to be pushed out a little. At end of inhalation, the upper chest expands.
  4. As discussed above, when feeling breathless often people tend to breath more rapidly and just use the upper chest, which can tire you out, lead to quick/shallow breaths and very short pauses between breaths. Diaphragmatic breathing can help change those patterns.
  5. Diaphragmatic breathing also allows more air to flow into your body, which helps quiet your nervous system, specifically your sympathetic nervous system (controls your "fight or flight" response). This, in turn, helps reduce feelings of stress and breathlessness. We also know that diaphragmatic breathing slows the heart rate, lowers blood pressure, and brings more oxygen to the muscles.
- C. Practice Together:
  1. First, get as comfortable as you can. It does not matter whether you are sitting or lying down, just that you feel comfortable.
  2. Breathe in through your nose.
  3. As you breathe in, try and fill the lower part of your lungs first. You'll notice your stomach (abdominal) area pushing out as you do so. Next, as you continue to fill your lungs, you'll notice your lower ribs and chest move. Finally, as your upper lungs fill, your upper chest may move slightly.
  4. Once your lungs are full, hold your breath for a few seconds.
  5. Next, breathe out through your mouth. As you exhale slowly and deliberately, you'll notice your chest, ribs, and abdominal area slowly deflating and relaxing. You're now ready for your next breath.
  6. If possible, try putting a hand on your stomach(abdominal area) to make sure it is rising with each breath you take in, and falling with each breath out.
  7. Let's do 5 breaths together and I'll talk you through the first couple of breaths to get started. Go ahead and take a nice, deep breath, feeling the air enter your lower, then upper lungs, and hold it...and breathe out.
  8. Check-in

*\*Some of this information was adapted from The UW Adapt Study: Cognitive Behavioral Therapy for Chronic Pain in Multiple Sclerosis. Drs. Ehde, Jensen, Day and Alschuler*





## References: Session One

Spathis A, Booth S, Moffat C, Hurst R, Ryan R, Chin C, et al. The Breathing, Thinking, Functioning clinical model: a proposal to facilitate evidence-based breathlessness management in chronic respiratory disease. *npj Primary Care Respiratory Medicine*. 2017;27(1):27.

The UW Adapt Study: Cognitive Behavioral Therapy for Chronic Pain in Multiple Sclerosis (Dawn M. Ehde, Mark Jensen, Ph.D., Melissa Day, Ph.D., and Kevin Alschuler, Ph.D.)

# SESSION TWO

## Outline

- I. Session 1 Homework Review
- II. Contributors To Post-COVID Fatigue
- III. Cycle Of Deconditioning
- IV. Assessing And Re-Establishing Priorities
- V. Pacing In Practice
- VI. Homework
- VII. Appendix: Session 2
- VIII. Reference: Session 2

### I. Session 1 Homework Review

### II. Contributors to Post-COVID Fatigue

Fatigue is very common after viral infections, including COVID-19, and while it typically improves 2-3 weeks after recovery, persisting symptoms are not exceptionally uncommon. The reasons for lingering fatigue after COVID- 19 are not fully understood but research suggests the following causes are likely...

- A. A continuing response to the virus even though the infection has got better
- B. Sleep is less restorative than before
- C. Deconditioning resulting from lethargy and low energy (reduced stamina)
- D. Anxiety and depression
- E. Medication side-effects
- F. Physical changes(e.g., pain; less efficient oxygenation)

**Discussion:** What factors have you noticed appear to be impacting your fatigue, if such is an issue for you?

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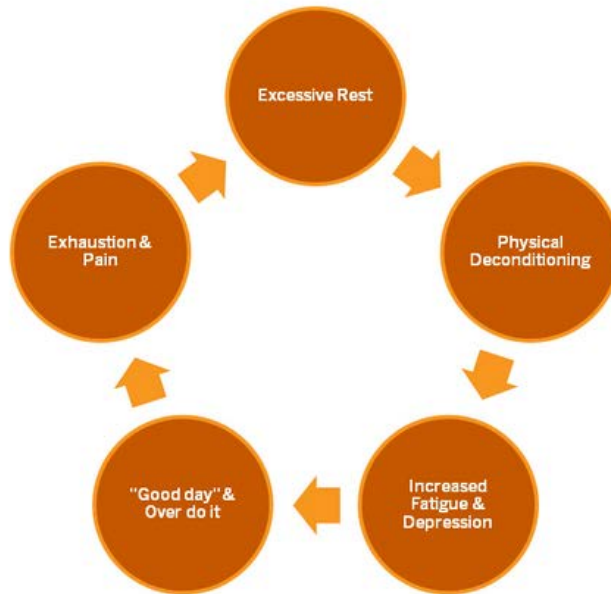
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# SESSION TWO



### III. Cycle Of Deconditioning

- A. Before COVID, you were active with more energy
- B. COVID infection can lead to difficulty breathing, lethargy, and fatigue for days-to-weeks
- C. Lack of movement and exercise while sick causes body to weaken (lower stamina)
- D. Feeling better and eager to do more = exercising or engaging at prior pace
- E. Next day, feeling significantly tired and/or bodily pain
- F. Results in longer periods of rest and potentially feelings of depression and anxiety
- G. Eventually, feeling “good” and wants to capitalize on this “brief” period of energy
- H. Results in overdoing it and repeating the cycle of continuing to weaken.

**Discussion:** How does this apply to your situation or perhaps someone you know?

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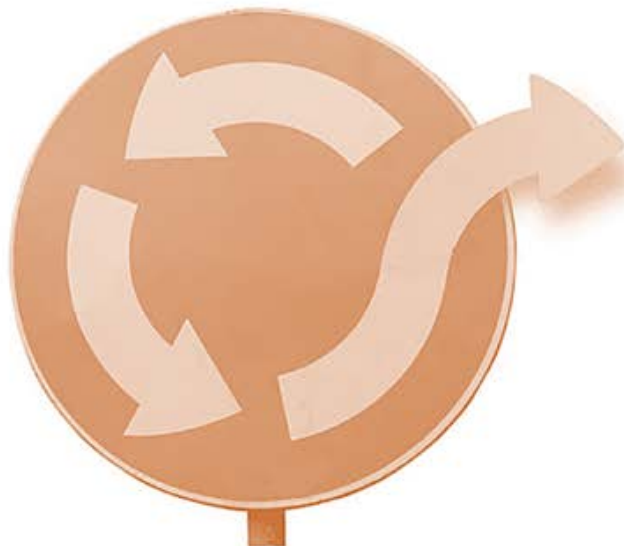
# SESSION TWO

## Mood-related factors that contribute to fatigue cycle

- A. Feeling depressed, stressed, and anxious can leave you feeling tired. Equally, when people experience high levels of fatigue, which stop them from doing what they want to do, they may report feeling low and irritable.
- B. Many people believe fatigue is something they are unable to control, and this can lead them to feel helpless or hopeless.
- C. Typical coping strategies involve either trying to push oneself harder, therefore getting into a 'boom-bust' cycle of doing too much and then collapsing with tiredness or avoiding certain activities altogether.

## Breaking the cycle of deconditioning and perpetuation of depression requires several steps:

- A. Survey of what you spend the most time doing.
- B. Identification of what activities you enjoy to further prioritize.
- C. Identification of more mundane/less important activities.
- D. Restructuring of life to focus on priorities and lessen wasted time.



# SESSION TWO

## IV. Assessing And Re-Establishing Priorities

**Organizing your time** – Prioritize the important things by the 80:20 Rule.

- A. We spend 80% of our time doing 20% of the tasks that are least important to us.
- B. Often, we do the easiest tasks first because we can cross them off our list. When in the process of building up endurance and stamina, the goal is to reverse this pattern.
- C. Schedule chunks of time to work toward your most important life goals and priorities and allow no interruptions. The lesser items will fit in. This is like filling your bucket with large rocks first, then filling the rest in with pebbles, then sand, then water.

	Immediate/Deadline	Not immediate/ No Deadline
Important	<b>Large Rocks/Pebbles</b> <ul style="list-style-type: none"> <li>• Emergencies</li> <li>• Important appointments</li> </ul>	<b>Large Rocks/Pebbles</b> <ul style="list-style-type: none"> <li>• Health &amp; exercise</li> <li>• Important relationships</li> <li>• Planning self-care</li> </ul>
Not as Important	<b>Sand: Interruptions</b> <ul style="list-style-type: none"> <li>• Phone is ringing</li> <li>• Someone at door</li> <li>• Watching TV shows</li> </ul>	<b>Water</b> <ul style="list-style-type: none"> <li>• Various chores</li> <li>• Responding to mail</li> <li>• Unimportant messages</li> </ul>

The goal is to move towards spending most of our time in the Important/Not Immediate quadrant. These are the large rocks/pebbles. If you spend more time on planning and prevention, you will not need to spend as much time in the Important/Immediate quadrant.

# SESSION TWO

**Discussion:** What are your big rocks, pebbles, sand, and water? How do they fit into your time management matrix?\*

	Immediate/Deadline	Not immediate/ No Deadline
Important	<b>Large Rocks/Pebbles</b>	<b>Large Rocks/Pebbles</b>
Not as Important	<b>Sand: Interruptions</b>	<b>Water</b>

\* Pages 18 and 19 were reproduced with permission from UCSD Cognitive Compensatory Training Manual Dr. Twamley

# SESSION TWO

## V. Pacing In Practice

- A. As one recovers from COVID, it is common to “overdo it” when trying to resume normal activities.
  - 1. Where before you could mow the entire lawn in one afternoon without any problems, now doing it for more than 30 minutes causes a lot of pain and fatigue.
- B. Resuming normal routines after an injury and a period of deconditioning can exacerbate fatigue and increase the feeling of disability.
  - 1. Especially after doing too much on a “good day”
- C. The key to engaging in activities (both enjoyable but also needed chores) without becoming overly fatigued is through pacing.
  - 1. Using the 50%-75% rule, you carry out an activity that you did before COVID, but only for 50%-75% of the time.
  - 2. Before COVID, if you would mow the lawn for 30 minutes, give yourself a new time of only doing so for only 15-22 minutes.
- D. Then rest 5-15 minutes before re-engaging again for that allotted time
  - 1. Keep a log of your activity and level of fatigue each day to track the connection between how much you exerted yourself and how you feel.
  - 2. Once you have established a good baseline in which you can engage in activities without feeling overly exhausted that night or next morning, you can start to increase how much you do by 10% at a time.
- E. Over time, you will build strength and endurance
  - 1. Similar to how a marathon runner doesn't go out and run 26 miles without training
  - 2. See the Appendix for more information on pacing.
- F. When the unexpected happens
  - 1. Setbacks and relapses can happen for all kinds of reasons (i.e., taking on too much at once). If this happens, review your activity log and find a secure level to pull back to, even if it is several steps below. See the Appendix for more information on learning from stumbling blocks and setbacks.
  - 2. Setbacks are normal and not a sign of failure.

# SESSION TWO

## VI. Homework

Estimate how long you can safely do one of your regular activities (i.e., yardwork; dishes) without causing significant pain or becoming overly exhausted, and then mark 75% of that effort as your “active” goal. For example, if you feel you can manage 30 minutes of raking leaves without any trouble, then your “active” goal would be about 22 minutes. Then incorporate a 5-15-minute break and if the project is not finished but you feel you can continue, repeat the same cycle.

Once you have established a baseline but feel you are ready to build and extend an activity, do this by 10% and no more. For example, for your 22-minute raking leaves chore, increase it by only 2 minutes. Over time, repeat this process so that your activity periods are gradually lengthened, and your rest periods shortened. Whichever approach you choose, do not be too ambitious and only increase activities little by little.

Use the table on the next page to record how you pace activities this week (more are also included in the Appendix). Use the sample as your guide, where each period of activity and rest equals one cycle. In the example provided, the markings of 22/10 (1) indicating working for 22 minutes and resting for 10 minutes for one cycle of pacing. On the last column, mark your level of fatigue on a 1-10 scale (1 minimal fatigue and 10 exhausted) to help you track when you may be overdoing it or prepared to increase your baseline.

# SESSION TWO

	Sample	Activity 1	Activity 2	Activity 3	Fatigue
Activity	Rake leaves				
Active goal	22 minutes				
Rest goal	10 minutes				
Day 1	22/10 (1)				
Day 2	22/10 (2)				
Day 3	22/10 (3)				
Day 4	22/10 (2)				
Day 5	22/10 (3)				
Day 6	22/10 (2)				
Day 7	22/10 (2)				

# SESSION TWO

## Appendix: Session 2

Below is detailed information about pacing to supplement what was reviewed in the session. Breaking the cycle of deconditioning and depression begins with restructuring your life to prioritize more activities that bring you joy and emphasize self-care. In turn, it is important to reduce how much time is wasted on less important, mundane distractions.

However, simply spending more time on enjoyable activities doesn't help build endurance and stamina on their own.

- A. It is possible to “overdo it” on enjoyable activities that perpetuates deconditioning cycle.
- B. Also, impossible to avoid less enjoyable activities that need to be completed.
- C. This is where the act of timed pacing comes in!



### Pacing in Practice

- A. Finding a sustainable baseline and stabilizing activity  
To find the amount of activity that you can confidently manage on a day-to-day basis, you first need to have a good awareness of your current activity patterns and their impact on your symptoms and how you feel. How do your symptoms change and fluctuate in relation to what you have been doing? Remember to consider not just physical activity but also mental and emotional activities.
- B. Keep a diary  
It can help to keep a simple diary of activity and rest. A diary will help you to understand what is going on and enable you to reflect on your own circumstances. The effects of 'overdoing it' may not show up for a day or two but your diary may help you to identify what triggered your symptoms.

Sometimes, diaries are more helpful to identify peaks and troughs in activity, than symptom responses, because of the delay. Also, of course, symptoms vary for other reasons than activity levels.

1. You will need to keep your diary until you are able to spot patterns or apply the pacing and planning principles in your head or build them into your routines.
2. This can be used to help identify activities to help start tracking.



# SESSION TWO

## C. Calculate your baseline

There are several ways to work out the length of time you can do an activity, and you may need to experiment to find the best one to suit your situation. This can take some time. You will need to work out a baseline for each different activity you undertake.

Techniques include:

1. The 75% rule. If you think that you can carry out an activity for 20 minutes, try reducing your activity time by five minutes to 15 minutes (75% of 20 minutes). The aim would then be to maintain 15-minute blocks of activity interspersed with rest/relaxation periods throughout the day.
2. An even simpler way is to set your baseline at about 50% of what you think you can do on an average day.
3. Split each activity up with 5-10-minute rest breaks.
4. When you're setting a baseline, the golden rule is to remember that all activities must be set at a level that can be maintained on both a good and a bad day. It can be very disappointing to find that your baseline is lower than you expected but remember that you are taking a step back in order to go forward!

## D. Stabilizing your activity

When you have set your baseline, you need to give your body time to settle into the level. How long this takes will vary from person to person, but it can take weeks. You will be ready to gradually increase your activities when you feel your body has acclimatized to the level and you can confidently sustain it.

### Increasing as able

Once you have found a sustainable baseline of one or more activities, you should find that you are able to gradually increase your activity. You could do this by adding one small extra task or by lengthening an existing activity. Any increases should be very gradual, and the process should be initiated and controlled by you.

If you decide to extend an activity...

- A. Do this by 10% and no more
- B. For example, if you can currently carry out housework for 10 minutes, try increasing it to 11 minutes.
- C. Remember: only increase by 10%. Over time, repeat this process so that your activity periods are gradually lengthened, and your rest periods shortened. Whichever approach you choose, do not be too ambitious and only increase activities little by little.

Side effects and listening to your body

- A. Learning to pick up on the signals that your body gives you and making sense of them is an important part of pacing.
- B. You will need to learn to distinguish between the normal effects of increasing activities and the negative effects of having done it.

# SESSION TWO

- C. This is normal and your body will need a few days to adjust and adapt.
- D. However, if your fatigue and other symptoms continue for a week or longer this might indicate that you have increased the activity too quickly.

## Goal setting

- A. To help you increase your activities, set targets against which you can measure your progress. These goals must be realistic, achievable and sustainable.
- B. For example, if concentration and memory problems make reading difficult, you might set yourself a specific reading goal.
- C. Choose a book that is enjoyable and not too taxing, then build in small stages – tackle a couple of pages at a time, or a chapter, and build in quality rest periods. Similarly, you could choose a newspaper or magazine.

## Stumbling blocks

Now that you understand how pacing works, you can probably imagine how hard it can be to put into practice. There is likely to be pressure from everyday life and from yourself or others to deviate from your plans. If your lifestyle makes pacing extra difficult you will need to take some time to stand back and reflect. Think about whether everything you are attempting to do is essential.

- A. Taking on too much

It can be hard to let go of things that might be preventing you from pacing effectively. There are likely to be demands and pressures from other people and you may also be battling with your own expectations. If you have standards that are getting in the way of pacing you will need to adapt and change them.

It's all too easy to push yourself to finish a task you have started, or to feel bad about "letting somebody down." It is important to learn to let go and to make fewer demands on yourself.

- B. The unexpected

Life is unpredictable, so however thoroughly you might plan your time you can still be caught out by the unexpected. Because of this, it's important not to work right up to the margins of what you can sustain – leave a bit of a gap or cushion so that you can deal with any activities that come out of the blue.

- C. Setbacks

Setbacks or relapses can happen for all sorts of reasons but often they are caused by trying to do too much. If you think you may be heading for a setback...

1. Take some time to review why this is happening.
2. It's sensible to drop back to a really secure level of activity while you recover, even if this means dropping several levels, or going back to where you started, before building up again.
3. It's not a good idea to cut activity out altogether because too much rest and too little activity can exacerbate the setback rather than improve matters.

# SESSION TWO

Dropping to a lower activity level can be demoralizing, but the good news is that people usually find it's easier to build up through the levels after the first time. If you are having regular setbacks/relapses it's likely that you are attempting to do too much when you are going through a good phase, then suffering payback.

Think about the following:

1. Did I set my baseline correctly?
2. Have I attempted to increase my activity too quickly?
3. Have I been pushing myself too hard?
4. Have I taken into account all my activities – emotional as well as physical and mental?
5. Am I resting properly?
6. Am I getting enough good quality sleep? Or sleeping too much?
7. Are my goals realistic?



## References: Session Two

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# SESSION THREE

## Outline

- I. Session 2 Homework Review
- II. Importance of Sleep and Ways it can be Disrupted
- III. Biological Process of Sleep
- IV. Optimizing Your Thinking Skills After COVID – Memory
- V. Attention
- VI. Homework
- VII. Appendix: Session 3
- VIII. Reference: Session 3

### I. Session 2 Homework Review

### II. Importance of Sleep and Ways it can be Disrupted

Poor sleep is frequently reported as a lingering symptom following COVID-19 and can have impact on our lives. Consistently poor sleep can influence many things including energy levels, mood, cognition and ways we manage ourselves within relationships.

There are many reasons that sleep could be disrupted.

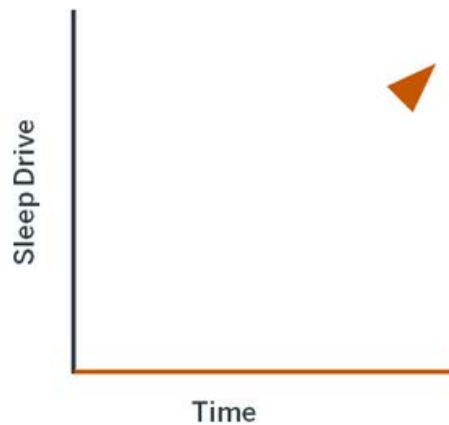
- A. Sleep apnea – The most common type of sleep apnea is obstructive sleep apnea (OSA). OSA occurs when the muscles in your throat relax and block your airway while you are sleeping. It can happen frequently over the sleep period. OSA is usually diagnosed using a Sleep Study. Sleep Studies can measure the number of times you throat relaxes and your airway is blocked during the sleep study. The more often you have these events, the more severe your OSA.
- B. Circadian sleep wake disorders – Disorders of the circadian system that mainly affect sleep timing including delayed and advanced sleep timing.
- C. Insomnia – Difficulty initiating and/or staying asleep or waking up earlier than you would like for at least 3 nights a week for 3 months which makes you feel tired during the day.
- D. Disrupted sleep – Difficulty sleeping due to pain, stressor nightmares.
- E. Unproductive Sleep Habits – Habits developed that don't promote sleep, such as late in the day naps, caffeine before bed.

# SESSION THREE

## III. Biological Process of Sleep

We have two different ways that our body helps us prepare for sleep.

- A. The first is called the Sleep Drive. It increases over time. Think about it like hunger; the longer you go without eating, the hungrier you get!



- B. The second is called the Circadian Clock. There is a portion of your brain that tells your body when to do specific things. One of the clock's most important tasks is telling your body when it is time to sleep. You want your clock to tell you the right time to go to sleep!





# SESSION THREE

## IV. Optimizing Your Thinking Skills After COVID: Memory

Sections below adapted from Pagulayan & Tippett (2011) Memory Skills Manual and Twamley et al. (2011) Compensatory Cognitive Training Manual.

Poor sleep is frequently related to difficulty with thinking skills the next day. Challenges with your thinking skills can make it difficult to do the things you need to do in your daily life. Below, we discuss memory, attention, and some common "roadblocks" to optimizing our cognitive functioning.

How does memory work?

Several steps are required to remember information.

- A. Acquisition
  - 1. We first have to "acquire" information to be able to remember it later on.
- B. Consolidation
  - 1. Our brain then has to hold on to this information and process it so that we can remember it later on.
- C. Retrieval
  - 1. The final step, we have to be able to recall or retrieve the information when we need it.

Memory problems can arise in any of these stages.



### Types of Memory

- A. Short-term Memory - Stores information for several minutes to a week or less
  - 1. Allows us to keep information on hand to work with it or do an activity, such as a list of items to buy at the grocery store.
  - 2. Once the activity is over most of this information is forgotten.
  - 3. A strategy or intentional effort is often required to move information to long-term memory.
- B. Long-term Memory - Information can be permanently stored.
  - 1. Skills or how to do things (reading, riding a bike, driving a manual car)
  - 2. Events (a family vacation or traumatic experience)
  - 3. Knowledge and information (meaning of a word, facts, phone numbers)
- C. Recall vs. Recognition Memory
  - 1. Remembering something without any prompts or clues vs. remembering something when provided a prompt or clue



# SESSION THREE

**Discussion:** What, if any, memory step do you notice yourself having the most difficulty with?

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## Roadblocks to efficient memory

You may have many thoughts about why you have issues with memory. Often, there is no single cause of these difficulties. Instead, multiple factors may contribute to problems with memory, including the following. Can you think of any others?

- A. Depression
- B. Stress
- C. Anxiety
- D. Substance abuse
- E. Medical conditions
- F. Medications
- G. Poor sleep
- H. Pain
- I. Environmental factors

**Discussion:** Which of these – if any – roadblocks do you find influence your memory?

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# SESSION THREE

## V. Attention

### Staircase of Attention

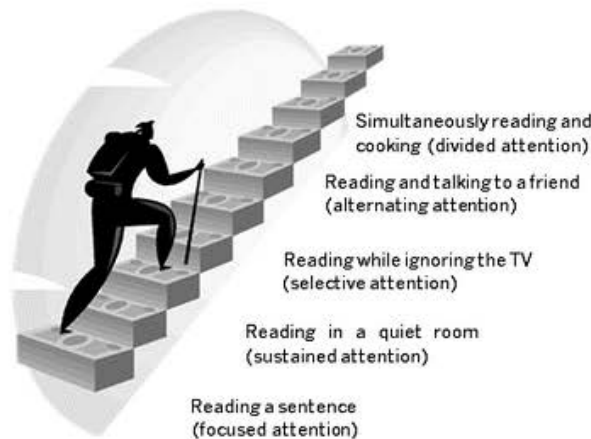
There are many different types of attention that vary in level of complexity. You can think of the levels of attention as a staircase. As a task becomes more complex, you are moving “up” the stair case of attention.

At the top of the staircase,

- A. Tasks are the most challenging,
- B. Errors are more likely to occur, and
- C. Anxiety and irritability are likely to increase.

This makes it even harder to get things done. Therefore, it helps to work at the simplest or lowest level of attention possible.

Example: Reading a book



*Reproduced with permission from Memory Skills Manual, Drs. Pagulayan and Tippett.*

**Discussion:** What types of tasks, if any, are hardest for you to pay attention to? What type of attention are you using during those tasks?

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# SESSION THREE

## Attention Strategies

In order to pay attention and concentrate, we need to be able to manage distractions. Distractions can be internal (thoughts, bodily sensations) or external (things and people in your environment).

There are many strategies you can use to overcome these distractions:

- A. Take care of bodily needs– hunger, thirst, pain.
- B. Remove distractions.
- C. Find a quiet space to work, and hang a “Do Not Disturb” sign.
- D. Decide to do one task, or the first step of your task. Post a reminder of this task near you, if needed.
- E. Focus your attention– deep breathing, mindfulness/meditation exercises.
- F. Take regular breaks.

Additional attention strategies are listed below.

- A. Think about how each of the following strategies moves you to simpler levels of attention.
- B. The goal is always to simplify the task so that it requires the simplest level of attention possible.
- C. Move down the staircase of attention!

# SESSION THREE

**Class Exercise** – Distractions Self-Evaluation. Review the list of attention strategies on this page. Put a check in the boxes that indicate which distractions, if any, are problematic for you.

Distraction	Strategy
<b>Internal Distractions</b>	
<b>Hunger, thirst, fatigue, pain</b> <input type="checkbox"/> These things often distract me.	<ul style="list-style-type: none"> <li>• Eat, get a glass of water, and go to the bathroom.</li> <li>• Take all medications as prescribed.</li> <li>• Get enough rest each night.</li> <li>• Tired? Do some jumping jacks or take a fast walk.</li> </ul>
<b>Distressing memories, emotions, stress, anxiety, ruminative thoughts</b> <input type="checkbox"/> These things often distract me.	<ul style="list-style-type: none"> <li>• Observe and label what is happening – understanding the source of your difficulties helps you address them.</li> <li>• Pay attention to breathing.</li> <li>• Practice mindfulness.</li> <li>• Regulate your self-talk – be easy on yourself.</li> <li>• If you keep thinking about what you need to do later, write it down and then return to the task at hand.</li> </ul>
<b>Forgetting what I am supposed to be doing.</b> <input type="checkbox"/> This problem often distracts me.	<ul style="list-style-type: none"> <li>• Use your daily planner to prioritize and schedule the task.</li> <li>• Before you begin an important task, post a sign near you that reminds you what task you are on (Example: “Bills”).</li> </ul>
<b>Multi-tasking. Not completing a task, or not doing tasks well.</b> <input type="checkbox"/> This is a frequent problem.	<ul style="list-style-type: none"> <li>• Do one thing at a time!</li> <li>• Keep a list of things to do and come back to the list after you finish an item.</li> </ul>
<b>Losing focus/fatiguing</b> <input type="checkbox"/> This problem often distracts me.	<ul style="list-style-type: none"> <li>• Take regular breaks!!</li> <li>• Break tasks down into smaller steps, and take breaks in between steps.</li> </ul>
<b>Losing track of what you are reading.</b> <input type="checkbox"/> This problem often distracts me.	<ul style="list-style-type: none"> <li>• Use index cards, ruler, or paper to track what line you are reading.</li> <li>• Use a highlighter to underscore important points.</li> <li>• Take notes or make an outline as you read. Make it more interactive.</li> </ul>
<b>Noise, visual distractions</b> <input type="checkbox"/> These things often distract me.	<ul style="list-style-type: none"> <li>• Turn off unnecessary noises like TV or radio.</li> <li>• Use fan or white noise machine to drown out other noise.</li> <li>• Use ear plugs.</li> <li>• Remove visually distracting items like computer screen savers, interesting magazines or pictures, or TV.</li> <li>• Find a quiet room and close the door.</li> <li>• Think about creating a “quiet space” at home or work.</li> </ul>
<b>Interruptions</b> <input type="checkbox"/> Interruptions often distract me.	<ul style="list-style-type: none"> <li>• Use a DO NOT DISTURB sign.</li> <li>• Ask others not to interrupt.</li> <li>• Decide not to answer phone calls or emails until after the task is complete. (TURN OFF RINGER on phone!)</li> </ul>

# SESSION THREE

Additional Strategies That Can Help Attention and Memory:

- A. Pacing
- B. Rest breaks
- C. Exercise
- D. Sleep
- E. Nutrition
- F. Writing things down – consistently and in the same place

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**Reflect:** Strategies learned today I can apply to help with any issues I may have with attention and memory:

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# SESSION THREE

## VI. Homework

- A. If you have challenge with attention and/or memory, apply at least two of the strategies discussed in session this week.

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- B. If sleep is an issue, set and implement a sleep improvement plan. Use the form below.

### My Sleep Improvement Goals

Factors that affect my sleep . . .	My action plan . . .

# SESSION THREE

## Appendix: Session Three

Factors that influence sleep:	How you can tackle them:
Light at night can negatively affect your biological clock	<ul style="list-style-type: none"> <li>- Don't use electronics at night or dim them</li> <li>- Use eye masks at night</li> <li>- Turn off overhead lights in the evening</li> </ul>
Lack of light during the day can mean your clock will have a hard time telling what time it is	<ul style="list-style-type: none"> <li>- Make sure to open your blinds during the day</li> <li>- Spend time outside when you can</li> </ul>
Not having a daily routine can mean your clock has a hard time telling what time it is.	<ul style="list-style-type: none"> <li>- Try to get out of bed at the same time of day</li> <li>- Work to eat breakfast at the same time every day</li> </ul>
Mood and Anxiety can make it difficult to fall and stay asleep	<ul style="list-style-type: none"> <li>- Try relaxation techniques like breathing exercises, listening to calming music</li> <li>- Worry journals</li> <li>- Increase social interaction</li> </ul>
Lack of physical activity can impact how quickly your sleep drive builds	<ul style="list-style-type: none"> <li>- Increase activity in new ways</li> <li>- Build in short strolls</li> <li>- Try yoga or tai chi</li> </ul>
Naps will decrease your sleep drive	<ul style="list-style-type: none"> <li>- Try to limit the number of naps you take</li> <li>- Any naps should be limited to 30 minutes</li> </ul>
Too much noise at night can make it difficult to fall and stay asleep.	<ul style="list-style-type: none"> <li>- Use ear plugs</li> <li>- Use white noise to cover unwanted noise</li> </ul>
Nicotine, Alcohol and Caffeine prior to bed	<ul style="list-style-type: none"> <li>- Work to limit the amount of stimulating substances you consume prior to bed.</li> <li>- Replace coffee with decaffeinated tea</li> <li>- Decrease alcohol use, especially before bed</li> </ul>
Not having a bedtime routine to let your brain/body know it is time to sleep	<ul style="list-style-type: none"> <li>- Build a consistent self-care routine at night (e.g., brush teeth, wash face, and listen to calming music)</li> </ul>
Uncomfortable environment may make it difficult to fall asleep.	<ul style="list-style-type: none"> <li>- Try to make your sleeping area feel cozy and safe by adding blankets</li> <li>- Adjust the temperature with fans or heaters/blankets as needed</li> </ul>
Nightmares wake you up in the middle of the night	<ul style="list-style-type: none"> <li>- Use relaxation techniques when trying to fall asleep after a nightmare</li> <li>- Talk to you provider about PTSD treatment</li> </ul>



### **References: Session Three**

Pagulayan & Tippett (2011) Memory Skills Manual

Twamley et al. (2011) Compensatory Cognitive Training Manual



# SESSION FOUR

## Outline

- I. Session 3 Homework Review
- II. Anxiety
- III. Dealing With Uncertainty
- IV. Mindfulness and Acceptance
- V. Homework
- VI. Appendix: Session 4
- VII. Reference: Session 4

## I. Session 3 Homework Review

## II. Anxiety What is Anxiety?

Anxiety refers to ongoing feelings of nervousness, worry, or feeling anxious. Generalized Anxiety Disorder (GAD) is one of the more common anxiety disorders. To have GAD, someone must have excessive, uncontrollable worry and 3 or more of the following symptoms, present for more days than not for at least 6 months:

- A. Restlessness or feeling “keyed up” or “on edge”
- B. Being easily fatigued
- C. Difficulty concentrating or mind going blank
- D. Irritability
- E. Muscle tension
- F. Sleep disturbance (difficulty falling or staying asleep or restless, unsatisfying sleep)

It is common to have some of these symptoms, especially when dealing with an illness, without having GAD. Sometimes, anxiety can:

- A. Lead people to focus more attention on pain, fatigue, and other symptoms, making them feel even worse.
- B. Make it more difficult to cope with physical symptoms.
- C. Make your body tense up.
- D. Make your body become more sensitive to things in the environment.
- E. Lead people to avoid doing things that might cause increased anxiety (like social activities).
- F. Get in the way of taking medications or taking care of yourself in other ways.

# SESSION FOUR

## III. Dealing With Uncertainty

### Post-COVID Symptoms Can Be Difficult/Lead to Uncertainty

#### Uncertainty and Distress

- A. Humans are generally uncomfortable with uncertainty. We like to be able to:
  - 1. Plan for the future - sometimes this is difficult when living with post-COVID symptoms.
  - 2. Do something about a problem- we can't always fix difficulties we are experiencing or eliminate symptoms we are having right away.
- B. Dealing with lingering symptoms can cause distress – this is a NORMAL reaction, and can include many different emotions:

Anxiety	Anger
Fear	Irritability
Worry	Impatience
Sadness	Restlessness

#### Some general coping tips for managing stressful or difficult situations:

- A. Be cautious about the news and social media – these can sometimes increase anxiety or distress unnecessarily. Set aside time to check the news once or twice a day.
- B. Maintain social relationships
- C. Get outdoors
- D. Exercise
- E. Find healthy distractions
- F. Establish a routine
- G. Get support if you need it

**Discussion:** What are your usual coping strategies? What helps you feel better, if you're having a bad day?

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# SESSION FOUR

## Coping and Control Worksheet

Every situation has controllable and uncontrollable aspects, even if it doesn't feel that way at first. Whether or not you have control will drive what kinds of coping techniques you should use.

Example	Controllable	Uncontrollable
<p>A storm warning has been issued for the Midwest; you are flying through Chicago tomorrow</p>	<ul style="list-style-type: none"> <li>• Packing essential supplies in your carry-on</li> <li>• Bringing extra reading material</li> <li>• Changing vacation or travel plans</li> </ul> <hr/> <p><b>Problem-focused coping</b></p> <ul style="list-style-type: none"> <li>• Information seeking</li> <li>• Goal setting</li> <li>• Conflict resolution</li> <li>• Asking for help</li> </ul>	<ul style="list-style-type: none"> <li>• When and where the storm will arrive</li> <li>• Whether there will be flight delays</li> </ul> <hr/> <p><b>Emotion-focused coping</b></p> <ul style="list-style-type: none"> <li>• Reappraisal of the situation</li> <li>• Exercise</li> <li>• Relaxation exercises</li> <li>• Distraction</li> <li>• Talk with friends</li> </ul>

Controllable	Uncontrollable
<p>Coping strategies: problem-focused</p> <hr/>	<p>Coping strategies: emotion-focused</p> <hr/>

# SESSION FOUR

## IV. Mindfulness and Acceptance

One way to cope with the emotions associated with uncertainty is to practice mindfulness.

### A. What is mindfulness?

**Answer:** According to the University of California Los Angeles Mindfulness Awareness Research Center, "Mindful awareness can be defined as paying attention to the present moment experiences with openness, curiosity, and a willingness to be with what it is."

### B. Mindfulness techniques are often incorporated into other practices, such as yoga or meditation, it is often thought to include the following elements:

1. Awareness - being tuned into what is happening in the present moment, including sights, sounds, smells, or physical sensation you might usually ignore.
2. Focus - Paying attention to the present moment, without thinking about past or future events.
3. Acceptance - Accepting whatever you might be feeling or thinking without judging it or trying to change it or your reactions.
4. Observation - Recognizing unpleasant sensations, thoughts, and feelings as temporary and fleeting, observing them objectively without reaction or judgment.

### C. There are many benefits of mindfulness for physical and emotional wellbeing.

1. Improves mood
2. Reduces stress and its consequences
3. Improves coping with pain and other symptoms
4. Improves brain functions (attention, focus)
5. Helps with weight management

# SESSION FOUR

## Practice: Mindfulness Strategy

- A. There is a method we will now review, involving acknowledging distress and using a three-step method (ACE for short), to help cope with distress.\*

In difficult times, we're all going to experience 'emotional storms': unhelpful thoughts spinning inside our head, and painful feelings whirling around our body. If we're swept away by that storm inside us, there's nothing effective we can do.

- B. The first practical step is to 'drop anchor', using the simple ACE formula:

1. **A = Acknowledge your thoughts and feelings.** Silently and kindly acknowledge whatever is 'showing up' inside you: thoughts, feelings, emotions, memories, sensations, urges. Take the stance of a curious scientist, observing what's going on in your inner world. As you do this, often it's helpful to put this into words, and silently say to yourself something like, 'I am noticing anxiety' or 'Here is grief', or 'There is my mind worrying' or 'I am having a feeling of sadness' or 'I am having thoughts about getting sick'. And while continuing to acknowledge your thoughts and feelings, also...
2. **C=Come Back into your body and connect with your physical body.** You can find your own way of doing this or you could try some or all of the following methods:
  - a. Slowly pushing your feet hard into the floor
  - b. Slowly straightening up your back and spine; if sitting upright and forward in your chair
  - c. Slowly pressing your fingertips together
  - d. Slowly stretching you arms or neck, shrugging your shoulders
  - e. Slowly breathing
3. **E=Engage in what you are doing.** Get a sense of where you are and refocus your attention on the activity you are doing. You can find your own way of doing this or you could try some or all of the following. Look around the room and notice 5 things you can see, 4 things you can hear, 3 things you can touch, 2 things you can smell and one thing you can taste (you can use sour or peppermint candy, gym your favorite snack etc.).

# SESSION FOUR

Take a few notes about what you want to do for each step:

A. \_\_\_\_\_  
\_\_\_\_\_

C. \_\_\_\_\_  
\_\_\_\_\_

E. \_\_\_\_\_  
\_\_\_\_\_

There are many other mindfulness techniques and practices listed in the Session 4 Appendix.

# SESSION FOUR

## V. Homework

- A. Complete a coping and control worksheet for one situation that is stressful or difficult this week (See Appendix).
- B. Practice the ACE technique when feeling distressed, or another mindfulness technique like the Meditation for Working with Difficulties (see Appendix).

# SESSION FOUR

## Appendix: Session Four Coping and Control Worksheet

Every situation has controllable and uncontrollable aspects, even if it doesn't feel that way at first. Whether or not you have control will drive what kinds of coping techniques you should use.

Situation:	
Controllable	Uncontrollable
Coping strategies: problem-focused _____	Coping strategies: emotion-focused _____



# SESSION FOUR

## Coping and Control Worksheet

Every situation has controllable and uncontrollable aspects, even if it doesn't feel that way at first. Whether or not you have control will drive what kinds of coping techniques you should use.

Situation:	
Controllable	Uncontrollable
Coping strategies: problem-focused _____	Coping strategies: emotion-focused _____

# SESSION FOUR

## Coping and Control Worksheet

Every situation has controllable and uncontrollable aspects, even if it doesn't feel that way at first. Whether or not you have control will drive what kinds of coping techniques you should use.

Situation:	
Controllable	Uncontrollable
Coping strategies: problem-focused _____	Coping strategies: emotion-focused _____

# SESSION FOUR

## Appendix Session 4 Mindfulness\*

Below are other mindfulness techniques and practices.

- A. **Mindful breathing** – One of the simplest exercises is mindful breathing. Simply spend a few minutes focusing your awareness on the movement of your thoughts and your breath in and out, without trying to change them in any way.
- B. **Body scan** – While seated or lying down, gradually focus your attention on one body part at a time, noticing any physical sensations without judging or reacting to them. A typical body scan might start with the soles of the feet and then progressively move awareness to the knees, hips, back, belly, chest, neck, and head.
- C. **Mindful eating** – This exercise involves eating very slowly and deliberately while paying attention to the sensations of holding the item, smelling, tasting, chewing, and swallowing it.
- D. **Loving kindness meditation** – An exercise in which you direct positive thoughts and wishes first to yourself, then to your close family and friends, then to more distant acquaintances, and finally to all humanity.
- E. **Mindful movement** – While walking or rolling, pay close attention to your breathing, your body movements, and your surroundings. You can also practice mindfulness while doing familiar exercises, such as yoga, focusing on the physical sensations as you enter and hold each pose.

\* Reproduced with permission from University of Washington. (2017). *How to Reduce Stress Through Mindfulness [Factsheet]*. Aging Well with a Physical Disability Factsheet Series. Healthy Aging & Physical Disability RRTC, <http://agerrtc.washington.edu>



## References: Session Four

Aging Well with a Physical Disability Factsheet Series. Healthy Aging & Physical Disability RRTC, <http://agerrtc.washington.edu>

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University of Washington. (2017). How to Reduce Stress Through Mindfulness [Factsheet].

# SESSION FIVE

## Outline

- I. Session 4 Homework Review
- II. Stress
- III. A Coping Model
- IV. Steps To Apply the Model
- V. Communication
- VI. Homework Appendix: Session 5 Reference: Session 5

## I. Session 4 Homework Review

## II. Stress

Even when not ill, there can be a lot of stressors in life, but when dealing with an illness it can often feel like environmental stressors increase.

## III. A Coping Model

There's a model that helps us understand how we manage stress and it involves three components: What We Think, What We Feel, What We Do

Let's talk about each of those components by using this model:



What researchers have discovered is that how we think about a situation or an event greatly influences how we feel and what we do. Often these thoughts we have about a situation occur so quickly, we may not even recognize that they are happening – so those thoughts are called Automatic Thoughts. Sometimes those thoughts can be helpful, but sometimes they can lead to negative feelings and unproductive behaviors.

## Example:

Situation: This patient had two consecutive nights of sleeping 4 hours and unable to return to sleep

Thoughts: I'll never get a good night of sleep again; no matter what I do I can't sleep since COVID; I am going to have a horrible day because I didn't sleep well.

Feelings: Frustrated, worried, depressed

Behaviors: Stayed in night clothes, laid on couch for the day, didn't talk to family or answer the phone when people called

# SESSION FIVE

In this model, the Automatic Thoughts directly influenced how the person ended up feeling and how they ended up behaving. Often in these situations the behaviors also end up making the situation/the stressor worse and the feelings worse.

Practice: Identify this pattern using an example from your life.

Situation:

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Thoughts (automatic):

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Feelings:

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Behaviors:

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# SESSION FIVE

## IV. Steps To Apply the Coping Model

The following three steps will teach you how to work with stressful situations.

### STEP 1

After you list out your situation, thoughts, feelings and behaviors, determine if the thoughts you have listed are helpful, unhelpful or neutral. The chart on the next page can help with that process.

Your Thought:

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Helpful:

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Unhelpful:

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Neutral:

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# SESSION FIVE

How to distinguish helpful and unhelpful thoughts:\*

	Evidence	How useful are they in solving problems?	What do they look like?
Helpful Thoughts	<p>There is evidence that the thought is true.</p> <p>They are consistent with reality.</p>	<p>They help you meet your goals and solve problems by helping you move forward rather than feel stuck.</p>	<p><b>Flexible:</b> "I would like to..."; "I would prefer..."; "It would be desirable that..."</p> <p><b>State how you feel:</b> "This is inconvenient or uncomfortable".</p> <p><b>State what happened in accurate terms:</b> "This happens once per week"; "Two things today did not go well".</p>
Unhelpful Thoughts	<p>There isn't really any evidence that the thought is true (opinions don't count!)</p>	<p>They cause negative emotions that prevent the person from thinking clear enough to find solutions or to take action to solve or cope with the situation.</p>	<p><b>They make the negative consequences of a situation seem worse.</b> "It is awful, terrible, unbearable..."</p> <p><b>Expressed in terms of unrealistic obligation:</b> "It has to be..."; "I must..."; "You have to..." "I should have..."</p> <p><b>Set limits based on happiness or survival:</b> "I do need..."; "This has to be this way..."; "I can't do without..."; "I can't stand it".</p> <p><b>Make opinions or comments seem like facts:</b> They include words like: "always, never, all the time, forever, totally, continually, eternally, unceasingly, absolute, incessant, completely, whole, etc."</p>

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# SESSION FIVE

## STEP 3\*

Once you have evidence, you can decide if some thoughts are not completely accurate, and they can be changed to a more accurate or helpful thought. This is called coming up with Alternative Thoughts. Unlike unhelpful thoughts, which can make you feel stuck or discouraged, these are thoughts that offer alternative ways of thinking about a situation that are more reassuring to you, help motivate you to solve problems, or help you make positive changes.

Coming up with alternative thoughts is NOT just “thinking positively,” or ignoring things that are difficult and upsetting while trying to be overly positive. When you have been sick or ill, there can be very real life challenges and situations that are stressful – we aren’t trying to ignore those things, just trying to determine what unhelpful or inaccurate thoughts make you feel worse and try to come up with alternative thoughts that are realistic, believable, comforting and reassuring.

What are some Alternative Thoughts for your example:

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What different feelings or behaviors might you have when using the Alternative Thoughts

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Coping Thoughts: When you have difficulty coming up with alternative thoughts, sometimes coping thoughts provide a way to coach yourself through a difficult situation.

- A. Everyone spends time talking to themselves, even if we aren't aware it is happening.
- B. You can use this running dialogue with yourself to coach yourself through difficult situations
- C. Coping thoughts are helpful things that you can say to yourself to help you manage your situation and decrease unpleasant feelings.

What are examples of Coping Thoughts:

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# SESSION FIVE

## STEP 4

Sometimes, if it is difficult to challenge or change the thoughts, changing the behavior may help change the feelings and the thoughts.

Alternative Behaviors You Might Use:

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## OTHER OPTIONS

If you can't find alternative thoughts, sometimes use of distraction from upsetting thoughts and emotions can help, temporarily, so you can regroup and try again:

- A. Distraction is a short-term solution
- B. Breaks your pattern of thinking
- C. Keeps you from getting too caught up in unhelpful thinking so that your distress doesn't continue to increase
- D. Also provides an opportunity to shift your thinking to be more helpful
- E. What are some different ways you can distract?
  1. Reading
  2. Watching TV
  3. Listening to music
  4. Meditating
  5. Deep breathing
  6. Exercising
  7. Talking on the phone
  8. Playing cards or games

# SESSION FIVE

## V. Homework

- A. Apply the model at home (forms are in the Appendix).
- B. Remember, a good clue that is the right time to use this model is if you notice you are feeling uncomfortable emotions: e.g., stress, depression, anxiety, worry, anger, frustration. That can be a sign to stop and identify:
  - 1. The Situation
  - 2. The Thoughts
  - 3. The Feelings
  - 4. The Behaviors
- C. Once you identify those elements, remember that changing thoughts and behaviors are good places to intervene to help you feel better and reduce stress.
- D. Practice this process at home.
- E. Thought Recording Forms are available in the Appendix.

# SESSION FIVE

## Appendix: Session Five

### Some Styles of Thinking That Can Lead to Negative Automatic Thoughts

Category	Definition	Example
<b>All or Nothing Thinking</b>	Seeing a situation as all one way or all another way. There is no in between. Also called "Black or White" Thinking.	"I cannot work anymore, so nothing I do is any good."
<b>Some Styles of Thinking That Can Lead to Negative Automatic Thoughts</b>	Some Styles of Thinking That Can Lead to Negative Automatic Thoughts	Some Styles of Thinking That Can Lead to Negative Automatic Thoughts
<b>Not Accepting the Positive</b>	Telling yourself that positive situations do not really count. You just got lucky.	"I cooked dinner last night, but that is not really good because before that I had not cooked for one month."
<b>Emotional Reasoning</b>	Feeling something or believing something in a very strong way means that it must be true.	"I can feel my bones grinding together when I move. I don't care what the physical therapist says; it is not good for me to exercise."
<b>Labeling</b>	Putting a negative name on everyone in a group.	"All doctors are jerks! They don't care."
<b>Magnifying or Minimizing</b>	Making the negative seem much worse than it really is.  Making the positive seem not as important as it really is.	"My pain is the worst pain in the whole world! I can't stand it!"
<b>Mental Filter</b>	Paying too much attention to one negative detail instead of seeing the whole picture.	"My illness means that I am not a whole person. I am damaged goods."
<b>Mind Reading</b>	Believing that you know what other people are thinking.	"My husband thinks that I make my symptoms seem worse than they really are."
<b>Overgeneralizing</b>	Because one particular situation is bad, you make it seem like other similar situations will be just as bad.	"I can't do the work I was trained for anymore, so I won't be able to go back to work at all."
<b>Should Statements</b>	Ideas about how the world <u>should</u> be, <u>ought</u> to be or <u>must</u> be, and you hang onto these ideas.	"A good doctor should figure out what's wrong with me and fix it!"
<b>Personalizing</b>	When you see yourself as the cause of a negative event, but you really had no control over it.	"This disease is a punishment from God for something I did wrong."

# SESSION FIVE

## How do I come up with alternative thoughts?\*

Here are some questions that you can ask yourself to help you come up with alternative thoughts.



### What does the evidence say?

- A. After you have gathered evidence for and against a thought, you can decide whether the original thought is completely true or not.
- B. If it's not completely true, try to come up with a statement that takes into account all the evidence and is more accurate than the original thought.

### Is there a more helpful way to think about this?

- A. Think about how the original thought makes you feel, emotionally and physically.
- B. If the original thought is unhelpful and makes you feel worse, try to come up with a statement that is realistic but more reassuring or comforting.

### Are there other explanations or points of view?

- A. Sometimes in stressful situations we jump to conclusions without considering other explanations.
- B. If an automatic thought seems to involve jumping to conclusions, think about other possible explanations and try to come up with a statement that takes other points of view into consideration.

### What would I tell a friend in the same situation?

- A. Sometimes it is easier to look at a situation more objectively if we “take a step back.”
- B. Imagine what you would say to a friend or loved one if he/she was in the same situation.
- C. Chances are you would not say something unhelpful, or something that is unrealistically positive.
- D. Try to come up with a statement that you might say to someone in the same situation that would be helpful and reassuring.



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Drs. Ehde, Jensen, Day and Alschuler

# SESSION FIVE

## Coping Thoughts

### What are coping thoughts?

- A. Everyone spends time talking to themselves, even if we are not aware that it is happening.
- B. You can use this running dialogue with yourself to coach yourself through painful or stressful situations
- C. Coping thoughts are helpful things that you can say to yourself to help you manage your symptoms and decrease your suffering.
- D. What are some of the things you might say to yourself that help you cope when you're feeling stressed out?
- E. It is helpful to make a list of statements that are most beneficial to you. Sometimes people write them down and carry the list on them to look at when things get tough.

### Coping Thoughts: Examples

- A. "It might not be fun, but I can handle it."
- B. "It won't help to sit and worry about it."
- C. "I'm feeling anxious, but that is normal."
- D. "I know I can handle this."
- E. "It could be worse."
- F. "This is tough, but I will survive."
- G. "It wasn't as bad as I thought it would be."
- H. "Life is full of hard challenges. I might as well learn how to cope."

# SESSION FIVE

## Thought Recording Form

Situation	Automatic Thoughts	Feelings	Behaviors	Alternative or Coping Thoughts



# SESSION FIVE

## Thought Recording Form

Situation	Automatic Thoughts	Feelings	Behaviors	Alternative or Coping Thoughts

# SESSION FIVE

## Thought Recording Form

Situation	Automatic Thoughts	Feelings	Behaviors	Alternative or Coping Thoughts



## **References: Session Five**

The UW Adapt Study: Cognitive Behavioral Therapy for Chronic Pain in Multiple Sclerosis (Dawn M. Ehde, Mark Jensen, Ph.D., Melissa Day, Ph.D., and Kevin Alschuler, Ph.D.)

# SESSION SIX

## Outline

### Session Description

- I. Session 5 Homework Review
- II. Communicating with Your Doctor and Other Healthcare Providers
- III. Communicating with Family and Friends
- IV. Goal Setting
- V. Mindful Closing
- VI. Reference: Session 6
- VII. Booster Session Worksheet

### Session Description

This session will be focus upon the communication, both within the medical setting, with your care providers, and with others within your life, including friends, family, and co-workers. This is an opportunity to reflect on what has worked well for you, as well as consider additional approaches and ideas.

#### I. Session 5 Homework Review

#### II. Communicating With Your Doctor and Other Health Care Providers

- A. The first step in this is to think about how to best work with your health care team. That starts with communication.
- B. Your Primary Care Physician as “Quarterback”  
In general, it is recommended that you partner with your primary care physician to provide and oversee your care.

You, along with your primary care physician, can decide upon the best approach to your care. Your primary care physician can help determine the need for specialists and help to avoid fractured care.

You can function as the co-pilot, as you too will likely be gathering a lot of the information and may be responsible for funneling it back to your primary and other providers. This way everyone knows what everyone knows.

# SESSION SIX

A. Here are a few tips that can help your doctor visits go well, whether with your primary care or with “specialists”. These tips can help you make the most of your appointments:

1. Be Organized

Before your visit, write out a list of specific questions/topics for your appointment. Usually, 1 to 3 max per visit depending on level of complexity and length of visit.

Practice being able to share your medical history/symptoms in a concise manner. In general, keep your discussion focused, making sure to cover your main concerns/symptoms and concrete ways they impact your life (e.g., because of this symptom I am having trouble sleeping or working, etc.).

- a. Create a medical notebook for note-taking during your doctor visits and keep track of recommendations & summary information from your visits in this notebook. You also may bring a trusted friend or relative to take notes for you.
- b. Learn how to access your medical records, so you can keep track of test results, diagnoses, treatments plans, and medications and prepare for your next appointment.
- c. Know How to Keep in Touch: Ask for the doctor's preferred method of communication in between visits or how to get test results.
- d. Remember that nurses and pharmacists are also good sources of information.

2. Set the Tone

If you enter the room expecting that the doctor is going to help you, then it sets a helpful productive tone.

3. Be Understanding

Balance being assertive with also respect and understanding. Although it's important to let your doctor know your needs or if you are dissatisfied, it's equally important to voice appreciation for positive aspects of your communication and treatment.

4. Ask Questions

Medical visits can be overwhelming and sometimes even the most well-meaning doctor can present too much information too quickly and in complex terms. It's OK to ask questions.

# SESSION SIX

2. Set the Tone

If you enter the room expecting that the doctor is going to help you, then it sets a helpful productive tone.

3. Be Understanding

Balance being assertive with also respect and understanding. Although it's important to let your doctor know your needs or if you are dissatisfied, it's equally important to voice appreciation for positive aspects of your communication and treatment.

4. Ask Questions

Medical visits can be overwhelming and sometimes even the most well-meaning doctor can present too much information too quickly and in complex terms. It's OK to ask questions.

### III. Communication with Family and Friends

A. We can consider your communication related to persistent symptoms associated with COVID-19, as falling into two buckets. One bucket has to do with discussion about the pandemic, the COVID-19 virus and your and others' views about those topics. The second bucket involves conversations about your particular illness course, symptoms and the influence on your daily life.

B. Brainstorm topics that have come up with family and friends that fall in the first bucket, related to the pandemic and COVID-19:

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# SESSION SIX

1. Brainstorm strategies to improve communication about topics related to the pandemic (See Section D for communication tips)

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- C. Brainstorm topics that have come up that fall in the second bucket, related to talking with family, friends, and coworkers about your symptom and experience with Covid-19.

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1. Brainstorm strategies to improve communications with others about your symptoms and experience with Covid-19 (See section D for Communication Tips)

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# SESSION SIX

## D. Communication tips

1. Think about timing! When might be the best time of day, location, environment to bring up a topic with someone (e.g., when both of us have energy, aren't distracted by a busy environment, etc.).
2. If talking with a boss or a coworker, consider how you may want to keep the conversation on a more professional level, potentially consulting with a vocational counselor.
3. If you live with others and notice a change in what you are able to do within the household, it may be helpful to team up with family and/or friends (e.g., a partner or spouse) to manage household and life tasks in new ways. For example, if you are experiencing more daily fatigue since infection with COVID-19, it may be helpful to discuss with your partner or housemate how you balance contributing to the household and pacing your energy.
4. Be mindful of your automatic thoughts and how they may impact communication. For example, "I am no good at helping with the kids after school and at nighttime anymore."
  - a. While it is understandable to have these types of thoughts when we aren't functioning at our best levels all of the time, sometimes it's good to think of these all-or-nothing thoughts as a stop sign that reminds us to:
    - i. Avoid absolute thinking and try to find at least one thing we can do. "I can read stories to the kids before bed."
    - ii. Find another way to communicate this concern to our partner, "I feel frustrated that right now I can't help with the kids as much as I use to, but I still want to support you with childcare, so let's figure out what I can do tonight."

## IV. Goal Setting Between Now and the Booster Session

Goal Setting: please identify one or two specific, measurable, and attainable goals you can work on over the next month.

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# SESSION SIX

## V. Mindful Closing

- Think back as to why you came originally.
- What did you want/hope for?
- What did you learn from the group, if anything?
- What are you still working on?
- What do you feel drawn to say, including to the group?

# SESSION SIX

## VI. Planning for Booster Session

List what is working for you now (e.g., strategies, skills):

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List your goals for next month

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List barriers to completing your goals and list how you can trouble shoot these barriers:

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# SESSION SIX

## Appendix: Session 6

### Evaluation, Research, Treatments and Other Health Claims

- A. Many people who have long term effects of COVID-19 are not only eager to educate themselves about this condition to better understand it but are also seeking effective treatments about how to manage symptoms and recover.
- B. Some emerging research is of good quality, whereas other studies are junk science. Likewise, some new treatments may be helpful; whereas others offer no benefit or are harmful.
- C. It's important to carefully evaluate new ideas, research or treatments before acting on the information.
- D. Tips for evaluating information about your condition/ symptoms.
  - 1. Issues with information found online or social media & how to evaluate:
    - a. Official-looking websites are easy for anyone to create.
    - b. Search engine results are selected by computer software and not by experts, so the results that come out on top are not necessarily the best websites.
    - c. Many websites are sponsored by companies selling products that have not been proven - so the information may be biased, or inaccurate.
    - d. Medical science is continually learning new information through research and practice, (esp. with COVID-19 the research is moving rapidly), seek the most up-to-date information.
  - 2. Evaluate the source of the information:
    - a. Websites sponsored by government, educational institutions, or credible professional organizations or registered patient advocacy organizations like the Pulmonary Wellness Foundation, are more likely to provide unbiased information than commercial websites. These types of websites are put together by organizations that are tasked with educating the public based on trusted (peer reviewed, science) sources of information. They are not trying to sell a product.
    - b. Look at the web address(also called URL) to see what type of organization is sponsoring the website. Look for these suffixes:
      - .gov = U.S. government
      - .edu = educational institution
      - .org = professional or not-for-profit organization
      - .com = commercial website (be more cautious with these websites)
    - c. Reliable websites make it easy for you to identify the purpose and owner of the site. If you can't find this information, the site may not be trustworthy.
    - d. If the purpose of the site is to promote commercial products or services, the health information provided may be biased.
    - e. Be cautious of information presented if there are advertisements on the website.
    - f. Contact information should be provided so you can reach the website owner easily.
    - g. Be careful with links. If a link on a trusted website directs you to an entirely new website, do not assume that this new website also has trustworthy information.

# SESSION SIX

3. Verify that the information is based on facts and tested in an experiment.
  - a. Does it sound too good to be true? Be skeptical of health information that contains claims of a “miracle cure.”
  - b. Look for indications that the information on the web page is based on research or expert review and not just opinion.
  - c. Are research articles or other original sources of information provided or referenced? Is there a statement of where the information presented comes from or how it is evaluated?
  - d. Compare the information you find on one credible website with information on other websites to see if it is consistent. Especially in the case of personal testimony, check for trustworthy sources or experts.
  - e. Online support groups, forums or blogs are a great way to share experiences and information but should not be considered a trusted source of medical advice or treatment.
4. Discuss with your doctor/healthcare provider before acting on the information. Check with your healthcare provider about information you have found on the Internet before trying something new. To do this effectively:
  - a. Share only health information that comes from several credible websites.
  - b. Don't share complete documents but make a brief list of your questions.
  - c. Ask your healthcare provider to suggest some websites that might be useful to you.



## **References: Session Six**

Ehde, Dawn M., Williams, Rhonda M., & Jensen, Mark. Understanding Chronic Pain: Treatment Manual.2018. Version 4.0

<https://www.ucsfhealth.org/education/communicating-with-your-doctor>

<https://www.cdc.gov/mentalhealth/stress-coping/reduce-stigma/index.html>

# BOOSTER SESSION 1

## Outline

- I. Checking Back in with One Another
- II. Progress with Maintaining Gains
- III. Progress Working on Goals
- IV. Brush Up – Time to Review Any Strategies from Previous Sessions
- V. Plan for the Last Session

List what is working for you now (e.g., strategies, skills):

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List your goals for next month:

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# BOOSTER SESSION 1

List barriers to completing your goals and list how you can trouble shoot these barriers:

Barrier:

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Method to troubleshoot:

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# BOOSTER SESSION 2

## Outline

- I. Checking Back in with One Another
- II. Progress with Maintaining Gains
- III. Progress Working on Goals
- IV. Set-Backs
- V. Steps Toward the Future
- VI. Appendix: Session 8

- A. What is a set-back?
  1. A set-back can occur when a symptom(s) that had previously gone away or significantly decreased returns or increases in frequency.
  2. A set-back can occur when you stop using a strategy that was helping a symptom(s) and then you notice the symptom(s) more frequently.
  3. A set-back can occur when a strategy that was helping with a symptom(s) no longer seems to be as helpful
- B. Set-back MYTHS:
  1. A set-back means I am getting sick again and the virus has returned.
  2. A set-back means I am medically or neurologically going to permanently experience deficits.
  3. A set-back means that I am stuck/will never improve.
- C. Set-Back FACTS:
  1. Set-backs happen to EVERYONE and will happen to you!
  2. Set-backs are normal and occur in all kinds of situations, not just post-COVID.
  3. Set-backs can be successfully managed.
- D. Strategies to Manage Set-Backs
  1. Check your self-talk/explanation for the set-back
    - i. write out your reasoning
    - ii. use a Thought Record Work Sheet to challenge unhelpful thoughts
  2. Use self-talk that promotes positive steps forward
  3. Analyze the Set-Back and Develop a Plan
    - i. see work sheet
  4. Recognize your successes/see the set-back in context



# BOOSTER SESSION 2

## V. Steps Toward the Future

A. List gains and any changes you have made that you'd like to keep in place:

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B. List any additional goal(s) and method(s) to obtain those goals::

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C. Think Ahead! Is there any situation or issue that you think could result in a possible set-back, and, if so, list ways to prevent OR ways to address if a set-back occurs:

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# BOOSTER SESSION 2

## Appendix: Booster Session 2

### Set-Back Work Sheet

Sometimes it is very easy to understand why a set-back occurred, make a quick modification, and see improvement. Sometimes it's harder to figure out the situation and this work sheet can help in those instances. Remember, even if you can't identify WHY the set-back occurred, that's okay! You can complete step 1 and then go on to steps 3-5.

#### Step 1: Set-back:

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#### Step 2: Possible Contributions

A. Thoughts (what am I saying to myself)

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B. Behaviors (what am I doing or not doing)

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# BOOSTER SESSION 2

C. The environment (did something around me change, e.g., noise interrupting sleep)

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D. Relationships (did a relationship change, e.g., getting up at night to care for a sick child)

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E. Other

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**Step 3: Brainstorm Solutions** (okay to consult your manual, friends, family, medical providers)

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# BOOSTER SESSION 2

Step 4: Choose a solution and implement

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STEP 5: Check progress and modify as needed. (And remember, nothing is perfect! Think of improvement as along a continuum)

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# VOCATIONAL FUNCTIONING

Many individuals who experience COVID-19 infection return to work, after time off for quarantine and recovery. Others experience persistent challenge with return to work, with two situations frequently described:

- A. Returned to work but continue to have difficulty with execution of job duties.
- B. Have not returned to work (or returned to work for a brief time period, but now off of work).

## SITUATION 1: Back to Work but with Difficulties

Complete the worksheet below to help identify factors that may be contribution to your current work experience:

List what is going well at your job	Going well prior to illness? Yes/No

List what is challenging at your job	Challenging prior to illness? Yes/No

# VOCATIONAL FUNCTIONING

List the key people at your job	Is this person an asset to your job? Yes/No/Neutral	Was this person an asset to your job prior to illness? Yes/No/Neutral

List any symptoms that you think interfere with your job	What aspects of the job does this symptom interfere with?



# VOCATIONAL FUNCTIONING

## SITUATION 2: Have Not Returned to Work (or Only Returned Briefly)

Complete the worksheet below to help identify factors that may be contribution to your current work experience:

What job duties could you perform now without difficulty?	Could you perform this prior to your illness without difficulty? Yes/No

What job duties do you think would be a challenge now?	Was this a challenge prior to your illness? Yes/No



# VOCATIONAL FUNCTIONING

List any aspects of your job that have changed since your illness	Would you like the change(s)? Yes/No/Neutral

List the key people at your job	Is this person an asset to your job? Yes/No/Neutral	Was this person an asset to your job prior to illness? Yes/No/Neutral

List any symptoms that you think interfere with your job	What aspects of the job does this symptom interfere with?



# VOCATIONAL FUNCTIONING

## Information Provided by University of Washington Health | Harborview Medical Center Vocational Counselors:

- A. COVID-19 is now listed as a condition protected by the Americans with Disabilities Act (ADA).
- B. Typically, when patients need time off from work due to a medical condition, they may use sick days, vacation days, FMLA (companies with 50 employees), state FMLA (available in WA state), (shared sick leave may be available) as well as short-term and, in some cases, long-term, disability. It is important to check with your Human Resources Department to determine what types of benefits are available through your employer.
- C. Each employer may require different documentation for the different types of leave described above. Often this documentation involves a letter/medical note (s) from your physician/care providers.
- D. If accommodations at a job are needed, typically some type of documentation from a medical provider is requested (each company will have their own specific requirements). Employees are required to be able to perform the essential functions of their jobs. A letter to your employer from your physician may include accommodations they or your team recommend and these can be reviewed and approved by your supervisor/Human Resources/employer. Employers typically have the right to accept or decline different accommodation requests.
- E. The following are examples of accommodations that are often requested.
  - 1. Gradual return to work – e.g., 4, 6 and 8 hour progression.
  - 2. Someone to supervise and check work for 2 – 4 weeks.
  - 3. Rest breaks as needed.
  - 4. Time to catch upon on emails, new procedures or training that may have occurred while away from the job.



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