



Psychologists as emergency first responders during a pandemic

Psiholozi kao hitni prvi odgovor tokom pandemije

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Introduction

While comparing the pandemic to World War II seems appropriate because of the magnitude of the impact it had around the world, there is one clear difference between the two most horrific world events of the last two centuries. During World War II, countries voluntarily chose to take sides – either participate with or against the Allied forces; the pandemic, on the other hand, was an involuntary, sudden crisis that was thrust upon all countries in the world. The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) rampaged through major political, economic, and social systems, destroying mental health and medical services. One of the most significant effects of the pandemic was the wrecking of the social fabric of societies and global communities¹. The values of interdependence and social cohesion have been challenged by preventive measures like lockdowns, social distancing, and isolation undertaken by governments². The core values and norms of human societies, such as the value attached to collective effervescence³, the significance of social gatherings to mark important events, family gatherings, and membership in social groups, are threatened by common proactive measures such as quarantine and the need for social distancing. The pandemic has imposed a state of emergency characterized by immense uncertainty caused by multiple mutations of the SARS-CoV-2, ambiguity, and fear arising from the lack of knowledge on how to fully deal with the pandemic. The pandemic has brought about changes in all realms of social

functioning. Although some countries and cultures have traditionally emphasized the role of collective resources and believe in the fair distribution of critical resources among the communities, the abrupt, explosive, and ambiguous nature of the pandemic resulted in the hoarding of resources by some and the exploitation of resources due to limited supply and access⁴.

The literature clearly indicates that the reconstruction of a new world perspective in various spheres of life during and after the coronavirus disease 2019 (COVID-19) pandemic is an extremely complex phenomenon. That demands a multifaceted approach in order to better understand the theoretical underpinnings of the who, what, where, when, which, how, and why of the post-pandemic reconstruction, and more importantly, the application of psychological principles to the dynamic, yet fluid post-reconstruction process⁵.

One of the reports from John Hopkins University of Medicine in 2020 indicated that by mid-August 2020, the SARS-CoV-2 had infected over twenty million people across the globe; this was about six months after it was declared a pandemic and caused over 750,000 deaths. Deaths due to infection, as well as separation from loved ones, may have resulted in a range of psychological problems⁶ like anxiety due to the uncertain nature of the pandemic, feelings of helplessness^{7, 8}, cases of depression, feelings of loneliness and instances of suicide or suicide ideation⁹, and feelings of anger and frustration due to high vulnerability to infection^{10, 11}. Some of the subgroups, such as healthcare

professionals, Emergency First Responders (EFRs), children, and the elderly population, are high-risk groups not only because of vulnerability to infection but also vulnerability to additional psychological costs of infection.

For instance, a study on paramedics revealed that paramedics who were in contact with patients with COVID-19 experienced higher stress compared to paramedics who were not in contact with patients. However, it was revealed that perseverance and determination, openness to new experiences, a sense of humor, as well as competencies and tolerance of negative emotions, played a key part in mitigating subjectively experienced stress¹².

Another study among nurses and midwives during the COVID-19 pandemic found that resilience plays a great role in shaping job satisfaction and intention to leave the job among medical professionals and that occupational stress weakens the relationship between resilience and intention to leave the job and between job satisfaction and resilience¹³.

In some studies, it was found that children and adolescents are more vulnerable to developing anxiety symptoms and related disorders^{7, 14}. Healthcare workers and EFRs are likely to develop symptoms typical of a stressful event such as a pandemic, including, amongst others, post-traumatic stress disorder (PTSD), emotional exhaustion, dissociation, burnout, prolonged social isolation due to stigmatization, etc.¹⁵⁻¹⁷.

However, the pandemic-induced conditions, such as quarantine and social distancing, had some positive effects in terms of people becoming more sensitive in their interaction with others¹⁸, having to spend more time at home has helped in improving relationships among family members⁴, developing an empathetic approach to look at problems at large, to name a few. It has instilled in people several healthy habits like wearing masks, maintaining hygiene standards, social distancing, and the like. Necessity being the mother of invention, it is not a surprise that medical, technological, pharmaceutical, and scientific areas have benefited from new inventions and research acceleration during the pandemic. Most organizations had to adapt to new technologies, such as remote working, mechanisms of electronic communications, and online learning, as measures to cope with the pandemic¹⁹.

New ways of living have had an enormous impact on people's physical, emotional, and psychological health and well-being. It is perhaps understood that there is no return to the absolute normal that existed before the pandemic²⁰; there is more preparedness to move forward into the new reality and new world order, which is essential. Preparation for a new normal will be far from easy and will require arduous effort on everyone's part. The psychosocial damage that has been caused is in no way going to be fully undone; however, developing new social and life skills and enhancing the psychological preparedness quotient in social, physical, intellectual, cognitive, and emotional domains might be the only effective and relevant approach to rebuilding the fabric of social systems and accepting new reality as it dawns on us.

The article discusses the role of psychologists, especially from the standpoint of the enormity of psychological damage caused by the pandemic, and optimally using social and mental skills to effectively cope with the effects. Psychologists, therapists, and counselors may be better choices to help people develop and enhance coping skills; it needs to be acknowledged at the beginning that their role as facilitators and trainers has also changed, given the complexity of the disaster. The article indicates the role of the counseling psychologist in a post-pandemic reconstruction program and how their role and responsibilities have changed. We also discuss how counselors could adopt and incorporate standard operating procedures from military training and organizations to develop more robust coping programs. These coping programs are more likely to be most useful to special groups or high-risk groups like medical and healthcare workers, EFRs, soldiers, and adolescents. Lastly, the article will give recommendations for frontline COVID-19 warriors and EFRs on how to be better prepared to deal with unwanted stress due to the pandemic, be it dealing with sleep disorders, fear of infection, frustration, boredom and loneliness, anxiety, etc.

Reassessing the role of psychologist in crisis management

January 2022 marked two years of the world being under siege by the SARS-CoV-2. These two years have been stressful, and people have lived in fear of infection and anxiety. Some segments of the population were more vulnerable to the risk of depression and post-traumatic symptoms because of various reasons, such as proximity to infected individuals, lack of support, economic conditions, and loss of employment opportunities, to name a few. These vulnerabilities have resulted in a rise in suicide and suicide ideations⁹, increased feelings of anger¹⁰, and an increase in cases of anxiety problems¹⁴. These conditions and symptoms could point to serious psychological issues if not managed in time²¹. The role of a psychologist, counseling therapist, and mental health professionals in the current situation needs to be reassessed. While trained to deal with mental health issues and issues of adjustment, even for mental health professionals, the magnitude of the pandemic can be daunting. From facilitating intervention programs and providing counseling to a few individuals, the role may now have to shift to the gross or macro level, where psychological issues that a person or group of people bring into counseling or therapy sessions are likely to have a big element of uncertainty attached to it. Another big change that characterizes counseling or therapy would be how any intervention plan needs to consider that execution of the same can be a mammoth task, given the dynamics of the uncertain, ambiguous context it needs to operate. The role of a psychologist and other mental health professionals thus needs a re-assessment.

Pešić and Miljković²² state that psychological knowledge is important in order to educate the population to

prepare for crises, i.e., the knowledge is useful in the time before the crisis – pandemic, in overcoming the crisis during the pandemic as prevention and reduction of activities during the society rehabilitation process after the pandemic.

Given the changes in the counseling or therapy landscape in the last two years, the following points need to be considered for psychologists and mental health practitioners: 1) In the absence of a similar situation, psychologists are likely to refer to similar (only moderately similar) situations like other diseases and epidemics and global events that perhaps had a similar-scale impact. Considering the high risks of contraction and contagion, psychologists choose to adopt new-age ways of working, i.e., remote counseling and therapy to minimize physical contact with clients or using telecommunication as a means to continue facilitating support and services to mental health²³. Psychologists need to show flexibility to adopt and adapt to new ways of working. 2) In order to facilitate improvement in mental health quotient and public mental health, psychologists and counselors need to relook at the pandemic from a positive psychological standpoint. Positive psychology perhaps looks at suffering as a common aspect of human life and indicates that positive processes or traits like resilience, mental strength, willpower, and post-traumatic growth (PTG) help individuals recover and rebuild from adversity or crisis^{24, 25}. Psychologists need to identify and believe in this ability to rebuild and grow after a crisis, to help others manage and cope with the adversity. 3) The situation undoubtedly qualifies for a crisis and it is typical of post-crisis problems, such as major depressive disorders, and post-traumatic disorders are likely to be on the rise^{26, 27}. Thus, the counseling approach may need to be redirected to support post-traumatic stress reactions, emotional distress, and other trauma-related disruptions. Therapy or counseling approach in such challenging times needs to be reassessed to address problems and contextual limitations. 4) Psychosocial group interventions, which have proven success records, may not be possible in ways done earlier, given the need to maintain social distancing^{28, 29}. These are challenges for some psychologists, especially in areas where group interventions are more appropriate than individual sessions. Psychologists will now need to identify how they can replace group sessions with other second-best alternatives according to the needs of the clients and/or patients. 5) Lastly, it is critical to understand that the role of a psychologist will be amplified and identified as one first-responder role in the pandemic and post-pandemic reconstructions³⁰.

While governments will continue to focus their attention on rebuilding the economy and its commercial and financial systems, none of these efforts may be fructified unless there is a mentally strong and fully functioning fleet of trained human capital that is effectively bereft of mental health issues. A psychologist's role in building strong, well-adapted human capital will continue to be important in times to come. Psychologists, counselors, and mental health professionals need to acknowledge this big change and respond in the best interest of humanity³⁰. It becomes imperative for health professionals to acknowledge that although the pan-

demically probably was a bad experience for each individual, each individual experienced it differently. Certain stressors are particular to different groups of people within communities, such as families of vulnerable individuals and frontline workers. Emergency psychological crisis interventions should be aware of the effects and consequences of the pandemic on specific communities, and generalizations in diagnostics, therapy, or counseling approaches need to be used with caution.

The role of a psychologist has never been so important, not just for an individual but for nations and the world at large. The goals of counseling and psychological interventions become important topics of discussion. Understandably, the primary goal or objective of any counseling practice is to enhance a client's ability to cope with their life situations. In the COVID-19 world, the focus of counseling and therapy may be centered on facilitating changes in decision-making and behavioral changes which may have larger implications for a nation's effort to rebuild itself in the post-pandemic times. For instance, when a counselor helps an adolescent to develop appropriate habits of social distancing and following hygiene protocol, the implications of these interventions are likely to benefit at a macro level.

Counselor's role in facilitating resilience

Resilience can act as a factor in order to nurture PTG³¹. Crisis counseling serves an important function of helping individuals deal with the crisis by helping the clients develop adaptive skills, such as adaptive decision-making and problem-solving. Crisis counseling thus aims at bringing about behavioral changes that prove beneficial, productive, and long-term, and applicable if a similar situation arises again. Counselors and psychologists who embark on the mammoth task of facilitating cognitive and behavioral changes in the wake of the pandemic may have to incorporate some general rules in their approach while continuing to customize therapy to the client's subjective needs and context. These rules may include the following: 1) Safety first rule: As a part of interactions with the clients, the counselor can check what safety measures the client is taking. Psychologists can play an active role in correcting irresponsible behaviors or clarifying information that could be detrimental to the client's well-being and others around them. Counselors and psychologists need to exhibit appropriate hygiene and safety protocols and behaviors themselves to bring about behavioral changes among the clients. 2) Help the client deal with distress: Training in counseling equips professionals to develop listening, summarizing, and rephrasing skills. These skills are likely to be most useful when clients disclose their distress and emotional experiences resulting from changes in life situations due to the pandemic. 3) Facilitate healthy ways and coping skills to deal with negative emotions. Negative emotions, emotional disturbances, and fear of contracting the disease that surfaced during the pandemic are likely indicators of serious psychiatric diseases in the future if not

treated in the present^{32, 33}. Counselors should focus on facilitating rephrasing or restructuring of emotional experiences such that these do not become great problems in the future. 4) Support enhanced communication among close relations and social interactions: Help clients identify the importance of open and supportive communication methods in the family, all within the limits of safety protocols. There is research evidence suggesting a positive relationship between social support, or social coping, and psychological well-being, especially in dealing with post-traumatic stress³⁴⁻³⁶. 5) Help clients cope and deal with life situations and suggest some appropriate ways to enhance coping.

The SAP-DISC model

Building on general guidelines for counseling and psychologists to deal with the effects of the pandemic³⁷, as well as the authors' previous works³⁸⁻⁴², we propose this model, which includes some key techniques and competencies specific to challenges posed by the pandemic. Some of these techniques are the result of first-hand experiences of working in high-stress situations like military operations and personal experiences. The model includes the concepts of self-efficacy⁴³, adaptive resilience⁴⁴, PTG⁴⁵, decompression⁴⁶, impulse control⁴⁷, social consciousness⁴⁸, and cognitive flexibility⁴⁹. The model can be remembered using the acronym SAP-DISC.

Self-efficacy

One way in which the pandemic has eroded through the pool of human strengths is the area of self-efficacy, that is, the belief in oneself to be able to carry on.

Bandura^{43, 50} postulated that self-efficacy emerges from four major sources, namely enactive mastery experiences, vicarious experiences, verbal persuasion, and physiological reactions. Bandura⁵⁰ has defined self-efficacy as "...[the] beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (p. 3). That is about what one considers attainable with the skills one possesses and not about the abilities and skills one actually possesses⁴³. Boe and Bergstøl⁵¹ reported that when military officers were forced to choose which factor in total had the largest impact on self-efficacy, a clear majority of respondents indicated the factor of enactive mastery experiences.

High levels of anxiety arising from the uncertain nature of the pandemic may result in lowered self-efficacy^{52, 53}. During the early parts of lockdown restrictions, people who believed they could follow the guidelines laid down by governments and global healthcare organizations were able to absorb the shock of significant changes to their lives. People who believe they are able to swim through the rough tides are likely to have contingency plans and very well-defined goals that guide their actions. Individuals high on self-efficacy beliefs are capable of evaluating whether their actions are in line with the beliefs and goals they have set for themselves. Research studies support the relationship between positivity, emotional self-efficacy, and ability to man-

age adversities⁵⁴. Beliefs of self-efficacy help in reducing anxiety and depressive symptoms and serve as psychological assets for optimal functioning⁵⁵⁻⁵⁷. Counselors can help their clients rebuild self-efficacy beliefs. Considering that the load on resources has been increasing, along with limitations such as decreased social support and social distancing, may emphasize the need for individuals to help themselves.

Adaptive resilience

Adaptive mindset and adaptive thinking are likely to be the key to the successful management of a high-risk situation with high stakes like the pandemic. Resilience building must emphasize the importance of recovery and adaptation in the aftermath of disruption⁴⁴. Resilience building should be looked at as a long-sustaining endeavor, meaning clients should develop habits and skills that help them face not just the pandemic but pandemic-like events with resilience and grit in the future. Counselors should help their clients transition from resilience to adaptive resilience. Adaptive resilience, in a nutshell, refers to an ability to recover from adversity and adapt but also thrive³⁸. Adaptive resilience is thus the capacity to remain productive, behave and emote in line with set goals and objectives whilst absorbing disturbances and doing so with integrity. An adaptive resilience mindset would likely result in definite sustainable behavioral changes. Adaptive resilience has proven to be an effective competency, especially in the case of coping with complex crises. For instance, Walker and Nilakant⁵⁸ found that during natural calamities like the Christchurch earthquake in New Zealand in 2011, an adaptive mindset with an emphasis on sustaining and thriving and finding new opportunities helped people come out of the situation stronger.

Post-traumatic growth attitude

PTG attitude is defined as an emphasis on positive psychological changes that occur following highly stressful and demanding life situations⁵⁹. Positive transformation is known to include three domains: personal strengths, relating to others, and appreciation of life – openness to new possibilities and spiritual changes⁴⁵. Perceptions or thoughts about PTG resulting from experiences of a stressful event like the pandemic are likely to result in better-adjusted individuals^{60, 61}. Counselors can help their clients' PTG attitude by improving relationships with significant others, appreciating their lives more, and perhaps developing a spiritual perspective if it should be beneficial³⁰. Growth arises from the way the event is processed, not from the event itself, and leads individuals to recognize their vulnerability and what they can and cannot control and to reassess their personal priorities³¹. Thus counselors and psychologists should help clients focus on what positive can come out of adversity beyond obvious negative effects of the pandemic. Research evidence suggests that people across all age groups who have experienced traumatic events are able to identify positive ways in which they can re-evaluate stressful situations, and this ability to re-evaluate situations positively leads to improved mental

health and well-being^{62, 63}. Given that the pandemic has been a negative, dampening event, exploration of possible PTG perspectives may redirect their energies to rebuilding their life situations⁶⁴.

Decompression

A conceptual understanding of the concept of psychological decompression is mostly mentioned in military literature.

According to Piotrowski et al.⁴⁶, decompression aims at providing us opportunities for the 9 R's, namely, rest, relaxation, recognizing own and others' achievements, reducing the stigma of post-pandemic adaptation problems and challenges, reflecting, realizing the need for self-regulation as well as self-reliance at the national level, reintegrate, reboot and reconstruct a new world order in the post-pandemic era, and resume a new way of a balanced life.

In the military context, decompression refers to a period for the soldiers between military operations and homecoming⁶⁵. Decompression is viewed as a period of transition between a high-stress operational environment with heightened emotional states, guilt of survival, high tension, extreme alertness, and a home environment perceived to be relatively less stressful⁶⁶. Acknowledging negative emotions becomes imperative and strategies to manage these negative emotions must be such that they do not interfere with well-being. A period of psychological decompression with a focus on rest and cognitive and emotional reappraisal can prepare soldiers to adapt to the environment at home. Crisis counselors can help clients use techniques such as sufficient rest and relaxation, developing self-regulated behaviors, developing psychological equilibrium, etc., as part of a decompression intervention. Counselors should encourage clients to balance their personal and professional lives and take some time off to deal with grief or trauma that they may be experiencing.

Taking a closer look at the caregivers themselves during the COVID-19 pandemic, Luo et al.⁶⁷ reported that mindfulness decompression therapy had a positive effect on mental health and reduced job burnout among nurses working in the pandemic frontline. Lefèvre et al.⁶⁸ investigated healthcare staff and found that a program and a space for relaxation and support for hospital caregivers by hospital caregivers offered help in both decompression and relaxation. Acknowledging and managing residual negative emotions and moods could prepare both clients and EFRs to rebound and adapt to the new reality in post-pandemic times.

Impulse control

Impulse control is defined as the ability to modify or override one's inner responses as well as interrupt undesired behaviors^{47, 69}. During the pandemic, many instances have prompted impulsive actions and emotions, especially because of the ambiguous nature of the pandemic. For instance, the impulse to break protocols of lockdown, social distancing, or hygiene behaviors may have passed through the minds of many. The temptation to fall prey to the impulse

may cost an individual dearly and place them further into a zone of vulnerability. On the other hand, Yule et al.⁷⁰ reported an increase in impulse control behaviors during the COVID-19 lock-down in the UK. They studied people with Parkinson's disease to see whether this group might handle impulse control in a different way as compared to other groups in the society⁷⁰. In general, there is a need to understand and learn about self-control or impulse control during taxing situations for most people.

Self-control or impulse control may serve to regulate undesirable mental health consequences^{71, 72}. With fewer resources being available for consumption in times of a pandemic, self-control may be regarded as a psychological resource to manage the effects of the pandemic. Self-control, or impulse control, is known to be associated with lower degrees of depression and anxiety⁷³. Closely connected to the concept of self-control is the concept of self-regulation. Self-regulation is defined as the process of purposefully directing one's actions, thoughts, and feelings toward a goal; self-regulation skills include goal-directed behavior and allow us to delay gratification in the short term to achieve desired outcomes in the future^{74, 75}.

Janiri et al.⁷⁶ showed that having had COVID-19 may be related to a high likelihood of psychological distress in advanced-age people, and this may, in turn, be associated with impaired emotional regulation and higher scores on depressive and cyclothymic temperaments.

Learning how self-regulation behaviors are influenced by emotion regulation is likely to generate important new insights into both processes, i.e., goal-directed behavior and desired outcomes. That may lead to a better understanding of how people can optimally function in challenging environments by controlling their emotions and, consequently, an insight into their behavior to conform to norms and protocols even in emotion-arousing situations⁷⁷⁻⁷⁹.

Depressive conditions and anxiety disorders are linked to other psychological disorders. The relationship between impulse control and depression should be the focus of counseling and therapy, especially for clients who could benefit from developing good habits or who show vulnerability to depression and anxiety problems⁷⁶.

Socially congruent behaviors

Behavioral modifications and cognitive adaptability have been part of counseling objectives since time immemorial. However, there is a renewed need for behavioral modifications and cognitive reappraisals in the pandemic. The responsibilities of counselors and psychologists now may need to include an emphasis on socially appropriate or responsible behaviors. Behavioral modification programs need to help clients develop behavior and cognitive patterns that benefit not only themselves but also the society at large or reduce the risks of infection and contagion for others. Additionally, it may be required to focus on lifestyle changes. Stress, depression, and reduced social interactions may lead to overeating, alcohol abuse, and engaging in maladaptive behaviors⁸⁰⁻⁸². Frustration arising from home isolation or quarantine

may enrage people and mislead them to break protocol or engage in inappropriate behaviors. The consequence of such behaviors can be detrimental to others.

While focusing on treating stress, frustration, and sorrow at an individual level, a counselor needs to ensure that any intervention plan considers the implications of plans on a larger populace and does not allow for maladaptive behaviors in order to help the individual.

Cognitive flexibility

Cognitive flexibility refers to a person's ability or readiness to selectively switch between mental processes to generate appropriate behavioral responses and enhance an individual's resilience in the face of a stressful situation^{83, 84}. Home isolation and compromised social interactions are likely to affect a person's ability to think clearly or differently. Counselors may be required to help clients identify these gaps in cognitive processing and help them re-evaluate the situation. Cognitive flexibility will enable clients to reframe the situation as not being fully in one's control and reconsider their behaviors. Cognitive flexibility has been reported to be a potential protective factor during the COVID-19 pandemic⁸⁵.

While the situation may continue to be challenging, dynamic, and shrouded in ambiguity, cognitive rephrasing and reappraisal of thinking or cognitions are likely to result in adaptive behaviors.

Demmin et al.⁸⁶ reported that both mental and physical training with meditation and aerobic exercise improved mental health and well-being in teachers during the COVID-19 pandemic. Participants also reported increased subjective ratings of executive functioning, working memory, cognitive flexibility, and fewer sleep disturbances.

Cognitive flexibility could include the ability to think creatively and flexibly through situations, thus developing more adaptive problem-solving patterns. Additionally, counselors need to focus on positive thinking. There is evidence suggesting that developing positive emotions and thinking fundamentally changes how the human brain works to broaden cognitive awareness. That enables greater information intake that, in turn, helps people enact and build resilience and social connectedness that can help individuals cope with adversity⁸⁷.

SAP-DISC is a model developed with the intention of helping counselors and psychologists help themselves and their clients better deal with the pandemic. The model focuses on some of the important adaptation techniques to buffer, reinforce, or transform the effects of the pandemic. Buffering effects of the pandemic imply using positive emotions or strengths to diminish the negative psychological effects of the pandemic^{88, 89}. Techniques that focus on reinforcement use positive emotions and relationships (positive refocusing, positive reappraisal), and these techniques can be directed to maintain psychological well-being despite the crisis⁹⁰.

Luo et al.⁹¹ found that specific resilience behaviors, including establishing a supportive social network, relying on a moral compass, and using cognitive flexibility, were tech-

niques that medical students commonly used to cope with traumatic experiences during the COVID-19 pandemic. However, as shown by Piotrowski and Wirkus⁹², people may experience burnout in a similar way but at the same time differ in the preferred style of coping with stressful situations.

Taking all this into account, some of the techniques in the SAP-DISC model can be used to transform the current situation into growth opportunities, but the techniques may also have to be tailored to each individual or group.

Helping specific groups

Some effects of the pandemic, such as separation from loved ones, loss of freedom, vulnerability to infection, disadvantaged groups, and feelings of helplessness, affect certain groups more than others⁸. That is not to say that the general population groups are not affected by risks, but it simply means that some groups are more vulnerable and need special attention to preserve these forces.

Emergency first responders

EFRs are a high-risk population group consisting of subgroups like doctors, nurses, medical professionals, the police, and firefighters, who are at the highest risk of contagion due to the nature of their jobs as well as occupational stress associated with jobs^{12, 93}. The pandemic situation has interfered with and added layers of challenges to their professional and personal lives, with some apparent outcomes seen in an increase in cases of anxiety, depression, and PTSD. Psychologists and mental health professionals have a key role to play by actively participating in the overall intervention process for psychological distress, such that interventions may be mobilized in a timely fashion⁹⁴. Psychological crisis intervention can, in general, focus on two aspects. One is the intervention for fear of contagion among special groups that have closest proximity to the SARS-CoV-2 and patients who have contracted the virus, and the second is intervention for difficulty in adapting to different environments at work and home. Tapping on the emotional stress and discomfort of highly vulnerable individuals should become an important basis for psychological intervention⁹⁵. Two additional considerations for these groups are important: psychological interventions for their families and caregivers as well as reducing the ostracism and neglect that these groups have had to suffer during the early phases of the pandemic.

Geriatric population

The geriatric population and underlying diseases are real challenges in controlling the spread of the infection⁹⁶. This population faces special risks of the pandemic owing to conditions like compromised physical health, co-morbidity conditions, immune system malfunctions, fears, and anxiety inherent in old age^{97, 98}. These populations are vulnerable and need special attention in the form of social support interventions and mitigating the lack of preparedness of these groups. For these groups, social interactions and social sup-

port are important, adopted within the limits of government-imposed safety protocols. Counselors and psychologists need to show appropriate sensitivity to the needs of this population. Counselors may need to help older clients build a sense of respect and dignity to maintain a healthy mental status among the elderly⁹⁹. Loneliness is a common problem among the older populace, especially in those who live alone or who are grieving the loss of loved ones. The pandemic has especially been a challenging period for such people with basic and social resources becoming difficult to access. Counselors and mental health professionals must estimate resource availability and consider how the absence of resources may be mitigated for the geriatric population. In order to help build resilience among older people, develop coping skills, and reduce loneliness, a counselor could promote cognitive behavioral therapy, physical activity, greater social and community connectedness, compassion training, and evaluate spiritual approaches^{100, 101}. EFRs and their families need to be provided with psychological support and assistance whenever needed. Debriefing sessions, which help in releasing mental tension and pressure arising out of long work hours, uncertain work environments, loss of loved ones, fear of infections, and social disconnectedness experienced by EFRs, should be made available⁴⁶. Psychological stress and trauma cases are known to be prevalent after epidemics and pandemic events, especially stress arising from stigmatizing attitudes, in particular toward health professionals who are in daily contact with the risk of infection¹⁵. Psychologists working with EFRs need to be sensitive to the special needs of these groups and design interventions which contribute to emotional and psychological well-being.

Soldiers and military personnel

A pandemic situation like COVID-19 takes a toll on emotional health and tests the psychological resilience of most of the populace. Some population groups may experience symptoms and effects just like other groups, but the magnitude of the impact of the pandemic on these populations affects a nation at large. Military organizations provide soldiers with psychological support and resilience training, which focus on managing stressful events on the battlefields, during peace-keeping operations, and life in deployment areas, mostly away from families^{39, 40}.

Military training emphasizes the role and value of group cohesion, team camaraderie, and interpersonal and team communication to develop coping mechanisms^{102–104}. However, interpersonal interactions have been significantly affected due to the pandemic restrictions. Counseling facilities that were earlier available at military medical facilities may be out of access due to restrictions imposed on movement. Military families and extended communities provide a great sense of support to military personnel. Now, with military forces being isolated into gated cantonments (with the intent of force preservation), social interactions and social support are compromised¹⁰⁵. Many soldiers have spent a long time isolated at home during the pandemic and are directly expected to return to their units/sub-units. This ab-

rupt transition may be stressful, considering the level of alertness and preparedness required in the operational areas. Soldiers may experience fear and anxiety when in quarantine, which harms their mental health in the absence of immediate intervention. Thus, counselors working alongside soldiers need to be aware of the special needs of this group and develop intervention plans that allocate attention and resources for individual-oriented resilience training. These interventions are likely to focus on evaluating the psychological states of these special population groups, providing online or telephone counseling services, helping them monitor their well-being regularly, and helping them access care and encouragement in the military community in line with safety protocols that may be imposed. These support plans are likely to mitigate, at least partially, the absence of normal medical and psychological care options and help soldiers and military personnel be mentally prepared for the call of duty whenever they are likely to be deployed back into operational areas¹⁰⁶.

Children and adolescents

The COVID-19 threat has posed short-term as well as long-term psycho-social and mental health implications for children and adolescents. The unprecedented effects of the pandemic have resulted mainly from measures employed to curb the spread of infection, such as social isolation, maintaining distance, restricted movement, and loss of physical interaction^{107, 108}. Some of the research suggests that the pandemic could prove more detrimental to the well-being of children and adolescents compared to adults⁸⁷. Some symptoms, like increased irritability, inattention, and clinging behavior, have become apparent among children¹⁰⁹. These symptoms could be indicative of serious mental disorders like depressive disorders, anxiety disorders, and others if not treated immediately. When schools and colleges shut down suddenly, around March 2020, adolescents suddenly experienced a huge change in their life situation, which they were not prepared for. That has negatively impacted a significant section of the adolescent population around the world¹¹⁰. Being confined to homes, children, and adolescents have experienced anxiety associated with uncertainty and disruption in their education, physical activities, and opportunities for socialization¹¹¹. Some research studies have reported that children have expressed lower levels of affect for not being able to play outdoors, not being able to meet friends, or concerns about not being allowed to engage in in-person school activities^{110, 112}. As a therapeutic intervention, psychologists could be required to particularly pay attention to improving sleep¹¹³, eating habits, improving physical activities, and regulating the use of social media and the internet while working with children and adolescents^{114, 115}.

Some recommendations for prevention work (especially with adolescents) are training in assertive communication, strengthening self-confidence and self-esteem, training in emotional intelligence, adoption of anger management techniques, adequate ways of dealing with problems, constructive conflict resolution, and the like¹¹⁶.

While working with these special groups, counselors can identify if children and adolescents have the correct information regarding safety protocols to be followed and compliance with measures undertaken to curb the spread of infection^{117, 118}. In the case of children and adolescents, counselors and mental health professionals also need to seek information and observations about their mental health from teachers and parents. Psychosocial intervention programs for children and adolescents need to focus on building resilience through the expression and regulation of emotions, encouraging children to engage in meaningful and relaxing activities, and thus develop alternatives to risky behaviors like overindulgence in using the internet, overeating, sleep imbalances, etc.¹¹⁹. Counselors should additionally encourage parents of children and adolescents to continue monitoring the overall health signs and report if they observe their children's behaviors or emotions being unusual or deviant.

Impact on psychologists

Psychologists emerged as important health professionals out there to save the world from the clutches of the vicious pandemic. However, they are as vulnerable, if not more, than any individual to be affected by the suddenness, uncertainty, and ambiguity of the pandemic effects and consequences of being thrown into a storm of emotional disturbances and psychological problems. As such, there is a need to give them different techniques to cope with these possible negative effects^{46, 67, 68}. The American Counselling Association has proposed that counselors and mental health professionals follow guidelines for self-care¹²⁰. These guidelines include practical and necessary recommendations like maintaining contact with social and professional groups that can facilitate a soundboard to help psychologists cope with their problems and engage in peer discussions to understand varied approaches to deal with the vices of the pandemic. Professionals who provide in-person counseling are advised to adhere to safety protocols, maintain social distancing, and enforce hygiene and safety standards for their own and client safety.

Psychologists and counselors are essential forces and assets, and special attention to safeguard this group of professionals needs to be put in place. Psychologists, just as medical professionals, EFRs, and the police, belong to the groups that need to be protected. Psychologists need to play

a crucial role for nations to rebuild their strengths after the COVID-19 pandemic.

Conclusion

Counseling is a safe space where a counselor listens and understands a client's story from their perspective and makes an effort to facilitate the transition in the direction that the client desires. Counseling people through present-day crises like the COVID-19 pandemic is no easy job; however, the role and importance of psychologists and counselors are now seen as crucial to helping communities and Nations reinstate the social fabric that was challenged. Clients come to the counseling service with high distress and concerns about uncertainties in their life situations that the stressful situation has resulted in. Providing them with emotional support helps clients feel less distressed and begin focusing on important aspects of their lives. Though counselors and mental health professionals are not expected to have all the answers in an ever-complex situation, counselors are the key sources of information on how to use adaptive approaches to deal with the ordeal at hand. As we are slowly retrieving ourselves from the COVID-19 pandemic, it is fair to say that the role of a psychologist and mental health professionals has been both challenged and valued at the same time. With great respect for the craft, greater awareness of the responsibility that lies with psychologists and their actions should also arise.

The quintessential qualities of counselors and psychologists, such as empathy, flexibility, and contextual understanding, are likely to be put to the test, given the complex nature of the pandemic. Additionally, a counselor's ability to preempt signs of emerging disorders, ability to understand the contextual needs and challenges of the clients, counselor's own sense of resilience, and personal situations are likely to decide the course and outcome of psychological interventions and recovery process.

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Conflict of interest

The authors declare no conflict of interest.

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