



Support Recovery Through Stress Management Around COVID-19

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Stress is ubiquitous in everyday life. It can be good (eustress) and bad (distress) (Selye, 1976). It can vary on a temporal continuum, from acute to episodic to chronic. It also varies by the degree to which an individual can exert control over it. And then, even though two individuals may live through the same kind of stress, how they perceive it can make the experience and impact differ. These variations show some of the many dimensions of stress (Cooper & Campbell Quick, 2017; Selye, 1976).

For patients who have substance use disorders and other addictive behaviors, stress is often a trigger to use (Wemm & Sinha, 2019). And if there are accompanying comorbid conditions, stress is also capable of triggering symptoms for those conditions as well. Worse yet, if there are also physical health conditions on board, stress can worsen those, or vice versa, and that combination of factors can serve as a trigger for substance use and other mental health disorder symptoms (Vig, El-Gabalawy, & Asmundson, 2019).

Unfortunately for just about everyone, the coronavirus (COVID-19) pandemic (World Health Organization, 2020) has created a situation where the stress is present, bad, and prolonged. Additionally, because viruses are invisible and the initial symptoms of COVID-19 infection are relatively common and slow to materialize (e.g., taking up to 14 days to show), this also serves to heighten anxiety around symptoms, while also minimizing feelings of control related to avoiding infection. Add in a lot of threat messaging through media exposure, and this heightens anxiety further (Gao et al., 2020). Together these factors combine to create significant triggers for lapse and relapse for just about all substances for many of our patients. Add in the impact of shelter in place orders – such as the need for social isolation, financial pressures from job loss or furloughs, potential boredom, or potential inescapable conflict with family members also sheltering in place – and we have treacherous conditions for stress with many familiar triggers for relapse.

As such, other outcomes that should be recognized from the overall event of COVID-19 are lapses and relapses for substance use and other mental health conditions. The need for swift mental health and addiction care are critical to prevent worsening. Remember that stress management may benefit overall treatment progress through reducing triggers to use and making it easier for patients to adhere to other aspects of treatment. Whatever can be done to minimize amplification of symptoms via cognitive distortions, increase mindfulness to support calmness and resilience, minimize interpersonal conflict, stimulate engaged productive behavior and realistic goal setting, and preserve self-care behaviors to avoid known triggers will be critical. It is also important to remember that even for those who do not lapse, continued support will be important to sustain strength in the face of a chronic stress. Finally, keep in mind that the stressors present are not just risks for relapse, but also for domestic violence and suicide. This is a time to listen carefully for warning signs of both of these conditions and brush up on treatment improvement protocols (TIPS) (Substance Abuse and Mental Health Administration, 2015a; 2015b) on these topics. There is also a suicide prevention resource center website available with additional resources on COVID-19 (SPRC, 2020).

Ironically, surveys of Americans find that dealing with healthcare is stressful, among a myriad of stressors in everyday life including money, work, and the future of the nation, where there is no pandemic (American Psychological Association, 2017; 2019). On the plus side, we have many evidence-based approaches and tools to support the work of combatting stress (Coulin, Monroe, & West, 2016; Vavogli & Darviri, 2011). Given the strong potential stress has to influence substance use and other addictive behaviors, it is imperative to not leave stress off the table as a complicating factor needing attention during treatment. A side benefit: when we practice what we preach, we become models for our patients and supervisees – and the benefits of vicarious learning (Bandura, 1995; Scovholt & Trotter-Mathison, 2011) become possible. So do not forget yourself as you think about this topic!

REFERENCES

- Bandura, A. (Ed.) (1995). *Self-efficacy in changing societies*. New York, NY: Cambridge University Press.
- Cooper, C.L., & Campbell Quick, J. (Eds.) (2017). *The handbook of stress and health: A guide to research and practice*. Malden, MA: Wiley.