

A Group Psychotherapy for Patients with Post-Acute Sequelae of COVID-19 (PASC)

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Background

- Patients with acute SARS-CoV-2 infection can develop long-term symptoms known as PASC or "long COVID." 1
- The World Health Organization outlines PASC as symptoms that last at least 2 months in individuals with a history of probable or confirmed SARS-CoV-2 infection. Symptoms may persist from acute COVID-19 illness or be new onset, occurring within 3 months of acute illness.²
- PASC can negatively impact psychosocial functioning³ and involves neuropsychiatric symptoms such as anxiety, depression, and post-traumatic stress.4
- Group psychotherapies have successfully been applied in various medical illnesses to mitigate psychological burden.⁵
- To our knowledge, we present the first described group psychotherapy for patients with PASC.

Participant Trajectory

First

recovery.

Participants were recruited via hospital referral networks and phone call screening.

Screening

Participants with greater impact on daily functioning, difficulty adapting to loss of function, and ongoing identity diffusion were interpreted to likely benefit from ongoing group psychotherapy.

At their first meeting, participants were asked to reflect on the course of their post-COVID

Meeting

Common themes were highlighted by group facilitators in order to integrate individual experiences into the larger group identity and

promote a sense of

belonging.

Goal Setting

The overall goal was to facilitate coping with a disruption to baseline functioning due to PASC.

Group members were periodically asked to evaluate their progress, set goals for the future, and take steps to accomplish these goals with the support of fellow group members.

Group Structure

Open; 3-12 participants; supportive psychotherapy modality; Zoom.

Inclusion Criteria

Medium-high psychosocial baseline. Experiencing PASC with significant impact on functioning and wellbeing.

Exclusion Criteria

Severe psychiatric or cognitive symptoms impairing ability to participate in group.

Table 1 Group therapy protocol.

24-59 Age range Sex 9 female: 1 male **PASC** Post-exertional malaise, fatigue, brain fog, insomnia, symptoms SOB, tachycardia, migraines, neuropathy, diminished appetite, hair loss, thromboembolic events Psychiatric MDD, GAD, PTSD, panic comorbidity disorder, agoraphobia

Table 2. Group member characteristics. SOB=shortness of breath; MDD=major depressive disorder; GAD=generalized anxiety disorder; PTSD=post-traumatic stress disorder.

Hopelessness

- Grieving the prior healthy self
- Difficulty assessing progress due to symptom fluctuation
- Concern about inability to lead a fulfilling life
- Finding hope despite continued illness

Alienation

- Invalidation
- Envy of those with uncomplicated recoveries
- Lack of understanding in medical community Information sharing

Uncertainty

- No evidence-based treatment options
- Unknown trajectory of illness & functioning
- Concerns about re-infection

Figure 1. Therapeutic themes of group therapy for PASC.

Group Process

- Group identity was shaped by the common experience of poorly understood COVID-19 sequelae impacting physiologic and psychosocial functioning. Members connected over shared invalidation experienced in their individual lives.
- The range in type and severity of symptoms and affected functioning was utilized by facilitators in order to explore transference reactions and draw parallels to challenges in the patients' individual lives.
- Members displayed psychological responses akin to grief, such as denial, anger, bargaining, and depression. This was formulated as grieving the prior healthy self, with disruptions in the grief process leading to identity diffusion.
- Major themes were identified in order to facilitate the process of moving toward acceptance of the circumstances of their PASC, and developing areas of life that would provide fulfillment and re-establish a sense of self.
- Anxiety about COVID-19 reinfection was socially impairing, and was common due to fear of complications with ongoing PASC. As members progressed, they systematically addressed these anxieties to bring increased fulfillment.
- Members verbalized benefit from the opportunity for belonging and acceptance, accountability, and support from each other through conflicts and life transitions.
- Reasons for dropout included financial burden, poor distress tolerance, and progression in achieving goals of adaptation and identity consolidation.

Conclusion

- Patients with PASC experience a variety of psychological challenges that can be addressed in group psychotherapy.

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