



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

Weill Cornell Medicine

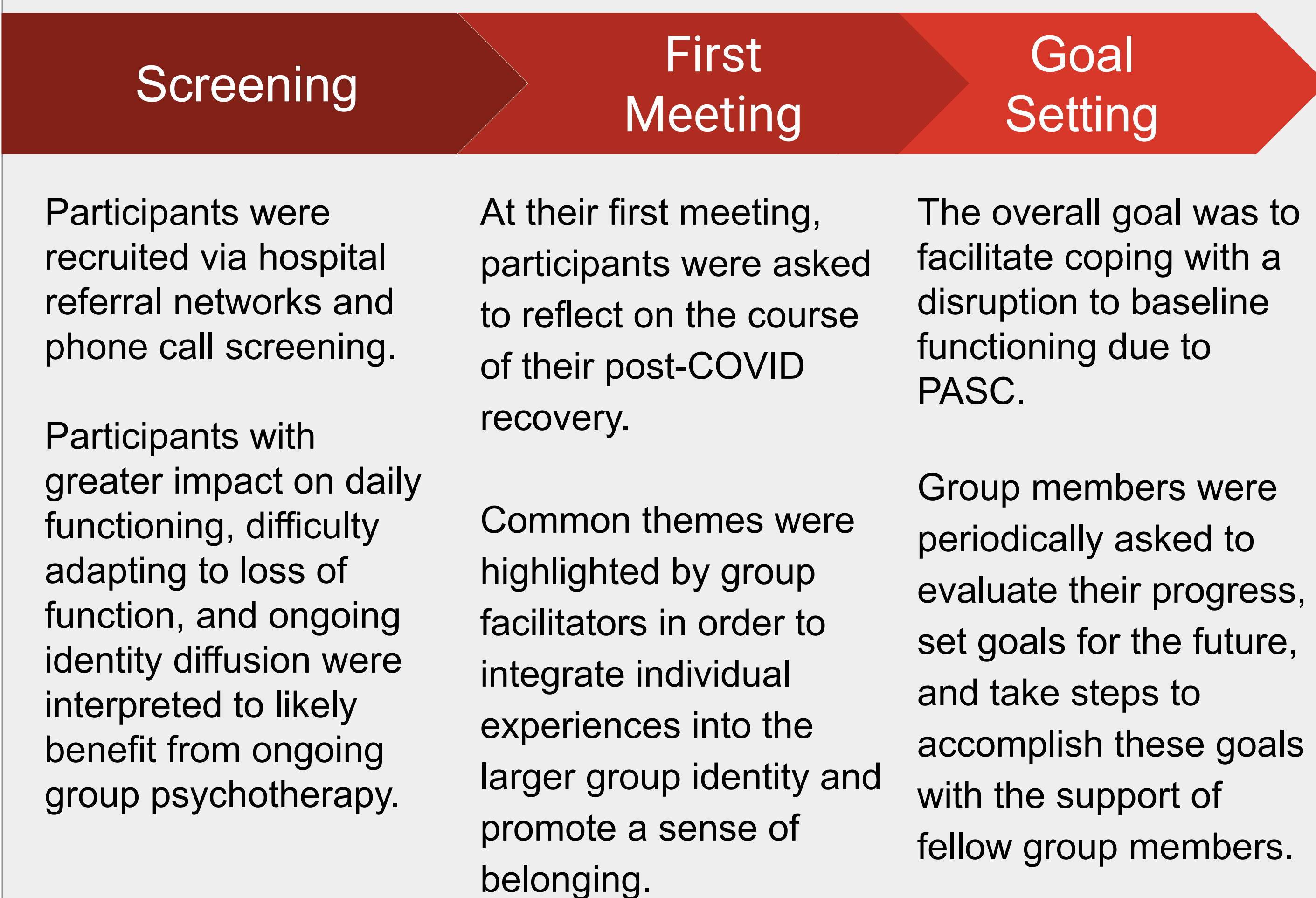
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Background

- 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



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.

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

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

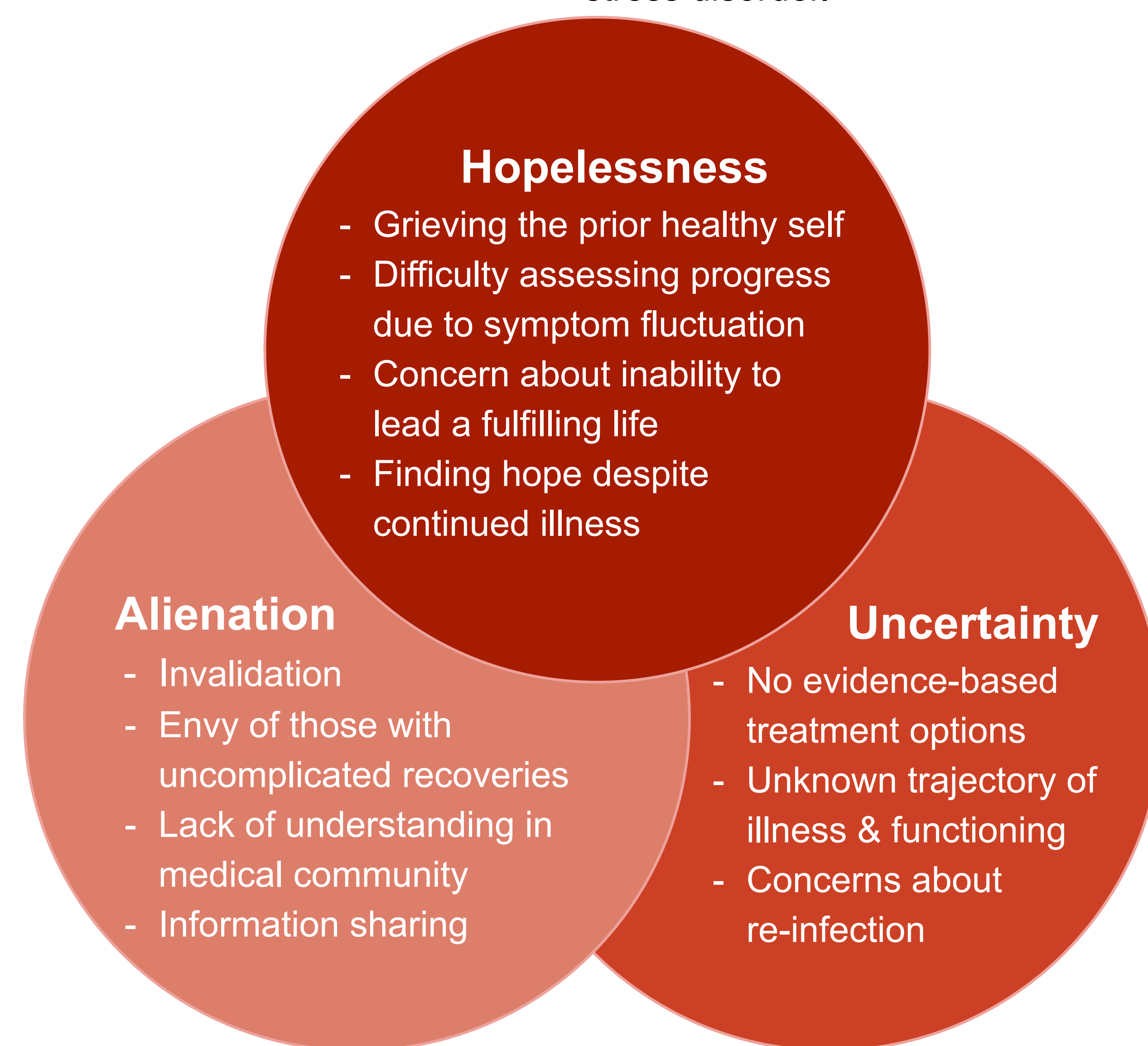


Figure 1. Therapeutic themes of group therapy for PASC.

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.

References:

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