

# **Epidemic – Pandemic Impacts Inventory**

## ***Supplemental Mental Health Provider Module (EPII-SMHP)***

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**PURPOSE:** The EPII Supplemental Mental Health Provider Module (EPII-SMHP) includes supplemental items to assess the impact of the coronavirus pandemic across personal and social domains on individuals working in healthcare settings. There is a brief version of this module available. The intent is to administer this supplement along with the main EPII module.

**DEVELOPMENT:** Candidate items were constructed by a team of clinical and developmental psychologists with expertise in assessment of stress, trauma, resilience, and coping. Feedback from professionals across multiple disciplines (e.g., social work, pediatrics, medicine, anthropology) was incorporated in selecting and refining final items for of the measure, which was accomplished via expert consensus.

**PSYCHOMETRICS:** Because the EPII-SMHP is newly developed, there are no psychometric properties yet available. Use of the EPII in research studies will help to establish psychometric properties and will likely result in refinement of the tool.

**SCORING.** Optimal scoring procedures are not yet determined and will be informed by future research.

**PERMISSIONS.** Researchers are welcome and encouraged to use the EPII in their research studies. Researchers may disseminate the survey using a paper format or may convert items to an online survey format so long as the integrity of the instructions and items is maintained. Users shall not modify items without permission from the developers. Please inform us of your intention to use the instrument by sending an Email to Dr. Damion Grasso at [dgrasso@uchc.edu](mailto:dgrasso@uchc.edu) with the following information: (1) Principal Investigator(s), (2) Purpose of research study, (3) Population(s) studied, and (4) Study location(s).

### **Suggested Citation for Main EPII Module**

Grasso, D.J., Briggs-Gowan, M.J., Ford, J.D., & Carter, A.S. (2020). *The Epidemic – Pandemic Impacts Inventory (EPII)*. University of Connecticut School of Medicine.

### **Suggested Citation for EPII Supplemental Mental Health Provider Module**

Ford, J.D., Grasso, D.J., Briggs-Gowan, M.J., Carter, A.S., & Kerig, P.K. (2020). *The Epidemic – Pandemic Impacts Inventory Supplemental Mental Health Provider Module (EPII-SMHP)*. University of Connecticut School of Medicine.

## Epidemic-Pandemic Impacts Inventory Supplemental Mental Health Provider Module (EPII-SMHP)

**INSTRUCTIONS:** Mental health providers may be impacted by the coronavirus pandemic in many ways, at work and at home. This includes in doing psychotherapy and psychological assessment with ongoing and new clients affected by the pandemic, as well as supporting and providing services to front-line healthcare workers who are treating coronavirus patients or providing supportive services, and other persons who have been exposed to the coronavirus in their work, school, community, or home. This survey will take 10-15 minutes to complete. Each of your answers will help us better understand the impact of the pandemic on mental health providers, but you may choose not to answer any question. **Please choose all applicable answers for each question, including:**

**PSY** = impacts experienced this while conducting psychotherapy or psychological testing/assessment, and

**DEB** = impacts encountered this while providing debriefing, psychological first aid, brief crisis intervention or other support activities, or

**N/A** = impacts that are not applicable to you

**Since the coronavirus pandemic began, have you provided mental health services to clients who:**

|     |   |                              |                              |                              |
|-----|---|------------------------------|------------------------------|------------------------------|
| 1.  | Have pre-existing symptoms that were worsened by the pandemic.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 2.  | Contracted the coronavirus and had to self-quarantine.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 3.  | Contracted the coronavirus and required inpatient treatment.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 4.  | Contracted the coronavirus and required ICU care or were on a ventilator.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 5.  | Were separated from loved ones who were in quarantine or in hospital.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 6.  | Had loved one(s) who died from the coronavirus.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 7.  | Were at risk of contracting coronavirus as a result of their work.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 8.  | Had major financial problems or lost a job/business due to the pandemic.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 9.  | Have experienced new or exacerbated intimate partner violence.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 10. | Have experienced new or exacerbated child maltreatment in their family.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 11. | Have experienced race-related stigma or discrimination related to or exacerbated by the pandemic.                 | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 12. | Have been unable to access medical treatment or medicines needed for the virus or for other medical conditions.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 13. | Had difficulties in parenting or were unable to provide the same care for their children as before the pandemic.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 14. | Were stressed by worry that they would pass the coronavirus on to their family members or loved ones.             | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 15. | Had difficulty or were unable to care for or be together in person with frail elderly or disabled family members. | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |

**Since the coronavirus pandemic began, have you provided services to front-line healthcare workers or support services workers who:**

|     |   |                              |                              |                              |
|-----|---|------------------------------|------------------------------|------------------------------|
| 16. | Were distressed due to not having adequate protection such as personal protective equipment while caring for COVID-19 patients. | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 17. | Were distressed by the infection or deaths of co-workers.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 18. | Were distressed due to conflict with or lack of support from co-workers.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 19. | Were distressed due to conflict with or lack of support from supervisors.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 20. | Felt stigmatized or were attacked due to others' fears of contamination.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 21. | Were experiencing complex bereavement related to COVID-19.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 22. | Were experiencing severe intrusive memories related to COVID-19.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 23. | Were experiencing severe hyperarousal/vigilance related to COVID-19.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 24. | Were experiencing severe emotional numbing related to COVID-19.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 25. | Were experiencing severe moral injury and guilt related to COVID-19.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 26. | Were worried about their children's extreme separation anxiety.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 27. | Were experiencing severe separation anxiety related to COVID-19.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 28. | Were experiencing suicidal ideation related to COVID-19.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 29. | Were experiencing a sense of hopelessness related to COVID-19.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 30. | Were abusing or depending on alcohol or drugs to cope with COVID-19.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 31. | Were having severe anxiety or panic attacks related to COVID-19.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 32. | Were having severe dissociative episodes related to COVID-19.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 33. | Described to you in detail the extreme suffering or deaths of patients.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 34. | Described to you in detail the extreme distress of patients' families.  | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |
| 35. | Described to you in detail their fears of contaminating their loved ones.   | <input type="checkbox"/> PSY | <input type="checkbox"/> DEB | <input type="checkbox"/> N/A |

**Since the coronavirus pandemic began, have you had the following reactions in your work?**

|     |  |                                     |                                   |                                     |                              |
|-----|--|-------------------------------------|-----------------------------------|-------------------------------------|------------------------------|
| 36. | Feeling unprepared to handle your ongoing patients' complications.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 37. | Feeling unprepared to do therapy with front-line healthcare workers.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 38. | Feeling unprepared to debrief front-line healthcare workers.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 39. | Feeling guilty because you aren't in as much danger as frontline workers.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 40. | Feeling more afraid for your own or your loved ones' safety when you learn of the dangers faced by front-line healthcare workers you are counseling or debriefing. | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |

|     |  |                                     |                                   |                                     |                              |
|-----|--|-------------------------------------|-----------------------------------|-------------------------------------|------------------------------|
| 41. | Blaming yourself for mistakes you believe you may have made.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 42. | Feeling a sense of grief for losses your clients have experienced.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 43. | Feeling unable to stop thinking about your patients or co-workers, or work responsibilities, when not at work.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 44. | Blaming yourself for not doing enough.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 45. | Feeling a sense of hopelessness.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 46. | Questioning whether you're doing any good when the pandemic is causing so much pain and suffering.               | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 47. | Questioning whether you're doing enough to meet loved ones' needs.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 48. | Feeling angry that the pandemic wasn't prevented with earlier action.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 49. | Questioning whether evidence based practices that you've relied upon are sufficient or effective in this crisis. | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 50. | Feeling burned out, like you're not able to continue to do your work.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |

**Since the coronavirus pandemic began, how has your professional work changed?**

|     |   |                              |                             |                              |
|-----|---|------------------------------|-----------------------------|------------------------------|
| 51. | Providing ongoing therapeutic services primarily or only by telehealth.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 52. | Adapted evidence-based practices to assess or do therapy with clients who have experienced or are at risk for coronavirus infection.        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 53. | Adapted evidence-based practices to assess or do therapy with clients whose family members have experienced coronavirus infection.          | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 54. | Adapted evidence-based practices to do therapy with clients who are mourning the death of a loved one from COVID-19.                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 55. | Adapted evidence-based practices to do debriefing or provide support to front-line healthcare workers who are caring for COVID-19 patients. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 56. | Learned new evidence-based practices to assess clients with COVID-19.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 57. | Learned new evidence-based therapies to treat clients with COVID-19.  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 58. | Referred clients to mental health internet resources specific to COVID-19 for managing stress or mindfulness.                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 59. | Referred clients to mental health internet resources for anxiety or depression specific to COVID-19.  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 60. | Referred clients to mental health internet resources for PTSD specific to COVID-19.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 61. | Referred clients to mental health internet resources for suicide prevention specific to COVID-19.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 62. | Referred clients to mental health internet resources for substance use problems specific to COVID-19.                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 63. | Referred clients to mental health internet resources for grief specific to COVID-19.  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

| How helpful would the following resources be to you professionally? |   |                                     |                                   |                                     |                              |
|---|---|-------------------------------------|-----------------------------------|-------------------------------------|------------------------------|
| 64.   | Training on Psychological First Aid.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 65.   | Training on integrating Psychological First Aid with your approach to conducting assessment and therapy.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 66.   | Training on adapting evidence-based therapies to help clients' with new or exacerbated psychological problems due to contracting COVID-19.                                | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 67.   | Training on adapting evidence-based therapies to help clients' with new or exacerbated psychological problems due to the death of significant others related to COVID-19. | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 68.   | Training on evidence-based practice for short-term intervention with front-line COVID-19 healthcare workers.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 69.   | Training on evidence-based practice for long-term therapy with front-line COVID-19 healthcare workers.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 70.   | Consultation to support your clinical work with ongoing clients who are affected by the pandemic.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 71.   | Consultation to support your clinical work with front-line COVID-19 health care workers.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 72.   | Consultation to help manage secondary traumatic stress and compassion fatigue in your clinical work with ongoing clients who are affected by the pandemic.                | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 73.   | Consultation to help manage secondary traumatic stress and compassion fatigue in your clinical work specifically with COVID-19 front-line healthcare workers.             | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 74.   | Peer support to help manage secondary traumatic stress and compassion fatigue in your clinical work with ongoing clients who are affected by the pandemic.                | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 75.   | Peer support to help manage secondary traumatic stress and compassion fatigue in your clinical work specifically with COVID-19 front-line healthcare workers.             | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 76.   | Additional internet resources specific to COVID-19 for your clients.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |

Since the coronavirus pandemic began, have you had the following thoughts or feelings?

|     |  |                                     |                                   |                                     |                              |
|-----|--|-------------------------------------|-----------------------------------|-------------------------------------|------------------------------|
| 77. | Feeling proud about what you've been able to accomplish at work.                                 | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 78. | Feeling as though you've made an important difference in clients' lives.                         | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 79. | Feeling confident that your clients and their families can count on you.                         | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 80. | Feeling as though you've made an important difference for co-workers or professional colleagues. | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 81. | Feeling that you have handled your work effectively and with skill.                              | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 82. | Feeling that you can count on co-workers or professional colleagues for support in this crisis.  | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 83. | Feeling better prepared for your work in the future by what you've learned.                      | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 84. | Feeling that you've grown as a worker or professional in the crisis.                             | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 85. | Feeling as though you've made an important difference for your family.                           | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 86. | Feeling confident that your family can count on you.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |
| 87. | Feeling optimistic about the future.   | <input type="checkbox"/> DEFINITELY | <input type="checkbox"/> SOMEWHAT | <input type="checkbox"/> NOT AT ALL | <input type="checkbox"/> N/A |

Has the coronavirus pandemic had other impacts on your work or personal life? **Please briefly describe:**

**Thank you for sharing your experiences.**