

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

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**PURPOSE:** The EPII Brief Supplemental Mental Health Provider Module (EPII-SMHP-Brief) includes supplemental items to assess the impact of the coronavirus pandemic across personal and social domains on individuals working in healthcare settings. This is a brief version of the longer Supplemental Mental Health Provider Module. 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-Brief 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-Brief**

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

## Epidemic-Pandemic Impacts Inventory

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

**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 5-10 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 <u>coronavirus</u> 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.	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
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.	Had difficulties in parenting or were unable to provide the same care for their children or other family members as before the pandemic.	<input type="checkbox"/> PSY	<input type="checkbox"/> DEB <input type="checkbox"/> N/A
12.	Are front-line healthcare workers who care for patients with COVID-19.	<input type="checkbox"/> PSY	<input type="checkbox"/> DEB <input type="checkbox"/> N/A
13.	Are front-line healthcare workers whose co-workers died of COVID-19	<input type="checkbox"/> PSY	<input type="checkbox"/> DEB <input type="checkbox"/> N/A
14.	Were experiencing severe intrusive memories related to COVID-19.	<input type="checkbox"/> PSY	<input type="checkbox"/> DEB <input type="checkbox"/> N/A
15.	Were experiencing severe hyperarousal/vigilance related to COVID-19.	<input type="checkbox"/> PSY	<input type="checkbox"/> DEB <input type="checkbox"/> N/A
16.	Were experiencing severe emotional numbing related to COVID-19.	<input type="checkbox"/> PSY	<input type="checkbox"/> DEB <input type="checkbox"/> N/A
17.	Were experiencing severe moral injury and guilt related to COVID-19.	<input type="checkbox"/> PSY	<input type="checkbox"/> DEB <input type="checkbox"/> N/A
18.	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

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

19.	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
20.	Feeling unprepared to do assist front-line healthcare workers.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
21.	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
22.	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
23.	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
24.	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

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

25.	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
26.	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
27.	Referred clients to mental health internet resources related to COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
28.	Providing ongoing therapeutic services primarily or only by telehealth.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

How helpful would the following resources be to you professionally?

29.	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
30.	Training on evidence-based practice for interventions 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
31.	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
32.	Consultation on managing secondary traumatic stress and compassion fatigue related to the pandemic.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
33.	Peer support to manage secondary traumatic stress and compassion fatigue related to the pandemic.	<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**