

Division 6: Clinical & Community Psychology

IAAP Division 6 Newsletter, Winter 2021-2022

IAAP recently asked all the Divisions to submit a report for the 2020-2021 reporting period. With the continuation of the COVID-19 pandemic throughout the time covered, this was a challenging time for Division 6 members and for all people across the globe. While some of our work has been hampered since the start of the pandemic in January 2020, Division 6 members remained very active in 2020 and continued to make a difference in 2021 as they helped their individual communities face this international public health emergency. I am summarizing below some of the activities of our colleagues.

Highlights from the 2020-2021 Annual Report

Thanks to those who responded to the survey.

Here is some of what you told us:

- We had 69 entries, representing diverse countries such as the Philippines, India, Pakistan, China, Spain, Canada, and the US.
- People told us about their published work on many topics including aging, clinical supervision, emotional regulation, and post-traumatic stress disorder. We've included a partial list below.
- Many responders have published articles about the psychological aspects of the COVID response—including the impact of the lockdown, psychological factors associated with vaccination, handwashing adherence as well as the psychological and mental health effects of the pandemic on various populations and subgroups.



From the President.... Greetings, Fellow IAAP Members! It is hard to believe I am completing my fourth and final year as President of IAAP's Division 6! Like all of us, my work has been significantly impacted by the global COVID-19 pandemic. Nevertheless, I am excited by all the progress we have made as a Division. In the last year, we have established a Division 6 Executive Committee (EC) and recruited some amazing graduate student volunteers to help us upgrade our communications. You will read about the progress in this newsletter and meet our two new Graduate Student members of the EC. Their enthusiasm and commitment to the field are inspirations for us all. In upcoming newsletters, you will meet all our EC members and our graduate student volunteers. We are also very excited to have an article on COVID-19 and human behavior by Dr. Priyaranjan Maral and colleagues in this newsletter. This is part of our plan to make the newsletter more useful to all our members. Please take the time to read this interesting piece.

Sharing Knowledge of Applied Psychology. The current pandemic has encouraged research and other activities aimed toward a better understanding of the effects of the pandemic on various populations as well as its consequences in clinical settings. For instance, Dr. Daniel Dodgen offered a Scientific Symposium Presentation talking about *COVID, Disaster Preparedness, and Vulnerable Populations*, at the U.S. National Academies of Sciences, Engineering, and Medicine. Members of Division 6 also presented on the IAAP webinar, *The COVID-19 Pandemic Impact and the Role Young Psychologists Have Played in Giving Support to their Communities*. Furthermore, Dr. Rosario Abendan discussed *The Role of Perceived Risk, Attitude, and Change in Daily Living to Mental Health Status of Filipino Adults in the NCR Plus Bubble during Covid-19 Pandemic*. Beyond the pandemic, Dr. Yiqun Gan presented on topics such as *Psychological Aid for Henan Flooding* and *A preliminary system on digital interventions for emotional and health management*.

Division 6 has also seen an increase of the quantity of articles and books published from its members. Approximately 50 new articles and books have been produced sharing knowledge of Applied Psychology Worldwide. Namely, Dr. Carol A. Falender has published research content such as *Lens on International Clinical Supervision: Lessons Learned from a Cross-National Comparison of Supervision and Consultation in Psychology: A competency-based approach*. Dr. Daniel Dodgen has written a book chapter, *Getting Involved in Professional Organizations: A Gateway to Career Advancement*. Finally, Dr. Rocio Fernández-Ballesteros, Dr. Iffat Rohail, Dr. María José Baeza Rivera, Dr. Pedro Neves, Dr. Priyaranjan Maral, Dr. María José Baeza Rivera, and Dr. Yiqun Gan have published an impressive number of articles in 2021.

Honors/Awards

Our Division President, Dr Daniel Dodgen was presented with Albert Nelson Marquis Lifetime Achievement Award by Marquis Who's Who. In the context of the Early Career Marathon, Executive Committee Member Stéphanie Racine Maurice won second place overall for best presentation.

Engagement with Cross-IAAP Initiatives

Dr. Daniel Dodgen and Dr. Tim Hannan actively participated as reviewers for the *Early Career Marathon: Integration Research and Practice*, organized by Division 15 that was held in October 2021. Also, members of Division 6 such as Pedro Neves, Pedro Altungy Labrador, Marija Davcheva and Stephanie Racine Maurice held roles within the Organization, Scientific and Executive Committee of the Early Career Marathon. We applaud the success of this innovative effort.

Members of Division 6 have been actively involved in the [IAAP Task Force on Terrorism and Peace Building](#), including Division 6 President Daniel Dodgen and Past-President María Paz García-Vera, the Task Force Chair. The mandate of the Task Force is to report on the contributions of psychological research to the understanding of psychological dimensions of terrorism, provide research and policy recommendations for psychological science, and propose actions that IAAP could or should take to assist psychologists' engagement with the issue of terrorism. For more information on the Task Force and its progress, see their [separate report](#).

Leadership and Elections

We congratulate Prof Pedro Neves for his nomination of President-Elect of IAAP for a 4-year term that will start at the end of July 2022. Furthermore, a call for nominations at large for the Board of Directors of IAAP is currently being held and the deadline to submit nominations is March 13, 2022.

Division Leadership: Our New Executive Committee

In November 2021, Division 6 established a formal Executive Committee, including two new graduate student members **Stephanie Racine**, and **Marija Davcheva**. The other Executive Committee members are **Dr Carol Falendar**, **Dr. Yiqun Gan**, **Dr. Tim Hannan (President Elect)**, and **Dr. Iffat Rohail**. Beginning with this newsletter, we will introduce you to the outstanding members of our Executive Committee.

Member Spotlight



Marija Davcheva, MSc (Graduate Student Member/Communications Director, Spain).

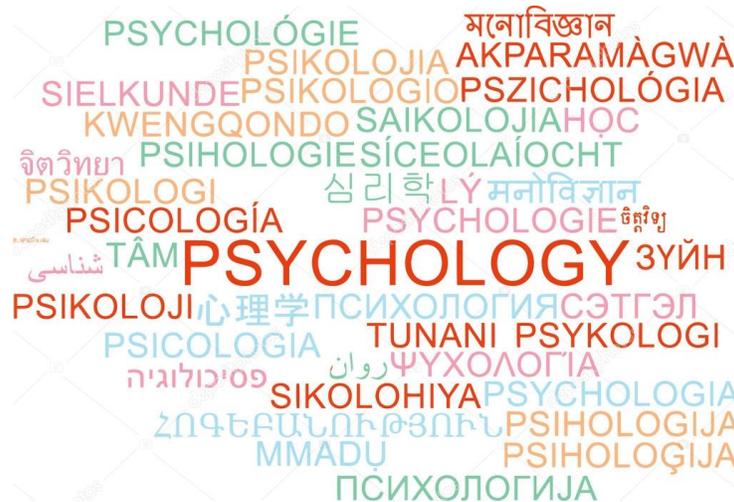
Marija Davcheva is a graduated psychologist (BA) and has a master's degree (MSc) in WOP-P Psychology (Erasmus Mundus Joint degree in Work Organizational and Personnel psychology). She is currently enrolled in the doctoral program of Human Psychology Resources at the University of Valencia, Spain and is working on the research project "Job quality, wellbeing and health: antecedents and explanatory mechanisms from a person-centered dynamic approach." Her research interests are working design, job insecurity, work engagement, job meaningfulness, employees' wellbeing with a special focus on the gender perspective. In addition, she is also interested in team research, team composition and performance. Marija is actively enrolled in various international psychology organizations: Secretary of Communication in Division 15 in International Association of Applied Psychology (IAAP), Member of the Global Student Psychology Committee. She is a current Associate Editor of the open science journal JEPS Journal of European Psychology Students.



Stephanie Racine Maurice (Graduate Student Member, Canada). Stéphanie Racine

Maurice is a Ph.D. candidate at Laval University and holds a Bachelor of Psychology (Hons) from University Laval. Her thesis focuses on premenstrual dysphoric disorder research, and she aims to become a clinical psychologist with expertise in the field of affective disorders. Stephanie is currently a member of the Clinical Cycle Science Community as well as a member of the Clinical Cycle Practice Community of the International Association for Premenstrual Disorders. She has served as Ambassador for North America for our Student and Early Career division (Division 15), promoting applied psychology among students in Canada, the U.S.A., and Mexico. She currently holds the position of Vice-President of IAAP

Division 15.



Division 6 Member Publications. Thanks to everyone who responded to the survey. You are doing so much; we can only provide a sample of the great work you are all doing.

Baeza-Rivera, M. J., Salazar-Fernández, C., Araneda-Leal, L., & Manríquez-Robles, D. (2021). To get vaccinated or not? Social psychological factors associated with vaccination intent for COVID-19. *Journal of Pacific Rim Psychology*. <https://doi.org/10.1177/18344909211051799>

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Want To Be More Involved in Division 6? Please help us by filling out our Member Survey!

Community and clinical psychologists are actively engaged in addressing the challenges that face our world, even more so today within a pandemic context. We are addressing our community's mental health and substance abuse needs while addressing the consequences of public health emergencies.

Considering this, the Executive Committee of Division 6 has observed a need to understand how the division can better serve its members. Our Newsletter is a tool that the division uses to update its members; however, the newsletter should be providing content that is as relevant, interesting, and updated as possible for its members. Hence, the idea of a survey for division 6 members was born. The aim of the **survey** is to:

1. Engage division members
2. Understand their needs
3. Understand how the division can better serve their needs and interests

Be on the lookout for our short survey to fill out. An e-mail will be in your inbox shortly! We count on your precious help to make our division and Newsletter better, thus better serving your needs and the needs of other psychologists and students. Thank you in advance!

Contact Us

Thank you to everyone for your commitment to IAAP, Division 6, and the people you serve in your communities. I appreciate you. You can reach me at DrDanDodgen@gmail.com

Daniel



Member Contribution:

Thank you to Dr. Priyaranjan Maral, Assistant Professor, Central University of Rajasthan, India, and colleagues for contributing the article below. If you have a contribution you'd like to make, please contact us at drdandodgen@gmail.com or stephanie.racine-maurice.1@ulaval.ca.

COVID-19 era and human behavior:

Present and future strategies to combat the crisis in Nepal

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Abstract: At the moment, humans are dealing with the unanticipated events of the COVID-19 pandemic, which has created a spectrum of crisis that can best be understood in the context of disruption of wholly or partially life-saving facilities or organizations, followed by disarray among citizens due to a lack of resources/treatment services. There is an ongoing global health crisis that is wreaking havoc and upending people's lives. As a result, we are particularly interested/emphasized in the role of the COVID-19 era in changing human behaviour and how people adapt, assimilate, and become more flexible in combating the current or future COVID-19 crisis in Nepal. The Nepalese people found it difficult to remain quarantined inside their homes. However, people eventually learned, albeit slowly, how to adapt and assimilate to this crisis situation, followed by flexibility in their day-to-day activities. The government agencies also worked on the significance of health specialists/professionals and experts during a crisis in order to deal with a pandemic situation effectively. COVID-19 exacerbation can be controlled by implementing strict rules, using heuristics/analogies, collaborating with other countries to use their knowledge or experiences, behavioural approaches (cocooning and hibernation, immunization and door-to-door vaccination) and technological strategies (chatbox, telemedicine, and digitalization of the health care system) to relive or give freedom to breathe in open air without fear of infection. By embedding different tactics into dealing with the current crisis, many countries can alleviate the upsurge or impact of the next future crisis and can attain the *Green Pass* for everyone.

Keywords: Adaptation, Cocooning, COVID-19, Crisis, Digitalization, Immunization

1. Introduction

COVID-19 is the greatest major catastrophe, but also the extreme challenge of our time, with far-reaching consequences for our economic systems, education, employment, general well-being, and daily lives. In order to protect their citizens, economic systems, and geographical boundaries, Nepal's government agencies were expected to respond under strict time constraints. Their responses will have far-reaching consequences, both now and in the future. Reupert states that the prevailing pandemic is unlikely to be the last global health crisis we face. [1] Furthermore, the effects of the COVID-19 pandemic will continue to wreak havoc in Nepalese lives even after vaccination is partially or fully implemented. As a result, all people, governments, NGOs, public and private organizations, and others in Nepal are required to follow and implement the OECP rules (i.e., observation, evaluation, cognition, and prevention) in learning and applying knowledge and experience gained from the global COVID-19 pandemic crisis.

2. Assimilation, Adaptation and Flexibility in COVID-19 Crisis

The first and second waves of the COVID-19 pandemic have resulted in significant (positive or negative) changes in people's lives, including education, learning, developing, studying, and working from home, as well as feelings of loneliness, social isolation, psychological issues, hopelessness, and the use of new forms of communication. [2,3] The economy's uncertainty, as well as the pandemic itself, has necessitated a new approach to promoting Nepalese people's long-term health and wellbeing. These dangers and rapid progress have necessitated the need for flexibility in daily life, the ability to adapt to change and assimilate into Nepal's ever-changing conditions, and the capability of being pioneering in our work and the manner in which we work.

COVID-19 clearly shows that organizations and utilities, such as those in the mental health field, have been obligated to keep up with and incorporate new technologies. The COVID-19 pandemic has provided an obvious learning opportunity. This has allowed many organizations in Nepal and other countries to train and develop their workforce in ways they had never considered before. Despite the importance of digitalization in the COVID era, facilities may interact with patients, disabled individuals, and families through a variety of other channels. It also emphasizes the importance of telephone psychosocial support or tele-mental health services for someone with special needs or care during COVID-19, particularly when callers' perceptions of a disrupted mental health system are taken into account. [4]

As a result of the lockdowns, people were unable to interact with one another, leaving a slew of emotions socially isolated and forlorn. At different points in time, loneliness, trauma, fear, and social alienation can have different effects on populations, communities, and individuals, particularly vulnerable or older adults. [5, 6] Consider the personal experiences of a mother suffering from mental illness and those who have had a child separated by child welfare services. Throughout this time, they speak more loudly about their grief and pain as a result of their removal, as well as their various needs for assistance. [7] Approaches that promote interconnection and affiliation have immediate benefits and are critical for

Nepalese people's long-term psychological health and well-being. An art of intervention for vulnerable families discovered, among other things, that parents' feelings of isolation decreased, as one example of a mental health intervention evaluation. [8]

3. Role of Health Sector and Government Agencies in COVID-19 Crisis

This has been encouraging to see how, in response to the global COVID-19 pandemic, government agencies, at least in some countries, follow and appreciate public health officials'/experts' recommendations and impose travel restrictions (including internationally) and emergency shutdown guidelines as prevention strategies. Specialists are thought to be trained professionals, but in some cases, such as the COVID-19 pandemic, this is not possible. Furthermore, practitioners who rely on knowledge gained through years of experience on various issues are considered experts in a specific domain and can effectively deal with the current and upcoming COVID-19 crisis. Instead of public sentiment, which is frequently influenced by social media, rigorous decisions are based on evidence derived from extensive studies, taking into account what is feasible for specialists and appealing to clients. Over further opening out of the dialogue by offering a new perspective about how we classify experts, with a special emphasis on those who have lived experience with mental illness. Similarly, even when they were in the midst of a pandemic/stressful situation, Delphi methodology, as well as all other methodologies, help to gather the opinions of various experts and recording narratives about the pandemic/hazardous/stressful period aided experts in promoting and educating people involvement in care planning. [9-11]

4. Alleviation of COVID-19 Crisis and Prerequisite of Green Pass

Different approaches have been used all over the world to mitigate or control COVID-19's current and future crises. The most common human behaviors, cocooning and hibernation, emerged as the most common human responses to the global lockdown of the first and second waves of COVID-19. Cocooning is a term that refers to hunkering down at home and spending more time there, with or without physical separation from other family members. Some people have viewed this cocooning period as an opportunity for self-reflection, self-insight, and self-growth, much like a butterfly. Others, on the other hand, have viewed this cocooning period as a long-term degradation or loss of all opportunities in their lives. Short-term cocooning and hibernation produce positive results and can be seen as signs of positive behavior, thoughts, perceptions, feelings, personality, motivation, and aptitude in humans. Long-term cocooning and hibernation, on the other hand, wreak havoc on people's psychological, social, economic, and physical well-being, as evidenced by behavioral changes.

Second, during the ongoing third wave of COVID-19 around the world, immunization emerges as the third common human behavior. Vaccination also aids in preventing the spread of infection among people. It gives humans a new perspective on life, allowing them to act and work as they did in the past, without fear of infection. It gives ordinary people, as well as government agencies in various countries, more confidence in their ability to rebuild their health services more effectively in the event of future crises similar to the COVID-19 pandemic. Many people around the world, particularly in developing

countries, are experiencing a vaccination crisis, which is leading to a decline in immunization and increasing people's vulnerability to the ongoing third wave of pandemics. The immunization process not only strengthens physical immunity, but it also empowers people to achieve high mental immunity, giving them new hope and confidence to resume normal life. During the vaccination process, all countries focused on immunizing CORONA Warriors who are involved in healthcare or other services that provide assistance or treatment to infected people, either directly or indirectly. Several nation states are also working on a door-to-door vaccination program in outreach regions to immunize all disabled people (physical or mental), older adults, and others who have not been able to reach vaccination centers due to unforeseen circumstances.

Third, while addressing COVID-19's significant impact is critical, maintaining core and critical clinical services is also critical in many healthcare settings. The immediate response in many countries has been for healthcare institutions to reduce or even eliminate many treatment options, as well as clinic closures and temporary suspensions of routine checkups or elective surgeries. However, if the COVID-19 pandemic lasts longer than six months, such strategies will not be considered successful in the long run. Telemedicine meetings with neuroimaging data submitted from distal sites and analyzed from anywhere could be used to establish virtual clinics, and healthcare organizations should prepare for the increased use of digitalization. It would allow the patient to continue receiving standard treatment while also reducing physical congestion on hospital grounds. Digital e-learning technologies are being investigated more and more to reduce the need for corporeal consultations for other critical hospital activities (e.g., research and education).

Furthermore, the use of a variety of artificial intelligence (AI)-based triage systems has the potential to reduce the diagnostic and therapeutic workload of healthcare professionals. People can benefit from a virtual care 'chatbox' by recognizing early symptoms, educating the community about the importance of good hygiene, and directing people to medical help if their health deteriorates. Additionally, phone-based software that can detect and document patient data (e.g., daily temperature and clinical manifestations) may aid patients with suspected flu-like symptoms in avoiding treatment delays. AI systems will be trained to determine COVID-19 using this type of data. Finally, a growing number of Indian and Chinese healthcare facilities are collaborating with block chain organizations and pharmacies to deliver treatment directly to patients' homes. Healthcare facilities could have used block chain to facilitate consistent and accurate prescription drug transmission.

With the incorporation of these alleviation strategies, government has been working towards to issue Green Pass (i.e., COVID-19 vaccination identity pass) for preventing future crisis of pandemic. Then there will be more opportunities for people in present or future to move (i.e.) without any hassles or restrictions with Green Pass nationally or internationally. Green Pass act as a booster not only in saving human live but also in other domains such as health sector, education, employment, economically, tourism and so on. [12]

5. Conclusions

To summarize, the COVID-19 era has brought about many changes in human behavior and has caused us to consider current and future combat strategies for overcoming and preventing the impact of a pandemic crisis on people. It's attempting to teach us important lessons about the current crisis, connectivity, and misinformation on social media, as well as forcing experts to reconsider how they approach the public mental-health crisis. The world is constantly beset by a multilateral health crisis that has wreaked havoc and turned people's lives upside down. During the first to second waves of COVID-19, cocooning, hibernation, and immunization are used as life-saving techniques. Long-term hibernation and cocooning develop passiveness, unhealthy habits, and behaviors in people, which have been linked to psychological and social crises rather than immunity. Immunization and door-to-door vaccination methods allow everyone to use their Green Pass to act and breathe normally, with only minor restrictions in congested areas. Digitalization and AI-based triage systems in healthcare facilities, as well as services like telemedicine meetings and virtual chat boxes, have proven to be extremely effective in limiting the spread of infections and saving thousands of lives.

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