

Online Acceptance and Commitment Therapy For A Burnout Physician During Covid-19 pandemic: A Case Report

background

The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing global pandemic of coronavirus disease 2019 (COVID-19). The physicians working in Isolation hospitals all over the world especially in the developing countries was under a great work Stress. This stress was due to lack of medical supplements, staff shortage, and feeling of helplessness due to increased death rate among Covid-19 patients. Hereby, we are introducing a case of Physician suffering from Burnout symptoms during his presence in the isolation hospital.

methods

- Male patient, 27 years old, From Egypt
- A physician in Isolation hospital for Covid-19 cases
- Positive history of OCD and depression 7 years ago
- Positive family history of anxiety disorders
- Complaint: moderate anxiety, agitated, thoughts of helplessness and hopelessness, feeling physically exhausted, decrease concentration for two weeks.
- Medication: Prozac 40 mg daily for one week.
- First time to have psychotherapy sessions.

Results

We did six session (two sessions per week) every session about one hour and thirty minutes

- The first session was about empathetic listening to the patient and building therapeutic alliance as the patient was refusing the psychotherapy sessions due to fear of Stigma.
- The second and third following sessions introducing the ACT principles of cognitive fusion and experiential avoidance by Hand and Push paper metaphor. Followed by brief creative Hopelessness (workability) and start psychoeducation of Defusion and acceptance principle (Dropping anchor technique).
- The last three sessions was about values clarification. In the fourth session we concentrated in defusion and acceptance techniques for his hopelessness, helplessness thoughts, and physical exhaustion.

Discussion

ACT showed its main strength which is psychological flexibility and the ability to be easily introduced using online methods such as ZOOM communications for the scheduled sessions and whats app application for in-between session homework and follow up.

The obstacles we faced were 1) The internet bad connection which sometimes affects the quality of the sessions, 2) Lack of ACT protocol for dealing with burn out syndrome cases, 3) Patient resistance regarding psychotherapy due to the fear of Stigma.