WHAT IS THERAPISTS FOR ARMENIA?

This group is for professionals who are interested in enhancing

Rehabilitation

Education

Social Services

for Armenia and for Armenians around the world.

Therapists for Armenia is a bridge that connects therapists with similar interests and establishes an exchange of knowledge across borders to improve quality of care for occupational therapy, physical therapy, speech therapy, mental health, special education, social work services, and more!

Therapists in Armenia
+
Therapists with Armenia
=
Therapists FOR Armenia

This group also aims to highlight the great developments that are happening in the therapy field in Armenia, and create opportunities for collaboration with international experts. We have so many talented and intelligent Armenian clinicians. Let's bring our minds together and create something great!

For therapists, by therapists.

Started by an occupational therapist from New York in October 2019, this group has attracted members from various disciplines, countries, and states. When our first newsletter was released in April, we had 160 members. Now we have reached over 480! And new members are always welcome! Therapists for Armenia is also meant to mirror the multidisciplinary nature of the therapy field. Coordination of care is necessary for the best client outcome and to promote quality of life. Below is a chart that shows how many different disciplines are currently represented in our group.

Each newsletter highlights a different field.

This month we are focusing on mental Mental Health Counselor health. With all the changes 2020 has brought, we all need to give our mental health some extra attention.

Social Worker Physical Therapist Speech Therapist Speech Therapist Coccupational Therapist Speech Therapist S

To read our previous newsletter which focused on Occupational Therapy click here.

Fun Facts:

- **♦** 13 Professions
- **♦ 13 US states**
- 7 Regions of Armenia
- **♦** 8 Countries



^{**}If you have not done so already, please fill out our member survey



TABLE OF CONTENTS

Member Meet & Greet - Who's Who?	Page 3
Self-Guided Mindfulness Meditation	Page 6
Working as a School Counselor During COVID-19	Page 7
Personal Experiences with Mental Health	Page 8
Mental Health Across Borders	Page 8
Mental Health Effects of COVID-19 Pandemic in Armenia	Page 11
Important Announcements	Page 14
Webinar	Page 14
Contact Information	Page 14



MEMBER MEET & GREET - WHO'S WHO?

Meet some of our members!

Below are some of our members who work in mental health.

Read about them, reach out, get connected!



Nanar Nakashian - Jerusalem, Israel

Nanar holds a BA in Psychology and a minor in Information Technology and Social Responsibility from Baruch College. She has been a Research Assistant at the Perception Lab at Baruch College, has interned at institutions that specialize working with children with neurodevelopmental disorders in different parts of the world, as well as an internship with an NGO that specializes in mental health at the United Nations. These experiences coupled with a strong sense of Armenian identity awoke her passion for providing mental health resources to under-resourced communities, such as rural parts of Armenia. Therefore Nanar will be continuing her education towards a Masters degree in Clinical Psychology with a focus on Global Mental Health at Columbia University in the coming year.

Tamar Merjian - FL, USA

Tamar graduated from Florida Atlantic University with a major in psychology and went on to her graduate studies in Mental Health Counseling graduating with a Master's degree from Nova Southeastern University. Upon becoming a Licensed Mental Health Counselor she has worked in a variety of populations including homeless and substance abuse, developmental delays in mixed populations, and is currently a co-located mental health counselor with the Center for Trauma Counseling, Inc. at an elementary school.





Satenik Garabedian - Yerevan, Armenia

Satenik has a Bachelor's degree in Psychology, as well as a Master's degree in Medical Psychology from Yerevan State University. She currently works at Sigma-Med Medical Center as a clinical psychologist, and has research experience studying the biological and behavioral connection between HIV/AIDS and drug users.



MEMBER MEET & GREET - WHO'S WHO?



Karinne' Andonian - PA, USA

Karinne' has been a board certified music therapist for about 10 years. She has a previously worked with children and adults from trauma and domestic violence. Currently she is in the pediatric medical setting providing music therapy for infants in the NICU and respiratory complex care patients at Children's Hospital of Philadelphia. Karinne' uses specific music therapy techniques to support medical treatment and provide emotional support while patients are hospitalized, including the use of singing and breath to assist pain management, lullaby writing to assist in family bonding, and developmentally appropriate play songs to assist in healthy neurodevelopmental growth. Karinne' feels strongly of the healing power of music on both a physiological and a psychological level and is so grateful for her path in this field.

Ani Yengibaryan - Shirak, Armenia

Ani is a psychologist of the IBDP program of Anania Shirakatsy Scientific-Educational Complex and St. Grigor Lusavorich Health Center. She does volunteer work aiding the Armenian military, implements a number of youth development programs, conducts corporate trainings, and does research on the therapeutic effects of music (specifically Komitas music). She greatly enjoys studying Armenian culture, and creating her own arts as well.



Katrina Selverian - PA, USA (Currently in NY, USA)



Katrina Selverian is a Counseling Psychology PhD student at Fordham University. Katrina researches intergenerational trauma, specifically in relation to the Armenian Genocide and is currently beginning her dissertation on the topic. She has a master's degree in Clinical Social Work from the University of Pennsylvania and her clinical experiences thus far include working with drug addiction, college counseling, and outpatient psychiatry. Katrina previously worked in communications and film industries and continues to do part-time marketing, graphic design, and video editing. In her free time, Katrina enjoys spending time with her fiance, family and friends, and running the AGBU Young Professionals chapter of Philadelphia with her sister Sara.



MEMBER MEET & GREET - WHO'S WHO?



Krissy Vartanian-Kapeghian - PA, USA

Krissy is a School Counselor in Philadelphia. She graduated from West Chester University in 2017 with a Masters of Education in School Counseling and dual (K-12) certification. Previously, she worked with families who experienced extreme trauma and high behavioral needs as a Multi-Systemic Therapist. However, her passion has always been school counseling. She is a product of the School District of Philadelphia, attending one of the oldest and largest high schools in the country. Both of her parents were dedicated teachers in the School District of Philadelphia, so she is honored to follow in their footsteps. She is unbelievably passionate about her job and the population of students and families that she supports.

Lusine Davtyan - Yerevan, Armenia

Lusine graduated from the National Academy of Sciences. She is a psychologist by profession. She participated in various trainings, and has led training sessions of her own as well. She currently works with children at school, conducting individual sessions with children with special educational needs.









SELF-GUIDED MINDFULNESS MEDITATION

By: Karinne Andonian



Before you begin, make sure you are in a place where you can feel comfortable, uninterrupted, and safe to close your eyes for a moment so that you can focus on your breathing for the purpose of centering yourself. You can also try humming to bring yourself into a deeper state of relaxation.

- O Take a breath
- O Place a hand on your belly
- O Place a hand on your chest

Breathe in :: Breathe out :: Breathe in :: Breathe out

- © Keep breathing at your own pace as you continue
- Now, ground your feet flat onto the floor beneath you
- O Let gravity support you
- Listen to yourself say these words:

"I am steady, in this time of stormy seas. Sometimes I can feel tired, heavy-burdened, or scared, and that is okay. Right now, in this moment, I can put those feelings aside, and let out a big sigh. My breath is beautiful, it can make me feel calm and steady. I give myself permission to find the peace in my breath that soothes me. In a moment, I am going to close my eyes and breathe. I am going to breathe in deep with images of moments that bring me peace + strength, and as I exhale, I can make a sound - a hum - for as long as I can, and I will hold that image of peace in my mind. When I finish, I will open my eyes and feel a renewal of calm strength."

Allow yourself to sit a moment with your hand on your belly and a hand on your chest

Breathe in :: Breathe out :: Breathe in :: Breathe out

- Put your hands on your lap and keep breathing at your own pace.
- ◎ When you are ready, you can stand up and continue being your amazing strong self.



WORKING AS A SCHOOL COUNSELOR DURING COVID-19

By: Krissy Vartanian-Kapeghian

When one thinks of the job of a school counselor, what comes to mind is often simple – a person who helps students when they are feeling sad, grieving, or having difficulty with a peer relationship. However, our profession has evolved, and our responsibilities encompass many facets of social-cognitive learning, social-emotional learning, and supporting students who have special needs and require modifications or accommodations in our academic setting.

I work in a large, heavily-populated, low-funded, urban school district at a middle school with an age range of 11-15 years old. My caseload is approximately 300 students, with a large population of English as Second Language students as we are located in the heart of one of the biggest Hispanic communities Philadelphia. Most of my day consists of crisis helping students deescalate. response, processing and referring students who have thoughts of suicidal ideation, individual and group counseling for students who have incarcerated family members, and collaborating with teachers and families to build stronger relationships with our students.

I have a large role of acting as a liaison between families and outside mental health services because most of our students need more support than school-based counseling. Unfortunately, many of our families in the community are unaware of these services and feel somewhat protective of their personal environment because of their immigration status in the United States. I have learned to acclimate my language and advocate for sensitivity around this topic, while taking the initiative to educate and protect our families.

On March 13th, 2020, we received notification that our school district would be suspending in-person instruction effective immediately due to the rapid outbreak of COVID-19. For so many, the school is their safe place and shelters them from the responsibilities and unknown factors of their home environment. Not only does it provide fundamental learning and support, but it also gives students an opportunity to socialize and be with their peers in the community.

I reverted back to Maslow's Hierarchy of Needs to make sure basic physiological and safety needs were met. I communicated with our staff the importance of making sure our families had resources to find food, water, shelter, and protection. I contacted local food banks and shelters in the area and created a Counselor's Corner webpage for our school to share through social media and virtual classrooms. I made a Google phone number so I could maintain adequate communication for check-ins with my high-needs students, and collaborate with their families to best support them based on their needs during the adjustment to our new reality.

School counselors play many roles in an academic setting, but the collaboration and outpour of support from our community helped us through. I have immense gratitude to the city of Philadelphia for recognizing our high level of needs and partnered with our public schools to quickly provide accessible meals and fresh produce to our families. Local food banks, schools, restaurants, grocery stores, community centers, and churches offered pick-up centers of food with no proof of income or identification requirement. Mental health agencies added tele-counseling to our high-needs students and helped families find local resources in their community. For this support, I am forever grateful.



PERSONAL EXPERIENCES WITH MENTAL HEALTH

By: Nairi Krafian

Imagine you're at the eye doctor with your mom. She sees a parent of one of your sister's sports teammates. Normally they would say hello, but the parent avoids eye-contact and doesn't acknowledge your mom. They don't want anyone knowing their child needs glasses. Imagine your doctor writes you a prescription, but you go two towns away to fill it because the pharmacists in your town might have mutual friends and you don't want them knowing you have allergies.

Imagine your rheumatologist sends documentation to your university, explaining why your arthritis requires you to have extra time and unique conditions for test-taking. The day of an exam you are studying with classmates in the library, but have to leave to start your extra testing time and go to a special testing center. If you stay, your classmates will see you walking in a completely different direction than all of them to the testing center. So, you make up an excuse and leave early, hoping they won't be looking for you when they get to the exam, or ask where you were out of fear that they may judge you.

Now, if we were to take all the medical professionals and change them to psychiatrists, psychologists, and social workers; then take the conditions I mentioned and change them to depression, anxiety, OCD, and ADD, the aforementioned situations don't sound so ridiculous. This is a peek into my life and the lives of so many others living with mental illness.



Why aren't psychiatric patients treated like other patients? Why isn't it understood that their condition is real, it is not their fault, and it deserves medical attention and accommodations in daily life? This is the beast known as *stigma*: the judgement and ostracism that comes with mental illness because of society's lack of understanding.

I was diagnosed with depression at the age of 10, Obsessive Compulsive Disorder (OCD), Attention Deficit Disorder (ADD) in high school, and anxiety in college. My journey with mental illness has been longer than that of most people my age, but that has allowed me time to learn how to navigate it and how not to. For those reading this and struggling themselves, I will say it's a journey of trial and error, and an extremely individual one. Be open to ideas, but don't let anyone tell you there is one right way and then feel guilty if it doesn't work for you. Everyday is an opportunity to try something new, see how it works for you, adjust accordingly, and move forward. The situations above represent my experience. I have had to hide, lie, make up excuses, reevaluate my life choices. However if this was a physical illness, that most likely would not be the case.



08/2020 Volume 2

What's scary is that I have lived in a developed country (USA), in a state described by Mental Health America in 2018 as the #1 best US state for mental health treatment (Massachusetts). My primary care physician is at the #1 Best Hospitals in Psychiatry (Massachusetts General Hospital), and much of my psychiatric treatment is at the second best hospital (Mclean Hospital).

So if I face so much stigma in my own community, with this high level of care and knowledge around mental illness, I can only imagine what it's like for someone who lives in an area less developed and with less progressive mindsets.

My aim is that these scenarios can help those who don't understand mental illness. I hope they become more sympathetic. I hope this is read by Armenian-Americans in communities where stigma around mental illness is still rampant, and I hope this reaches Armenia to open the eyes of those who don't understand mental illness. I hope it gives siblings, parents, teachers, friends a new palatable perspective of mental illness. I hope people will be more aware of the impact of their behavior towards their loved ones with mental illness, especially at a young age.

When I started Oknooshoon,* I had those children in mind who were struggling, like I was. At the crux of Oknooshoon's mission is Dobby, Armenia's first certified therapy dog. She will be (after the pandemic) working with children and adolescents from socially and economically unstable backgrounds who are at high risk for mental illness, among other populations. We hope Dobby will give these youths the non-judgmental, unconditional love they deserve. This was one of my explicit goals, inspired by the role my dog played in my life. But beyond this, I hope Oknooshoon can raise awareness and change perspectives in Armenia about marginalized and misunderstood animals and people. Eventually, the goal is for the children we work with to not have to rely on Dobby for such comfort and compassion, but experience that same love and acceptance from their families and communities.





* To learn more about Oknooshoon visit oknooshoon.org



08/2020 Volume 2



MENTAL HEALTH ACROSS BORDERS

By: Lusine Davtyan

In 2004, I first entered the field of psychology and began my studies. Day by day, I gained greater interest, learned more, and made it my own in a unique way. I must say that this field requires constant research because psychologists despise uniformities (at least I do).

The culture of seeking the help of a psychologist is progressing day by day in Armenia, but this applies only to a certain segment of society. Some have limited knowledge and a misconception about psychologists and psychology. There are many who believe that only individuals with severe mental disorders should seek help. I have seen many such cases in my practice. For this reason, when I started working with children, I decided to conduct trainings for parents. I wanted to showcase an accurate image of a psychologist so that they would never hesitate to seek advice if necessary.

This has greatly helped them to start cooperating more in order to overcome the difficulties their children have, rather than avoiding these issues and avoiding the psychologist.

I have experience in Georgia working with teenagers and Germany, where I participated in seminars. If we run a comparison with those countries, I can say that the picture in Germany is completely different. There people turn to a psychologist for any reason and do not try to hide it. Mental health is very important. I will not talk about wages, because we cannot compare with Armenia. But you can imagine, they are much higher. In my opinion, there are more similarities between Armenia and Georgia in terms of the view of psychology.

This, of course, is my subjective opinion, and only applicable to current experiences. Psychology is a science that is constantly evolving, the picture in our country is changing day by day. More and more people recognize the importance of mental health and seek support from a psychologist. I am hopeful for psychology in Armenia.





08/2020 Volume 2

THE MENTAL HEALTH EFFECTS OF THE COVID-19 PANDEMIC IN ARMENIA

By: Ani Yengibaryan

We often think of a crisis as a sudden unexpected disaster, such as a car accident, natural disaster, or another cataclysmic event. However, crises can range substantially in type and severity. In mental health terms, a crisis refers not necessarily to a traumatic situation or event, but to a person's reaction to an event. One person might be deeply affected by an event while another individual suffers little or no ill effects.

COVID-19 created feelings of fear and anxiety as a result of uncertainty and vague information, one after the other. The fear of loss intensified in the human consciousness. As a result, the COVID-19 has become a crisis creating psychological impact on individuals and society as a whole.



Psychological Impact of COVID-19 on Patients

Since April 2020 while working in a hospital, I noticed that COVID-19 patients generally had the following reaction:

- ★ Upon diagnosis of COVID-19, immediate development of depressive psycho-emotional mood and depressive thoughts.
- ★ After 4-5 days of hospitalization, the individual begins to have more frequent thoughts about death.
- ★ Quarantined in the hospital room aggravates phobias: fear of the closed spaces, darkness
- ★ Most patients have hallucinations (visual and auditory).
- ★ Psychological problems such as: suicidal thoughts; internal conflict; memory impairment; aggression, inability to feel; feelings of hopelessness, helplessness, & loneliness.
- ★ Development of psychosomatic manifestations such as: pressure fluctuations, headache, nausea, muscle tension, etc.





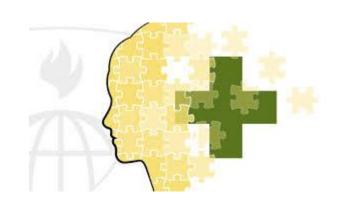


During this pandemic, psychological crisis intervention is crucial. The premise of psychological crisis intervention is to control the side- and after-effects on psychosocial aspects of an infectious disease. Additionally, intervention attempts to minimize psychological impact with timely assessment and management of prevention and control implement psychological crisis intervention. Therefore for affected, suspected, susceptible, and at-risk patients, caregivers, families, staff, and the general public, mental health support is urgently needed for prevention of secondary mental health of hazards.

Psychological First Aid (PFA)

is an evidence-based modular approach designed to do three things:

- **1.** Stabilize (prevent the stress from worsening)
- Mitigate (de-escalate and dampen) acute distress
- **3.** Facilitate access to continued supportive care, if necessary.



PFA does not entail diagnosis or treatment

This is how I implemented the PFA process when working with COVID-19 patients (please note that this is not a guide, purely a description of my experience):

- 1. Introduce yourself first and emphasize that you are a psychologist and are visiting all the patients
- 2. Introduce the patient to a complete picture of the disease, which includes the beginning of the development, emergence of current symptoms, the therapeutic process and the end. Here it is very important to emphasize the possible positive outcome of the disease (complete treatment and return home).
- 3. Allow the patient to fully express his/her concerns, then give positive feedback emphasizing the important aspects of their life: family, job, community, etc.
- 4. In the end, ensure them that you are on his/her side and at any time you are available to talk and to listen.







Psychological Impact of COVID-19 on Hospital Staff

Because the coronavirus pandemic is rapidly spreading around the world, it is causing a great deal of fear, anxiety, and distress especially among health care workers. Psychological surveys and research conducted with the medical staff showed that:

- ★ Medical staff registered high levels of anxiety due to the fear of infection
- ★ There was a sense of uncertainty with regular changes in hospital conditions and treatment regimen
- ★ Psycho-emotional tension and professional burnout



The difficulty of not having basic physical needs fulfilled such as safety, personal protective equipment, food, the environment, rest and sleep leads to fatigue. In addition, working safety when working with patients, high rate of deaths among patients, low morale, emotional burnout, and stress can lead to anxiety, depression, and post-traumatic stress disorder (PTSD). For this reason, it is very important to provide psychological support to the medical staff through individual and group discussions, with the aim to help overcome emerging problems.

Psychological work with medical staff emphasized:

- ★ Respond immediately to the emotions of the health care provider
- ★ Promote stability in daily routine
- ★ Encourage relaxation exercises
- ★ Plan post-rehabilitation work

Conclusion

Mental health is an important part of overall health and wellbeing. Implemented psychological work allows us to conclude that COVID-19 is involved in the development of psychological symptoms that can cause the body to weaken further, both mentally and physically. Therefore it is important to address psychological rehabilitation in COVID-19 treatment for both patients and medical staff.

IMPORTANT ANNOUNCEMENTS

Webinar Series:



In May we launched a bilingual webinar series addressing topics relevant to therapy, healthcare, and disability services. Most webinars have speakers from both US and Armenia. The webinars have allowed specialists from different parts of the world to connect and exchange expertise. Participants are able to ask questions and the speakers answer them live. All webinars are recorded and available to watch on the "Therapists for Armenia Resources" Facebook group.

Please join to access and watch!

Previous Webinars:

- ☐ Being the Parent of a Child with Autism
- ☐ Speech Therapy in US and Armenia
- Occupational Therapy in US and Armenia
- ☐ Social Work Approaches Around the World
- Vocational Skills for Inclusive Communities
- Dysphagia Treatment and Evaluation



If you watched our webinars, please take a minute to answer this <u>survey</u> to help us improve.

Upcoming Webinars:

- Yoga Therapy for Children
- ☐ Animal-Assisted Therapy in Armenia



Thank you to **Corinne Ozbek** for her assistance with editing and formatting the newsletter!

... And many more to come!

Social Media:



Follow us on Instagram:

@Therapists_for_Armenia



Like us on Facebook:

Therapists for Armenia (Page)
Therapists for Armenia Resources (Group)

Join our group to access resources and be a part of our international community:

Therapists for Armenia Resources

Invite people to spread the word, help us grow our knowledge base, and reach more communities! We are for therapists, by therapists. The more connections we have, the more we can learn from each other!

We are always learning, developing, and growing. Feel free to reach out if you are interested in joining our mission or have suggestions!