

Lewis, Krystal 2021

Dr. Krystal Lewis Oral History

Download the PDF: [Lewis_Krystal_oral_history](#) (84 kB)

Dr. Krystal Lewis

Behind the Mask

January 21, 2021

GB: Good Morning. Today is January 21, 2021. My name is Gabrielle Barr, and I'm the archivist with the Office of NIH History and Stetten Museum, and today I have the pleasure of speaking with Dr. Krystal Lewis. Dr. Lewis is a clinical psychologist with the Section on Development and Affective Neuroscience at the National Institute of Mental Health, so thank you very much for being with me.

KL: Yes, of course, I'm happy to be here.

GB: So, to start off, you've done a lot of work on anxiety and stress which is of a plenty during the pandemic, so what is the difference between anxiety and stress, and what are their signs?

KL: Sure. So generally, stress is a physical or mental response to an external cause such as having a significant illness or having a lot of work to do for a deadline, having difficulty keeping up with your bills, any type of external pressure. And the stressor could be a one-time thing or a short-term occurrence, or it can happen repeatedly over a long period of time.

We know that stress can have positive or negative effects on your behavior. For example, it might inspire you to be really productive and get your work done for that deadline, or it might cause you to have difficulty sleeping because you're so worried about making that deadline. So, stress can be a result of any type of positive or negative experience. You can be stressed when you're planning a wedding, or you can be stressed from a divorce so it's a very different experience.

And then when we think about anxiety, anxiety is your body's reaction to that stress and can occur even if there's no current threat. Its origin normally is internal, and so usually anxiety involves a persistent feeling that something bad might happen. You have this apprehension or dread about something happening and does not go away, and the anxiety may interfere with your life, cause difficulties with focusing on different things that you have to do, and basically it can be a result of feeling like something bad can happen and you won't be able to handle it.

So, both stress and anxiety are normal experiences, and we know that they can affect your mind and your body, and signs of stress and anxiety can be similar in that you might feel very tense or unable to relax; you might experience a lot of worry, excessive worry; have difficulty concentrating; and then physical effects such as headaches or stomach aches, high blood pressure, loss of sleep. So there can be a lot of effects from stress and anxiety when they become persistent.

GB: So what are some common mistakes people make in dealing with those who are experiencing anxiety, especially children and adolescents, and what would be your suggestions on how to handle things better?

KL: Well, it's a good question. I think sometimes when people are around other people who have anxiety or who are feeling really stressed they might just want to encourage them to get over it or provide excessive reassurance so it might be "You'll be fine, it's not a big deal. Everything's okay." But often we know that can minimize one's experience of anxiety and this can make people, children and adolescents included, feel unheard or invalidated for their experience, and so it isn't really helpful to be dismissive of their anxiety or stress or any emotion for that matter.

But what can be helpful is to normalize experiences of anxiety and demonstrate empathy and understanding. It's important to validate that what they're experiencing is valid, letting them know it must be difficult to feel what you're feeling, or saying like it sounds like your experience is a tough or uncomfortable one. Try to use their words so whatever the child or adolescent or your friend is telling you, you can kind of say back to them.

What can be helpful also is teaching kids coping strategies to deal with stressful moments and helping them to manage high levels of stress and anxiety. That's always helpful, and helping kids to identify unhelpful and anxious thoughts and learning to reframe them or coming up with more helpful ways to think in the moment. So teaching kids how to do this would be much more effective than just talking at them or ignoring the anxious thoughts. The goal when you're working with or dealing with people who have anxiety or stress is to really just build their efficacy that they can handle these unknown situations because we know that typically anxiety stems from the unknown or uncertainty, focusing on negativity and threat. And especially during these times with this pandemic, people have a lot of anxiety about the unknown and what's coming, and so ultimately the best way to manage anxiety or to deal with it is to focus on thoughts, feelings, and behaviors otherwise known as cognitive behavioral therapy or what we do as psychologists in treatment with those who have anxiety.

GB: What are your thoughts on how the media has handled the pandemic, and what are ways that you think that the media can present the facts without overwhelming people?

KL: That's a great question. I think over time, given my involvement in several media interviews during the pandemic, I've had the opportunity to share stories, to shape stories, to focus on coping and control. I think providing people with information about normal emotional experiences in times such as these and strategies to manage the increase of stress is really important; however, the media does have a job of sharing stories, and we know typically, what's a story without a flashy headline or focus on the negative and potentially scary situations right? So I think it's okay to write these stories that highlight potential negative effects such as increased mental health needs due to the pandemic, the potential for these multiple strains of the virus to continue appearing, effects on the economy and people's livelihoods—but these stories should have a piece that focuses on what people can do to provide a sense of control, and sometimes that doesn't happen.

I think it's important we let people know that, you know, they have control over how much news they're consuming, and what I mean by that is they cannot watch the news on TV so much. They can not read things or stay off social media, and this is really important with kids as well. We want to monitor how much they're consuming, limit the time spent consuming news that potentially might be about the pandemic during this time, the protests and the riots, and the conflict, everything going on because the news tends to focus on negative things, and it's cyclical. It just keeps kind of repeating itself. It's dramatized, and so it ultimately can have negative effects on our mental health so the best thing is to kind of limit how much we're consuming.

GB: Yes. So, what has been your role in tackling the mental health challenges that have emerged and intensified due to COVID-19? You've done a lot of providing information. I've heard you on NPR [National Public Radio]. You're wonderful. Have you been creating resources, performing research?

KL: Yeah, I mean I'd say it's probably a combination of all. I've continued to provide clinical services, but my caseload has certainly increased, and so we've continued to provide therapy through our research study here at NIH. We have kids who come in to participate in a pediatric anxiety study, and so we provide treatment through that, and then I've also been receiving more referrals to my private practice, and a lot of my colleagues have said the same, that they've seen an increase in referrals. There's definitely a great clinical need, and I think for me personally the biggest shift has been, like you had mentioned with [the] NPR interviews, really is just disseminating information related to stress, anxiety, and mental health through various media outlets, which has been a lot of fun, and I think it is very important just to help people be aware -normalizing their experience during this time of feeling stressed and anxiety and feeling changes—shifts—in their mood, especially for kids being home from school. So I think it's important to share information that way, just verbally through interviews, creating resources for people to use via websites or handouts, so I think I've been doing a little bit of all that over this time period.

GB: So has anything come to light during the pandemic in terms of mental health that you believe deserves more attention?

KL: I think a couple of things. I think what we've noted from when COVID started and we went into this pandemic, the health disparities that have existed and impacted people in so many different ways, and I think that's been highlighted by the way that different groups have been disproportionately affected by COVID-19. I think that the light has really shined on gaps within our system, where our system is failing, and although many lives have been lost, there haven't necessarily been significant changes thus far. I think many people and organizations are motivated to really make some changes within our science and practice as a whole, and what we need to do make services more accessible, and equitable and research more inclusive and generalizable. This needs to continue especially, and it, yeah it needs to continue, and this deserves all the attention. I think that really stood out during this time.

And also during the pandemic really thinking about—I work with kids and adolescents—but for younger kids thinking about the lack of social engagement that young kids are receiving that's normally occurring in daycares or in schools, and this is potentially problematic for all kids, but especially those who may be at risk for anxiety or those who have inhibited temperaments. The transition back to school might be difficult, and the social skills that generally are learned, may have been learned, over these past 10 months, now definitely need to be further developed. And so I think [about] focusing on those groups of kids.

And then also, kids that I think about are those [for] who[m] school was more of an escape from an unstable or unpleasant life, a home life, and so now kids are out of school. Kids are home. It's likely that these kids may have had experiences, may experience, more daily negative life events, which we know contributes to stress and anxiety and trauma. This could largely impact their general development from all aspects: physically, cognitively, emotionally, and especially if there are deficiencies in nutrition and basic needs and safety. So, this is a this is ongoing issue but likely exacerbated by the pandemic, and so I think you know these general areas really stand out.

GB: What have you and your colleagues done to prepare for what you may be seeing when the pandemic subsides, like you were saying, reintegrating back into school may be difficult or how to deal with children who have maybe had difficult lives during the pandemic, you know, it was exacerbated? Is there anything special that you all can do in particular to prepare to tackle those, I guess, more extreme situations?

KL: Right. I mean I think for us as psychologists, who we have as a caseload, who we have as clients, who we have as families we're working with, we can help prepare for that transition—as we know when it might occur right when schools open back up or even before they open—helping parents to take time to leave the house and have the kids kind of experience what it's like to be away from the parent for a period of time under safe conditions. We can help families plan for that and prepare for that. We can work with kids to give them skills and strategies to deal with the stress they might feel; we can still practice some of those social skills via telehealth, and you know certain groups are still doing—when I say groups I mean like private practice providers—are doing groups online for kids so there's still some of that that's going on, but more so for the young ones, the young, young ones who really aren't getting that engagement. It's important that we figure out safe ways for them to get that engagement and so as the vaccine is being rolled out and things are changing a little bit, we'll figure out how to navigate that and how to get back to, I think you know, that type of engagement and help families prepare for that.

GB: Yes. So what challenges have you encountered in performing your work during COVID?

KL: I think that my role primarily here is clinical in nature so I provide a lot of therapeutic services, and I've been doing that through telehealth, and I would say telehealth is a little difficult with kids, especially with younger children. I think it requires more creativity and engagement and some of the in-person connection is missing so what we call a therapeutic alliance or the way we relate to our clients is challenging sometimes. I do think there's something lost in not observing patients and clients in person and live. Telehealth may not allow you to see the whole individual: so we have face-to-face, right, but sometimes things I might pick up on in terms of maybe someone shaking their leg if they're feeling nervous, different behavioral manifestations of anxiety and stress might be harder to pick up on through telehealth.

I would say also keeping up with the referrals and requests for services; like I said, that there's been an increased demand and likely an increased need, and I think across the board. It's just been hard to provide the services that that are necessary, and then I think just in general there are situations that are occurring during this pandemic that a therapist can't rectify, which may have been the case before but even more so now such as employment stress, financial strain for families, lack of access to resources. So sometimes it's not a great feeling to know that regardless of the coping skills that I'm teaching or stress management that you know we're practicing, that's not really changing the problem, which is situational in nature with no potential end in sight. We know at some point there will be a shift, but we don't know when. Parents have lost their jobs or kids return to school, like when that's actually going to happen, and so sometimes that makes it a little bit hard in session.

GB: That is really hard. Have there been opportunities for you that have arisen due to the pandemic?

KL: Opportunities?

GB: Personally and professionally?

KL: Yeah, I mean I think in terms of opportunities as we've noted before I enjoy sharing evidence-based information about our work whether that be I was doing it in schools and in the community for our research, but I think in general, opportunities came about for me to speak to different media outlets whether that be through interviews for newspapers, or online outlets, through YouTube videos, through live events on Instagram or Facebook, to really just share information about how we can cope not just during this time, but a lot of the strategies that we share are helpful just in life in general. So, I think that that's been pretty gratifying, really, just to feel that I'm helping in that way.

And I think also increased opportunities for practicing self-care for me personally and that now that we're home, I do a lot of telehealth. It can be taxing; it can be draining; you have hour after hour of clinical sessions and so it's really forced me to focus on what works for me in terms of how do I replenish myself so I can continue helping others, and so I think that's also been, I'll call it, an opportunity to take time to figure out what's helpful for me as I'm helping others and I'm preaching this to other people about how you take care of yourself so it's a good time really for me to reflect and say, "Okay, well what's helping me?" so that I can keep going to help others.

GB: Definitely. So what impact do you think that the mental health crisis that's accompanying the pandemic will have on advancing psychology or veering its course?

KL: I think that just in general like world-related events, ecological events such as the pandemic has allowed our field to—we'll start with research-wise—but has allowed us to study the effects of the pandemic, and so we can explore changes in mental, emotional, and neurological functioning as a result of a stressor, and for us right now, it's just [the] pandemic, it's this ongoing pandemic. So I think that the pandemic has highlighted significant health and mental health disparities as I mentioned before and has allowed us to increase the span of our research and really shift focus from over-served populations to those that are otherwise overlooked or underrepresented, and we need to work on making research more representative and inclusive, and so I do think as a field for psychology, this is something that you know, it's a goal of our field; it should be a goal of our field but even more so now, I think, clinically, that the increased need of support during the pandemic and the flexibility of clinicians to provide telehealth service to meet the need has really demonstrated to organizations and private practice providers that one, we can provide effective services via telehealth and we have more of a reach, I guess, versus we had barriers before, which may have been: transportation (people getting to getting to our offices), child care (who's going to watch the kids), availability, and things like that. And so with those barriers taken away, I think that we have a better reach.

And then lastly, I think that, you know, this demonstrates for our field that there's a need to train more clinicians of different backgrounds, of different colors, just in evidence-based care to really provide the best treatment that we can and not just to prepare for another pandemic or something significant, but just in general to meet the need that's out there.

GB: Well you already touched on this a little bit, but how are you personally keeping up your spirits and remaining emotionally balanced during so much sadness and tension? You hear from your clients just a lot of emotional issues all day.

KL: Yeah, I think that's a great point in general. We know, you know, these are challenging times for most people at one point or another during this pandemic and myself included. I see my role here at NIH and in the community as a clinical psychologist [as] somewhat of a blessing, as you mentioned, in that I worked so hard to help others and promote mental health and teach stress management skills and strategies that for me it's a constant reminder that I need to be doing these things myself to keep my spirits up, remaining emotionally balanced. You know, I often feel exhausted and drained and sad at the state of the current state of the country, but in my desire to help others and my optimism, I think towards the future and mankind. I'm able to remind myself and motivate myself that I need to use the same tools that I've perfected for others for myself. So I enjoy doing many different things, and despite some of the limitations from this pandemic, I still make sure to read—and I like reading—spend time with my family, engage socially in safe ways, watch funny shows—I love to laugh. So I know what makes me feel good and I've given myself permission to have not great days. Maybe there's a session that doesn't go so well or a day that's just super stressful, but it's important that I take time off and really just prioritize my own mental and emotional wellness so that I can help, I can continue to help others during this time so that's really what I've been doing to try to keep my spirits up and keep myself to a place where I can continue to help and give to others.

GB: Yeah, definitely. Well is there anything else that you would want to share both as an NIH scientist and clinician but also as a person who's living through this pandemic like every other American?

KL: I think just to acknowledge that it's been a tough time for so many but also focusing on the things to come out of this and that we will get through it. There's been periods of time before in history that we've had just really, really tough times. And knowing that, as we'll say, scientists here at NIH are so invested in the research that we're doing and just in general and making it applicable to helping people and the clinical nature of our research, that it's inspiring to see how we can help in many different ways, and so I think just focusing on the optimism and that piece of really just helping mankind. We have to look beyond ourselves to say how can we really just leave a mark in this world and get through these tough times so that one day, hopefully we're a little bit more prepared in the future when we have something else that comes up—and something else will come up—but then also just to feel like we're doing important work which we are and we're helping others.

GB: Well, thank you very much. I hope that you and your family continue to stay safe and that your work at NIH continues to go well, and I wish you all the best.

KL: Thank you very much.