reliance factors relevant to patients with preexisting medical conditions during COVID-19 and highlight the benefits of exploring values, priorities, and assumptions, asking open-ended questions about meaning in life and posttraumatic growth, learning for each emotion, and interpretation of dreams. The existential–humanistic and relational approaches offer unique insights into how practitioners might help their patients to reflect on the unanticipated changes and anxieties ignited by COVID-19, while reinforcing the potential to live with greater purpose and intention.

existential psychotherapy, meaning in life, relational psychotherapy

This article provides practical therapeutic interventions for dealing with the unique challenges and anxieties provoked by coronavirus disease 2019 (COVID-19) for patients with preexisting medical and neurological conditions. While focused on COVID-19, the embedded clinical examples also illustrate meaningful treatment options broadly applicable to times of chronic or traumatic stress, especially for vulnerable populations.

Numerous factors have made the COVID-19 global pandemic overwhelming and potentially traumatic for patients and clinicians. In the absence of widespread testing, "every human to human interaction has to be assumed to be both an opportunity to infect the other person or be infected by them" (Thomson, 2020, p. 1). We are not accustomed to experiencing our bodies as simultaneously threatened by—and threatening—to others. The asymptomatic subtype of COVID-19 cases further confounds our identification of knowable threats and safety. Family members, friends, health care providers, and even our own bodies have become Trojan horses in a deadly war. At other times of national trauma, individuals have been able to gather together to provide psychological and physical support, comfort, and protection, through closeness and contact. With the current pandemic, however, we are instructed to do exactly the opposite, which robs humans of a vital and universal coping and healing response. These COVID-19 phenomena may exacerbate underlying challenges for individuals with preexisting medical and neurological conditions including feelings of vulnerability, social isolation, and perceived lack of control, as well as trigger memories of previous medical trauma. At the same time, individuals with preexisting conditions may be equipped to cope with aspects of the pandemic, having previously confronted fundamental truths

such as life's uncertainty, the random nature of events, and the inevitability of death. Thus, clinicians need therapeutic interventions to aid vulnerable populations and can also learn from these populations in optimizing coping and overall quality of life during the COVID-19 pandemic.

The underlying aims of the existential–humanistic (E-H) and relational models of therapy are consistent with the goals of rehabilitation including the revitalization of the patient's power to live a meaningful life, despite limitations and obstacles that may accompany their condition (Jennings, 1993). The first section of the article provides an overview of E-H and relational therapies, including definitions, theories, and specific perspectives. Key concepts of finding meaning in life (MIL) and posttraumatic growth (PTG) can be found within the E-H section. The article then moves on to discuss E-H and relational therapeutic interventions and treatment components and their application to the experience of traumatic events, such as life-altering medical conditions and the COVID-19 pandemic. The final section of the article includes five case examples highlighting the use of E-H and relational therapy interventions with patients with preexisting medical and neurological conditions during COVID-19.

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Existential–Humanistic Therapy

Developed in the 1960s, E-H therapy consolidates central ideas from European existential philosophy—the power of self-reflection, taking responsibility for decisions, and confronting freedom and death—with the American tradition of spontaneity, pragmatism, and optimism (Schneider & Krug, 2017). E-H therapists emphasize four core aims that enable patients to become more present in the moment, increase awareness of self-protective patterns that block and restrict presence and personal agency, take personal responsibility for the construction of one's life and self-narratives, and choose or actualize ways of being in the world that are consistent with values (Schneider & Krug, 2017).

This article will focus on the EH perspectives that emphasize the need to find MIL, including Frankl's logotherapy (1986, 1992), Yalom's (1980) existential psychotherapy, and a number of extensions of Frankl's logotherapy, including Breitbart and Poppito's (2014a, 2014b) individual meaning-centered psychotherapy (IMCP) and the narrative treatment approach delineated by Chochinov et al. (2011).

Victor Frankl, a Holocaust survivor, observed that humans do not get to choose their difficulties, but they do have the freedom to select their

attitudes and responses and maintain a sense of dignity. He proposed that MIL comes from three sources: creative and vocational accomplishments, love and compassion for others, and an ability to display courage, perseverance, and determination in the face of pain and suffering (Frankl, 2019). Attitudes toward adversity can be experienced and created throughout every moment in life no matter the circumstances (Frankl, 1986, 1992). His recent series of posthumously published papers shifts emphasis away from "What can one expect from life?" to "What does life expect from us?"—provokingly, he suggests that life itself asks questions about MIL (Frankl, 2019). Reinterpreting pain and suffering involves changing assumptions/schemas about the world's unfairness and accepting painful realities that cannot be changed including the random nature of events (Hill, 2018; McWilliams, 2020). The experience of integrating trauma into a life's narrative and making sense of the painful experiences can lead to growth and a new, perhaps more adaptive perspective.

Yalom (1980) was strongly influenced by Frankl and believed that humans have an intrinsic need to construct meaning. For Yalom, the aim of psychotherapy is to accept and fully experience the existential anxiety of confronting the givens of existence including death, isolation, freedom, and meaninglessness. As a result of facing death, individuals experience the urgency of setting priorities (Schneider & Krug, 2017). Yalom advocated that meaning was a byproduct of commitment, action, tolerating uncertainty, living in the moment, and meaningful and passionate engagement in life (Hill, 2018). Psychotherapy during times of crisis can bring "a heightened existential awareness . . . a new appreciation of the preciousness of life . . . (and the ability) to trivialize the trivialities" (Yalom, 1996, pp. 71-72).

Breitbart and Poppito (2014a, 2014b) developed manualized individual and group treatment programs to help patients focus on three ways Frankl talked about discovering meaning—achievements, experiences, and attitudes toward suffering—and added a fourth component involving rewriting narratives to facilitate understanding the patient's past (Hill, 2018). Breitbart and his colleagues emphasized that experiencing a life-threatening event might have a negative impact causing a profound sense of loss of meaning, purpose, and direction in life as well as feelings of vulnerability and hopelessness. On the other hand, these events may also potentiate new positive emotional states, such as a higher level of meaning, appreciation, and gratitude for what one has, and the possibility of discovering new inner strength and resiliency (Breitbart et al., 2004). Chochinov et al. (2011) developed a narrative treatment approach focusing on preserving dignity, self-respect, and encouraging positive self-reflection.

Relational Psychotherapy

Relational psychotherapy is a distinctive contemporary school of psychoanalysis, which developed from the convergence of object relations, interpersonal psychoanalysis, self psychology, and infant developmental research (Mitchell, 1988). In the seminal text, *Object Relations in Psychoanalytic Theory* (Greenberg & Mitchell, 1983), the authors delineate a relational psychotherapy within a dyadic approach. The authors contrast two exclusive models of the mind: the drive-structure and relational-structure models. Drive theory reflects a philosophy that views humans as essentially individualistic, with goals and desires being predominantly personal in nature. In contrast, the second model proposes that relationships with others constitute the basic motivational force in human behavior "with human satisfactions realizable within the tapestry of relationships, past and present" (Gordon et al., 1998, p. 32).

The therapeutic encounter in the relational model is a two-person approach shaped by the participation of both the patient and therapist, as well as by the co-construction of meaning, authenticity, and new relational and emotional experiences (Gordon et al., 1998). Individuals possess a recurring pattern of relating, which is rooted in early childhood experiences and caregiving interactions. Patients are viewed as striving to achieve new and more fulfilling experiences, while simultaneously preserving loyalty to internalized loved ones from the past (Hirsch, 1994; Mitchell, 1988). From a relational perspective, the understanding and processing of the shared COVID-19 experience is filtered through the patient's and therapist's unique family, cultural, and medical history; relational patterns and expectations; values and attitudes; and central personal concerns.

The analysis of transference–countertransference interactions is a major component of the relational model of psychotherapy. Transference and countertransference are best understood as integrally related to the relational matrix, composed of self, object, and transactional patterns (Mitchell, 1988). In the relational matrix, the patient and therapist are assumed to be responding to the actual participation of the other, shaped by the personal past and internal dynamics of both participants. (Gordon et al., 1998). Transference

hopelessness, frustration, guilt, fears of their own mortality, anxieties regarding body integrity and loss of control, and challenges to their cognitive schemas of the world (Gans, 1983; Gunther, 1987).

From a relational perspective, a therapist may ask open-ended questions to stimulate the patient's curiosity and self-expression. Examples of open-ended questions include "How did you experience my comment?," "How do you think the dream relates to what we've been working on in therapy?," "What can you learn from your anxiety?," and "What are the costs and benefits of taking that risk?" Such questions can facilitate self-awareness of ambivalence and conflict and a more nuanced understanding of emotions.

There are inherent differences between E-H and psychoanalytic approaches to psychotherapy. Psychoanalytic approaches emphasize the importance of unconscious meanings/motivations, the impact of early experiences and relational patterns, and working through of transference–countertransference interactions. In contrast, E-H therapy stresses agency, growth and self-actualization, presence, MIL, and confronting the givens of existence.

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A number of clinical interventions and perspectives facilitate the aims of the E-H and relational models of therapy, including a reconsideration of values, priorities, and assumptions, learning from each emotion, open-ended questions regarding MIL and PTG, and dream interpretation.

Reevaluation of Values, Priorities, and Assumptions

Experiencing a potentially life-threatening event may provide an opportunity for growth and reevaluation of one's priorities and values, as well as assumptions and schemas about the self and the world. Individuals typically interpret new information on the basis of unquestioned assumptions and expectations about themselves and the world including the illusion of invincibility and invulnerability (Janoff-Bulman, 1989, 1992). Traumatic events undermine these premises. Patients no longer feel that "the world is a safe, organized, and predictable place,' 'people get what they deserve,' 'people are generally good, helpful, and caring,' and 'individuals can control the world and minimize their vulnerability through their own behavior'" (Janoff-Bulman, 1989, 1992). The violation and shattering of these expectations are a major impetus for thinking about MIL (Proulx et al., 2013), on which the therapist can capitalize through questioning assumptions and examining values and priorities.

Learning From Emotions

E-H and relational therapeutic approaches both take advantage of what each emotion can teach us. By exploring the meanings associated with guilt, anxiety, grief, and suffering, patients can transform these feelings in a more positive direction (Breitbart et al., 2004). For example, depression and sadness can help individuals understand and get in touch with what is most meaningful in life (Buechler, 2004). The meaning of guilt can shift from not meeting others' expectations and standards to not actualizing one's own potential or fulfilling one's own needs (Breitbart et al., 2004).

Open-Ended Questions About Meaning in Life and Posttraumatic Growth

Hill (2018) developed a three-stage model for working with MIL, including facilitating exploration, insight, and action. The goal of the first stage is to

capabilities (Auerbach, 2000). Scars may remain, but PTG allows for feelings of acceptance, finding meaning, and resilience after trauma.

The E-H model of PTG emphasizes the individual's inescapable confrontation with their own vulnerability as a stimulus for growth after trauma. Individual growth is the positive result of enduring trauma, precisely because of an individual's ability to accept fundamental truths such as life's uncertainty and the inevitability of death. This recognition of personal vulnerability can paradoxically result in the development of true inner strength and resiliency as these facts of existence are acknowledged (Schneider & Krug, 2017; Yalom, 1980).

Dahan and Auerbach (2006) noted that patients living with an incurable form of cancer reported feelings of greater empathy for others, the validation of inner strength, and pride in coping skills and the role that the condition played in strengthening bonds with important people in their lives. The patients acknowledged that the process of PTG is not linear, but rather fluctuating and ever-changing. This underscores that resilience and transformation are not static, but dynamic experiences.

Open-ended questions regarding PTG may facilitate patients' reflections on their journeys following a medical trauma. Questions including "How do you feel this experience has changed you for the better?," "How has this experience affected relationships in your life?," "What would you tell your former self if you could go back in time to when [trauma] was unfolding?," and "What have you discovered about yourself through this journey?" allows patients to more deeply construct their narrative and make meaning of even the most difficult experiences.

Interpretation of Dreams

Dreams can be a valuable resource to obtain a deeper understanding of an individual's attempts to deal with their existential and relational challenges and search for MIL. Dreams can be interpreted as attempts at problem solving and conflict resolution, ways of mastering trauma, explorations of unknown possibilities and paths not chosen in life, wish fulfillment, compensation, communication with the therapist, and integration of the self (Lippmann, 2000). Lippmann (2000) felt that the impact of the dream on both the dreamer and therapist may be its most important feature.

Case

The following case vignettes highlight the complexities and clinical challenges of working with patients with preexisting medical and/or neurological

conditions during the COVID-19 pandemic. Each individual's reactions and fears are rooted in their own psychological, family, medical, and cultural history. The clinical questions explored in the following section include (1) How do specific medical/neurological conditions impact the patient's understanding and processing of the current pandemic?; (2) Does having a previous medical/neurological condition provide a degree of "protection" based on previously learned effective coping strategies and reflections on values and priorities?; (3) What are the benefits of utilizing E-H and relational approaches when working with individuals dealing with the simultaneous challenge of managing both medical/neurological conditions and the pandemic?; and (4) How does the current situation impact therapeutic issues involving self-disclosure, including the sharing of the therapist's own fears, anxieties, and coping and self-care strategies? Although the case examples have been labeled, understandably there will exist some overlap with other therapeutic principles discussed in this article. The intent is to highlight the clinical application and exploration of the E-H and relational approaches taken in each case.

Case Example 1: Reevaluation of Values and Priorities

This case involves a young actor who changed his values and priorities through his recovery from a mild traumatic brain injury (mTBI) during the COVID-19 pandemic. He entered psychotherapy the week before COVID-19 rattled New York City and shut down services. At the beginning of treatment, he reported multiple symptoms, including fatigue, dizziness, headaches, and anxiety. Fears ran high surrounding the unknowns that are common in rehabilitation recovery, with thoughts such as "My symptoms may never get better" and "I could suffer alone."

When news of the spread of COVID-19 became well-known the following week, he agreed to continue sessions via telehealth. At that moment, now on top of the feelings of helplessness resulting from his injury, he identified the virus as compounding his sense of loss of control. His initial treatment goal had been, "feeling more optimistic and getting back to normal," but how could this occur when the whole world was dealing with a dark new reality?

Capitalizing on meaning-centered and PTG perspectives, therapy began by exploring his strengths—deep-seated qualities that did not change due to his injury or the pandemic—in order to help him feel more empowered. He identified his resilience, dedication, and perseverance as qualities that had helped him before and could help him again. He started treatment with the mind-set that his injury, resulting symptoms, and the virus were "problems that could not be solved," leaving him feeling stuck with no way out. Through the therapeutic process, he came to recognize his own power to choose how

he wanted to view and respond to life's major challenges (Frankl, 2019). Furthermore, he started to enumerate ways in which his brain injury experience made him even stronger: "Being vulnerable, working hard, seeing my symptoms dissipate, and recognizing I can get through adversity."

As the patient's initial symptoms improved, he was able to shift his focus from internal experiences of pain, fatigue, and sensitivity, to existential concepts of meaning, values, and priorities. He thought more about his future—how he wanted to lead his life and pursue his career. The therapist asked open-ended questions such as "If you were to imagine your life 5 years from now, looking back on how you dealt with mTBI recovery, what would you think about how you handled things?" and "If you hadn't had this injury, would you be dealing with the pandemic any differently (and vice versa)?" These questions enabled him to piece together a new narrative based on protective coping strategies that he had previously developed,

> I had this really traumatic experience. I didn't recognize it fully when it happened to me and initially said, "I'm fine, I'll get over it." . . . then I felt scared and angry about my symptoms, I was feeling old all of a sudden . . . then a pandemic happened, and I actually felt more prepared because I now knew about life and its fragility.

He further reflected that, while the pandemic had added layers of anxiety, it also had provided him with the space to step back and evaluate what really mattered to him. Rather than continuing his past pattern of "overwork," he now wanted to "slow my pace, be more flexible, focus on self-care, be compassionate with myself, stop comparing myself to others, and focus on the creativity and art I can provide."

Toward the end of therapy, the patient reported the following dream:

> He was about to go on stage with Lily Tomlin and was trying to give her his phone number. He wrote it incorrectly several times on paper and then boxed the correct answer as he used to do in math class. He felt embarrassed by his "poor memory," since his injury and decided to tell her what happened . . . As he was telling the story of his injury, start to finish, he realized that many other people had "entered the space," and heard his tale, and "nothing would be the same."

The therapist inquired about the feelings and associations of the dream from which several transference and long-standing relational themes and details emerged: Lily Tomlin reminded him of a caring and protective mentor and lighthearted free spirit. He could safely tell her about his mTBI and expect compassion in return. In further discussion, he shared that he recently heard

from a former director who was requesting he take part in a challenging one-man production, likely virtually given the pandemic. He felt excited and scared at the same time. This director knew him well but was not informed about his injury and the patient was grappling—perhaps "doing the math"—to figure out how much to share, with whom, and what consequences might follow. He could choose to keep the details of the mTBI hidden and like with the pandemic, stay safe but isolated, or on the other hand he could take the risk of others "entering the space," opening his internal physical and mental life via telehealth calls, Zoom performances, and windows into his internal struggles, making himself vulnerable but connected and supported.

Within a few months, the patient transitioned from feeling overwhelmed and helpless in the storm of mTBI symptoms and COVID-19 threat to feeling focused and resilient. He had to keep being cautious, but he was able to

wanted to leave, and what he yet hopes to achieve. This life review enabled him to reframe his preoccupations and develop a more integrated and complex life narrative. He became more grounded in the present with a greater realization of goals and outcomes he had achieved but had not fully appreciated or taken in.

Just as he began to experience more stable footing emotionally and physically, the COVID-19 pandemic arrived. He expressed fears of contagion and death, as well as anger regarding some individuals' poor compliance with state and government recommendations. Judicious clinician self-disclosure regarding coping with threats to one's sense of control and freedom facilitated his processing of fears and perspective shifting. Self-disclosure also helped him find interconnectedness and grounding in this shared experience. Analysis of countertransference reactions the clinician experienced, including reductions in a sense of security, safety, order, and trust versus mistrust, further engendered a perspective shift, one that was notable in presentation changes that occurred within or between sessions. He increasingly demonstrated greater engagement in thoughts and intentions of decision making and goal setting that leaned toward resiliency despite the adversity that predominated. He also realized that his previous contemplation of death anxiety and perseverance in coping with his vestibular condition served as protective factors in dealing with COVID-19.

Meaning-centered activities helped channel newfound energy and purpose. Despite his pandemic-related fears and quarantine stressors, he continued to experience an overall decrease in anxiety and palpitations as he immersed himself in these activities. Familiar American song lyrics were explored in session, often with him connecting the analyses to songs from his culture of origin, related metaphors, and his life experiences. He also developed a greater sense of control and agency in daily painting exercises. He found he had a creative side that he could explore as he completed more detailed work. The artistic process also resulted in increased flexibility and confidence in taking risks. He realized how he initially would start with one idea in mind, but through the process, another plan could take shape. He was able to experience at a new level what he had begun to observe at an earlier stage in therapy—he often expected certain outcomes, but that result could be different and even more positive. His creativity expanded to food preparation when he resurrected a food reference book that he had purchased many years before, but never looked at it in depth. In it, he read about the history of various well-known dishes and selected some to prepare. This endeavor helped

system, and spirituality), and growth. While discussing the concept of gratitude in one of the sessions, the patient was able to reflect on how her friends had supported and cared for her throughout her recovery.

The level of trust in the therapeutic relationship was enhanced through the judicious use of self-disclosure. As discrimination and racism against Asians had increased due to COVID-19, the therapist, who is also from Asian ancestry, shared what steps she had taken to ensure her own safety. This shift enabled the patient to experience the therapist as someone with shared fears and anxieties, which lead to a deepening of the therapeutic process.

Over time, she had a more integrated view of what had happened to her and understood the meaning of lament. She valued having words to describe her emotional state so that she could protest, express, "wrestle" with, and grieve for the loss that she had experienced (e.g., loss of health, school, job, and relationship). She was more present focused and accepting of her own experiences and feelings. She was also able to analyze her circumstances more objectively and recognized that her expectation for life needed to be adjusted. The shift in perspective also helped her to be more accepting of the acculturation difference between herself and her parents, rather than expending energy trying to persuade them to agree with her decisions.

In retrospect, the patient found that the most important lesson learned in her recovery and the pandemic was that her identity and MIL included more than her job status, credentials, and achievement. She asked the question, "Who am I still?" and she recognized that her core values remained regardless. Looking forward, the experiences had made her more hopeful. In her words, "it was [her] goal that this experience will lead [her] to be less jaded by life, age gracefully, and most importantly, grow in [her] compassion for others when they encounter suffering."

Case Example 4: Redefining Meaning in Life and Priorities

This vignette involves a patient with a severe chronic lung condition who went into rehabilitation treatment after noticing cognitive changes related to his medical status. Treatment sessions transitioned to telehealth earlier than others due to the high respiratory risk posed by COVID-19. In the first video session, there was a noticeable shift in the patient's mood, focus, and communication style. Where previously he would speak at length about the minutiae of daily activities in a generally detached fashion, in the context of the pandemic his conversation became more emotionally laden, his mood palpably depressed, and his focus turned inward. He had already dealt with diminished control over his health and all the restrictions imposed by different physicians and medications. He already had to redefine his narrative and find

Conclusion

This article describes the flexible application of E-H and relational approaches to working with patients with preexisting medical and neurological conditions during COVID-19. Powerful therapeutic work can occur through the balance of utilizing practical therapeutic interventions—including open-ended questions regarding MIL and PTG, reflecting on values and priorities, mindfulness, self-disclosure, and dream interpretation—and understanding how the COVID-19 pandemic is processed through the patient's unique cultural, family, medical, and relational history. Each of the five clinical vignettes highlights different aspects of the E-H and relational approaches to psychotherapy, including cultivating presence, choosing one's attitude toward adversity, increasing awareness of persisting inner strengths and what is most meaningful in life, focusing on aspects of life that are within their control, and expressing gratitude for what they do have in life. The diverse cases also illustrate the challenging position that therapists face when required simultaneously attend to and process their own heightened feelings of vulnerability, fear, and anxiety—as is the case in shared times of national or global crisis—while at the same time remaining attuned to their patients' needs and providing an adequate holding environment to support their patients. The collective grief and shared trauma may permit increased self-disclosure on the part of the therapist, which may facilitate the therapeutic process.

The present article is written while COVID-19 is still at large. It is impossible to fully assess the full extent of its emotional and psychic impact at a global and individual level. The true "aftermath" remains to be seen—the psychological, economic, societal, and political damage, as well as the resilience have yet to fully emerge. The therapeutic process is a much-needed space for patients to cope with the pain brought on by a changed world—and self—due to COVID-19. For patients who have previously undergone their own medical or neurological injuries, conditions, and traumas, we may find that COVID-19 compounds their fears and losses. That said, these patients may be uniquely equipped to process and deal with threat, uncertainty, and change.

During the pandemic, therapists are gaining a greater understanding of what it feels like to experience trauma, vulnerability, fear, and helplessness as well as a conscious awareness of mortality and the random nature of events in life (Goldman et al., 2002). Amid the daily persistent trauma, seeds of meaning-making and PTG are already observable, as illustrated in the above clinical vignettes. Therapists may experience this new context as an opportunity to explore existential and relational issues with patients in deeper ways than before. The therapeutic relationship provides a safe place for patients to

reflect on how COVID-19, while frightening, is changing them in unanticipated positive ways, and how they can continue to build on this strength within the context of their medical conditions and their lives as a whole. Hindsight suggests that stories of PTG will emerge as well, including improved relationships, greater self-regard, and living life with greater intention as a result of enduring the COVID-19 pandemic.

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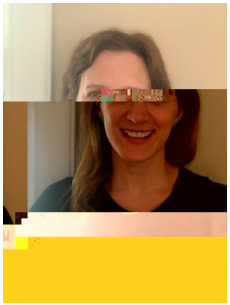

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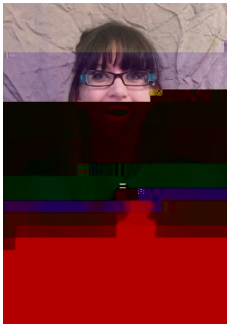
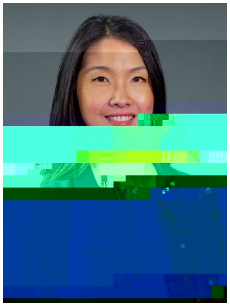
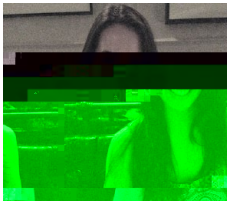


Erin is a staff neuropsychologist at the Center for Brain Injuries at JFK Johnson Rehabilitation Institute within Hackensack Meridian Health. She received her doctorate from Long Island University in Clinical Psychology. She specializes in the comprehensive evaluation and treatment of patients with acquired and traumatic brain injuries. She completed her internship training at NYU Langone Rusk Rehabilitation and completed a 2-year postdoctoral residency at the JFK Center for Brain Injuries. She specializes in the comprehensive evaluation and treatment of patients with acquired and traumatic brain injuries.

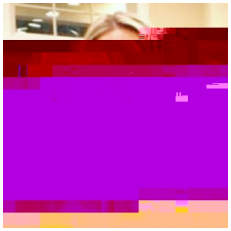


Hannah Shin Chan Lee is a clinical instructor of Rehabilitation Medicine at New York University Grossman School of Medicine and a senior psychologist at NYU Rusk Rehabilitation. She completed both her predoctoral and postdoctoral training at Rusk Rehabilitation, specializing in research, rehabilitation psychology, and neuropsychology. She received her doctorate in clinical psychology, health emphasis at the Ferkauf Graduate School of Psychology, Yeshiva University. She was the recipient of the Dr. Lee and Linda Rosenbaum Family Award for Excellence in Clinical Health for her graduating class. She was nominated as a leader fellow for the Asian American Psychological Association. Her research interests include concussion, traumatic brain injury, cross-cultural issues

related to neuropsychological assessments and neurorehabilitation interventions and positive psychology. She has numerous publications and has presented at various local and national conferences on the previously mentioned topics.



Lo a S H is a clinical instructor of Rehabilitation Medicine at New York University Grossman School of Medicine and a senior psychologist at NYU Rusk Rehabilitation. She completed both her predoctoral and postdoctoral training at Rusk Rehabilitation. She received her doctorate in clinical psychology, health emphasis at the Ferkauf Graduate School of Psychology, Yeshiva University. Her clinical work focuses on providing culturally relevant and sensitive psychological services to Latino and Spanish-speaking patients. Her special interests include ethnic minority issues in rehabilitation, culturally competent neuropsychological test administration, and health psychology. She has written about ethnic minority rehabilitation disparities and spoken about her clinical experiences working with Latino patients at the national conference level.



T A. L b e obtained her bachelor's degree in psychology and communication from Villanova University and her doctorate at the Derner School of Psychology at Adelphi University. She completed her clinical internship in rehabilitation and neuropsychology at Rusk Rehabilitation, NYU Langone Health. She is cur a6
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