

COVID-19 Precautions for CMHCs

By Aaron Norton, LMHC, LMFT, MCAP, CCMHC, CRC, CFMHE

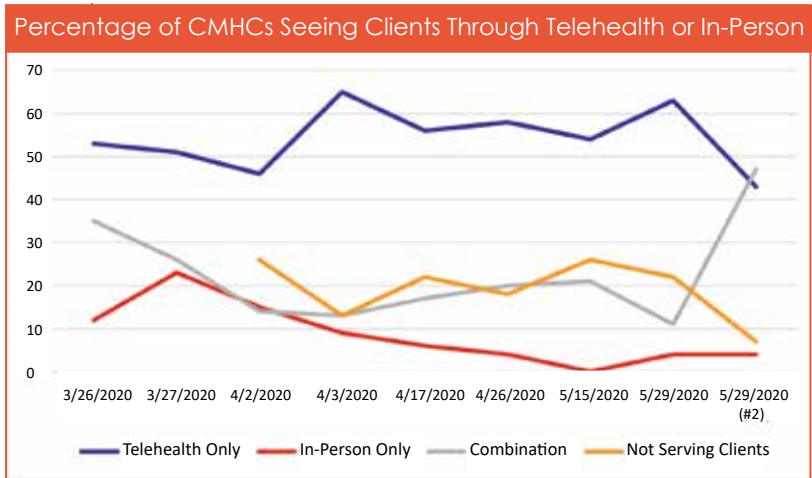
CMHCs as “Essential Workers”

As state, county, and municipal governments continue to enforce various “safer at home” orders, emergency orders, and quarantine measures related to coronavirus (COVID-19), the question of whether clinical mental health counselors (CMHCs) are “essential workers” has been an important one. Essential workers are generally permitted to leave their homes and go to work because their jobs are considered essential to the safety and welfare of the public during the COVID-19 pandemic.

Though it is ultimately the responsibility of each CMHC to understand the definition used by local authorities, most governing bodies defer to guidance offered by the U.S. Department of Homeland Security (USDHS) for determining who an “essential worker” is. USDHS identifies health care/public health workers as a category of “essential workers,” citing examples such as “caregivers (e.g., physicians, dentists, psychologists, mid-level practitioners) ... social workers ... community mental health” as included occupations. Though the word “counselor” is not specifically listed, it is pretty clear that licensed CMHCs are covered under this provision.

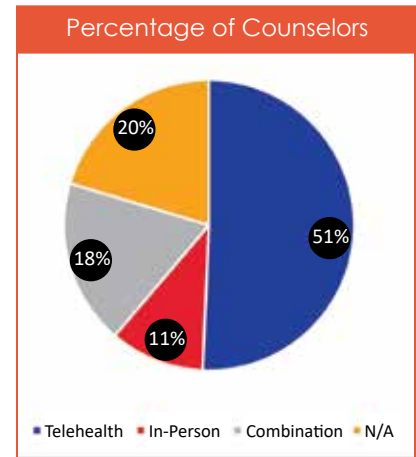
Of course, just because CMHCs are essential workers does not mean that they should continue meeting with clients in person. Ultimately, this is an individual choice that must be made by each CMHC, and the importance of attending work in person may vary depending on the work setting of the CMHC.

I anonymously polled 653 CMHCs during nine webinars presented from March–May to determine how many were still seeing clients in person and how many have transitioned to telehealth. The majority of each sample consisted of private practi-



tioners. Their responses are represented in the line graph and the pie chart here, and they are detailed in the table on the bottom of page 25.

As you can see, about half of CMHCs (51%) are providing telehealth only, and about 29 percent are either seeing clients in person only or working with clients through a combination of in-person and telehealth services. If my samples were assumed to be representative of all CMHCs in private practice, then between a quarter and a third of CMHCs are still having in-person contact with clients.



I suspect his number would be higher if I had the opportunity to survey more agency counselors. Some of the interns I supervise, for example, work in psychiatric units of hospitals, detox centers, and residential treatment programs that are providing in-person services, so all of their client contact remains in person.

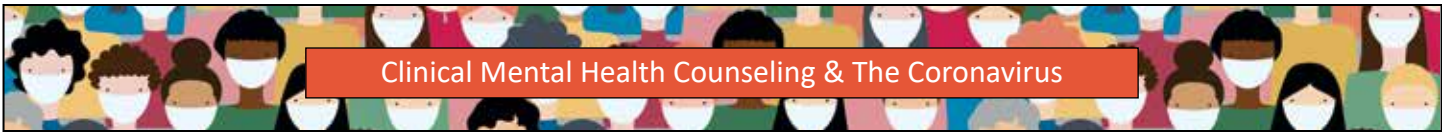
12 Tips for Office Precautions

Given that many CMHCs are still seeing clients in person, it is critical for CMHCs to take important precautions to reduce potential for COVID-19 exposure. According to the Centers for Disease Control and Prevention (CDC), COVID-19 is spread

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primarily through close contact (defined as within about six feet) with a person who has the virus. Specifically, you can be infected by the virus in two ways: 1) You can take respiratory droplets into your eyes, nose, or mouth from an infected person when they cough, sneeze, or talk; or 2) You can touch a surface or object that contains an infected person's droplets and then touch your mouth, nose, or eyes with the same hand that touched the exposed surface.

Given the means of infection, it is essential to 1) avoid coming within six feet of an infected person; and 2) avoid touching potentially contaminated surfaces and then touching your eyes, nose, or mouth. The CDC and World Health Organization (WHO) have provided several strategies for accomplishing these two objectives. Here is a list of examples of strategies that you can use in your office to implement those recommendations:

1. **Transition as many clients as possible to telehealth appointments.** The safest way to continue practicing clinical mental health counseling while avoiding infection is not to come into contact with potentially infected persons, and telehealth provides a means of accomplishing that.

Informed Consent for Resuming In-Person Counseling

To reduce liability, the American Psychological Association has recommended that practitioners create an informed consent form for clients who elect in-person vs. telehealth appointments during the COVID-19 pandemic.

See a sample form here:
bit.ly/37gef9.

2. **Never come within six feet of a client.** Do not shake clients' hands or stand near them. Ensure that the chairs in your office and waiting area are greater than six feet apart from each other.
3. **In between each client's visit, clean door-knobs, faucets, chairs, and other surfaces that clients touch using an appropriate cleaner such as Clorox wipes, Lysol, and rubbing alcohol.** Doing this properly would make it hard for infected droplets to be transmitted by hand from one person to another. Also, ultraviolet (UV-C) lamps have historically been used to disinfect surfaces from a variety of viruses, and recently the University of California–Santa Barbara demonstrated that UV-C light in the 260–285 nm (nanometers) range was 99.9 percent effective in killing COVID-19 in just 30 seconds (see bit.ly/2Utdt6t). Used safely and appropriately, UV-C lamps may be another resource for CMHCs wishing to disinfect office surfaces.
4. **Allow only one client in the office at a time.** To avoid close contact in waiting rooms and to ensure that surfaces are disinfected between sessions, consider asking clients to remain in their car until the CMHC or another employee opens the door to invite the client in.

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Date	Region	No. of CM-HCs	In-Person Only	Telehealth Only	Combination of In-Person and Telehealth	Not seeing clients
3/26/2020	Tampa Bay Area, FL	17	2 (12 %)	9 (53 %)	6 (35 %)	N/A
3/27/2020	Tampa Bay Area, FL	35	8 (23 %)	18 (51 %)	9 (26 %)	N/A
4/2/2020	Florida (statewide)	327	48 (15 %)	149 (46 %)	46 (14 %)	84 (26 %)
4/3/2020	National	23	2 (9 %)	15 (65 %)	3 (13 %)	3 (13 %)
4/17/2020	Tampa Bay Area, FL	18	1 (6 %)	10 (56 %)	3 (17 %)	4 (22 %)
4/26/2020	Florida (statewide)	137	6 (4 %)	79 (58 %)	28 (20 %)	24 (18 %)
5/15/2020	Tampa Bay Area, FL	39	0 (0 %)	21 (54 %)	8 (21 %)	10 (26%)
5/29/2020	Florida (statewide)	27	1 (4 %)	17 (63 %)	3 (11 %)	6 (22%)
5/29/2020	National	30	1 (4 %)	13 (43 %)	14 (47 %)	2 (7%)
TOTALS		653	69(11 %)	331 (51 %)	120 (18 %)	133 (20 %)

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5. **Remove magazines and other unnecessary items from the office.** If an infected client coughs, and droplets touch the surface of a magazine, clipboard, or other item in the office, then those droplets can be inherited by the next client who touches that same object.
6. **Wash your hands frequently and appropriately.** If you touch anything that is potentially contaminated, assume that your hands are now contaminated and wash them for a minimum of 15–20 seconds (approximately the time it takes to hum the “Happy Birthday” song twice) while rubbing your hands with soap, producing friction. Use a clean paper towel to dry your hands, and then use that same paper towel as a barrier to turn off faucets, open the door, etc.
7. **Convert all office paperwork into electronic forms.** Passing potentially infected paperwork back and forth is another unnecessary opportunity for exposure. CMHCs can use HIPAA-compliant online form builders such as JotForm (www.jotform.com) to create electronic versions of office paperwork. From now through 8/1/2020, JotForm is providing free HIPAA-compliant accounts to CMHCs through the Coronavirus Responder program (apply at jotform.com/corona-responder-program). If you continue to accept paperwork, then use disposable

gloves when handling the paperwork and appropriately discard the gloves. If you handle paperwork with your bare hands, assume that your hands are potentially contaminated and wash them thoroughly before touching anything else.

8. **Accept electronic payments only.** Passing paper cash and checks by hand is another potential way to spread infected droplets. Instead, consider using electronic payment resources such as PayPal and Square to collect contact-free payments from clients. If you accept a payment by hand, assume your hands to be potentially contaminated and wash them thoroughly before touching anything else.
9. **If you have access to sufficient supplies, make hand sanitizer available to clients as soon as they enter the office and just before they leave.** Also, advise clients to appropriately sanitize their hands after leaving the office.
10. **Have office staff work remotely if possible.** If you have office workers, consider having them perform their duties from home—scheduling appointments, accepting forwarded phone calls, and verifying insurance benefits remotely by computer. If office staff are using a personal phone for work, consider having them download Google Voice (voice.google.com/u/0/about), using it to initiate and accept phone calls from clients to protect their personal phone numbers. The fewer people in the office, the easier it is to keep the office sanitized and to prevent possible transmission of the virus.
11. **Post a sign on your office door prompting high-risk clients to call instead of entering.** Consider a sign that instructs clients with fever, cough, or shortness of breath not to enter the office. Instead, these clients should call their physician and then call your office to inquire about telehealth options, cancel, or reschedule. I recommend being more flexible with late cancellation fees and no-show fees. It is better to have potentially infected clients cancel late than to have them come to an appointment to avoid having to pay an administrative fee. Of course, you should not come into the office if you have symptoms either—the last thing you’d want is to infect one of your clients because you did not follow the same rules you expect them to follow. Also, take your temperature daily to ensure that you do not have a fever; don’t just go by how you “feel.”
12. **Practice social distancing outside of work.** If you’re still seeing clients in the office, then you’re already taking enough risk as it is. No need to add to that risk by violating social distancing outside of work.

Remember that asymptomatic people may have the virus and be contagious, so telehealth and social distancing are the only reliable way to ensure that you neither transmit nor come in contact with a contagious person. ●

Additional Resources

For more office precaution tips, visit:

- The Centers for Disease Control and Prevention (CDC): cdc.gov/coronavirus/2019-ncov/community,
- World Health Organization (WHO): who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf, and
- Miranda Palmer’s “COVID-19 Plan for Therapists”: zynnyne.com/blog/2020/3/12/covid-19-plan-for-therapists-questions-answers-and-guidelines.

A video recording of a “COVID-19 Resources for Mental Health Professionals” webinar is FREE to AMHCA members as a benefit of AMHCA’s partnership with the National Board of Forensic Evaluators (NBFE).

This on-demand webinar includes a segment on office precautions and offers CE credit from the National Board for Certified Counselors (NBCC) to AMHCA members who watch the webinar. AMHCA members can register for free at nbfe.net/event-3808053. (The administrative charge for clinicians who are not AMHCA members is \$5.)



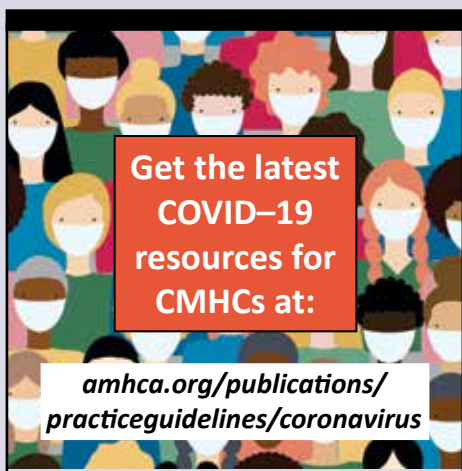
Tips for Responding to the Needs of CMHCs During a Difficult Time

BY AARON NORTON, LMHC, LMFT, MAC, CFMHE, CFBA, CCMHC, AMHCA SOUTHERN REGION DIRECTOR, AND PRESIDENT, FLORIDA MENTAL HEALTH COUNSELORS ASSOCIATION (FMHCA)



As states begin to open back up after businesses have been shut down for two or more months because of COVID-19, I'm hopeful that state and regional chapters of AMHCA will pass along important resources to frontline clinical mental health counselors (CMHCs). (See the section on "Clinical Mental Health Counseling & The Coronavirus" on pages 23–35.)

This is a difficult time, but I also think that this crisis can bring out the best in us—helping us to connect, collaborate, and support each other. For example, the AMHCA chapter in my state, the Florida Mental Health Counselors Association (FMHCA), has been very responsive to the needs of its members, beginning with the first wave of shutdowns in mid-March.



Other state chapters may also be interested in the variety of actions that FMHCA took, including:

- On March 15, FMHCA started a "COVID-19 Resources for Counselors" discussion thread on its online forum, which is updated frequently as new resources are shared. The thread includes tips for working with clients; transitioning to telehealth; office precautions; changes in federal, state, and local laws and rules; how emergency rules and executive orders impact CMHCs; resources to help clients maintain wellness while social distancing; and more.
- On March 16, FMHCA reached out to the state licensure board to dialogue about possible emergency rules that better facilitate transition to telehealth.
- On March 23, FMHCA started a "COVID-19 and Insurance Reimbursement for Telehealth" discussion thread on its online forum, allowing CMHCs to share information on how to get reimbursed for telehealth by state insurers. That same day, FMHCA issued an open letter to all state insurers to make telehealth appointments for psychotherapy available to all insured customers during the pandemic.
- On March 26 and 27, FMHCA piloted two free regional COVID-19 resource webinars, which included information on changes in state laws and rules, executive orders, and emergency board rules.
- On April 2, FMHCA presented a state-wide COVID-19 resource webinar and made it available to all licensed mental health professionals in the state. Some of the more than 500 attendees were so grateful for the help that they decided to become members, seeing the important role that associations play during difficult times.
- On April 5, FMHCA partnered

with a national organization, the National Board of Forensic Evaluators, to disseminate its COVID-19 resources message across the country, and a free, on-demand version of the webinar has been made available to all AMHCA members (see nbfe.net/event-3808053 to register).

- On April 6, FMHCA provided a free webinar to all members on how to transition to telehealth.
- On April 10, FMHCA issued a letter to the state Attorney General's office in an attempt to rectify a statute that precludes some counseling interns from providing telehealth without being on the same premises as a licensed mental health professional.
- On April 26, FMHCA provided a free, updated version of its COVID-19 resources webinar in partnership with the state's licensure board.
- On May 1, FMHCA provided a free webinar on how to help clients during the pandemic. That same day, we sent letters to Gov. Ron DeSantis asking him to issue an emergency order permitting interns in private practice settings to provide telehealth without a licensed mental health professional on the premises and asking for liability protections for counselors providing services during the pandemic.

I hope that some of these efforts by FMHCA will give other state chapters some ideas on how to be responsive to the needs of their members during a widespread crisis, particularly one like COVID-19. By banding together as a profession, we can remain anchored as helping professionals. In turn, we can better serve our clients with a stabilizing presence during a challenging time.

For more information about FMHCA, visit fmhca.wildapricot.org.