

# Counseling Tips

## Counseling During a Pandemic

In October 2020, Vanessa Lane, LMHC, of Massachusetts posted a short and simple message on AMHCA's Open Forum expressing that her "practice is full to the eye-teeth" and asking her peers, "Is it really busy where you are, too?"

I had been wondering the same thing. At the time, I was working five-to-six days a week, sometimes seeing more than 40 clients in a week, and I was still booked out about six weeks despite having stopped accepting any new referrals. The other counselors in my group practice were having similar experiences, and I was hearing similar experiences from other clinical mental health counselors (CMHCs) across the country.

As more and more AMHCA members started responding to Vanessa's question, we decided to create and launch a survey in the online forum. To my surprise, 654 AMHCA members responded! Here are some of the key findings:

- **58 percent** of AMHCA members said they had more referrals than usual (27% said they had the same amount of business as usual, and 15% said they had fewer as compared to usual—see the graph below).
- **36 percent** of members said they were expanding their hours of availability to try and meet the increased demand for therapy.
- **27 percent** were limiting new referrals, 26 percent were referring to other CMHCs more than usual, 11 percent stopped accepting any new referrals, and 8 percent hired additional staff to try and address referral increases.
- **63 percent** of CMHCs agreed with the statement, "I have reason to believe that clients in my geographical area are finding it hard to find a counselor/therapist."
- **39 percent** of CMHCs agreed with the statement, "Because of an

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increase in workload, I am finding it difficult to see my clients as frequently as I/they would like."

- **35 percent** of CMHCs provided telehealth services prior to the pandemic as compared to 95 percent during the pandemic, representing a nearly three-fold increase in telehealth services.
- **40 percent** of CMHCs were providing telehealth only, suspending any in-person sessions.
- The average counselor estimated that **68 percent** of their sessions were conducted via telehealth versus in-person.

In addition to highlighting how the pandemic caused a shift

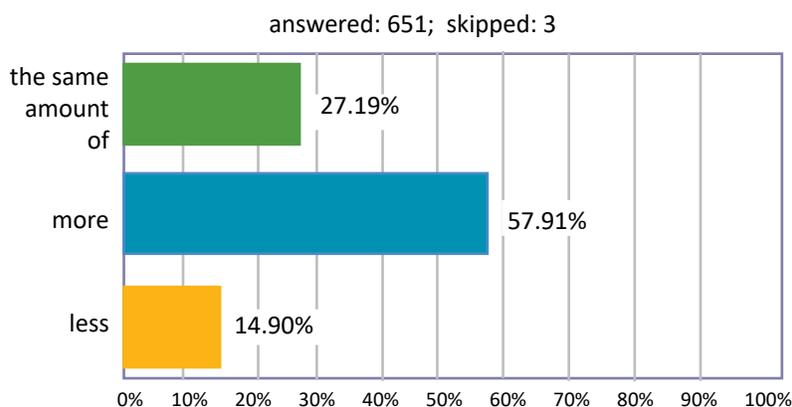
towards telehealth, the survey illustrated that during a time of unprecedented stress, we CMHCs were working harder than we ever had.

In 2020, the COVID-19 pandemic ushered in a mental health crisis the likes of which most of us have not seen in a lifetime, including substantial rises in [substance use](#) and [drug overdoses](#), [clinical depression and anxiety](#), [domestic violence](#), and [suicide](#). A January 2021 survey conducted by [OnePoll](#) found that one out of every six Americans sought therapy for the first time in 2021, joining the one out of every three Americans who saw a therapist at some point during the year.

Over the course of this pandemic, I've generated a list of seven tips and strategies for CMHCs, into which I've tried to infuse research and clinical experience.

During the COVID-19 pandemic, I have had \_\_\_\_ clients, referrals, or business as compared to usual.

(Fill in the blank with one of the three choices below.)



### TIP #1: Not All Precautions Are Reasonable

Many clients with Obsessive-Compulsive Disorder (OCD) and various anxiety disorders struggle to determine whether the precautions they are taking to avoid

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COVID-19 infection are healthy or pathological. There's a big difference between a client who wears a face mask when going to the grocery store and a client who never leaves home and spends three hours performing a complicated and repetitive purification ritual using multiple chemicals and various UV-C light configurations before opening a package from Amazon.

On one hand, we CMHCs are tasked with treating OCD, often through exposure and response-prevention protocols. On the other hand, we aren't physicians or biomedical scientists, and we don't want to give our clients terrible advice that makes them vulnerable to infection (while possibly making us vulnerable to malpractice liability).

What can be done about this dilemma? My approach has been to assist clients with creating a set of standards for the safety precautions they take, often in writing, based on the recommendations offered by the [Centers for Disease Control and Prevention \(CDC\)](#), [World Health Organization \(WHO\)](#), and [International OCD Foundation](#). If a client wants a little extra reassurance, I suggest reviewing the checklist with their primary care physician to ensure the precautions listed are reasonable but not overkill. This checklist serves as a rubric for separating reasonable precautions from OCD rituals.

## TIP #2: Social Distancing Doesn't Mean Social Isolation

The CDC defines social distancing as "keeping a safe space between yourself and other people who are not from your household." This "safe space" is defined as "at least six feet." Since most people with COVID-19 were infected when in close proximity to someone carrying the virus, social distancing is an essential precaution.

On the other hand, social isolation has been connected to its own set of problems, such as [damage to areas of the prefrontal cortex in children](#), [higher mortality rates among seniors](#), [physical inflammation](#), [depression](#), [heightened risk of heart disease and stroke](#), [immune system impairment](#), and a wide range of [elevated psychiatric symptoms among the elderly](#).



The question I pose for my clients is, "How can you practice social distancing but still be socially connected?" We then collaborate on generating a list of ideas, such as:

- Go for a walk in the park or neighborhood, join an outdoor yoga or tai chi group, have conversations—or eat meals outdoors—with others while maintaining greater than six feet of space on all sides;
- Use Skype, Zoom, FaceTime, or other technologies to talk with others through webcam;
- Play multiplayer games (especially ones where you can talk to and collaborate with others) on a console, computer, or mobile device;
- Purchase a virtual reality headset and use it to attend comedy clubs, board game nights, concerts, nature treks, group workouts, or other social events with friends, family, and others from around the world;
- Complete the Quality Experience Plan I developed as a tool to help couples and families implement a plan for spending quality time together, both during and after the pandemic. [Click here](#) to access it, and here: [amhca.org/viewdocument/quality-experience-plan](#).

On Easter morning last year, while my county was on lockdown, I went for a walk in my neighborhood park. I was delighted and touched to find that children, teens, and adults had woken up early and written dozens of inspirational messages in chalk on the sidewalks. I never came within six feet of anyone in the park that day, but I knew I wasn't alone. (See photos above.)

## TIP #3: No Gym Doesn't Mean No Exercise

We know that [exercise enhances mood and strengthens the brain](#). Some of my clients stopped exercising during the pandemic, lamenting the loss of their access to the gym or to contact sports. Others started, diversified, or expanded their workout

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regimens during the pandemic, and you can guess which group seems to have maintained a more euthymic mood.

Examples of exercise that can be accessed with little or no equipment while social distancing include core training, aerobics, swimming, jump rope, yoga, calisthenics, resistance training, and running/jogging/walking. Technology paves the way for other options, some pricier than others. I burn about 500 calories with just 30 minutes of boxing with my [Oculus Quest 2](#) virtual reality headset, and it's way more fun than boxing without one. A few of my clients have purchased [The Mirror](#) or a [Peloton](#) innovative equipment that allows you to participate in a variety of workout classes and regimens. Apple recently launched [Apple Fitness+](#) Nintendo has the [Wii Fit](#) and [RingFit](#) and the list goes on and on. Clients can also Google phrases like "home workouts" and watch video tutorials online.

## TIP #4: Make Your Quarantine a Personal Renaissance

Remember all those things you used to do or planned to do but never get around to actually doing? Now's your chance! I haven't played baseball in years, but I got a baseball glove, a bucket of balls, and a pitching net and shook the dust off my arms. I read some of those books from my Kindle library that I hadn't ever gotten around to. Did you see those heart-warming videos of [Italians singing in the balconies during quarantine?](#)

I ask my clients, "What would you do if you had plenty of time on your hands?" Many of my clients got back into painting, drawing, sculpting, coloring, writing or playing music, reading, singing, writing, learning foreign languages, gardening, knitting, and a host of other enjoyable pastimes. For those who struggle to come up with ideas, a Google search with keywords such as "stuff to do" or "list of hobbies" might help generate ideas.

## TIP #5: Make Telehealth Fun and Rewarding

"Zoom fatigue" hit me pretty quickly. Day 1 of telehealth sessions and my eyelids were getting heavy from boredom, and I knew I'd need to spice things up. I bought a standing desk and started doing my sessions on my feet. I noticed my energy level rising. I also found that I really liked using screensharing to collaborate with my clients on genograms, cost-benefit analyses, decisional balances, thought records, art therapy, and session notes and treatments plans. I sometimes play short video clips for my clients that illustrate concepts we're exploring.

To practice CBT skills, I played a mobile game for kids with a client. I put a digital photo frame next to my computer so that photos of nature and quotes from the heroes who inspire me constantly cycle by. I use an oil diffuser for aromatherapy filled with my favorite scents.

## TIP #6: New Routine Trumps No Routine

Towards the beginning of the pandemic, I noticed that while some of my clients were starting to decomp, others were improving. I studied them closely to see if I could find out what they were doing differently. I found that my clients who were doing the worst had not managed to replace their disrupted routines with new ones. They seemed aimless, and I thought they could use the power of routine. I devised an electronic tool called a "Daily Plan" that prompts clients to sit down each morning and come up with at least one commitment for the day in each of the following categories:

- Something productive (i.e., gives you a sense of accomplishment, contribution, or success);
- Something physical (i.e., a minimum of 20-30 minutes of mild, moderate, or intense exercise);
- Something social (i.e., involves interacting with others while still social distancing);
- Something meaningful (i.e., gives you a sense of value or purpose);
- Something entertaining (i.e., is fun, interesting, and/or engaging);
- Something relaxing (i.e., helps you to de-stress, relax, or unwind).

My intention was to help clients develop well-rounded routines. I explained to them that at the end of a day in which they did at least one thing in each category, they would likely be able to say to themselves, "This was a day well-lived." I found that clients who used this tool often reported an improved mood.

## TIP #7: Counselor, Heal Thyself!

This one is the simplest tip on my list, but it's not the easiest one. Take your own advice. Do what you're trying to help your clients do. Ask yourself, "If my client were experiencing this, what would I think would be good for them?" Then ask yourself, "Am I doing that myself? If not, why?"

We must see clearly if we are to wield the torch for our clients as they find their way through these darker times. 🔦

## From: COUNSELING TIPS—COUNSELING DURING A PANDEMIC



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The adjacent Quality Experience Plan complements the Counseling Tips article on pages 10–12 in the 2020 WINTER ISSUE of AMHCA's quarterly magazine, *The Advocate Magazine*, titled "Counseling During a Pandemic," by Aaron Norton, PhD, LMHC, LMFT, MCAP, CCMHC, CRC, CFMHE.

AMHCA members can download the issue free at [connections.amhca.org/publications/advocatemag](http://connections.amhca.org/publications/advocatemag).

**NOTE:** The instructions below are for two people in a romantic relationship, but each step can be modified to include children if parents wish to expand the focus of the exercise.

1. Individually, create the biggest list you can of activities that interest you. You and your partner each make a list (alone) of all the activities you're interested in, and jot down a number beside each activity that indicates your interest in it on a scale from 1 to 10 (1 = just a little interesting, 5 = moderately interesting, 10 = extremely interesting). The activities can include hobbies/interests, date-night ideas, family outing ideas, vacation ideas, etc. Make the list as long as you can. To do this, you might want to consider doing some research online. You can visit [www.meetup.com](http://www.meetup.com) and write down every activity that looks interesting to you, and you can perform internet searches for keywords such as "stuff to do in Tampa Bay," "vacation ideas," "bucket list ideas," "date ideas," "family-fun night ideas," etc.
2. Meet with your partner and talk about each item on your list. Describe the activity, what you like about it, what draws you to it, etc. Your partner would then give you a number that represents their level of interest in that activity using the same scale. Write their numbers next to yours. Then talk about any items on your partner's list that weren't discussed.
3. After you have both shared your lists, sort each item into one of the following categories:
  - Mutual High Interest (both of you have a score of 7 or higher);
  - Medium Interest Level (both of you have a score of 4 to 6, or one of you has a score of 4 to 6 and the other has a score of 7 or higher);
  - Lopsided Interests (one of you has a score of 7 or higher and the other has a score of 3 or lower).
4. Plan a regularly scheduled date night (e.g., every Friday night, every other Wednesday night, etc.). Take turns being responsible for planning date night and making necessary arrangements. For example, if you are responsible for planning date #1, your partner must plan date #2. Try to draw from the Mutual High Interest activity list first.
5. For the activities that can't be done on a date night (such as those involving travel or daytime excursions), consider planning a monthly couples/family outing using the same approach. If you have children or other family members, you can plan family-fun nights, trips, vacations, or other family outings using the same approach.
6. Modify your plan to adjust for the COVID-19 pandemic. Some of the activities on your list cannot be done safely during the pandemic. Use creativity and brainstorming to see how you can modify some of those activities to fit the pandemic.
  - Examples:
    - a. If a romantic train ride through Europe is on your list, you might have a romantic candle-lit dinner in front of a big screen TV playing a high-definition YouTube video of the window view of one of the world's most scenic train rides.
    - b. If visiting a theme park or going to a movie theater, concert, or comedy club is on your list (and you don't feel comfortable going to those places), consider using virtual reality headsets (e.g., Oculus Quest 2) to ride roller coasters, attend comedy shows or concerts, or visit a virtual movie theater together. ♦



## Quality Experience Plan

Note: The instructions below are for two people in a romantic relationship, but each step can be modified to include children if parents wish to expand the focus of the exercise.

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2. **Meet with your partner and talk about each item on your list.** Describe the activity, what you like about it, what draws you to it, etc. Your partner would then give you a number that represents their level of interest for the same activity using the same scale. Write their numbers next to yours.
3. After you have both shared your lists, **sort each item into one of the following categories:**
  - a. **Mutual High Interest** (both of you have a score of 7 or higher);
  - b. **Medium Interest Level** (both of you have a score of 4 to 6 or one of you has a score of 4 to 6 and the other has a score of 7 or higher);
  - c. **Lop-Sided Interests** (one of you has a score of 7 or higher and the other has a score of 3 or lower).
4. **Plan a regularly scheduled date night** (e.g., every Friday night, every other Wednesday night, etc.). Take turns being responsible for planning date night and making necessary arrangements. For example, if you are responsible for planning date #1, your partner must plan date #2. Try to draw from the Mutual High Interest activity list first.
5. For the activities that can't be done on a date night (such as those involving travel or daytime excursions), **consider planning a monthly couples/family outing using the same approach.** If you have children or other family members, you can plan "family fun nights," trips, vacations, or other family outings using the same approach.
6. **Modify your plan to adjust for the COVID-19 pandemic.** Some of the activities on your list cannot be done safely during the pandemic. Use creativity and brainstorming to see how you can modify some of those activities to fit the pandemic.
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