Supporting Our CBT Clients During the COVID-19 Pandemic
PART 2: Key Intervention Targets and CBTp Strategies

The COVID-19 pandemic has increased isolation, and for many, feelings of anxiety and helplessness. Not only does this have the potential to affect our own mental health, it’s also likely to impact the health of our families, friends, coworkers, and our clients experiencing serious mental illness. This handout, developed by the UW CBTp Implementation Team, is intended to highlight key intervention targets and CBTp-informed strategies that you can use to better support your clients. Customization based on a cognitive behavioral formulation will optimize treatment response.

Activating Our Clients

- Keep agenda manageable (e.g. select one skill to work on together)
  - Prioritize what the client wants to work on
- Maintain structure but narrow focus and adjust pace
- Get active together (e.g., walking check-in, music, videos, both making tea together)
- Establish safe ways to stay active

CBTp Strategies to Target Anxiety and Isolation

Befriending

- We are all in this together
- There are still things we can do to feel better
- Call on their values!

Psychoeducation

- Revisits the stress bucket and cognitive triangle
- Can’t control all stress but can control our response to it

Normalization

- Communal stress
- Normalize emotional range of experiences that are relevant to your client
- Don’t be afraid to use appropriate self-disclosure

Relaxation Techniques:

- Stretching
- Progressive muscle relaxation
- Breathing exercises
- Autogenic training
- Imagery/positive self-talk
- Meditation/Mindfulness
**Sleep hygiene:**
- Sleep habits decline when daily routine is lacking
- Encourage consistent bed and wake times
- Promote evening wind down routine
- Limit technology exposure in the evening
- Avoid unhelpful/stressful activities in the evening (e.g. reading the news)
- Have coping skills identified for evening hours
  - This is often when symptoms are reported as being the highest

**Focus on Cognitions**

**Explore**
- Explore thoughts

**Label**
- Label feelings

**Link**
- Link thoughts related to the feeling

**Reality Testing**

Careful to not engage too heavily in reality testing via telehealth. Instead make it conversational:

- Have you thought of any other explanations?
- Have you asked others for their thoughts on this situation?
- What are your sources?
- What evidence supports this thought?
- What evidence contradicts this thought?
- How much do you believe this thought to be true?
- Is this an unhelpful style of thinking?
- Can we spend some time researching or gathering additional information to better help us evaluate this thought?

**Behavioral Activation**

**3 Goals of Behavioral Activation:**

- **Increase adaptive activities, preferably for mastery and pleasure**
- **Decrease activities that maintain depressive, psychotic symptoms**
- **Problem solve barriers to engaging in rewarding activities**

Problem-solve how to target these goals in the context of physical distancing and potential technology limitations.
Re-establish structure, routine, and predictability

- Detailed, daily schedule
- Each day do something that promotes
  - Joy
  - Mastery
  - Connection
  - Contributing
  - Physical activity
  - Novelty/Creativity

Focus on successes

- What is going well?
- What did they do in spite of challenges?

Adjusting Clients’ Filters

- Be aware of what the client is exposed to (e.g., news, conspiracy websites)
- Try to share sources you have found helpful (e.g., academic institutions)
- Suggest reducing exposure and seeking out uplifting news (e.g., The Good News Network, Some Good News)

Don’t forget to take care of yourself!

Are we practicing what we preach?
What are our new stress bucket valves?
Who are our supporters and how do we access them during isolation?