

The Practitioners' Notebook / Bloc-notes des praticiens

Editor's Note: This non-peer-reviewed section of *Canadian Journal of Counselling and Psychotherapy* intends to provide practical information to readers. Where applicable, client name(s) have been altered to protect confidentiality.

Supporting Clients Who Experience Anxiety About COVID-19

Le soutien aux clients angoissés par la COVID-19

Ellie M. Jack

Winnipeg, Manitoba

ABSTRACT

In this composite case study, a client sought counselling to manage her anxiety about COVID-19. Theoretical approaches used included psychoeducation, narrative therapy, and cognitive behavioural therapy. These therapeutic methods helped the client experience a reduction in anxious thoughts and emotions concerning COVID-19.

RÉSUMÉ

Dans le cadre de cette étude de cas composite, une cliente s'est tournée vers le counselling pour mieux gérer son anxiété au sujet de la COVID-19. Parmi les approches théoriques mises à contribution, citons la psychopédagogie, la thérapie narrative et la théorie cognitivo-comportementale. Ces méthodes thérapeutiques ont permis à la cliente de réduire ses pensées et ses émotions anxiogènes concernant la COVID-19.

Relevant Background History

The client discussed here is a composite case that integrates issues raised by several clients into one profile. These themes emerged in March 2020, across the period in which COVID-19 escalated quickly into a global pandemic (World Health Organization, 2020).

Wilma is a 35-year-old woman who sought counselling to cope with her anxiety about COVID-19. She reported experiencing considerable worry that her loved ones could contract the virus. She stated that her family members did not share her level of concern, which left her feeling alone in her emotions.

Presenting Issues

Difficulty coping with anxiety about COVID-19.

Theoretical Approaches Used

Psychoeducation.

Narrative therapy.

Cognitive behavioural therapy (CBT).

Interventions

Wilma had attended counselling with me previously for reasons unrelated to COVID-19. While her anxiety about the virus was a new issue, I had the advantage of a pre-existing rapport with her and knowledge of her client history. I discussed with Wilma her specific worries about the virus, which concerned primarily the health of her family and her friends. She identified a concern that her loved ones were not taking recommended precautions to remain safe. Also, she reported a recent increase in stress from the media reports of panic spreading across the globe. I first validated and normalized the anxiety she was experiencing, explaining that COVID-19 has created unique circumstances and emotions for most people. I used psychoeducation to explore the importance of having some level of anxiety to keep us safe, reassuring her that a certain amount of vigilance is a protective mechanism (Donker et al., 2009; Price, 2003).

After reassuring Wilma of the appropriateness of her emotional response, I explored her dominant narrative relating to COVID-19, intending to understand her worry about her friends and her family members (Crocket, 2012). She reported that her thoughts focused on the growing number of COVID-19 cases and expressed concern about her loved ones getting sick, especially since they were not practising social distancing. Using the CBT model as a reference, we discussed how these thought patterns were understandably perpetuating anxious feelings (Fenn & Byrne, 2013). To shift her thought process, I helped Wilma find things over which she has control since much of her stress related to the behaviour of others. We identified that she could control her social distancing and hygiene practices, which will not only increase her safety but also model appropriate behaviour to her family and her friends.

From here, I began constructing an alternative narrative with Wilma, one that encouraged her to find the positives in these stressful circumstances to diminish her negative thoughts. For example, she focused on how fortunate we are to have hard-working health care professionals in our community, as opposed to looking at our health care system as underfunded and overburdened. Gratitude can

play an important role in reducing anxiety, and underscoring the positives can provide an important reframing of the chaos of COVID-19 (Davis et al., 2016).

Finally, I identified how media consumption was contributing to Wilma's anxiety. I encouraged her to reduce her intake of news media and social media and to consult only reputable news sources such as the World Health Organization and the Government of Canada should she want updates on the virus (Government of Canada, n.d.; World Health Organization, n.d.).

At the end of the session, I made a short list of takeaways for Wilma to reference outside of the session. The list recommended that Wilma focus on what she can control, seek information from reputable news sources, minimize media intake, and practise gratitude.

Outcome

Wilma reported that processing her emotions with me had been helpful and that she was feeling less anxious than she had been at the beginning of the session. She said that she noted the following positive changes: a new resilience toward anxious thoughts surrounding COVID-19 and an increased ability to focus on what is in her control.

Additional Comments for Practitioners

For many people, the anxiety surrounding COVID-19 relates to our continuing state of uncertainty. The whole world is in unprecedented territory, and understandably, even practitioners feel scared and unsure. We must practise self-compassion and patience in these unique times and encourage our clients to do the same.

References

- Crocket, K. (2012). Narrative therapy. In J. Frew & M. D. Spiegler (Eds.), *Contemporary psychotherapies for a diverse world* (1st rev. ed., pp. 459–500). Routledge.
- Davis, D. E., Choe, E., Meyers, J., Wade, N., Varjas, K., Gifford, A., Quinn, A., Hook, J. N., Van Tongeren, D. R., Griffin, B. J., & Worthington, E. L., Jr. (2016). Thankful for the little things: A meta-analysis of gratitude interventions. *Journal of Counseling Psychology, 63*(1), 20–31. <https://doi.org/10.1037/cou0000107>
- Donker, T., Griffiths, K. M., Cuijpers, P., & Christensen, H. (2009). Psychoeducation for depression, anxiety and psychological distress: A meta-analysis. *BMC Medicine, 7*(79). <https://doi.org/10.1186/1741-7015-7-79>
- Fenn, K., & Byrne, M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT, 6*(9), 579–585. <https://doi.org/10.1177/1755738012471029>
- Government of Canada. (n.d.). *Coronavirus disease (COVID-19)*. <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

- Price, J. S. (2003). Evolutionary aspects of anxiety disorders. *Dialogues in Clinical Neuroscience*, 5(3), 223–236. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181631/pdf/DialoguesClinNeurosci-5-223.pdf>
- World Health Organization. (2020, March 11). WHO Director-General's opening remarks at the media briefing on COVID-19—11 March 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>
- World Health Organization. (n.d.). *Coronavirus disease (COVID-19) pandemic*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

About the Author

Ellie M. Jack holds an M.Sc. in marriage and family therapy from St. Cloud State University. A certified Canadian counsellor, she practises therapy with individuals, couples, and families in Winnipeg. Address correspondence to Ellie Jack. Email: elliejack.therapy@gmail.com