

# BECK

## COGNITIVE BEHAVIOR THERAPY

### Responses to your Questions - CT-R Webinar Creative Connections

<https://beckinstitute.org/ctr-webinar-series/>

Thank you all for your great questions and participation in the April 10<sup>th</sup> webinar! Here are some responses to questions we didn't get a chance to elaborate on live. Feel free to write us! – Ellen Inverso & Paul Grant

#### **1. Thoughts about CBT and Telehealth?**

It can be a great mechanism for therapy. Ellen wrote a post, [Connection, Belonging, and Purpose in the World of Social Distancing](#), which outlines some ways to approach it. Additional resources, such as the [CT-R for Teletherapy](#) guide, and several others are available on [Beck Institute's Covid-19 Resource](#) page.

#### **2. I know a senior who refuses to go to the Senior Day Center but knows why she is lonely. She says I'm lonely. I continue to remind her staying in the house is not the answer. How would I get her away from a past bad experience when she did go out?**

Part of CT-R is meeting people where they're at, so you might need to start with approaches to feeling more connected at first by staying home. You can build up some success there, and then draw conclusions that it might be worth trying to connect outside the home. First, are there people she can reach out to over the phone? Family or friends? If so, can she share important moments of the day over the phone with them – such as mealtimes or for tea? Sharing an experience together, even virtually, can be more enjoyable than just calling to chat for some people – especially if the chat is virus-focused.

If she does not have a lot of connections outside of the senior center, you can consider her interests. What does she like? What is she good at? Can she channel those interests into activities she can do to connect for others, even if not being in direct contact? For example, can she write letters or knit masks for those who go to the senior center? Sharing talents, even through mail, can be a start at feeling like a part of things. You can then ask her: “What does that mean about you that you've been able to help people even from home? Would it be worth doing again or going to the center to see them in person?”

#### **3. Why do you think that the community clapping is really popular in Europe and Latin America but has not really taken on in the US?**

There have definitely been different degrees of involvement in activities such as these across communities and regions. The example Paul presented of collective clapping out the window comes from Brooklyn. Several neighborhoods in New York are doing it each night. There was a video posted in NYC of someone playing Jay Z and Alicia Keys' song *Empire State of Mind* from a rooftop with people cheering and singing out their windows; on a smaller scale in Ellen's suburb she recently saw a chain of community members driving around the block honking with signs for someone's birthday; people across the country are hanging rainbows and other drawings to brighten people's days when out on walks and drives. In short, it seems people are doing it – and the more it's shared through social

media, email lists, etc. can demonstrate to the rest of the country what's possible. It might be helpful if people who are participating in physically distanced social connecting were to share how worthwhile the experience is.

**4. If a patient feels like this virus is not inevitable and not controllable how can he/she tolerate his anxiety? If coping strategy is functional should we recommend him to stop that avoidance behavior?**

It can be tricky as the probability of contracting the virus is greater than zero for everyone. The responses to the uncertainty of getting COVID-19 can be quite different – from total avoidance to engagement in high-risk activities. If it's avoidance, the suggestions we discussed in the [webinar](#) about physically distant connection do not increase the risk of contracting the virus. These activities might be worth trying, increasing control while still avoiding risk. You can draw conclusions about having control over what you can, and choosing to refocus the anxious energy into doing activities that are more positive, hopeful, and consistent with one's values. We will be talking more about navigating the stressors that come up in these times in [our third webinar on Friday 5/1/2020](#).

**5. How do I use evidence-based practice for adults to increase my conversation time with my clients?**

Many of the strategies for connection discussed in the [webinar](#) can be great ways to both initiate and expand conversation. What were the times between sessions when people felt most like themselves? What's something positive they've done? How did the person feel when doing those things? What did they believe about themselves? Adding these parts into your conversation, especially from the start, can generate energy and be points of connection to jump off from. You might find the CT-R [teletherapy](#) guide helpful. [Our upcoming webinar on Friday 4/17/2020](#) will address how we can use a person's aspirations to guide their weeks, which can be another fantastic anchoring point for tele-sessions.

**6. I work with ACT teams and I'm struggling for ideas/activities to support clients that don't have phone's with data.**

Attached you will find two activity lists – you'll see that very specific beliefs can be activated by the specific pursuits. There is a list of social distancing activity ideas, as well as a set of ideas titled *Activities to Access the Adaptive Mode* — several of the suggestions do not require technology – some that can be done in facilities, some at home.

You might consider personal interests the person and you can each do between sessions and then talk about on the phone: preparing a meal, creating art, watching a show, observing nature out the window or on a walk. An action plan that involves both of you bridges between meetings and keeps the focus on activity that is possible despite the many restrictions. You can draw conclusions about their grace under pressure, their impressive resilience! You may still be required to meet people in the community, especially if individuals do not have access to phones. In this case, if you are meeting while maintaining physical distancing, we've had providers lead the contact with a check-in on interests, best moments of the week, and other positive-action oriented questions. Staff have also provided copies of lists of activity suggestions or mailed them out.

**7. How to motivate people to connect virtually when most of the people are feeling low.**

You can start by considering, "Why might it be that a person is hesitant to connect?" It might be hopelessness, defeatist beliefs ("what's the point"), feeling no control, among other beliefs or negative expectations. If we have a guess about which it is for the person, we can open any attempt at connection with empathy and understanding. For example ask: "I have to imagine it can feel really pointless sometimes, is that how you're experiencing it?" and then reflect what it is that you know they are hoping to accomplish in the long run when all this is said and done (e.g., be a great dad), and that perhaps in your connecting together you can create a vision for that future and see if there are

action steps that can be taken to get there. This can sometimes be a source of energy and motivation to push through. We will be focusing on this much more in the next [webinar on Friday 4/17/2020](#).

Other strategies discussed, such as asking about even just a single recent positive experience and having the person describe it in vivid detail, can help increase energy and improve affect. If a person has difficulty identifying something positive, focus on learning about and building interests. Can they help you learn something new? This may be the foot in the door for future connection.

**8. We are getting kids involved in the connective activities, such as making cards for nursing homes, putting bears in windows so that their peers can go on bear hunts, etc. What else can we do to make sure that children are finding meaning and connection in their days?**

These ideas and others shared in the webinar are excellent! Fashion shows, teaching family members about hobbies, creating skits or puppet shows to put on, sharing meals with family members or friends virtually, tea parties with grandparents, drawing pictures and mailing them to friends or teachers, and other ideas can add to the list! An important piece to all of this is to ask kids while they're doing the activity or after: "What is the best part of doing this?" This gets at the meaning. You can also ask: "How does it make you feel?" "How do you think this makes other people feel?" "Are there other things that might get us feeling that way again?" and "If we can help brighten people's days now, do you think there will be other ways we can keep it going even after this is over?" You can also share with kids what they've contributed to your day – feeling proud, more energized, more relaxed, or something you've learned for example.

**9. Many of my patients are homeless living in shelters or worried about not being able to pay their upcoming rent. Other than finding them resources, any ideas on how to help ease their anxiety during the pandemic?**

For so many people right now, the experience of uncertainty regarding basic life needs – paying for housing, food, etc – is hitting closer to home than ever before. You can draw attention to the fact that right now, more than ever, millions of people are going through these experiences and as a result, we have seen considerably more flexibility and compassion from lenders, landlords, etc. It can be helpful to encourage individuals to look for moments of compassion, forgiveness, or flexibility. Those moments can be very easy to miss when the focus is so keenly on the fear about what's next or the negative consequences. This is also a time when we can focus on what an individual was able to control that day – taking each day at a time. This draws attention to what is certain, taking some energy and power away from the anxiety (uncertainty).

**10. If we want to share some of this information, what would be the best way to cite it?**

Grant, P. M. & Inverso, E. (2020, April 10). Recovery-Oriented Cognitive Therapy: Flourishing in a Time of Prescribed Social Distancing - Creative Connection [Webinar]. In *Flourishing in a Time of Prescribed Social Distancing Series*. Retrieved from <https://beckinstitute.org/ctr-webinar-series/>.

**11. Can you give some tips on keeping my energy up in the virtual environment?**

Don't neglect the things that bring you joy and meaning! Get up and move as much as possible. Seek ideas for exercises or songs or other activities that you can connect over. Sometimes energy comes from learning from others in this way. Ellen recently read that people may not be drinking as much water being at home all day as they typically do – so find fun ways to stay hydrated. If you're doing a marathon of meetings or sessions or family hang outs, don't forget to eat! 😊 You might bring some fun or humor to the situation – is there a funny meme or joke you can share?

Also, here's a link from our Covid-19 resource page directing you to a self-care list from the [American Psychological Association](#). Even if you're not in a field of psychology, it provides good ideas!

**12. Are you finding that survivors of trauma are struggling with their past traumatic experiences? Is there a relationship with the current situation and the severity of PTSD that we need to take more action to address?**

As we've seen with other significant events, such as Hurricane Sandy or September 11<sup>th</sup>, individuals with serious mental health challenges often show incredible resiliency. Sometimes they are more in-tune with the experience of uncertainty or losing freedoms, and many find it a chance to help others. In recent weeks we've talked to several providers impressed that the individuals they work with are managing all of this better than they themselves are at times. Even still, there are likely some who are struggling or for whom this could bring up considerable anxiety. This can be an opportunity to learn about how they've handled other stressors and ways they've demonstrated resiliency previously, and see if they can consider applying the same approach now. Can they teach you a [mindfulness](#) or [muscle relaxation](#) strategy? Or can you guide them through such exercises over the phone? Then, encourage them to teach someone during the week or practice on their own, indicate you'll do it, too, and then come back together and share how it went for each of you. The connectedness of it can reduce the impact of negative trauma beliefs ("I can't get through this," "no one understands, I'm alone," etc) and strengthen resiliency beliefs ("I've been through tough times before and can get through this now.").

**13. Any other books you would recommend at this time for bibliotherapy or to help guide practitioners on how to proceed?**

- *Together: The Healing Power of Human Connection in a Sometimes Lonely World*. Vivek Murthy. 2020.
- *The Rabbit Effect: Live Longer, Happier, and Healthier with the Groundbreaking Science of Kindness*. Kelli Harding. 2019.
- Find other resources here: <https://beckinstitute.org/covid-19-resources/>

**14. What do you do when your patient refuses to follow the physical distancing rules?**

Consider formulation first: Why might it be someone would do this? Some possibilities are: "What's the point, I'm going to get sick anyway;" "If I stay in it'll be so much worse (voices, anxiety, loneliness, suicidality);" "I can't stand this, I have to get out" among other permission-giving beliefs. You might also consider that for some people, there is more control and certainty in going out compared to it being unfamiliar and uncertain staying in. For example: "If I go out and get sick, I made the choice and had some control." We see people repeatedly engage in many high-risk behaviors due to these beliefs. Given these possibilities, we can try to connect with the person by understanding what it is for them. Before doing any education-focused strategy, learn what is good about going out. Is it about connection, control, usefulness? With this information we can ask a person about other ways to experience those important meanings. And if you can both work together toward them meeting those meanings while also rolling with the physical distancing. This could involve planning out times during the week when they'll engage in something that makes them feel productive, connected, or helpful. We then draw conclusions about the benefits and worthwhileness of doing those things.