

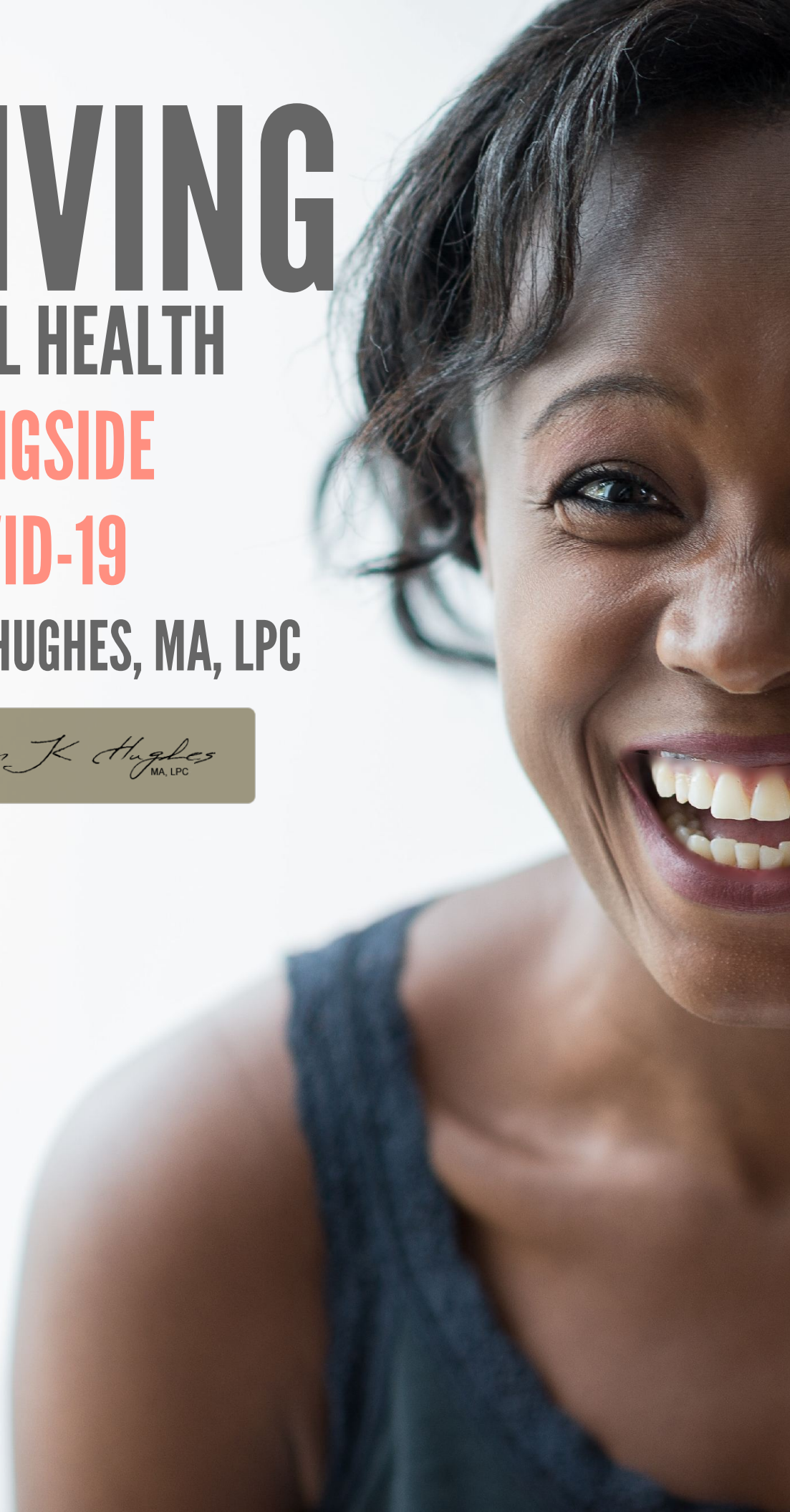
THRIVING MENTAL HEALTH

ALONGSIDE
COVID-19

BY JUSTIN K. HUGHES, MA, LPC



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MA, LPC





THRIVING MENTAL HEALTH ALONGSIDE COVID-19

Whether you have a mental disorder or not, there is an **opportunity for learning and growth** in the face of COVID-19 (SARS-CoV-2). Now, more than ever, we need stable footing to stand on. People go to every extreme. You don't have to. **Mental health is about being grounded in reality**, inasmuch as we can grasp it.

Getting sick will happen. Yes, people die. Relationships break up and fail. Businesses go under. We might get it wrong. However...many people can experience health. Some people live with purpose and to the full (which is not the same as perfect). Relationships can be incredible. Businesses can thrive. We can get things right.

When I utilize the method of [Exposure Therapy](#) in counseling (a subset of Behavioral and [Cognitive Behavioral Therapy](#)), it involves the systematic confrontation of fearful triggers while reducing and eliminating fearful, pathological responses. It is *Gold Standard* treatment for OCD & Phobias, and is a first line treatment for all Anxiety Disorders and PTSD. What we think happens is that *relearning* occurs, which for most increases confidence and decreases disruption in life when they follow the treatment. Exposure, then, **gives us two opportunities**:

1. To learn that we don't have to fear something.

and/or

2. To learn we can face it anyway.

Its principles connect us to some of the best of life: **face the thing you have reason to face; gain the opportunity to live more fully.**

This guide is a very brief summary as to the main points of the *Exposure Therapy* process with me, particularly with clients who have OCD and Anxiety Disorders. Many of my clients seem to be faring better in this crisis than many I have talked to and seen in the general public- and why wouldn't they?! They've been training and learning- and now it's *game-time*.

IDENTIFY THE EVIDENCE, THEN GET EDUCATED

"IN A WORLD OF TENSION AND BREAKDOWN, IT IS NECESSARY FOR THERE TO BE THOSE WHO SEEK TO INTEGRATE THEIR INNER LIVES NOT BY AVOIDING ANGUISH AND RUNNING AWAY FROM PROBLEMS, BUT BY FACING THEM IN THEIR NAKED REALITY AND IN THEIR ORDINARINESS."

-THOMAS MERTON



With any problem or disorder, we must first **identify the evidence-base**, or the "true-so-far-as-we-know-it" status. Then, **get educated from reputable, trustworthy sources**. With something like COVID-19, there's a lot of uncertainty we all have to face, yet there's still excellent evidence and protocols emerging.

- For example, if you have a **disorder** like OCD, GAD, PTSD, SAD, first, get educated- from a therapist, doctor, from organizations like [ADAA](#), [IOCDF](#), [NIMH](#), [HelpGuide.org](#), or go to my [Resources](#) page on my [website](#) for these and more.
- Related to something else, like **COVID-19**, we currently know far less. But staying grounded in what we do and don't know will help us *thrive*! Let me say that again: staying grounded- in what we DO and DON'T know.
 - If you suffer with anxiety, limit yourself in the sources you are consuming, maybe 2-3 max on a topic. 'Tearing through' articles can be compulsive, "safety behaviors"- that can actually *worsen* your fear.
 - [CDC's](#) regularly updated situation summary
 - [World Health Organization's](#) advice for the public
 - Maybe a local source or news channel (caution: remember, news makes money off more views/clicks/engagement, so hooking people with content positively reinforces their industry-which is not necessarily bad- while for sufferers of anxiety, it may negatively reinforce our fears. Use wisdom.
- When there is **no strong evidence base** for a problem, lean on your values (developed in community)- see point 7 (Values & Beliefs), then 5 (Support). An example of this might be something you want to try to reduce your anxiety, such as an herbal supplement that doesn't have research backing.
 - A word of consideration here: let's take a balanced view and practice humility. First of all, many times we don't know whether something might work until we try it (and medicine is built on many "accidents" in discovery). However, we can also create problems for ourselves when we irrationally hold on to a "fix" that contradicts our own situation (i.e., claiming to feel better while dismissing obvious evidence otherwise).
 - Be careful of "hucksters" in times of crisis. They look for people to take advantage of (\$100 hand sanitizer? Marked up toilet paper?).

TRACK & MONITOR



THOUGHT CATALOG

Develop an *ongoing relationship with self-monitoring* (and utilize trustworthy support to help!). What's going well? What's going poorly? When you are suffering or about to give into unhealthy responses, keeping a regular monitor/review gives you the chance to be proactive rather than defensive, and to catch problematic patterns before they become catastrophic. I use specific tracking forms for different disorders, but my OCD Log and [Functional Assessment](#) formats work for most. Especially learn to catch compulsions/safety behaviors/rituals and all the subtle ways you may give into them- *they reinforce fear*.

- Part of the work with tracking your fear is a **core fear conceptualization**, which typically doesn't have to involve much more than a few "so what?" questions that dig into your personal driving fears behind your responses
 - E.g.,
 - Why do you feel afraid after seeing that person?
 - (They might be sick.)
 - So what if they are sick?
 - (I could have prevented it.)
 - So what?
 - (I could get sick and die, and it would be all my fault.)
 - So what? What leads you to be anxious *now* when you saw that person one hour ago?
 - (If I'm not vigilant now to protect myself, I may miss my chance to get better and I'll be constantly anxious until I have an answer.)
 - Anything else?
 - (I don't think so.)
 - *BINGO. Your immediate core fear is that you must be vigilant at all times and you're afraid you'll be anxious without end until you find an "answer."*

MAKE A ROADMAP



Develop a “roadmap” of what you need to face. This is commonly done in my practice with a [Hierarchy](#). I use an advanced electronic Hierarchy and tracking with most clients that is quite a bit fuller than this one, but this shows the gist.

- **Identify your target** mental rituals and behaviors- i.e., what you want/need to bite off right now- while understanding their triggers and how they interact, such as through [Functional Assessment](#). You will have plenty of examples of distressing thought and behavior patterns from Step 2 (Track & Monitor) if you’ve started the process well.
 - Once you know the line you’re drawing (such as what behaviors and thought processes that are beneficial or not, even with something like COVID-19), you can now focus on applying your attention to what’s helpful.

EXPOSURE



Exposure: Practice, practice, practice. The heart of the treatment I usually do is [Exposure Therapy](#), as already noted above. Dr. Abramowitz’s [“Exposure Practice Form”](#) is my favorite form/guide to help overview keys for what a person wants to consider while they do an exposure. To be clear, this area often needs a lot of professional oversight to get going the right direction. There’s a lot of small and large nuances alike that can impact how exposure goes- you can grab a quick reference handout to help: [ERP Tips for OCD](#).

GET SUPPORT



Get support- train loved ones who are receptive, but who have been accommodating or lashing out against your unhealthy patterns to enact a systematic plan with you rather than responding out of chaos. Here’s my full guide, [“Supporting Your Loved One With OCD.”](#)

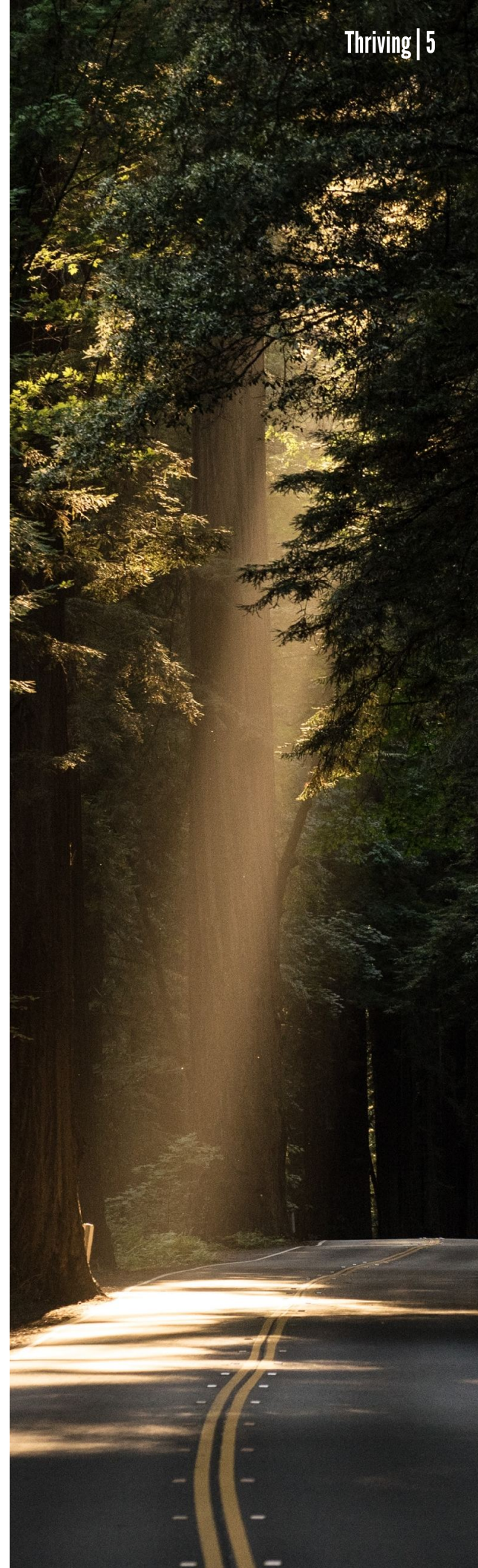


RESTRUCTURE FAULTY BELIEFS



Restructure Faulty Beliefs and Cognitive Distortions. In OCD, particularly in ERP treatment, much of the work is not in “replacing negative/intrusive thoughts;” *this is a common error* that leads to more engagement (ritual) with obsessions- OCD ‘spits up’ a high occurrence of intrusive, irrational thoughts. The cognitive portion of evidence-based CBT utilizes methods such as Cognitive Restructuring to examine the relationship between faulty beliefs and the maintenance of such problematic responses like compulsions.

- Gotta catch ‘em all! (You can add this tracking on to step 2!). A good start might be with [General Cognitive Distortions \(Dr. David Burns\)](#). With OCD, check out Dr. Jonathan Abramowitz's guide “[Cognitive Distortions in OCD](#)” and/or looking at the research of [Hezel and McNally, 2015](#), as they list key domains in OCD:
 - Inflated Responsibility
 - Overestimation of Threat
 - Over-importance of Thoughts
 - Need to Control Thoughts
 - Perfectionism
 - Intolerance of Uncertainty
- Learn to restructure, reframe, and change problematic, unreal, and unhealthy belief patterns through therapy, reputable resources, and the like.



PRACTICE MINDFULNESS



No, not some mystical notion. Mindfulness in simple form is *contact with the present moment*. We typically need some strong skills here to lean into fear, simply because *fear leads to lack of mindfulness*. You can go to my [Exposure-Friendly Mindfulness](#) guide with the [accompanying video](#) to integrate this support I use with most clients.



DETERMINE YOUR VALUES & BELIEFS



Our values and beliefs- and consequently goals- are crucial in guiding our day-to-day lives, our choices, and behaviors. These may be worded positively ("I want the freedom to be present and enjoy relationships.") or negatively ("I want to get rid of my procrastination that leads to job loss."). The latter I will often cover with a *Consequences Inventory*, which is a common Motivational Interviewing (MI) tool. Many counselors, myself included, also utilize Acceptance and Commitment Therapy (ACT), which is an approach to help clients to stay present, engage with their identified values and commitments, be flexible, and make adjustments where necessary. Check out [ACBS](#) for more.

- Dr. Russ Harris has a *goldmine* of free resources in "[The Complete Set of Client Handouts and Worksheets from ACT books](#)" by Russ Harris. Here is his excellent [Values Questionnaire](#).

Furthermore, I help clients look at their spiritual, faith, and religious beliefs- though these are often overlooked in the rooms of clinicians. Most people signify spirituality is important to them, and research supports exploring this for individuals when done so ethically.

- In an NIH article, [Koenig \(2012\)](#) states, "A large volume of research shows that people who are more R/S [religious/spiritual] have better mental health and adapt more quickly to health problems compared to those who are less R/S."
- The Mental Health Foundation in the UK has a useful guide on "[The Impact of Spirituality on Mental Health](#)."
- For those interested in more specific Christian applications, which is a subset of my expertise, you can follow my Newsletter category "[Christian Mental Health](#)" or check out specific resources / blog posts on my [website](#).
- We as people are quite varied in our diversity, including in mental health. Ask the tough questions, though, about the *purpose* of your behavior and responses in life (this is part of what a [Functional Assessment](#) does). You will then have a better idea as to whether it is out of *order* or *disorder*, belief or feeling.



PROBLEM SOLVING

There will always be problems. Think of it this way, though: we give problems to our children to learn to solve so they **grow**. Having a good team around you will assist in growth rather than defeat (See Step 1 & 5- Identify the Problem/Getting Educated & Support). This is one of the big differences a therapist and/or a specialist can make. Most anyone can get a workbook on OCD, GAD, etc.

Work-shopping problems is [part of my specialty](#) in getting “unstuck.” Common detours to treatment are comorbid diagnoses like substance abuse and depression, and any pattern of getting off track from the heart of exposure- *being able to tolerate fear without pathologically getting off track.*



REVIEW & RELAPSE PREVENTION

How is it going? What am I learning? Steps 2 and 5 above (Tracking and Support) will help sustain a strong structure for accountability and growth- for the short term or long-haul. You can use my handout [ERP Tips for OCD](#) and Dr. Jonathan Abramowitz's [Exposure Practice Form](#) to make sure you're on track. Shala Nicely wrote a great handout on [Relapse Prevention](#), which is in essence preparing for what to expect after treatment and how to maintain and grow moving forward, even despite challenging situations. This is the heart of exposure: learn to face challenges consistently over the long-haul and improve your life!

There you have it. 10 key areas covered in the Exposure Therapy process with me. These are tools for *successful living*, not just disorder management. I wish you all the best on your journey. Thanks for letting me join it in a small way.

~Justin K. Hughes, MA, LPC



ESSENTIAL MENTAL HEALTH

INTRO

In this unusual time where the world is facing a pandemic, having a fairly exhaustive, yet quick reference guide to essential mental health is needed. This overview is in addition to any areas already covered above, including helpful links, resources, articles, and tools- every one of them vetted to be some of the best, and FREE!



BE ASSERTIVE

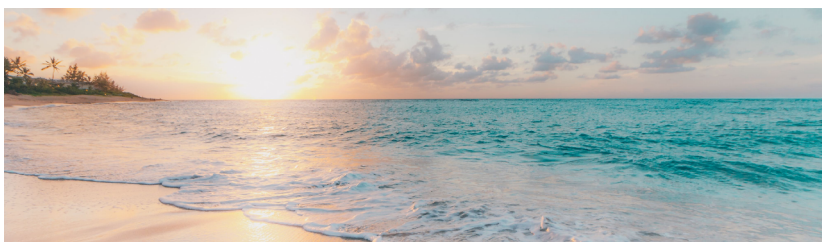
In my practice, I have transitioned to all telehealth to flatten the curve of COVID-19- and it requires more verbal cues being used. Similarly, you may need to increase your assertiveness with anyone in a close space. It's easy to take for granted our daily routines, but the closer we get to a person (and the more time we spend around them), the more necessity there is to make what is covert overt. Check out the ACBT's "[Assertiveness Training Fact Sheet](#)" and check out the many benefits of it in Mayo Clinic's "[Stress Management](#)" guide.

BE CAREFUL OF COGNITIVE DISTORTIONS

A common [cognitive distortion](#) is *All-or-Nothing Thinking*: "Well, I blew it! I ate the donut I said I wouldn't eat. I failed and might as well continue to eat more." Take my exercise this week, for example. I missed an exercise this week and started to blow it off since I "missed my chance." But fortunately when I had a free moment later in the week with more clarity, I was able to take the opportunity to work it in, though differently. Flexibility is key.

DON'T OVER-CONSUME ON SUBSTANCES

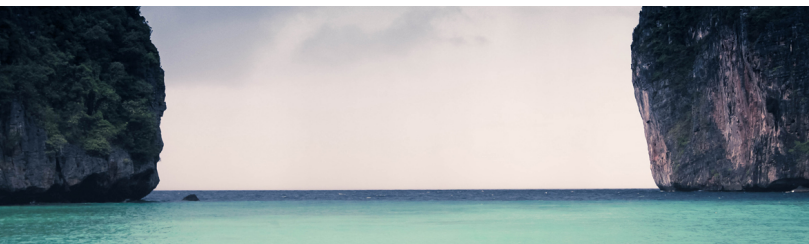
Caffeine and alcohol are certainly the most popular substances to look out for (well, and nicotine, but that's not in the context of healthy living).



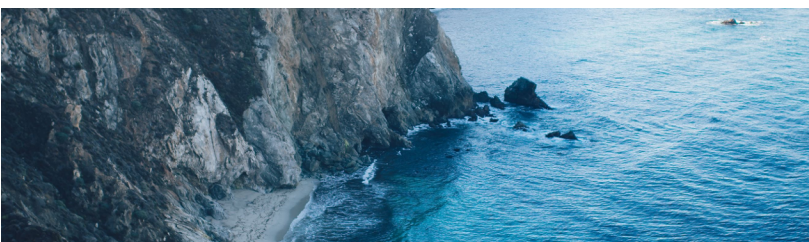
**"THE BEST CURE FOR THE BODY IS A
QUIET MIND"**
-NAPOLEAN BONAPARTE

DOWNTIME/QUIET/MINDFULNESS

The importance of giving our brain pauses and rest cannot be overstated. Scientific American provides insight as to "[Why Your Brain Needs More Downtime](#)." For those of us with disorders, we need even more intentionality to slow down pathological processes that are automatic or deeply ingrained, such as linking fearful thoughts with avoidant behavior or rituals. Remember that fear narrows focus; it takes one's attentional resources away from the big picture. Dr. Jonathan Abramowitz has provided a wonderful overview of the "[Physiology of Anxiety](#)" and explains biologically how this occurs. For mindfulness, you can find a guide with video in "[Mindfulness Exercise \[Exposure-Friendly\]](#)."



In this modern era, minimizing screen time is an important discipline to practice. Whether this if thinking about children (see this [JAMA article](#)) or anyone (check out [NAMI](#)), it's now becoming well known that we need to be wise about the use of technology in a number of ways.



EXERCISE

Possibly tied with sleep and nutrition as the most underutilized natural treatments for a range of conditions, exercise is inextricably linked to mental health. "[The Mental Health Benefits of Exercise](#)" by [Helpguide.org](#) is a good quick [reference on this topic](#). In fact, outside of medication, exercise may be one of the best things a person with AD/HD can do to treat it! [ADDitude](#) reviews the research on this, particularly for children.

If you're stuck in the house, there are ways to get creative! Make a game with a fitness tracker! Compete with others; set up prizes for yourself or children! Get outside where you can and get moving. With telehealth, I have had to double-down on my intentional exercise, because even walking to the restroom is only 10 steps instead of 150. I supplement this unusual time with extra walking, keeping up with circuit training indoors, and giving myself space if I miss one of these times.

A fantastic summary from [Sharma, Madaan, and Petty, 2006](#), follows: "Health benefits from regular exercise that should be emphasized and reinforced by every mental health professional to their patients include the following:

1. Improved sleep
2. Increased interest in sex
3. Better endurance
4. Stress relief
5. Improvement in mood
6. Increased energy and stamina
7. Reduced tiredness that can increase mental alertness
8. Weight reduction
9. Reduced cholesterol and improved cardiovascular fitness."



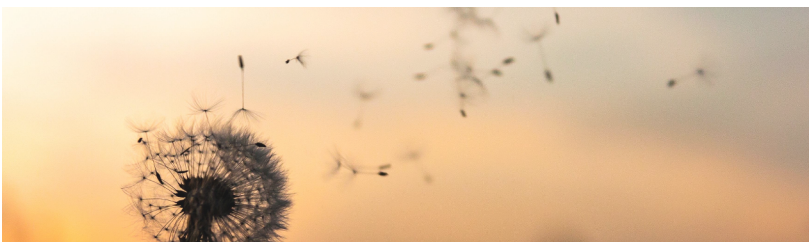
HAVE FUN

Maybe self-evident, but we all (especially adults) need reminding to pursue fun- even the term 'recreation' is based on the concept of 're-create'- "to give new life." In "[The Benefits of Play for Adults](#)," Helpguide.org shares useful insights, and also PsychCentral in "[8 Reasons to Make Time for Fun](#)."



MEDICATION

Mental health medication (psychopharmacology) can play a necessary role in well-being (depending on the condition, medications range from being considered essential first line treatments, to unnecessary). NIMH has a tutorial on "[Mental Health Medications](#)," (or see a pdf [guide](#)).



"THE BEST WAY OUT IS ALWAYS
THROUGH"
-ROBERT FROST

NORMAL STRUCTURE

You may have heard it said that people are "creatures of habit." Neurologically, we integrate information we don't need to remember and it becomes second nature- we fortunately can stop thinking intentionally about how to walk, talk, eat, or even dressing ourselves (do you remember what food item you ate first or how many circles you made brushing your molars?). Our neural pathways are intimately familiar with these tasks. This is one reason it's hard to change something so deeply ingrained. This is truly a good thing as we would be overwhelmed by having to pay attention to too many processes. Significant adjustments mix up many normal patterns- which isn't necessarily bad, but we typically feel more stress when they are. One thing that can help in times of crisis is to return some of the usual structures in different ways. Examples might include keeping up that date night, just over video with a nice meal made at home. Or still getting up and going to bed at similar times.

Dr. Magdalena Bak-Maier, in "[The neuroscience of overwhelm and how to prevent it](#)," points out how the nervous system goes on "autopilot" until we need to pay attention to something, but the brain has significant performance limitations and will tire with overuse. Having too many drains on our mental resources increases stress and can, with too much stress, negatively impact our functioning.

NUTRITION/DIET

Truly, what we eat and how we eat has an incalculable value on how we feel. [Harvard's Healthy Eating Plate](#) is a useful reference. The World Health Organization provides support with "[Healthy Diet](#)." Health always requires a level of flexibility and adaptability. In stressful times, acceptance of your struggles along with realigning with values/evidence is important. Be careful in times of stress not to overindulge on carbs and sugars- the snacky & sweet food you may feel the urge in this time to "pound"- they offer quick energy and pleasure, but are not as durable in benefits and can really impact you negatively over time with overconsumption. Check out the [research article from the Indian Journal of Psychiatry](#) for an excellent summary.



**"THOSE WHO THINK THEY HAVE NO
TIME FOR HEALTHY EATING WILL SOONER
OR LATER FIND TIME FOR ILLNESS."
-EDWARD STANLEY (1873!)**

PRIORITIZE

Limit inputs of information and stimulation- or your brain will do its best to force limits and push you back into homeostasis (see my article and worksheet on "[Setpoints](#)").

SERVE OTHERS

Loving our neighbor as ourselves is beautiful. Not only does it also impact them, but no doubt about it- we also can find much encouragement and joy

in so doing. Learning and growth is often solidified when we can teach, pass along, and serve. Though "volunteering" is only one manifestation of serving others, it has robust support in the literature ([Yeung, et al. 2018](#)). Most of us don't need to look at research articles, though, to grasp the importance of serving others. It's good for others; it's good for you. Win win.

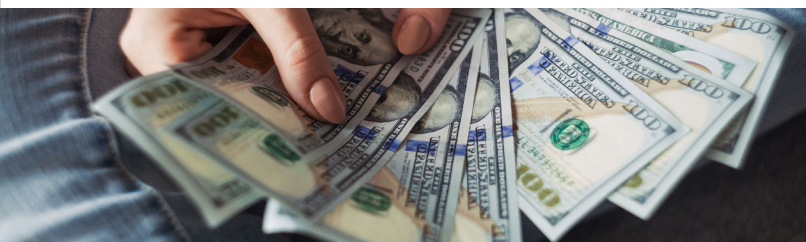
SLEEP

As one of the most important contributors to all aspects of health, good sleep is necessary infrastructure to good health. Harvard Health has a simple, yet useful page on "[Sleep and Mental Health](#)." and [WebMD](#)'s overview of the detriments of lack of sleep.



SPEND/SAVE/GIVE MONEY

Work from a budget. Money is a tricky topic and is not simplistic. But a key reality is that how we use money is a reflection of- and sometimes cause of- greater health or problems we run into. Spending money within a larger budget and values is satisfying, rewarding, and enjoyable. Giving it away can help others tremendously and be powerful for our own health. Taking on unnecessary debts, overspending, being miserly or hypervigilant all in different ways lead to stress and effects on mental health. Inc. magazine / website covers "[7 Reasons Mental Health Issues And Financial Issues Tend to Go Hand-in-Hand \(And It Has Nothing to Do With the Cost of Treatment\)](#)." Psychology Today provides "[What Your Financial Health Says About Your Mental Health](#)." Mind.UK.Org has "[Money and Mental Health](#)." You may want to consider following a course, getting a financial planner (many are free and work off commission, some are for fee), or utilizing many reputable resources available.



SOCIALIZE

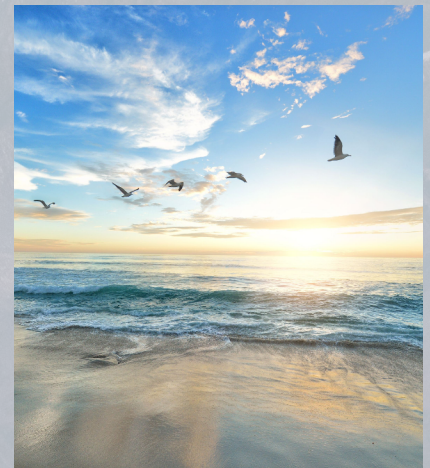
We are social beings. Direct contact can release neurotransmitters, and even a high five can release oxytocin, lowering cortisol and decreasing stress (Susan Pinker, quoted in [Medical News Today](#)). Wow! During this unusual time of "shelter-in-place" and quarantines, this is difficult. But for the time being, even our technology, phones, letters, or writing on cardboard and standing outside a window can suffice! [Psychology Today](#) points out several benefits of socialization, including living longer and even decreasing dementia.

SPIRITUALITY/RELIGION/FAITH

Refer to Step 8 above for more information; I understand not everyone will consider this important. But if you do, are you digging deep into things? Living congruently? Allowing yourself to ask questions and pursue guidance / support / practices around what is meaningful?

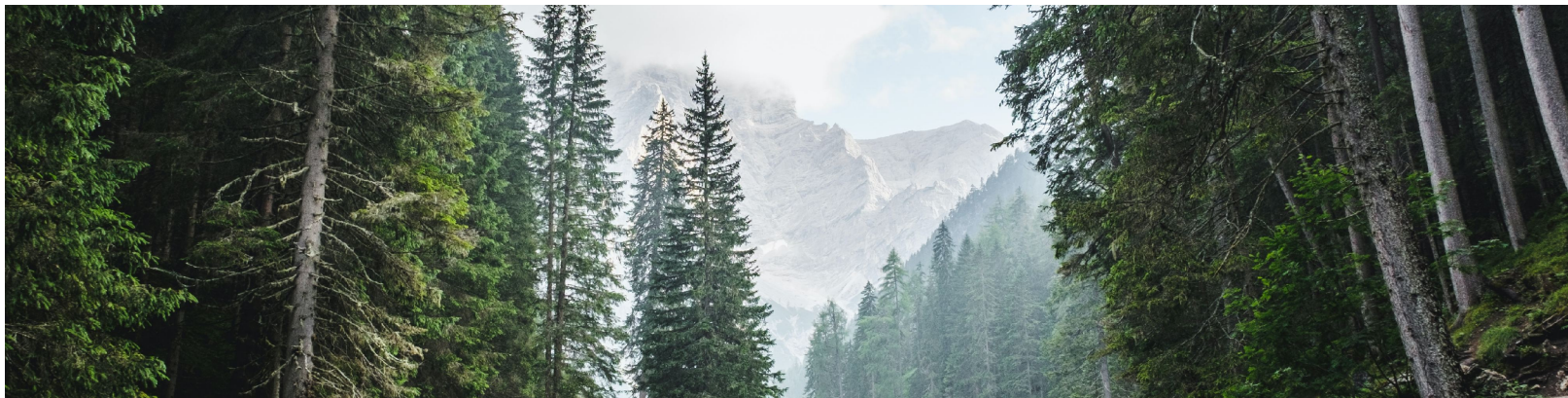
SUNLIGHT

Not only is sunlight important in Vitamin D production, natural light is linked with numerous biological processes ranging from sleep to mood to productivity. If you must be indoors or have limitations on natural light, find ways to maximize it. There are even specific treatments and options that utilize light to treat depression (see [Psychiatric Times](#)).



SUPPLEMENTS

There is good evidence that several supplements can aid in mental health, particularly depression and/or anxiety. Always follow the advice of your doctor, as some supplements can interact with other medications being taken. Some of the most common supplements linked with mental health are **Vitamin D, B Complex, Omega-3 Fatty Acids**, and more. Medical News Today has compiled "[Top 10 evidence based supplements for anxiety](#)," and Harvard Health has "Herbal and Dietary Supplements for Depression."



TRACK & PROCESS EMOTIONS/THOUGHTS

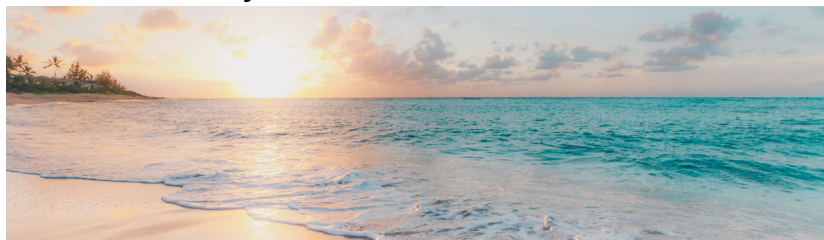
This was already covered in my 10 tips section above (Step 2). An additional comment to add is that exploring and processing emotions really has value in proper context, despite the misnomer that they are ignored entirely in exposure therapy. When I am utilizing exposures, especially in OCD, I often need to redirect clients from "processing" their thoughts/emotions, insomuch as they are giving into the OCD trick of giving obsessional content credit (which feeds the cycle). We certainly identify thoughts and emotions and walk them through when indicated, though we must develop the discipline of mindfulness to not ruminate.

But in the rest of life, we *need* to talk through difficult things, share things we're excited about, write out our thoughts, and more. It is so important we feel validated and that we validate others. Our health is greatly impacted by whether we deal with our emotions and thoughts. Find outlets to do so!

YOUR CONTEXT IS YOUR CONTEXT- DON'T COMPARE

"Comparison is the thief of joy." Don't let your own- or others'- expectations crowd out what you're supposed to be about. I really wrestled with this one at the beginning of "shelter-in-place." Many of my peers had *more* time on their hands, were doing *more* in other ways, like time with family and being increasingly available to other people. I was busier, and I felt internal pressure to do the same as them. I didn't. I don't. My life looks different than those made-up expectations I placed on myself.

I've also seen some good social media posts that there's no right or wrong way to feel in this time. True. Feelings are feelings. Thoughts are thoughts. Acknowledge them, then decide what to do based on strong principles and values. Your mental health will thank you.



WRITER'S NOTE

I've been told by academic professors that shorter papers are much more challenging than longer ones- I concur. When attempting to write a brief guide on mental health, how can one summarize such depths? I'm leaning into some of my own exposure work by letting things be- even if they feel "imperfect." And frankly, it always will be imperfect, because I'm human and finite. If I missed something you think is important, or if you like this guide, please feel free to write a note and let me know!

On the topic of exposure: I speak very positively concerning outcomes with *Exposure Therapy*. This is based in the evidence for most who give it a full trial (you can dig into my [ERP for OCD MH Clinician Brochure](#) or my [OCD page](#) to see stats and references). With any treatment, there are limits and complex factors, and no treatment works for everyone. I hope you never feel ashamed if your story is different from others. It is one of the reasons to find a really excellent treatment provider- they won't look at your case in black and white, but will keep exploring solutions when warranted.



Thanks & Disclaimer:

Dedicated to:

- My clients who inspire me every day
- The [IOCDF](#) who helped develop my love for exposure therapy

A big thanks to [Unsplash](#) talent for stunning photography.

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treatment or diagnosis. Always seek the advice of your health provider who is qualified to treat you. Never disregard professional medical advice or delay in seeking it because of something you have viewed on this guide. Links to external educational content are taken at your own risk. Justin K. Hughes, MA, LPC is not responsible for the claims or maintenance of external content.

A photograph of a large, thick tree trunk in a forest. The words "BE PLANTED" are overlaid in large, bold, pink letters across the center of the image. The background shows green foliage and other trees.

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ABOUT

❑ **Specialized Treatment:**

- OCD
- Anxiety Disorders
- Addiction

❑ **Extensive experience & training in Exposure Therapy.**

❑ **Short-term** therapy for most.

❑ Many **comorbid conditions** treated.

- CBT for Addiction, Anxiety, Depression, & More

❑ **Coordinating care** as needed.

❑ Truly **individualized** treatment plans.

❑ **Passion** for people and their well-being.

❑ **Talks and trainings** for your organization.

❑ **Expert referral** network utilized.

❑ **Free Videos, Tutorials,** and other resources.



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