



Portland Institute  
For Loss and Transition

## *Principle of Practice*

# Maintain Clear Social Mitigation Protocols for College Students

Socialization is a vital part of the educational experience. It leaves the confines of home and extends from playgrounds in primary schools to gathering places on college campuses. But at present, young people around the globe are being home- and online-schooled as schools have shut their doors as a measure to halt the corona virus pandemic. College social life has been curtailed from student housing and social learning engagements, through Greek life with built in date-parties, to bigger-than-life athletic tailgating and game day activities. This cessation of student life for college-aged clients is fraught with losses, including losses of independence and freedom.

It is necessary for mental healthcare practitioners whose clientele include college-aged students to stretch their skill sets beyond addressing losses. Practitioners must be extra mindful of decision-making challenges these young people face transitioning from adolescence to young adulthood. Accommodations in practice roles are needed to address special and critical situations such as those raised by the current pandemic.

### *Principle 1: Maintain safe boundaries of practice*

Practitioners must be diligent in their decision making regarding who to see in their physical office spaces and in maintaining a safe space and experience for our clients and ourselves. Consider the following case vignette.

*Prior to Spring break 2020 the news of the corona virus pandemic generated fear and anxiety amongst many of my college-aged clients. For others, in contrast, their decision making reflected of a sense of invincibility and behaviors ranging from less than cautious to downright defiant. If I discern a safety risk based on available information – such as a client going to the beach where social distancing is nearly impossible, students having party/get-togethers, and the occupation of the client (e.g., a parole officer whose work requires him to visit client homes), I offer those clients telehealth only.*

*For example, a 21-year-old college student who was my client remained adamant about going on a Spring break beach trip to Miami, despite her mother's protests. I then called the client to inform her of my newly established policy and procedures for continued therapy for in-office sessions.*



## Portland Institute For Loss and Transition

*The client made the decision to go on her trip despite family and public health warnings to the contrary. Upon her return, I conducted her scheduled appointment via telehealth, in keeping with my stated policy. I held fast to established procedures, the only ethical decision for safety and decreased liability, despite her efforts to convince me that it was safe to see her in the office and her preference for office visits.*

The first consideration for a practitioner is to make a decision whether it is safe to see a client in his or her office space or to offer other options for the continuance of therapy such as telehealth. The practitioner must communicate to clients his or her office policies that address COVID concerns prior to the scheduled session. The practitioner must also be prepared to provide psychoeducation related to COVID to support the decisions. This is important to continue to build and maintain trust within the client therapist relationship.

### ***Principle 2: Model appropriate mitigation behaviors***

The second consideration for the practitioner is to practice and model acceptable behaviors of COVID-19 best practices as directed by the Centers for Disease Control (CDC) and the World Health Organization (WHO). These include having established office procedures and making certain the physical office space is in compliance with the established social distancing protocol of six feet distance between the practitioner and the client. I have an air purifier with UV light in my office as an extra measure of protection.

The suggestions below are the policy and procedures I have implemented for my practice during the corona virus pandemic:

1. The client must remain in his or her personal vehicle until called to enter the building. (This addresses proximity safety issues for the waiting area and clients passing each other entering and leaving the building.)
2. The client must have agreed prior to the session to have his or her temperature monitored and must don a mask before entering the building through the door closest to my office. The door is propped open allowing the client to enter without touching the doorknob. The doors are closed by the practitioner after the client is seated in the designated seat.
3. The client must comply with wearing his or her mask for the entirety of the 50-minute therapy session. The practitioner also wears a mask.
4. A bottle of hand sanitizer is on the practitioner's desk for use by the client. A box of tissues is within reach of the client at all times. The practitioner adheres to handwashing guidelines of 20 seconds minimum.
5. The client must pay for sessions electronically or by check placed on the desk as they exit.
6. The office space is disinfected prior to and after every session with disinfectant spray. Disinfectant wipes are also available for use.

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