

Title: Katie Gordon, How to Effectively Help Students During the Coronavirus Pandemic
Episode: 82
Podcast: Half Hour of Heterodoxy

Transcript

[Welcome to *Half Hour of Heterodoxy*, featuring conversations with scholars and authors and ideas from diverse perspectives. Here's your host Chris Martin.]

Chris Martin: I hope all of you are staying inside and staying as healthy as you can during this epidemic. I'm recording this episode on Friday, March 20, 2020. Like pretty much everyone who is listening, I have been indoors for the past five days dealing with a lot of uncertainty.

My guest on today's episode is psychologist Katie Gordon. She previously appeared on Episode 50 which was about trauma. On today's episode, we'll be talking about ways you can counsel and help students during the coronavirus pandemic.

We talk about what you can and cannot do, given legal and ethical guidelines around psychotherapy. We'll also discuss resources that you and your students can use and explain what classroom practices might be effective during this coronavirus pandemic.

Even though this episode is primarily for professors, it's about mental health, and it could be useful regardless of your current role.

Hi, Katie. Welcome back to the show.

Katie Gordon: Hi Chris. Thanks for having me back on.

Chris Martin: So you have experience in counseling and in teaching psychology. So from the teaching perspective, I think a lot of lecturers right now are curious about how to provide support to students but not brush up against laws that dictate what is professional counseling and what is just informal help. So to begin, what is not legal for professors to do right now?

Katie Gordon: OK. Well, professors, even when we're not under circumstances like we are now with the pandemic, professors shouldn't try to engage as therapists. They shouldn't be trying to change students' thoughts or their behaviors or anything like that. Certainly not try to diagnose mental health problems. So those are the types of things that even under non-pandemic circumstances professors shouldn't do. I am a clinical psychologist who does therapy as you mentioned. But even when I was a professor and was teaching students, I was pretty clear about the boundaries.

I tried to set the tone of warmth and opening so that students knew that they could come meet with me and discuss their concerns. But I mean my role was to listen, kind of validate their concerns and then connect them with resources that could help them in a therapeutic capacity if that's what they were interested in.

Chris Martin: So an example of something that's not legal is saying I think you may be suffering from depression or I think you may be suffering from generalized anxiety disorder. Is that about right?

Katie Gordon: Yes. I would be pretty cautious about that especially if you're not trained as a clinical psychologist. But what would happen with me is I think sometimes students are pretty savvy and more aware than in recent times that they might even say, "Hey, I think I have generalized anxiety disorder," or something like that.

I would say, you know, it's – I understand why you're concerned and it does sound like you're struggling with some anxiety and refer them. But I wouldn't say, "Yeah, it does sound like that's the diagnosis that fits with what's going on with you."

So I would be really clear that I'm just reflecting what they say back to them rather than formally diagnosing.

Chris Martin: And when it comes to things you can legally do, there's a lot of help out there in terms of exercises. So there are cognitive behavioral exercises on how to reduce stress. There are meditation instructions in video and audio form.

It is acceptable to send those to students. Is that right?

Katie Gordon: I think that it's very helpful to provide resources to students. I think it expresses that you care, that you're concerned and I think that that's good for them to know that professors are thinking about that. I wouldn't assign it for example unless there's some very specific assignment. When I was teaching abnormal psychology, I would have them try a couple of things. But it was more to learn versus for them coping with their own mental health issues.

So I do think it's appropriate to share resources. The key there is to just make sure that what you're sharing are good resources and that can sometimes be hard to tell what are kind of scientifically-informed resources versus not. But two recommendations I would have there are going through the Association of Behavioral and Cognitive Therapies or going through the American Psychological Association because the resources they tend to gather tend to be consistent with research and kind of practices that tend to help people's mental health.

Chris Martin: So when it comes to a classic book on cognitive therapy like Burns' book *Feeling Good*, one thing you could do is photocopy the chapter in that one or just assign that as a non-mandatory reading, the chapter on how to diagnose distortions for example? Would that be OK?

Katie Gordon: Yeah, it's a good question. I think that as long as you're clear about what your goal is. So when I assign that chapter, it was the context of teaching therapy to graduate students. I could see in an undergraduate class, if the goal was to teach them cognitive behavioral therapy, then it would be appropriate to do that.

But I don't think it would be appropriate for – in a professor's capacity is if it's not relevant to course material to be part of the lesson plan or part of something they're going to be graded on.

I think that if you wanted to let people know about it, you could have it listed as a mental health resource. That's not part of the grades or part of the assignments.

Chris Martin: OK. When it comes to personal practices, like let's say I was a regular meditator, I could talk to the class and say, "I find meditation is helpful in reducing my anxiety." Is that OK?

Katie Gordon: Yes, I think so. I mean some of this is – it's all in how it's presented. So if you're saying – you know, like you said, I have personally found this useful. I know that other people have found it useful. You can read information, decide if you want to do it. That's perfectly appropriate for students.

What wouldn't be appropriate in my personal opinion would be to say, you know, this helps people with anxiety because scientifically it doesn't help everyone, right? So that's not fair to make that statement. Secondly, it's kind of prescriptive. It's something – you know, if you're saying like you have anxiety, you should do this, that gets more into a capacity of what a healthcare professional might do versus a professor.

But if it's saying I'm – if you say, look, I have some anxiety about the situation too and I personally found this app helpful. I just wanted to let others know about it. To me I think that's appropriate. I do think that sometimes out of – you know, coming from a good place, sometimes professors can feel nervous about disclosing anything about their – that they've had some stress or they've had some anxiety and of course personal comfort matters and you have to establish your own boundaries. But I think it's OK to be a little more open with that, especially with college students who are adults.

I think that can actually be validating to them to know that this professor who's kind of in a position of authority and seems to have things together also finds the situation difficult and is looking to find ways to cope. Especially when it's said like that, it's not going into details where you're sharing your own personal life with them.

Chris Martin: And when it comes to connecting students with resources, we have listeners around the world. So most of our listeners are in America and Canada. Probably have counseling centers at the universities. There are maybe some colleges that don't. Around the world it varies quite a bit. So what are some other resources in addition to an individual counselor that someone could recommend?

Katie Gordon: That's a great question. I would be happy to give you some links that you could share in the show notes. But one for example, the – you and I have talked before about *The Happiness Trap* by Dr. Russ Harris and I saw that he has made his app which has a number of different mental health strategies consistent with acceptance and commitment therapy available for free with the promo word together for the next couple of months.

So that's something that anyone could download and could use and it focuses a lot on finding ways to do valued behaviors even when your routine has changed quite a bit, finding ways to stay engaged and in the moment, and finding ways to cope in a healthy manner with the stressors that face us.

So that would be a big one and then the other main one I had mentioned is there is a YouTube show called *The Psych Show* with Dr. Ali Mattu and he has been doing a series of YouTube videos that can be accessed around the world talking about scientifically-informed strategies for managing mental health, staying connected with people under the circumstances that we're currently in and that's a great resource as well.

Chris Martin: And his last name, how do you spell that?

Katie Gordon: M-A-T-T-U.

Chris Martin: OK. I will include those links in the show notes too. So another debate professors are having right now is normalcy versus flexibility. So just to give you a couple of scenarios, one thing I could do going forward with the class I am teaching is say I'm going to continue to meet at 11:15 Monday, Wednesday, Friday. We're just going to do it online. Their written assignments still have the deadlines they have. You need to submit them electronically which is what I was doing before anyway and that would give you some consistency, some rhythm because the assignments are due on a specific day of the week and so forth.

On the other hand, I could give students a lot of flexibility. I could say, "I know you're dealing with a lot of stress right now. So I'm just pre-recording my lectures. Just go and watch them at any time that's convenient for you and I'm going to be very flexible with deadlines." My inclination personally is to opt for the former. But I don't know if that causes more stress or less stress. So what's your opinion here?

Katie Gordon: It's a great question. I think that these decisions are difficult in part because there are a lot of individual differences where there are circumstances where some people would welcome their routine and being able to have things seem as normal as possible in the face of uncertainty.

However, I imagine there are some students that could be in difficult circumstances. Maybe they have an ill family member or there's some kind of travel situation or financial situation that makes it more difficult for them to tune in at the regular times.

So I think that – and of course professors themselves are having to balance all of these different things as well.

Chris Martin: Right. A professor could have an ill family member for example.

Katie Gordon: Totally and one thing in talking to my friends or professors, just learning how to deliver online materials when they haven't been doing that is a huge adjustment or having their kids' school closed so they're also trying to home school and work at the same time.

Chris Martin: Right.

Katie Gordon: So I think in my experience, if I was still a professor, what I would try to do is aim for some consistency and normalcy. But then be understanding if people cannot meet those expectations and so I think it might be a little bit of trial and error. So if I for example wanted to keep the same deadlines and I was finding a lot of people were struggling to meet those, then I might say, OK, I'm going to have to try a different approach.

So I think that having flexibility both in the part of the students and the professors is key and the professors should kind of go with what they think is best, but be open to adjusting as they see how people are responding to that. Sometimes depending on class size and the professor's own personal circumstances, one way or the other, it's the only way they can make it work and it's important to do that.

Chris Martin: And given what's going on in the counseling world right now, I'm not familiar with it, is there a general sense that most people are pretty resilient right now unless they have a family member who's very ill or is there other data out there on anxiety levels?

Katie Gordon: That's a good question. I don't know from a data perspective. I have – from working in – I work in a primary healthcare setting and just anecdotally speaking, what I have heard from medical doctors is that individuals who tended to not have a lot of anxiety before, they're concerned but that it's – they're kind of trying to manage it whereas individuals who are prone towards the anxiety, they are feeling greater stress and more focused and having a hard time relaxing.

So one thing that has been talked about among the mental health providers where I am is that in certain situations, people pull together. So for example after a hurricane or a tornado or even after September 11th, you would find that people would have this new sense of connection and being together. What's making the situation difficult to predict is not being able to physically be together, not knowing how long it will go on and some of those other uncertainties there.

So I think that we're not clear how overall it's going to affect mental health. I've seen a lot of anecdotally resilience in terms of people scheduling more time to connect through social media and things like that and trying to find ways to help each other out and those could be very good things.

But I think the length and period of time is something that is unknowable at this point and what the long term effects will be. So I'm very pleased that most therapists are able to switch or are currently switching to providing therapy services via video for those who are in need.

Chris Martin: When it comes to finding support, if students live on a residential campus and now they're suddenly far away from their friends, do you think it makes sense for schools or professors to try to create something like an online Zoom conference where the professor himself isn't there but students can socialize with each other?

Katie Gordon: I like that a lot. I've seen a couple of different avenues where people are doing that and I think that can be really helpful and I think it again sends a message from the professor's standpoint that you view connecting with others as still important and Zoom even better than for example communicating through email or messaging or something because I think as people, we're meant to kind of see each other and interact in that way. So I think that would be a great idea.

Chris Martin: And when it comes to being understanding with students who do suffer from severe anxiety, some form of anxiety disorder, how would you suggest professors deal with students who may – well, let me phrase this differently.

Suppose a student does suffer from severe anxiety and it seems like they're not going to be able to turn in assignments in at all, would you in that situation suggest that the student take an incomplete and retake the course or what would you recommend in that situation?

Katie Gordon: Yeah, it's a great question. I think this is tricky even when we weren't under pandemic circumstances. If someone – if I had someone in my class say that, "I'm anxious and I can't complete this," I would see. Is there any way that we can work together to find a way that you're able to complete this work? Because I wanted to express a belief in them that they were able to do that and that with the help of a therapist or whatever treatment they needed, that I wanted to help them to be able to meet those goals, because as a therapist, I think that's the best outcome. I worry about anxiety and depression increasing if someone doesn't complete a course.

However in the professor position, you can only offer – you know, I will help or what if you connect with them or if I extend this deadline a little bit or if there's something I can do, I will do that. But ultimately of course they make their own decisions. That's true in therapy as well.

So if someone feels that taking an incomplete is the best course of action, then that's their choice. But I would at least advise them to think about it and see if there are other ways they might be able to complete the work.

In terms of things like accommodations, if a person needs to turn in one assignment later or something like that or there's some huge circumstances like what are going on now, I tend to be more flexible about that. But ultimately, in times where campuses were fully opened, I wouldn't make major accommodations for students unless they went through the disabilities office and had formal accommodations because I feel that it's fairest to students to have someone evaluate that who has expertise in that area and what's there rather than kind of going by a case by case basis.

Chris Martin: Do you have any other general advice on professors or departments or schools at this point, given everything that's going on?

Katie Gordon: My advice would be to in a way normalize the anxiety or stress reaction that people might be having. I mean anxiety, often when we're thinking about, we're talking about anxiety disorders in terms of an exaggerated response or something like that, even if it's unintentional, it's kind of viewing a catastrophe where there isn't one, things like that.

In this case, the anxiety is appropriate, serving a purpose. It's putting us in – hopefully into taking safer measures to keep ourselves and our communities safe. So I do think it's worth acknowledging that as a professor and saying, you know, this is a difficult time. It's an uncertain time. But there are resources available to you and like you said, kind of mentioning a counseling center and maybe some of these online resources because that gives the suggestion and plants the seed that you – if you're struggling, you have available sources for you.

In addition, I might recommend like how you're talking about, having like a Zoom, Hangout or something like that, just that people view social connection as part of their health because I think that means a lot from a professor to say that and I think it's something that most of us take for granted on a day to day basis when we don't have things like social distancing.

Chris Martin: So are there any other resources you would recommend?

Katie Gordon: There is a document put up by Dr. Russ Harris who wrote *The Happiness Trap* that I thought was really useful. He used the acronym FACE COVID. So just a little background on him is his approach to therapy is acceptance and commitment therapy and that's actually a really good fit for circumstances like this.

The idea is that there is something of concern going on. And how can we accept that rather than denying reality and kind of commit to living according to our values the best way we can considering the circumstances? The idea is that helps us to maintain mental health and that might be helpful for students and professors alike.

Chris Martin: And a document here. It's about four pages long and it has a concrete set of steps. I've got it in front of me right now. Part of it is focusing – well, the acronym FACE COVID starts to focus on what's in your control, which I think is helpful for sure because I think there's – there can be a sense especially with social media that we should worry about the entire world all the time.

Katie Gordon: Yeah, I agree with you. I think that this – and this is something that I would – I certainly recommend to my therapy clients as well is that – you know, what can you do? Because what can happen is if you feel – you can kind of get stuck in a trap where if you have that sense of urgency and anxiety, but you're feeling like you're trying to think about all the things not in your control, you can end up just feeling worse and not being able to take care of yourself or the things that are within your control.

So that focuses a lot on – you know, there are these stressors. But how can you respond to them? How can you pay attention to your emotions? How can you take care of the people within your social networks and within your community? So that’s helpful.

Chris Martin: Well, thanks for sharing that. I will put a link to that in the show notes too and for people who want to Google this, it’s called *FACE COVID: How to Respond Effectively to the Corona Crisis* by Dr. Russ Harris. So Googling that should also get that.

Well, thanks for joining us on the show, Katie. It has been good having you once again. I wish we were talking in better times. But I think a lot of professors have some of the questions we talked about today and I hope this episode is useful to them.

Katie Gordon: Thank you so much for having me on and thanks to all the professor for being so thoughtful and considerate during this difficult time and trying to do the best for their students and their families and themselves.

Chris Martin: You can find all of the resources we talked about in today’s show notes. You can also find Katie’s old podcast Jedi Counsel and her new podcast and her new podcast, the Rickistential Podcast on www.GeekTherapy.com.

If you have any comments about today’s episode, you can contact me at podcast@heterodoxacademy.org or find me on Twitter at @Chrismartin76. If you enjoyed the show, please leave us a review on iTunes because it helps other people find out about the show. Thanks for listening.

[COVID-19 better known as coronavirus has spread throughout the world. Symptoms of this respiratory disease may include fever, cough and shortness of breath. These symptoms may show up two to fourteen days after exposure. If you are experiencing these symptoms and have come into contact or are in an area with an ongoing outbreak, please call a hotline and/or consult with a physician. Clean and disinfect high-touch surfaces. For more information, please visit www.cdc.gov/covid19. Thank you.]

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