

Crisis counseling for COVID-19 pandemic asymptomatic clients

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ABSTRACT

This study is based on a specific nature of the sample (N= 40) from the population who have stayed at home due to the Government of India (GOI) order for lockdown COVID-19 and feeling severe mental health crisis. Audio-visual hysteria has created an eerie in the cases (clients) and living in phobia life. The self-motivated for psychological relief in their observed abnormal behaviors have contacted for counseling. Case-history and Online counseling session's interaction was found that negative drive was developed in the clients and symptoms as suicidal tendency, Death phobia, Psychosomatic symptoms, Furious dream, Disorganized thoughts, Aggressive behaviors, Philosophical mind, and Financial insecurities were developed in the clients. Clients symptoms were validated by the Hamilton Depression Rating Scale (HDRS), some more symptoms were also identified by scale state-of-arts. The strength crisis was weighted by clients with Codes A (very high), B (average plus), and C (down to the average) were given to the clients for the rating of the symptoms. Online Crisis Counseling sessions were administered onto the clients and it was found the in mid of counseling sessions (VIth session) a turning point was perceived. The risk rates in the clients were found diminishing. The impact factor of counseling was statistically analyzed and it was found that non-significant differences (Chi-Square test) among the score of HDRS in pre, mid, and post (after 11th session) counseling sessions. The same was observed in their rating of crisis (A, B and C)

Keywords: *Pandemic, COVID-19, Eerie mindset, counseling intervention*

The world is suffering from the Corona virus. Medical science is researching effective medicine and vaccine. Hospital beds and facilities are gradually going down due to increasing numbers in every second. Media (electronic/ print) reporting is stimulating the state of the reality of the mental state of human beings. Three major stimulators as the spike of the corona cases, job risks, and economic fall down are creating mental health crises in the speeded form. Crisis counseling may be an approach to the management of mental toughness in this situation.

COVID-19 is the rename of the nCoV-2019. This name was given by Zheng-Li Shi a senior researcher of Wuhan Research Institute of Virology (The Times of India, March 5, 2020, Editorial report of David Quammen). Shi is the author of the draft paper of n CoV-2019. The

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Received: August 01, 2020; Revision Received: September 05, 2020; Accepted: September 18, 2020

source of the virus is non-human but the animal may be a bat or any other creature of the same nature would be. It is confirmed that the source of transmission of this pandemic is the seafood market of Wuhan of China. COVID-19 (Corona Virus Disease-19) is declared as pandemic has covered the world. Word pandemic originates from the Greek word pan means all and demos mean the people. Honigsbaum (2009) definition of a pandemic is wide-spreading epidemic contagious throughout the whole country or more continents at the same time. Pandemic marked by uncertainty, confusion, and a sense of urgency (WHO 2005). It is still in speculation that Wuhan city of China is the source of COVID-19. The first detected case was highlighted in December 2019 in China and in January 2020 first investigated case was reported by state, local and Federal Public Health (FPH) agencies in Illinois, USA researchers 2020³. The first case in India was reported on January 30, 2020. As per the report of the Ministry of Health and Family Welfare (MHFW), India the first case was detected in a Kerala's student who traveled from China. Human to human transmitted 3 cases was in Kerala on February 3, 2020, all had travel history Wuhan to India. On March 12, 2020, a confirmed death case of 76 years old person of Karnataka was declared by Health Authority (HA) of Karnataka was died on the way Kalaburagi on March 10, 2020, by COVID-19 an official report (The Hindu, March 13, 2020), had travel history of Saudi Arabia reached India on February 29, 2020, was shifted Gulberga Institute of Medical Science.

The quick strategic management decision for awareness to the intervention of India for close the gateway of the virus under the leadership of Mr Narendra Modi, Prime minister of India had taken and declared 14 hours Janta curfew (citizen curfew) on March 22, 2020. With spikes of Corona rapid action of India and has declared 21 days curfew from March 24 to April 14, 2020. It was again extended for 21 days for boosting the energy among the public of all ages lighting of a lamp (deep prajwalan) / candlelight / mobile flash was called by GOI on April 5, 2020, at 9.00 pm under the philosophy of Tamsa Ma Jyotirgamaya (away from all calamities), a Vadik prayer indicates intellect to prosperity. It gives the message vasudhav kuttumbakam (the world is a unique house)

Social distance as an approach with other guidelines was issued by the government for the management of the pandemic crisis. WHO guidelines were used physical distancing⁴ instead of social distancing. Physical distancing means measurement in the metric scale where social distancing is a measure of the distance across social distance. Social distancing is specific to loneliness which is feeling alone, unwanted, or disconnected from others (Brody, 2020). Many high-profile meetings at the Government level have been followed by physical distancing rather than social distancing. Physical distancing may help to avoid negative emotions, but it would be more helpful to you for information consumption. Without mental limit, if you are receiving epidemic news it may overload on your psyche and will create mental to physical to damage within the shortest time. Even social distancing was primarily declared for 21 days extended more 19 days and now it is again for 15 days (May 3 to May 17, 2020) in India with all basic facilities by social agents but psychological problems cannot be ignored in young contract employees, students and housewives due to uncertainty of future. Some confirm cases in this severe condition were abruptly increased. The

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⁴WHO epidemiologist Maria Van Kerkhove said on March 20, 2020

Crisis counseling for COVID-19 pandemic asymptomatic clients

government is aware of this but no other source like social distancing has been found mass level control. The toughest decision in this situation would be state emergency or national emergency but the government is avoiding for caring social to mental risks in the people of the country.

Everyone is using social distancing (SD) to save themselves and others except very few are ignoring the vision plan of the government. People are using it (SD) as a phrase in the mutual discussion. In the medical term by the medical experts, SD has been used for creating consciousness of physical space between people to avoid spreading illness (COVID-19). The physical metric should be 6 feet or more. The recent research had shown then it should 3 meters (12 feet). The reason, the range of droplets spreading in the surrounding area is 3 meters but it would be very difficult for the psychological field for discussion or communication in dyad or more. Consciousness rights have been enforced in the social distancing by the common man to expert for promoting health and saving life not comfortability in interaction. In conclusion, everyone is obedient and trying to compliance the order for personal-social responsibility. People who are choosing to practice social distance are helping national objectives and behaving morality for the country by his / her action. A famous social science concept “prisoner dilemma” (PD) may be used for explanation of consciousness of SD and action towards the right. It was the first time used by Merrill Flood and Melvin Dresher in 1950 for strategic interaction. PD has been used to explain when the actor rationally chooses to behave for self-interest end-up worse.

It appeared first time in Luce and Raiffa (1957) publication. To avoid SD by a failure of consciousness and unconsciously accepting crowd for any reason may invite risk like COVID-19 as a right. Such a population would be the career of viruses and may transmit in the society breathing, coughing, etc. Asymptomatic cases may be more dangerous in avoidance of SD due to lack of consciousness or overconfidence. This lack of consciousness or overconfidence may create an aura is known as the third stage of transmission or stage of community transmitted stage of disease transmission. Social distancing and its application reviewed by Glass, Glass, Beyeler, and Min (2006), and it was found that social distancing was used to flattening the curve of Spanish Influenza (1918-19) to Asian influenza (1957-58). In the present time, social distancing is using a tool that is well experimented and have very effective results.

Since the date of origin COVID-19 has been declared as a killer virus, people may be panic in this situation due to news of confirmed cases to the death of national to world statistics. Death phobia may develop in the general public with news of Government protective measures planning. With the outbreak of COVID-19 psychological stigma as constant fear, worry, and stress has created a new network on the mind of the general population. It has been strengthening by the deterioration of social network, fear of social rejection in the situation of risk, a crisis of proactive behavior of government, social workers, etc.... These situational factors are playing leading roles in the form of aggression against government, frontline workers, mistrust on self, friends, and society, loss of personal energy, fear of losing personal livelihood, feeling of helplessness, etc. Knowledge of the previous epidemic may induce more reactionary responses in individuals to society. Timely management is required to control these situations for saving the life of the public. On March 27, 2020⁵ The British Psychological Society has released guidelines to overcome this crisis (for detail you may visit in the reference) for crisis management during COVID -19 through psychological

⁵Guidance for psychological professionals during the Covid-19 pandemic | 28.03.2020

Crisis counseling for COVID-19 pandemic asymptomatic clients

intervention. The government of India has taken very prompt action in this regard and targeting youth to save mental health and minimize mental stress, issued a directive on April 5, 2020, for mental health and wellbeing to the students (UGC April 5, 2020). These measures may boost mental energy and transfer in productive outcomes.

Crisis counseling has been found the best approach for mental health management of all age groups; teen, young and old. It may help to the population general to COVID-19 affected cases. During treatment of the patient if the counselor would be appointed in each center then progress would be very fast. The crisis is defined in terms of perception or experiencing an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms. (James 2008). Crisis counseling is not psychotherapy (Cherry 2020) but it is focused on minimizing the stress of the event, providing emotional support and improving the individual coping strategies in the here and now" (Cherry 2020). Thus, a primary objective of crisis counseling is restoring of sense control and development of confidence in event or disaster. Emergency take-up, friendly behavior with the application of technical skills for awareness of coping with the situation by minding of mind should be during crisis intervention. With an experience of SARS China has taken timely action and organize a team for psychological help. Why it is needed? There are certain reasons for crisis counseling for the general public to effected/suspected cases. Some have been addressed in this study, but these are not enough. The earlier researches on pandemic cases may be the best guide for further researches.

Objective

Promotion of mental health of the home stay person suffering from psychological trauma during COVID-19 with tele-counseling of the crisis counseling approach is the central issue of this study.

Sample

This study is based on a small sample, N= 40 from the date of information (March 24, 2020) It was time when the country was declared lockdown and breaking the rules of lockdown criminal actions may be enforced to the civil disobedient act (NSA, National Security Act). All contacted persons (subjects) were from the general population of private sector employee, housewives, students, and unemployed youths have 100% follower of government orders and practicing social distancing norms. Six counseling sessions attended cases have been only taken for study. Some cases were highly stressed and contacted two or times in a day with a request for urgency/need for consultancy. About 60% were either private sector employed or waiting for a job (unemployed). In 40 % of the samples, approximately 70% were students, and the rest were housewives. All were suffered from an assumed economic crisis of the country to unemployment in the future.

METHODOLOGY

Public notice for the online counseling facility for mental health stability was circulated with WhatsApp for contact for maintaining their mental status and now living a normal life during this crisis time. It was free of charge for the general public, suspected COVID-19 cases, quarantine cases, hospitalized or post-traumatic cases. The connected persons were asked for brief case-history along with a crisis that needed to urgently address and expected to relief. For maintaining the privacy contacted persons were given the numeral code for a revisit. For the next sessions and new cases, timings remained the same. No written script was allowed to submit but they were instructed to prepare a brief personal and family history related to the present crisis and provide during counseling sessions (if needed). Addition to

Crisis counseling for COVID-19 pandemic asymptomatic clients

any information regarding life history or present situation was allowed during counseling sessions.

Procedure

The telephonically contacted clients have interacted with rapport building in the first session and brief case-history about the present crisis to past incidents (if any). A formal interview was also telephonically conducted with help of Hamilton Depression Rating Scale (HDRS)⁶. It was recorded case to case basis. This session was terminated with a record of case history and interview. Session two to eleventh crisis counseling procedure was administered. Impacts of counseling were reviewed after the 5th session and an interview was conducted with HDRS, again 6th to 11th counseling sessions were organized, and at the end of the 11th session HDRS based interview was conducted. The time duration of the counseling session was not fixed but variable and termination depend on the counselee's satisfaction of the particular session. No interruptions were allowed (except signal of the phones) for expression of the crisis is facing by clients in the pandemic time. Parents/spouse/ friends help were taken in a few cases with the permission of the clients. It was not forced conditions but within the willing business of the client life. The number of the counseling sessions used as per the need for the mental strength building and termination of each session was done with the creation of a positive mood environment and an optimistic approach of the life.

Factual Information

In the pandemic, it was observed that the majority of clients were in risk conditions due to audio-visual hysteria. In such a situation, the power balancing of mind is required. With self-made skills, some may cope-up but not all. A person who failed to maintain the homeostatic state of mind may try to cope up with psychological help. The virtual reality of the contacted person has been categorized in the heads (based on the frequencies in the conversations) as listed in the table 1. These symptoms have the highest frequencies in comparison to the others and validated with HDRS. The statistics of the emerging symptoms are following (Table 1):

Table 1: Statistical status of the sample

Code	Traits of the clients	No. of cases	Case sin %
ST	Suicidal tendency	3	7.5
DP	Death phobia	7	17.5
PS	Psychosomatic symptoms	5	12.5
FD	Furious dream	4	10
DT	Disorganized thought	6	15
AB	Aggressive behaviour	7	17.5
PM	Philosophical mind	3	7.5
FI	Financial insecurities	5	12.5

Implemented non-technical Intervention

Following guidelines were issued to each client during social distancing and staying at home other than the application of psychological counseling model:

1. An optimistic feeling of social distancing for a healthy future.
2. Never judge yourself as a risk case.

⁶Reference: Hamilton M. A rating scale for depression. J Neurol Neurosurg Psychiatry 1960; 23:56–62

Crisis counseling for COVID-19 pandemic asymptomatic clients

3. Avoid reading of breaking news
4. Shift narrative to recoveries of the cases and pay less attention to death meter point.
5. Practice to avoid the undue social burden.
6. Thinking on a macro level issue like family, financial, social stress.
7. Avoid stigmatized language and develop hope cognizant feeling in life.

Psychological Intervention and its impacts

Self – perception of the crisis was recorded at the end of each session. Clients were instructed to rate their crisis into three categories; A indicated special counseling and suffering with problem 80-100%, B indicates stage of progression having value 60 to less than 80 % and C means clients crisis is just borderline and it has fluctuated at the line of control that may be managed by clients with self-management without counselor's help. The stored negative elements in the mind exit silently through counseling and have demanded replacement by constructive outcomes. Symptoms centric outcomes are reflecting in table 2 and figure 1.

Table 2: Self-evaluation of the crisis by clients after each session during social distancing of COVID-19

Symptoms	Assumed Degree	Sessions						Outcome Appr. in %	Recomm.
		I	II	III	IV	V	VI to XI		
S T 3	A	3	3	2	3	2	1	33.3	X
	B	N	N	1	N	1	1	33.3	Y
	C	N	N	1	N	1	1	33.3	Z
D P 7	A	7	6	6	5	4	5	71.4	X
	B	N	1	1	2	2	1	14.3	Y
	C	N	N	N	N	1	1	14.3	Z
P S 5	A	4	4	3	2	2	2	40.0	X
	B	1	1	1	2	1	2	40.0	Y
	C	N	N	1	1	2	1	20.0	Z
F D 4	A	4	4	3	2	2	1	25.0	X
	B	N	N	1	2	1	2	50.0	Y
	C	N	N	N	N	1	1	25.0	Z
D T 6	A	6	4	3	3	3	2	33.3	X
	B	N	2	3	2	3	3	50.0	Y
	C	N	N	N	1	N	1	16.7	Z
A B 7	A	7	6	4	4	3	2	28.6	X
	B	N	1	2	2	3	2	28.6	Y
	C	N	N	1	1	1	3	42.9	Z
P M 3	A	3	2	3	1	2	1	33.3	X
	B	N	1	N	2	1	1	33.3	Y
	C	N	N	N	N	N	1	33.3	Z
FI 5	A	5	5	5	5	1	1	20.0	X
	B	N	N	N	N	4	4	80.0	Y
	C	N	N	N	N	N	N	00.0	
Total	A	39	34	29	25	19	15	37	X
	B	01	06	09	12	15	16	40	Y
	C	00	00	02	03	06	09	23	Z

Note: Recomm.= Recommendation, N = nil , X= Special caring and more requirements of the counseling sessions, Y= Family support & counseling , Z= Periodical counseling

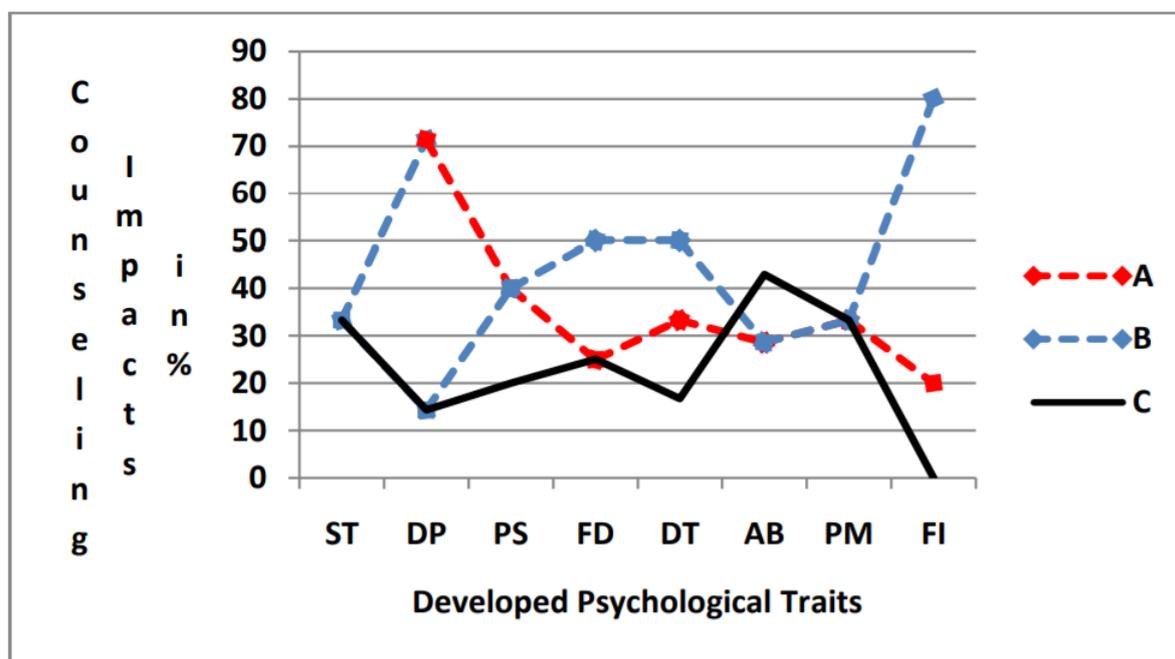


Figure: 1. Tele-counseling impacts in social distancing during COVID-19

RESULTS

Impacts of the crisis counseling on the asymptomatic and non-COVID-19 problematic cases staying at home due to national lockdown have felt psychological crisis were evaluated. It was found that at the initial stage approximately 97.5% were suffering from psychological trauma and immediate interventions were required. With tele counseling of crisis counseling approach it was found approximately 60.5% cases have returned on their normal life, rest 39.5% are under psychological care and intervention (see Table 2 and Figure-1). It shows that psychological counseling has created positive impacts in all nature of cases but the degree of impact was varied. The high financial risk cases were in a high-risk zone. The positive sign in 80% cases (progression) has reflected light of hope of positivity for change in their mental reality and may cope with counseling; initially, they were 100% with risk zone. Not only financial insecurity but cases like death phobia, furious dreams, and aggressive behaviors are under the risk of persistent psychiatric symptoms and demanded special attention and deep counseling to overcome their psychological overloading, reasons this is only the phobia stage due to the extra socio-economic burden.

The microanalysis of the outcomes is showing that directional change in the behaviors of clients (see figure 2). The flattening of the curve is showing a high degree of crisis in certain traits had gone to the lower level. It shows transferring the negative waves of mind into a positive mindset (See Figure-2)

Crisis counseling for COVID-19 pandemic asymptomatic clients

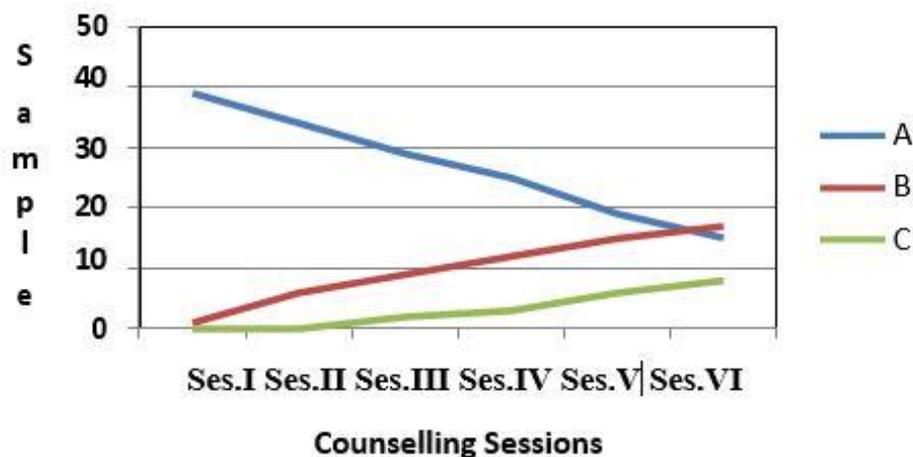


Figure: 2 Effects of Counseling Sessions (Ses. VI is clubbed with VI+ sessions as per the need of the clients)

Special attention was paid to the suicidal traits of the cases. In 5th sessions of tele-counseling, it was found that the 1st case has changed their trend as per objective (figure 3). This was a transition point that was observed in the client and consistency was maintained. His expression and thoughts were driven to search the positivity of life and expectation of planning a new goal. The 6th to 11th sessions, it was found that their mental blocks were opened, and thinking in the positive direction has transferred in the clients but such cases are required special attention and needs for a handle with care. Suicide symptoms cases were separately analyzed and impact factors on the individual as for Figure 3. It shows that crisis counseling impacts are as per the strength of crisis. It is under planning (after normal situation) longitudinal crisis counseling will be administered. In this transition period with a gap of one-week crisis counseling sessions have planned. It is just like placebo medicine to the clients.

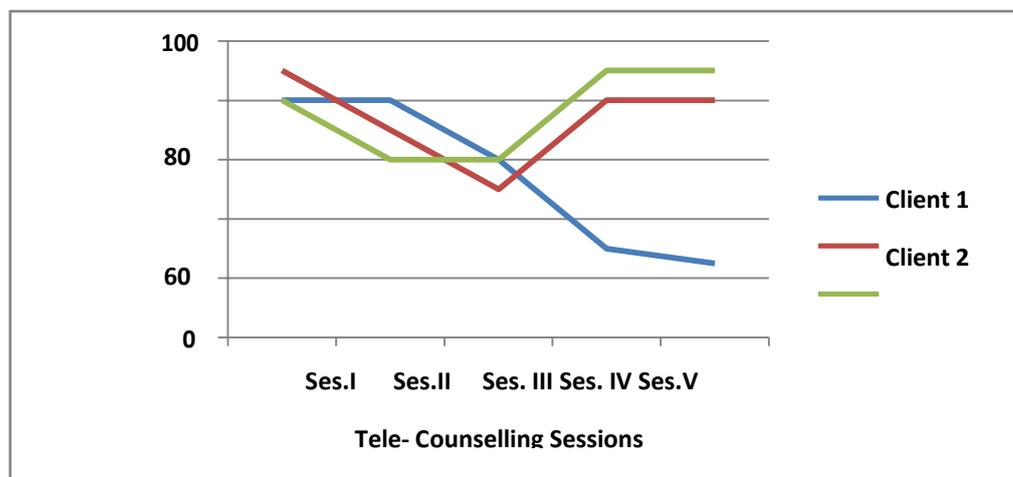


Figure: 3. Tele- counseling session impacts on suicidal tendency cases

The frequency-based cases were revalidated with HDRS, with the assumption that the subjective statements of clients may be on a certain hunch, the technical status of the same sometimes have created a problem for case management. Statements of the clients were fully supported by HDRS along with some additional symptomatic information. HDRS can identify the strength of the 17 symptoms of the clients. The impacts of the crisis counseling encountered the strength of symptoms identified by the HDRS. Significant empirical

changes have been found (Figure 4). Correlation between three stages of the HDRS (Pre, Mid and Post counseling sessions) have indicated the effective contribution of the crisis counseling during pandemic environmental problems on the mental health of the clients (Table 3).

Table 3: Correlation between three stages of HDRS administration

Stages of HDRS administration	Pre	Mid	Post
Pre		- 0.67**	-0.48*
Mid	- 0.67**		0.71**
Post	-0.48*	0.71**	

*significant at 0.05 statistical level, ** significant at 0.01 statistical level

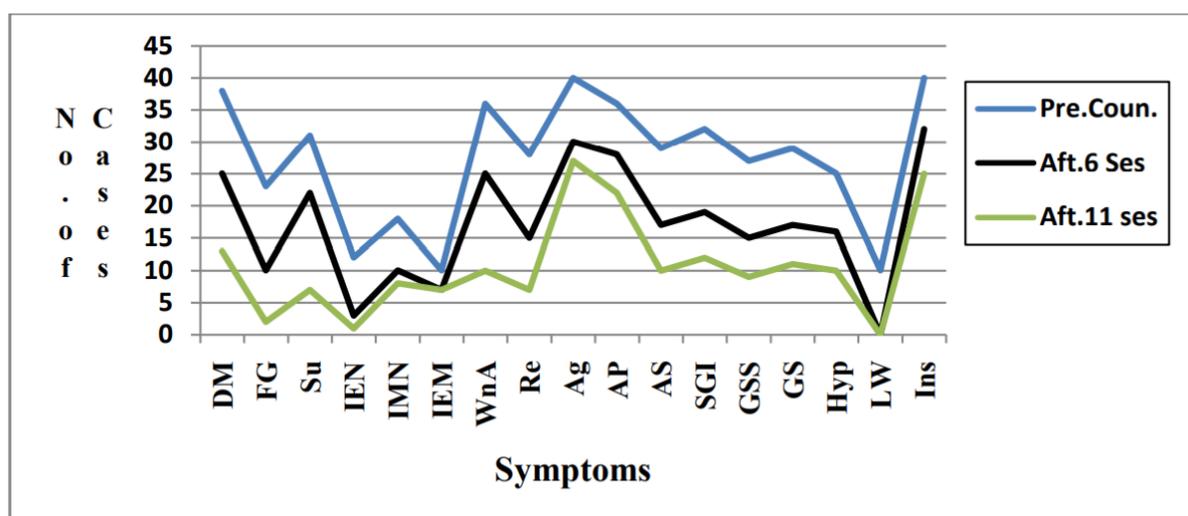


Figure 4: HDRS outcomes on the three stages

Note:

DM (Depressed mood), FG (Feeling of Guilt) , Su (Suicide) , Feeling of Guilt, IEN (Insomnia: Early in the Night), IMN (Insomnia: Middle of the Night), IEM (Insomnia: Early hours of the morning), WnA (Work and Activities) , Re (Retardation) , Ag(Agitation) , AP (Anxiety psychic), AS(Anxiety Somatic) SGI (Somatic Symptoms Gastro-Intestinal), GS (Genital Symptoms), Hyp (Hypochondriasis) , LW (Loss of Weight), Ins (Insight)

DISCUSSION

In pandemic situation development of a psychological crisis is not a natural process but a person with a low level of mental health has effected such an external crisis with assume that eerie environment. It may be umbrage of the present life. Media hysteria has damaged the mental health capacity very fast if mental health management of the individual is poor. The Drive of this study is the identification of the psychological symptoms of the clients and intervention with crisis counseling for healthy mental life. Fear of social stigma in the general public is the gateway to a psychological crisis. This study directs the 7.5 % of people are suffering from suicidal tendencies, among that 33.3% were relieved to this overloading. The rest 66.6 % are still in a risk zone, 33.3 under the stage of progression is hoping to change. The effect of mental health and psychological support system implementation by tele- counseling had played its impacts but it was not as should be. Pears (2002) finding indicated that it is due to a lack of significant immunity to the novel strain. Such cases have high pressure on occupational risks and received cognitively vulnerability form different population groups at high risk at the economic level of death in masses. The news like

Crisis counseling for COVID-19 pandemic asymptomatic clients

collective burial, disposal of bodies by the army of mass causality have also created a negative psychological environment around the mental space of the public if they have not developed toughness in their psychological zone. Loss of experience may be different in men and women. As men may react to painful emotions and actions will be violent. For avoiding to the situation, they may prefer alcohol or increased frequency of smoking. It was observed in the discussion and intervention phase. Children caring emotions have been found in women. Limited knowledge of COVID-19 has been found in suicidal tendency cases. Such knowledge and overwhelming news may lead anxiety to fear in the public (Shigemura, Ursano, Marganstein, Kurosawa, and Benedek (2020), Bao, Sun, Meng, Shi (2020)).

Financial insecurity has also been found in 12.5 % and recovery through tele-counseling is 20% cases. It shows that the public who are under the risk of this category have lost faith in government mechanisms and prone their occupational challenges. The survey report is indicated that 85% of Delhi – NCR residents perceive income fall to loss of services (The Hindu April 16, 2020, P.2). Such type of survey may be major sources of stress of financial insecurity. Samuelson (1938) was in favor of a steady tendency towards the rejection of hedonistic, introspective, and psychological. Friedman (1953) report is also advocating on psychological factors rejection. These factors have focused on self-centeredness and ignoring the driving forces of the market. It is a time of confidence-boosting and mental encouragement of society to fight against an unknown enemy that is COVID-19. If media sources (electronic or print or both) publish such information intellectually not only highlight crude data then it would be more helpful for crisis management. Pre-post action plan of COVID-19 a healthy survey report should be published for the cognitive development of nations. Tele- counseling with a focus on coping strategy in the life parameters may help to such a category of client.

The analysis is showing 29% of aggressive behaviors had recovered and performing normal behavior with their family members, it shows the strength of counseling on their mind. As per the results of counseling approximately 43% of clients are under the category of progression. Crisis counseling strategy with an online counseling method can be used for aggression management and its effects would be significant on the counselor who is suffering from mental health crises (Wagner, Schulz and Knaevelsrud, 2012). It was supported by the evidence of Jakubaec (2014). O'Connor et al. (2015) have found that visualization of the long-term goal behaviors like aggression, suicide, and financial crisis leading behaviors may be reduced with crisis counseling strategy.

Furious dream (FD) has been reflected in 10% of the cases and 25% of the cases have been recovered rest 75 % are under risks. Malinowski (2015) said dream rebound for suppressor of positive versus negative emotions. It affects sleep quality and related to experiencing depression, anxiety, and stress. In social distancing conditions when all external sources (news, discussion, and analysis) are putting rays of diagnosed to death and debate of financial instability, etc in mind of public the low strength and highly sensitive human being may receive high-intensity stress, depression, and anxiety. Dreams are a reflection of such negative emotions; they had ignored positive outcomes like health recovery information. The royal road to the unconscious concept was used Freud for dreams. The uncomfortable emotions get shunted into the dream (Brenner 2018). Making life valuable is the source of overcoming such a crisis in the client. The hope with 25% cases with tele- counseling in social distancing condition is a situation for the development of positive emotions with family members to use constructive skills in the stay at home, but failed to this attitude

psychological stigma like prisoners environment in the boundary of house or apartment will create much crisis and may reflect in the FD if sleeping quality is also poor. The healthy sign of progression in all psychological symptomized cases indicates that tele-counseling had played a significant role.

With the administration of HDRS, the clinical symptoms have been identified in the clients are Depressed mood, Feelings of Guilt, Suicide, Feelings of Guilt, Insomnia: Early in the Night, Insomnia: Middle of the Night, Insomnia: Early hours of the morning, Work and Activities, Retardation, Agitation, Anxiety psychic, Anxiety Somatic, Somatic Symptoms Gastro-Intestinal, Genital Symptoms, Hypochondriasis, Loss of Weight, Insight. These symptoms have been found with gradual down with increases in the counseling sessions. Figure 4 is evidence of it. Scott (2018) study has highlighted that crisis counseling management is effective for physical, mental and emotional symptoms like insomnia or hypersomnia, feeling more or less hungry than usual, self-soothing with drugs or alcohol, changes in mood or mental health, less productivity and enjoyment at work, intimacy problems, migraine headaches, chronic pain, anger issues, depression, anxiety, loss of enjoyment in social activities. Smith (2018), Wilson (2018) and Petrosky, Harpaz, Fowler, Bohm, Helmick, Yuan, & Betz, (2018) have also supported the above findings. Overall observations and finding related crisis counseling method has indicated that mental health-related during a pandemic situation shall be used as an authentic process.

CONCLUSION AND RECOMMENDATION

Tele- counseling / online crisis counseling method was administered on the home stayed and the self-motivated public who have felt mental health crisis. It was found with intervention by crisis counseling technique they are perceived to actual mental problem spike have gradually down. Positive impacts have been founded in the crisis counseling process into session to session and significance correlation in three stages of HDRS. Overall, it may be recommended for further use of this technique in the pandemic crisis at any time.

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Crisis counseling for COVID-19 pandemic asymptomatic clients

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Crisis counseling for COVID-19 pandemic asymptomatic clients

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Acknowledgements

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Prasad S & Paul A (2020). Crisis counseling for COVID-19 pandemic asymptomatic clients. *International Journal of Indian Psychology*, 8(3), 891-903. DIP:18.01.098/20200803, DOI:10.25215/0803.098