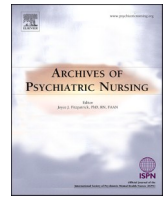




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“Rapid Counseling” as a new breakthrough: An alternative approach for patients with COVID-19

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ABSTRACT

In this paper, I report on/show that the important of “rapid counseling” for patients with COVID-19 during this pandemic. These matters are studied based on the latest theory and research results, which are related to the current situation, namely the COVID-19 outbreak.

In the field of bodily health, a “rapid test” is known to detect rapidly whether or not a person has COVID-19 (Andrey et al., 2020). Thus we should also use the term “rapid counseling” in the mental health field to characterize the process of help offered to those in need of psychological aid during this COVID 19 crisis, in order to swiftly and precisely liberate them from troublesome psychological issues (Situmorang, 2021a).

In connection with what's happening right now, counselors, psychologists, psychiatrists, nurses, and physicians working in the hospitals must carry out a psychological care procedure. For COVID-19, traditional counseling with a lengthy and common number of meetings is no longer applicable, since psychologically disabled individuals, in particular patients with COVID-19, need actual psychological support right away.

As we know according to global data, the number of patients with COVID-19 is increasing daily (WHO, 2020). The outcome has been that more and more individuals in the globe need psychological support in a counseling system for those not exposed to COVID-19, and patients with COVID-19 (Mazza et al., 2020; Situmorang, 2020a; Wang et al., 2020). They include psychological aspects: worry, fear, sadness, tension, or illusions about death (Lee & Crunk, 2020; Silva, 2020; Situmorang, 2020b). So, we need a new breakthrough through brief counseling with “rapid counseling” to help them.

A short psychological counseling procedure can be expressed using the term “rapid counseling” with just one session (Situmorang, 2021a). Single Session Therapy (SST) can be utilized in the application method based on the present notion (Talmon, 1990). One of the first therapists to undertake Single-Session Therapy (SST) was Sigmund Freud. Aurelia Öhm-Kronich (“Katharina”) in 1893 and Gustav Mähler in 1910 were

both said to have undergone SST. Since then, there have been several references to SST in the literature, with prominent therapists such as Alfred Adler, Milton Erickson, and Albert Ellis being among the early adopters. Furthermore, further researchers improved SST to make it even better (Dryden, 2018; Spoerl, 1975; Talmon, 1990). SST can be combined with Solution-Focused Brief Therapy (SFBT) in its development (Lamprecht et al., 2007). As a master theory, the SFBT calls on mental health professionals to focus on solutions to the problems of their patients (Iveson, 2002). SFBT is very confident that everyone can answer their questions (Bannink, 2007). The most famous techniques for advice in this approach are the scaling questions (Strong, Pyle, & Sutherland, 2009) and miracle questions (Strong & Pyle, 2009).

SST is also an advanced theory of SFBT. The distinctive feature of SST is that it can be done fast with just a brief meeting (Rose, Bisson, & Wessely, 2003). So this short meeting might be referred to as “rapid counseling” especially in the present epidemic crisis. In order for “rapid counseling”, mental health care workers working in hospitals should be able to use two common SFBT procedures for those in need in the present pandemic scenario throughout the counseling process:

1. Scaling questions

This inquiry might assist the patients in assessing the present psychological issues. This issue truly assists mental health care workers to understand if the problem is light, moderate or severe the degree of psychological issues now faced by patients. This question might be a question to start or close for a counseling session. For instance, mental health care workers may pose questions such as: “What is the scope of your

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worry, fear, sadness, tension, or illusions about death on a scale of 1 to 10?". In addition, at the end of the counseling session, this question might be repeated again. The objective is to find out whether the patients' impression of psychological difficulties has changed or not. The counseling procedure might be beneficial if the number supplied decreases as compared to the beginning.

2. Miracle questions

In this "rapid counseling" procedure, this question may be the final question. For example, by asking questions like: "If there's a miracle this evening in your life that can liberate you from psychological difficulties. Are you glad?". The patient automatically directs themselves to respond that they are glad. Then for the following one, the question may be continued: "What can you then do to make you feel glad?". This is a follow-up inquiry which lets the patient concentrate on the solutions arising from themselves. Everyone will be able, and must have a great deal of answers, to build solutions for their own issues. These solutions should be supported by the next duty of mental health care workers.

The advantage of this "rapid counseling" is the counseling process does not need to take a long time anymore, so the patient can be helped only in one session. In addition, mental health care workers can creatively integrate with art, such as music, dance, pictures, or others (Situmorang, 2021b). Hopefully, this article can be an input for counselors, psychologists, psychiatrists, nurses, and doctors who work in hospitals to provide psychological assistance with "rapid counseling" for people who need counseling in this COVID-19 outbreak, especially for the patients with COVID-19.

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