

# Skills-based Videoconferencing



***ENHANCED PROFESSIONAL  
LEARNING SERIES***



Mountain Plains ATTC (HHS Region 8)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# Clinical Principals and Standards

Week 4- Conducting a  
Behavioral Tele-Health Session



***ENHANCED PROFESSIONAL  
LEARNING SERIES***



Mountain Plains ATTC (HHS Region 8)

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# Learning Objectives

- Understand the need for behavioral tele-health certification standards.
- Recognize differences in counseling techniques conducting behavioral tele-health counseling sessions.

# Sessions in Tele-Behavioral Health

The nuts and bolts of a session:

- Make sure it fits the client
- Preparation for the Session
- Moving to a Relationship
- On-line Ground Rules
- Termination of Session and Treatment

# What do we know?

- Special Challenges
- Confidentiality
- Balancing-Clinical Skills/Technology
- Use of “different” communication style



## Article Discussion

# At a click of a button

- Can leave the session - the client to participate



# Be Prepared

- Because the client is not within the walls of an office – client could increase verbalization of negativity or be more easily distracted, etc.





# First-make sure it fits

- The I ♥ technology
- To the inappropriate:
- SI/HI
- Thought D/O
- Need of medication
- Medication is not stable



# Assessments

- It is not everything, explore and find the rest of the story-On-line life/technology experience-digital native or digital immigrant
- Obtain background information/collateral data

# Session-Check Sheet

- Orientation
- Technology check
- Phone number
- Location
- ICE

# Safe Word

Identifying a safe word or gesture adds another layer of protection for our clients



**KEEP  
CALM  
AND  
STAY SAFE  
ONLINE**

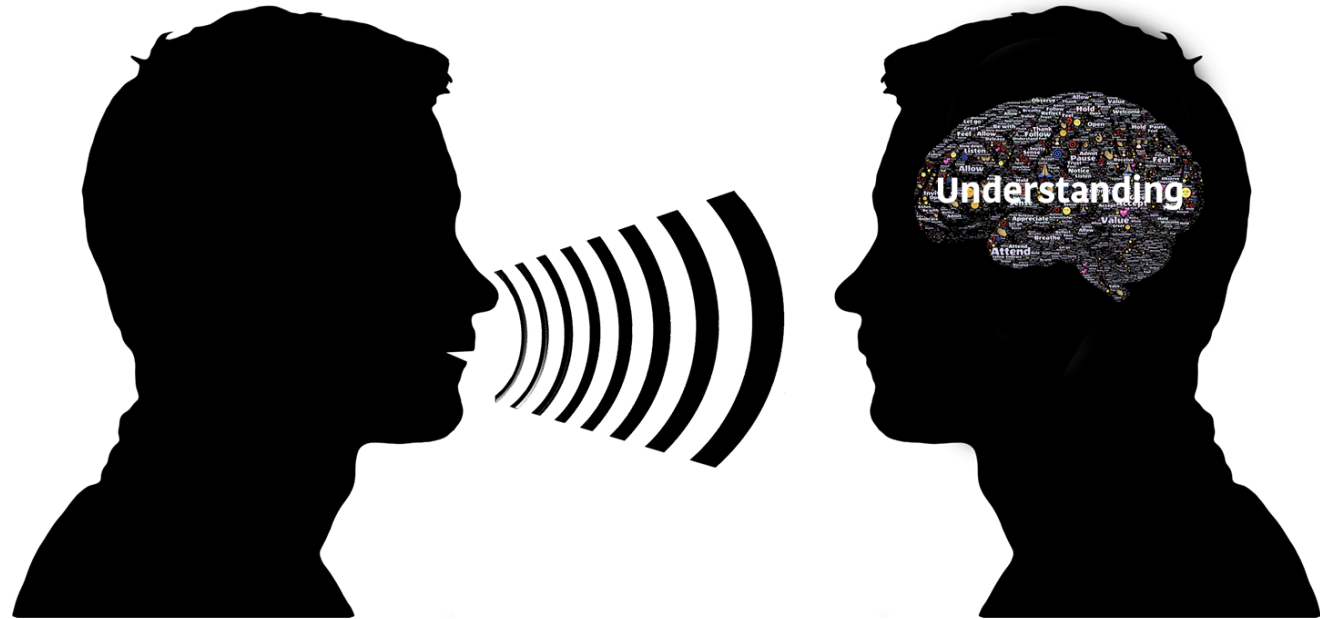
# Be Prepared

- Because the client is not within the walls of an office
  - client could increase verbalization of negativity,
  - more easily distracted, etc.

# Utilize:

- Description
- Feedback
- Reflective listening

## Active Listening



**24/7**

**Does that mean**

**24/7?**

# Ground Rules

- Review - Review- Review
- Time
- Session after use?
- Client Responsibility
- Unscheduled chats
- Session requests
- Emails
- When/how communicate



# Ground Rules (continued)

- Engagement - ACTIVE
- Focus - Client Goals
- Real Life - Here and now
- Proactive
- Scheduling
- Resources
- Boundaries
- Varying Modalities
- Nature of Therapy

# Termination

- Start talking about discharging at **ADMISSION**
- Emphasize termination is a process
- Importance of closure
- Opening the door to allow discussion on desires to leave

# Important PART of Termination

Follow-up

When can client return?

How can client return?

How can client contact?

# Summary

- Encourage fluent/expressive communication
- Feeling comfortable where they are
- Text/internet/phone/email/camera
- Who would best be served?
- Who would not?
- Structure Resembles F2F

# Clinical Part II



# Acknowledgements

- Dianne Clarke, PhD, CAP
- Sandnes Boulanger, CSW, MCAP, CET
- Maryellen Evers, LCSW, CAADC, CMFSW
- National Frontier and Rural Addiction Technology Transfer Center (NFAR ATTC)
- National Frontier and Rural Telehealth Education Center (NFARtec)