

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 Principles and Standards- Part 2

Week 5



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Learning Objectives

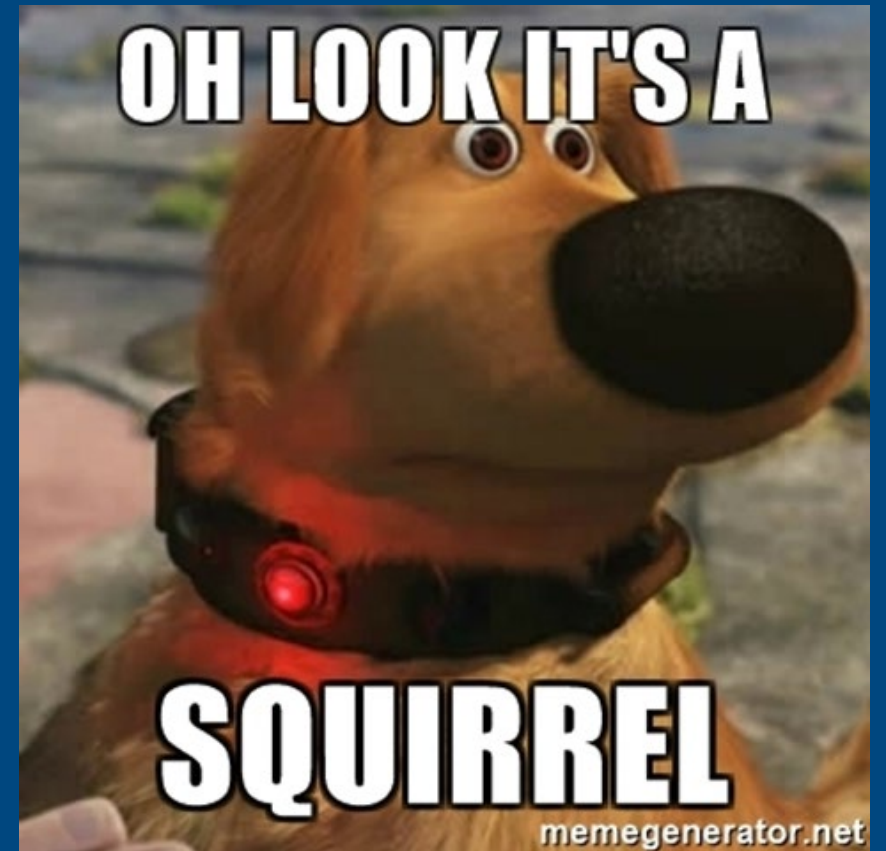
- Assessing Appropriateness
- Conducting Screening and Assessments
- Conducting Counseling (and not in the same room)
 - On-line Communication/Support

What do we know?

- Special Challenges
 - Confidentiality
- Balancing-Clinical Skill and Tech
- Use of “different” communication style

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.



Level of Care Considerations in Telebehavioral Health

- Individual
- Group
- Family
- IOP
- Residential



TABLE 2 Zoom feature breakdown and utility

Zoom features	Settings	Utility	Helps
White board	Supervision, groups, sessions	Collaboration, interactive participation	Patient engagement
Screen share	Supervision, groups, rounds, sessions, intake	Distribution of materials (e.g., ROIs, group materials, session content)	Patient engagement
Waiting room feature	Groups, intake	Allows individual admit of patients	Confidentiality
Individual messaging	Groups	Allows clinician to message group members privately	Distribution of group materials where everyone receives a different prompt or cue
Group messaging	Groups, rounds	Communication with group/team members passively	Allows for communication without disrupting conversation
Attention tracker	Groups, sessions	Identifies if screen has been idle for >30 s	Allows for clinician to ensure appropriate engagement
Gallery view	Groups, rounds, Intakes	Allows everyone to be seen on the screen	Allows for clinician to monitor reactions
Annotate	Groups, sessions	Allows everyone to write on the screen-share	Useful in doing group activities together
Muting	Groups, intakes	Clinician can mute individual participants	Useful for interruptions to ensure confidentiality
Record	Supervision	Records the session, saves recording to clinician's personal drive	Training

Note: Various features used for both patient care and team cohesion during the transition to remote services.



Utilize

Description

Feedback

Reflective listening

The Client

Limited Ability for In-Person Contact

- Elderly
- Persons with limited physical mobility
- People with transportation problems
- Rural communities that lack comparable services
- Would-be consumers whose work schedules conflict with on-site treatment schedules
- Those with caretaker roles

Success Stories

“Steve” was able to open up to his Behavioral Tele-Health counselor via web sessions. The tablet enabled him to continue treatment sessions even on a camping trip.



Expect the Unexpected



Online Support Meeting



The Clinician

- Foundation of Clinical Skills
- Experience
- Supervision
- Clinicians will be called on for skills and information typically not asked in F2F treatment

The Clinician

Structure of Treatment Services:

- Resembles F2F... then add a dash of
 - Confidentiality
 - Rights & Responsibilities
 - Commitment to treatment
 - Boundaries

Ground Rules

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

Ground Rules

- 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
- Is behavioral tele-health working?

Summary: 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

Summary:

Sessions in Tele-Behavioral Health

- 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
- Is the counselor/therapist a good fit?

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