Top 5 Tips for Engaging in a Virtual Session

KATHERINE AITCHISON: Hello, and welcome to Top Telehealth Tips and Lessons Learned, part of the Telehealth Learning and Discussion Series for Substance Use Disorder Treatment and Recovery Support Providers. This project is brought to you by the Addiction Technology Transfer Center Network, the Center for Excellence on Protected Health Information, the National Consortium of Telehealth Resource Centers and the Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno in response to the COVID-19 pandemic. I'm your host, Katherine Aitchison. Today's speaker is Maryellen Evers, a registered tele-behavioral health clinician for mental health and addiction services and a tele-behavioral health trainer for the Center for the Application of Substance Abuse Technologies. Ms. Evers discusses the top five tips for engaging and interacting in a virtual counseling session.

MARYELLEN EVERS: We're going to be talking about five essential tips to keeping our patients engaged. So number one, gang, what's really important to help keep the people you're working with engaged is really a lot of different things, right? It helps to have a very good camera. Quite frankly, a really good camera isn't going to cost you hundreds of dollars. My little Logitech here, which is much better than the camera in my computer itself, cost me 20 bucks. But it does help to have a decent camera.

Our body language is very important and the use of our hands. It can become very distracting for the folks that we're working with if we're sitting there and we're rocking or if we're talking like this. It can become very distracting for some of the folks we work with, and they may be less likely to be engaged with us because they're not able to follow us because of all the distractions. So the fidgeting and the body movements, whether it's for you as the clinician, or even maybe some of the people in your group, you may have to find ways to navigate this to help everyone stay engaged.

Something happens called disinhibition. It is very important that we continue to present professionally and not fall into that trap of, I'm working from home, so I'll just log on in my t-shirt and my sweats. It gives that professionalism and that legitimacy that this is therapy and not a social call. This isn't a Skype conversation. It lends to that modality of the treatment that we're continuing so that it can stay as professional as possible.

It's also really important to be mindful of your environment around you. Some of us have limits, quite frankly. I have a limit. I'm in a spare bedroom. But be mindful, trying not to be in your backyard with your feet up, if you're running a group session, or if you're doing an individual session, if you can be by the pool, that's great, but, you know, it's not necessarily gonna to keep your patient engaged or your group folks engaged if they see you around palm trees and they're sitting at home. So it's important to keep that professionalism going.

And avoid eating and drinking. That's another large one. I do have this habit of keeping a drink by my side. I have learned to become a little more conscientious of it, because I see myself drinking.

But also, keep within this kind of webside manner that keep the people we're working with engaged. You know, certainly, don't bring out a sandwich and start having lunch in the middle of your group session, it kind of minimizes the professionalism of the groups you're running.

Language matters as well and I know some people are struggling a little bit with this piece. When we do telehealth and treatment through this modality and platform, language changes. We often find that you become more descriptive.

So for example, sometimes I'll have a patient who will say, well, I'm just kind of feeling sad today, and I can only see them from their shoulders up. I may say to them, are you sad like a gray day outside or is it sad like a really dark kind of tornado-like day? Can you give me an idea of where you fall in?

It kinda helps to use colorful, descriptive language to get a better idea of the intensity of the emotion the patient may be feeling since we can't see the entire person. There is a lot more reflective listening, a lot more feedback. I have often said more now than ever, what I think you're saying is, or, what I'm hearing is, just to be sure.

It's also really important to be empathetic in the statements that we use with the folks we're working with. Cause keep in mind, in essence, they're inviting us into their home, right? They're not coming into my office for treatment. I am actually going into their home. So very often, I will thank them for inviting me in to their home and continuing their treatment work with me. Believe it or not, they seem to appreciate that, because it's their house, right?

It's also important to practice clarity and listen intentionally. Quite frankly, by my sixth telehealth session at the end of the day, it is very difficult for me to continue listening intensely, and I may have to ask them, could you please repeat that, or I may need to catch myself and ask for some clarification. Quite frankly, I do two and then one off when it comes to telehealth sessions. I can't do the six to eight in a row anymore because it is more tiring.

Don't hesitate to use experiential exercises in telehealth. Right, so, for example, when I used to run the inpatient drug and alcohol groups and we used to have our afternoon groups, we would start every session, every group with going over the rules of the group, the expectation, and then we would do a one to three-minute mindfulness exercise. You can still do those exercises on the computer with your groups. You can still do the deep breathing, the relaxation, simple stretching to keep the group engaged and have everybody doing it or encourage everyone for doing it. It's thinking outside the box sometimes, but it's also remembering just because the internet is between you and the folks you're working with, doesn't mean that you still can't do those kind of experiential movements and exercises that are very beneficial in the work we do with people in recovery.

Modeling is huge. So again, I talk about disinhibition here, but if I'm working with my folks, and they see me playing on my cell phone, or they see me sitting back and not really focusing, I'm not modeling really well appropriate behaviors. So it's very important for us to make sure that we limit our own distractions, we model the expectation or the expected behavior that we're hoping to get back from the folks we're working with, and again, we maintain that professionalism,

because today's world, we do so many social visits through technology, especially now, it's very important to let folks know that this isn't a social meeting. This is our counseling or our therapy. And if we present professional, that keeps the engagement on that professional level.

Finally, be prepared. Have backups. Keep some topics in your back pocket. Hypothetically, let's say you're running a group and it's about feelings and emotions from a cognitive behavioral, from an MET/CBT evidence-based curriculum, if it's not flying, don't end group. Pull something out of your back pocket. Have different ideas or different topics at your fingertips.

Sometimes, with telehealth, that means having documents or websites minimized on your computer before you go into group so that if the topic of hand is not really getting much engagement from the folks you're working with, you won't be wasting time or spending time fumbling on your computer to try to find another topic. It'll already be there. So it is always helpful to have a couple tricks up your sleeve, so to speak, or topics in your back pocket, but doing it technological and having those ready to share with the folks you're doing groups with or individual sessions with, so there isn't as much lag time and you can keep the person engaged.

KATHERINE AITCHISON: Thank you, everyone, for today. This has been a great session. We have the curated resources in the PowerPoint slides from today. The slides only and the presentation only will be posted on our resource page telehealthlearning.org. Please visit that. It's also in the chat box. Also, previous ones will be on there, so there might be some information up there for you to go back and check on that. So we appreciate it.

SPEAKER: Thank you so much for joining us today. For a transcript of this podcast, presentation slides and other related resources, please visit our website at www.telehealthlearning.org. This podcast is supported by funding from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration.

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