

WEBVTT

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The time has flown by, I think that we've had such a wonderful afternoon or day of learning and celebrating, um, the various ways that we come together as professional helpers. So.

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00:00:15.593 --> 00:00:20.724

Welcome, and thank you very much for, for being here with me this afternoon.

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00:00:20.993 --> 00:00:21.414

Um,

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00:00:21.414 --> 00:00:24.443

I am going to talk today about Tele,

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00:00:24.443 --> 00:00:26.153

counseling and social justice,

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00:00:26.184 --> 00:00:29.184

so really kind of looking at that intersection of,

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00:00:29.213 --> 00:00:29.754

um,

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00:00:30.024 --> 00:00:35.783

how can we more effectively support our clients and the community,

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00:00:35.993 --> 00:00:36.234

um,

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00:00:36.264 --> 00:00:36.893

using Tele,

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00:00:36.893 --> 00:00:44.514

counseling and what special consideration should we take as professional health or is in this online platform specifically,

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00:00:44.514 --> 00:00:46.793

with an eye toward social justice so,

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00:00:47.064 --> 00:00:49.673

in terms of defining the term social justice,

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00:00:49.884 --> 00:00:54.743

we're really talking about every person getting what they need with equity.

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00:00:54.774 --> 00:01:09.323

Right? So oftentimes, we think about equality everybody being equal, but the term equity seems to emerge more salient Lee for me, because we often need very different things.

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00:01:09.504 --> 00:01:23.993

And, um, and so it's not just giving everybody the same, but giving every person what they deserve and what they need individually. So kind of an example is my husband needs more chicken at dinner than I do. Right?

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00:01:23.993 --> 00:01:38.513

So, I might want, like, half of 1 piece of chicken, and he might want 3 pieces of chicken, just because our bodies are different. And so it wouldn't be great for us to get equal amounts of of food. It's what each person needs.

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00:01:38.873 --> 00:01:42.563

So so really thinking about that individualized perspective.

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00:01:42.900 --> 00:01:46.109

Okay, I'm actually going to.

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Sorry, this is for all the, the, um.

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Oh, actually, we can go ahead forward. Okay. So, in terms of our agenda today, we're going to talk about briefly risks and benefits of Tele counseling.

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A spoiler alert is that there's a lot of benefits to Tele, counseling and not so many.

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Um, there's not really a specific type of presenting problem, or a client that wouldn't be appropriate for Tele, counseling. It's really a question of do they have access to the technology, a private space to engage in telecom selling?

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Um, do they have a desire to do?

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00:02:22.704 --> 00:02:23.185

So,

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00:02:23.365 --> 00:02:23.694

um,

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00:02:23.724 --> 00:02:28.194

and also it's not really the best for individuals who are actively in crisis that would be,

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00:02:28.375 --> 00:02:28.615

you know,

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more for a mobile crisis unit,

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or a higher level of care than what we can do in person or via Tele,

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counseling in,

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00:02:34.884 --> 00:02:35.155

um,

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00:02:35.185 --> 00:02:35.455

you know,

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in our capacity as long term therapist.

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00:02:39.625 --> 00:02:52.974

So then we're gonna talk about the therapeutic relationship as a vehicle for change, how we can create the therapeutic relationship via the use of technology methods for safety planning as we talked about.

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Just briefly there we do have to have a plan for if an individual does become in crisis and so that is a social justice component in that. We need to make sure that every person is able to stay safe and has the resources to do.

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00:03:07.074 --> 00:03:07.465

So,

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00:03:08.215 --> 00:03:09.835

we can discuss discuss,

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00:03:09.865 --> 00:03:10.104

um,

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00:03:10.134 --> 00:03:11.125

as time permits,

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00:03:11.305 --> 00:03:13.944

how we would address suicidal assessment,

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00:03:13.974 --> 00:03:14.245

non,

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00:03:14.245 --> 00:03:14.724

suicidal,

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00:03:14.724 --> 00:03:16.194

self injury in the Tele,

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00:03:16.194 --> 00:03:16.645

counseling,

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00:03:16.645 --> 00:03:17.215

setting,

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00:03:17.694 --> 00:03:22.014

safety assessments for individuals who are potentially homicidal also,

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00:03:22.014 --> 00:03:22.705

individuals,

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00:03:22.705 --> 00:03:23.905

in abusive,

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00:03:23.905 --> 00:03:29.724

intimate partner relationships and then also all resources for assessment.

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00:03:29.724 --> 00:03:44.064

And safety planning as well I am monitoring the chat so if anybody wants to chime in, I would welcome you to either unmute yourself or chat ask questions.

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00:03:44.064 --> 00:03:57.384

I know sometimes as we go through these things, you have a question That'll distract you for the rest of the presentation until we get that answer. So please be sure to jump in and ask any questions please provide feedback and thoughts as well.

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00:03:57.384 --> 00:04:08.875

Maybe your own experiences with Tele counseling so, or any questions that you've got your own experience with building therapeutic relationships via technology, that sort of thing.

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00:04:09.594 --> 00:04:10.284

All right,

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00:04:10.314 --> 00:04:13.824

so telecom's thing is when the healthcare provider is in 1 place,

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00:04:13.824 --> 00:04:15.895

the client is in another place,

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and we administer Tele,

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counseling or counseling services either through a video platform,

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a written platform,

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such as an encrypted and HIPPA compliant chat system or email system.

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Um, or even via telephone is something as well. Now. Um, billing is a totally different.

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Animal and so you will have to check with your individual 3rd party payers to see what types of Tele counseling they will reimburse but technically any time you're doing anything other than logistics on any of those types of platforms that

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I mentioned it is considered Tele,

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counseling.

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00:04:55.074 --> 00:04:57.144

And it should be part of the permanent record.

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00:04:59.309 --> 00:05:12.774

So, there are a lot of benefits to Tele, counseling and tell them mental health in general, um, accessibility. You don't have to drive. You don't have to account for commute, time, parking time, walking into the building time.

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Um, you don't even have to put on real pants. If you don't want to, as long as you keep your camera up, you, um.

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You are able to access providers who might not be within driving distance of you. So there are jurisdiction issues that we need to consider.

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You are only able to provide Tele, counseling under the license that you would use in order to provide in person services and those, um, that license is restricted by state. Right?

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So, we do have the council in compact, which is an exciting thing and North Carolina does hope to join that compact. That would allow us to practice across state lines if we're life or if we're registered with other state boards.

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But currently, as it is, if you have a North Carolina license, you are only able to practice Tele, counseling with an individual who is located in the state of North Carolina.

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So, aside from that, though, I in Robeson county could work with the client who's located in Mecklenburg or Guilford county via technology, and I often do that right?

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So anywhere within the state, it really expands access to care and vice versa. Especially in rural areas.

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You're able to access care more effectively through Tele, counseling, because it can be a provider who's located in 1 of the more populated areas of the state.

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There's flexibility in scheduling, I'm in the privacy and the comfort of my own home. I'm able to see clients personal lives, which is kind of a double edged sword because I have to remind clients that everything I see.

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As part of my clinical judgment. Right?

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So, be mindful of what's in your background items that I see in your bedroom, you know, those sorts of things because any of that is relevant to the therapeutic relationship and also we have an ethical responsibility. If we see anything concerning.

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Right? For example, a teenage client. And if we see any sort of drug paraphernalia, that might be something that we are compelled to talk to parents about, to make sure that the the client stay safe.

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Now, that's going to be more relevant for Tele, school counseling.

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00:07:23.423 --> 00:07:23.843

Um,

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00:07:23.874 --> 00:07:25.673

but but certainly,

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00:07:25.673 --> 00:07:30.113

if we feel that it warrants brushing confidentiality for,

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00:07:30.144 --> 00:07:30.624

um,

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00:07:30.744 --> 00:07:31.824

for a client,

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00:07:31.853 --> 00:07:32.093

um,

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00:07:32.124 --> 00:07:32.394

you know,

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00:07:32.394 --> 00:07:34.793

just if they have safety concerns,

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00:07:34.793 --> 00:07:39.144

that's something that they really need to be mindful that what we see in the in the background or Tele,

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counseling services.

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We're going to act upon whether we just incorporate it into therapy, right address those things in therapy or whether it's something that we feel like we need to discuss with parents.

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Um, another thing to consider is that we really should it's wonderful to be able to provide access to individuals who, um.

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Are under the age of 18, but in terms of a social justice issue, we really want to make sure that we are not providing services to a youth alone without an adult person available in the house.

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And so, for Tele, counting, we're always going to want to confirm the client's location in the case of an emergency.

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And for people under 18, we really do have to confirm that there is somebody over 18 in the House who could step in if there were to be any sort of a crisis.

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And so, um, so it's not necessarily in terms of providing access to or increasing access to care.

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It would not be appropriate to, to provide Tele, counseling services to an individual whose parents don't consent to the process. Right? There are some kind of work arounds with that.

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I believe in the state of North Carolina,

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individuals of a certain age,

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even if they're under 18 are able to consent for services,

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00:09:00.714 --> 00:09:05.754

but we have to be really careful to make sure that we are upholding the,

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00:09:05.994 --> 00:09:07.703

the responsibilities of,

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or the desires of the parent and so so I wouldn't necessarily say that Tele,

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counseling is a great way for somebody to sneak and get counseling.

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We really don't want that to be occurring but for an individual who has consenting guardians, it's a wonderful way that we can access them. And the parents don't need to drive them. The caregivers don't need to drive them to services.

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And also it's easier to kind of integrate the caregivers into the last 5 to 10 minutes of sessions. So, client can inform their caregiver caregivers of what we're working on in a way that maintains client autonomy.

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00:09:42.293 --> 00:09:51.984

So, um, so we kind of have to be careful around making sure that we uphold responsibility to both young clients and their caregivers.

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The BA has done a pretty good amount of research and they have determined that there's not a significant difference in the effectiveness of Tele, counseling services. Um.

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When, um, individuals receive Tele, counseling services through the vha, their psychiatric admission. So, you know, like acute care emergency care it declined by almost 25% and the length length of stay. Um, if they were admitted also decreased.

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So, Tele, counseling has some true benefits and for individuals, not only the, the privacy that I don't have to go to a clinic I can be in the privacy of my own home, but there's individuals who are not able to leave their homes for many reasons. Right?

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So, in terms of a social justice concern, those individuals who potentially have trauma or PTSD that that, or phobia is anxiety that it really stops them from leaving the home is an excellent option. Um.

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Also, individuals who don't have transportation, it's an excellent option. So, again, we have to make sure that people have, um, access to a safe and quiet place.

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And then, aside from that, um, we are certainly, um, able to, um, provide services to individuals who might otherwise not be able to access services. So, Tele, counseling is definitely something that burst onto the scene.

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Um, with the 1 set of coven, 19. but also, um, it was occurring for generations before that, because there's, there's record of Karl Rogers using the, the telephone to check in on a client, right?

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And, as we said, that's technically Tele, counseling. So we've been doing it for, um, maybe since the.

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The modern professional counseling has been born and and just really kind of understanding that. It's a way for us to access populations and especially populations in high need areas.

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00:11:48.504 --> 00:11:48.864

Um,

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00:11:48.894 --> 00:11:49.254

so,

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certainly with the increased research and understanding around how we can implement effectively Tele,

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mental health counseling and,

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um,

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with the va's exploration along with a lot of other private researchers of the effectiveness of Tele counseling.

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It can be something that's really exciting. And, um, at some point, could become an ethical imperative based upon what population we're working with.

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All right, so in terms of effectiveness, here's some, um, private like I said, you know, not BA, related, but just, you know, um.

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Everyday researchers, like like us here at the University, like, you out in the community, they found that telehealth appears to be comparable to in person care. As long as the individual is.

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Well, suited for it given those considerations that I mentioned earlier, the desire, the access to the technology in a safe place in order to do it, it can be comparable to, in person care.

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We can build a therapeutic relationship successfully and I'm going to talk about that a little bit more and we can address a broad range of concerns.

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Like I said, there's not a specific concern aside from acute crisis that Tele, counseling is not indicated for.

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So so there's, I can't say, oh, well, you shouldn't use it with an actively psychotic person, or you shouldn't use it with an incredibly a person who is incredibly depressed.

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Um, there's no research to show that the same effectiveness that we would be able to achieve in person can be achieved online. If you, if you are skilled and intentional about your use of Tele, counseling.

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And also it can sometimes be more accessible.

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Because I know when I think about an individual who is really going through a depressive episode, leaving and go to go into, counseling might not be an option, but I might be able to get myself to my computer and login.

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Right? And so I think that that is it's a beautiful way to increase accessibility to individuals who are experiencing a range of social injustices.

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00:13:56.153 --> 00:14:02.634

Um, but also, I really value those times when clients can barely log on.

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00:14:02.634 --> 00:14:07.913

Because then I get to see them in a really real and raw space and to me,

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00:14:07.913 --> 00:14:18.354

it just increases the trust in that relationship when I'm able to meet them with support and caring and empathy non judgment around their current situation.

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And we know in the counseling profession, just how important that validation.

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00:14:23.339 --> 00:14:24.509

Can be.

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00:14:25.708 --> 00:14:37.769

Feeling like you have somebody who understands who gets it who's not judging you for what you're going through at the current moment and who's we're certainly not gonna tell them that it's not real or for them to just, you know, um.

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00:14:37.769 --> 00:14:50.303

Buck up, go take a shower you know, it's not that simple and we're going to not we're not gonna push them when they're not ready, whereas if they had to come in for services, it would be a matter of, like, I'm not ready to be ready.

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00:14:50.303 --> 00:14:50.874

Right now,

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00:14:50.874 --> 00:14:53.514

but I have to be in order to get my services,

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or I missed my services but here it's like a perfect blend of you can be authentically you without rushing your timeline or putting boundaries or expectations on you artificially or unhealthily.

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00:15:05.754 --> 00:15:13.854

But then also you're able to, um, to provide the services that you need. So, really, joining in genuine ways with people who have, um.

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Need and that is all about, you know, that's what we're kind of focusing on in terms of the social justice is how do we best serve those populations in mean in a way that is unique and important to each 1 of them.

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So, there definitely are risks to Tele counseling. Right um, 1 risk is to confidentiality because we are transmitting data across wavelengths. Right?

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And so whereas if I'm in person with a client, I can be relatively sure that nobody is listening in. Nobody is intercepting our information.

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But what is important is that when we're using, um, any sort of Tele, mental health platform, is that it's HIPPA compliant that you have a business associate agreement?

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So that we know that it is encrypted properly, and that this information is, is not going to be intercepted or sent into the wrong hands also, technology issues.

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00:16:08.004 --> 00:16:21.923

So, in order for us to provide effective Tele, counseling, we really have to be up and up on our technology. We need to know how to use it and use it well, and be a source of reliability for our clients.

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So, it is super important for us to understand the technology I presented earlier today on legal and ethical issues for Tele, counseling, and we dug deep into the.

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The HIPPA compliance issues that are a legal mandate for us and so, um, that is that was recorded and we should be able to post that online.

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And then also,

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if you're not familiar,

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00:16:48.474 --> 00:16:50.004

we've got our regional Tele,

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00:16:50.004 --> 00:16:52.403

counseling development initiative,

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00:16:52.403 --> 00:16:52.823

which is,

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00:16:52.854 --> 00:16:53.153

um,

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00:16:53.453 --> 00:16:56.033

if you just Google Tele,

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00:16:56.033 --> 00:16:56.634

counseling,

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00:16:56.663 --> 00:17:04.074

it'll pop up and there's 8 hours of recorded trainings that you can watch to talk about these technology issues,

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00:17:04.074 --> 00:17:05.394

legal and ethical issues.

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00:17:05.394 --> 00:17:16.913

So so I do have resources, I'm not going to dig deep into those because we're gonna talk more about that practical application of how do we provide effective services with diverse populations who are in need.

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We should establish a safety plan for every client at session 1, that is a little bit different than in person.

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00:17:25.824 --> 00:17:28.433

We might not create safety plans for every client,

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00:17:28.433 --> 00:17:30.173

unless we feel like a need arises,

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00:17:30.743 --> 00:17:33.294

but because of the virtual space,

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00:17:33.294 --> 00:17:36.564

and that lack of in person connection that we would have,

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00:17:36.564 --> 00:17:39.864

if an individual were to suddenly become in a crisis,

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00:17:40.134 --> 00:17:42.473

we should have that plan set from day 1,

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00:17:42.503 --> 00:17:45.894

so that we are able to implement it at any time needed.

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00:17:46.253 --> 00:17:54.594

Um, and again, the effectiveness is certainly still being researched just like, effectiveness of counseling in general is still being researched every day.

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And so we just need to keep in mind that our clinical practice is an art and science and we always have to be thinking about our abilities and every client's unique situation. And what would be best and most effective for them.

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00:18:10.253 --> 00:18:21.443

So, when you are thinking about implementing Tele, counseling, you should think about your scope of practice. Right? So where what kind of clients are you going to accept?

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As I said, there are some specific considerations for individuals under 18.

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it certainly can be a social justice movement in order to provide therapy to individuals under 18, who wouldn't normally have access, because they're not able to get themselves there right?

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Whether it's because they don't have a parent who's able to take them, or because they're not physically in the space, the mind space to get to therapy.

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Sometimes, it can feel a little bit easier to talk to somebody online, especially because people under 18 tend to be very comfortable with technology.

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However, you do have to remember that if you're providing services to somebody under 18 you really you, it's imperative to have somebody an adult available and present during every session and to confirm that before sessions.

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So, you're gonna want to think of, you know, what are my, what are my abilities and how am I going to provide the most effective services in a way that I am competent and fully comfortable.

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You want to talk about, are my sessions online going to be the typical clinical hour? You know, we typically do 50 minutes +10 for note taking and that tends to be, um, you know, effective that's the billing. As long as you are checking with 3rd party billers.

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Um, they tend, it tends to continue to go on the clinical hour, whether you're Tele, counseling or in person.

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Um, and then also 1 limitation that individuals might feel is that, um, Tele, counseling is limited to talk therapy so wouldn't necessarily be appropriate for younger people. But that's not necessarily true.

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00:20:02.273 --> 00:20:06.503

Um, in order to implement creative interventions, though, we have to get creative.

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00:20:06.534 --> 00:20:20.723

So the individual needs to have access to whatever creative materials are required, whether that might be as simple as a piece of paper and a pencil, or it might be an individualized D\*\*\* tray that the, that the client has at their home. Right?

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00:20:20.723 --> 00:20:24.354

And so it can look a lot of different ways, but.

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00:20:24.834 --> 00:20:27.203

We are not necessarily limited,

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00:20:27.443 --> 00:20:28.074

um,

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00:20:28.374 --> 00:20:33.413

in some ways we are right we can't have a whole play therapy room and also there is,

189

00:20:33.473 --> 00:20:34.013

um,

190

00:20:34.044 --> 00:20:40.104

some research to suggest that the act of coming to counseling itself is therapeutic in itself.

191

00:20:40.134 --> 00:20:40.403

Right?

192

00:20:40.403 --> 00:20:47.663

I'm making this effort to come to this private and secure space where I can really focus on myself,

193

00:20:47.693 --> 00:20:50.094

whereas when I'm doing therapy from my home,

194

00:20:50.094 --> 00:20:52.253

I've got the distractions of home and truly,

195

00:20:52.253 --> 00:20:54.834

it doesn't feel as different,

196

00:20:54.864 --> 00:20:55.284

you know,

197

00:20:55.284 --> 00:20:58.824

as if I were to leave at home and so that's certainly a drawback,

198

00:20:58.854 --> 00:20:59.423

um,

199

00:20:59.574 --> 00:21:00.864

of of Tele,

200

00:21:00.864 --> 00:21:06.023

counseling and we just always have to weigh the pros and cons of what's best for our clients,

201

00:21:06.023 --> 00:21:07.884

giving their unique situation.

202

00:21:08.308 --> 00:21:19.913

So, I'll talk more about how we're going to get creative in a little bit. The next thing to do is to determine your technology what's available to you, what's available to your clients right?

203

00:21:19.913 --> 00:21:25.344

And so you would want to consult with if you're a school counselor consult with your administrators in the building,

204

00:21:26.604 --> 00:21:28.193

consult with your peers,

205

00:21:28.794 --> 00:21:31.554

maybe with other people in our practice or organization,

206

00:21:31.554 --> 00:21:33.233

if you work for an organization,

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00:21:33.534 --> 00:21:33.923

um,

208

00:21:33.953 --> 00:21:38.153

you essentially will need some sort of an electronic communication.

209

00:21:38.459 --> 00:21:46.618

Device whether that's a computer, a tablet, um, you know, something where you can actually send and transmit. Um.

210

00:21:46.824 --> 00:21:49.463

Information and do the actual therapy,

211

00:21:50.604 --> 00:21:53.963

regardless if you're doing online or in person counseling,

212

00:21:53.963 --> 00:22:02.903

you should have an encrypted email if you use any sort of email with clients for reminders or just general communication and those are going,

213

00:22:02.903 --> 00:22:07.884

you're going to know that they're encrypted because you'll have a business associate agreement from the email provider.

214

00:22:07.884 --> 00:22:20.753

So typically free email accounts are not, um, HIPPA compliant and so we shouldn't be using those with in person or online clients, but you can pay Google for an upgrade.

215

00:22:20.784 --> 00:22:32.094

That would give you an encrypted email address. It's a professional email address and you would get your business associate agreement. Same thing goes for file storage. Whether using paper files, you need to lock those up.

216

00:22:32.933 --> 00:22:44.334

Or, if you are using any sort of a cloud storage based software, you're going to want to have that business associate agreement, and I go into that more, um, like I said, in those other presentations.

217

00:22:44.334 --> 00:22:52.794

So, I'm gonna stay focused for now, but just remembering that in order for us to provide these services, you know, in a way that is.

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00:22:52.888 --> 00:23:04.709

Promoting social justice, we do have to 1st, lay our foundation to make sure that we are upholding ethical and effective interventions.

219

00:23:06.743 --> 00:23:21.503

Okay, so a video platform that I like to use as it's free, and it does have a BA, you can also pay an upgrade that allows multiple people to log in at once. But I do find that the free platform works for me.

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00:23:21.503 --> 00:23:30.473

It's very reliable. Um, you would want to consult with administrators and your tech team to make sure that everything you are using is HIPPA compliant.

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00:23:30.534 --> 00:23:44.064

Um, I also, I do like, simple practice for my notes and that is a paid cloud based service but it, it makes it really helpful for scheduling and maintaining client notes and also doing billing.

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00:23:45.294 --> 00:23:55.433

And then you have to think about if you're not going to use an E, HR, electronic health record system, like simple practice, how our client's going to sign informed consent. Um.

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00:23:55.739 --> 00:24:10.523

They can't you don't want them to me an email it to an unsecure account, but if you have an encrypted email account, they can potentially do it that way. Um, another option would be sending them a hard copy in the mail. So, the U. S, postal mail is, um.

224

00:24:10.828 --> 00:24:18.028

Is HIPPA compliant and you will be able to, um.

225

00:24:19.673 --> 00:24:26.903

Oh, okay. Um, I think that face is supposed to say, take to your workplace to be scanned. Right?

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00:24:26.903 --> 00:24:39.503

So, what you could do is send a hard copy in the mail with the self addressed stamped envelope that individual can sign informed consent and mail it back to you. And then, if you need to have, um, it scanned, you could scan it at your workplace. And save it.

227

00:24:39.503 --> 00:24:42.923

However, you are so you just want to make sure that you are.

228

00:24:43.348 --> 00:24:54.269

Dotting all your eyes and crossing all your t's in terms of the ethical and legal requirements, um, when providing these important and helpful services to other individuals.

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00:24:55.314 --> 00:25:09.114

And then you also have to think about scheduling, so, in terms of social justice individuals who are often very much in need of services are often working full time, right? That might be at the night. It might be during the day.

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00:25:09.114 --> 00:25:22.824

So, in terms of this, this lens towards social justice and our ethical imperatives as professional counselors, are you able to schedule evening services? Are you able to schedule weekend services?

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00:25:22.854 --> 00:25:36.354

Um, you know, for those clients who do work the typical 9 to 5. um, are you able to meet with clients early in the morning? You know, so just thinking about scheduling and how we want to be accessible and available to our clients.

232

00:25:36.354 --> 00:25:47.634

I know that's not always possible, because we also might want to work 9 to 5. right? And so, but also, just thinking that not everybody has the luxury of doing counseling on their lunch break or that sort of thing.

233

00:25:47.634 --> 00:25:52.763

And also, that might not be the best idea, depending on what types of issues you're working on.

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00:25:57.413 --> 00:26:02.753

So then, also, what you want to think about is, how will you schedule your sessions right?

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00:26:02.753 --> 00:26:14.183

So, um, if you do it yourself again, making sure that any sort of communication you're having a telephone call is HIPPA compliant and so you could schedule using the telephone.

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00:26:14.963 --> 00:26:24.294

You could schedule using an electronic health record system, like simple practice. You could schedule using encrypted email, but you also have to think about, like, your calendar.

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00:26:24.294 --> 00:26:38.844

So, if you are going to use an electronic calendar, making sure that it is encrypted, um, a paper calendar would work as well, but also making sure that you're not putting any protected health information in an unsecured calendar. Right?

238

00:26:38.844 --> 00:26:40.134

So, if you have your method.

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00:26:40.378 --> 00:26:55.223

Of, you know, maybe numbering clients or giving them an alias. You could, you could kind of make sure that you're using a calendar system that works for you, but then there's also protecting your clients as well. Again. How will you remind clients?

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00:26:55.253 --> 00:27:02.153

So say, you're like, I don't email clients, but texting is not HIPPA compliance. So texting is not gonna be a good way to remind clients.

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00:27:02.153 --> 00:27:11.723

But, um, but that's why, it's like, either you want to use an electronic health record system, or, you know, some schools have systems in place that are, um, compliant.

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00:27:11.723 --> 00:27:12.354

Typically,

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00:27:12.653 --> 00:27:14.874

you can if you have FERPA compliant like,

244

00:27:14.874 --> 00:27:16.763

the educational rights practice app,

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00:27:16.794 --> 00:27:20.483

if you have FERPA compliant resources,

246

00:27:20.723 --> 00:27:25.703

oftentimes you can connect with them and they will be HIPPA compliant too,

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00:27:25.943 --> 00:27:29.753

because both of these require encryption and privacy.

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00:27:29.753 --> 00:27:43.403

And so you might be able to get a business associate agreement from an existing platform in order to send reminders to individuals or schedule individuals. So, just being mindful of, of those types of logistical issues as well.

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00:27:45.118 --> 00:27:50.278

All right, so you do want to screen for, um.

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00:27:50.278 --> 00:27:59.213

Again for crisis, right and an individual's likelihood, uh, to too frequently or imminently be in a crisis situation.

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00:27:59.213 --> 00:28:05.784

So, individuals who are frequently in crisis are probably not the best candidates for online counseling.

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00:28:06.144 --> 00:28:15.384

Um, you definitely want to assess their access to technology and access to privacy and that is something that we might assume that individuals would have.

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00:28:15.384 --> 00:28:27.594

But it certainly is a privilege to have, um, WI, fi or, you know, Internet connection, a stable and reliable computer and a private quiet place that is safe for us to engage in. Um.

254

00:28:27.929 --> 00:28:41.874

Intelli counseling, so although telecom can be a social justice benefit, um, you know, promoting social justice. It also can be something that is limited by individuals who are not, you know, for individuals who aren't so privileged.

255

00:28:42.413 --> 00:28:49.493

Um, and then also we're just going to do ongoing assessment of client suitability for Tele, counseling services.

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00:28:54.173 --> 00:29:08.693

So, again, I can paste it into the chat and also, if you just Google, uh, Tele, counseling, you're going to see an example informed consent form. Um, informed consent is an ongoing process.

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00:29:08.693 --> 00:29:14.213

So we need to continually remind clients what we see in the background is, you know, part of the clinical record.

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00:29:14.213 --> 00:29:27.084

And if I do sense that you are, in danger to yourself, or others, I am going to have to, um, you know, find ways to keep you safe, even if it does kind of reach our confidentiality in the moment.

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00:29:27.534 --> 00:29:29.814

So just remembering that telecoms Tele,

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00:29:29.814 --> 00:29:35.364

counseling informed consent includes a few additional pieces than the in person,

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00:29:35.364 --> 00:29:35.844

and again,

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00:29:35.844 --> 00:29:41.003

there's resources for you to kind of sift through that 1 key pieces,

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00:29:41.003 --> 00:29:42.023

that you need to tell clients,

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00:29:42.023 --> 00:29:44.273

what are we going to do if our connection drops right.

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00:29:44.273 --> 00:29:57.594

That's not something we have to think about if we're in person, but online typically, it says, in my professional disclosure, if our connection drops, I'll call you right using my, my phone because that is HIPPA compliant.

266

00:29:57.624 --> 00:30:10.884

A phone call is then also, you know, keeping in mind their emergency contact and that there is a safety plan on file and also always having an eye toward that confidentiality.

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00:30:11.338 --> 00:30:17.669

Confidentiality and data security. All right so, um.

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00:30:17.844 --> 00:30:31.134

We are required if the individual is not a good candidate for our services, we're required to provide viable referral sources for individuals to access services through somebody else, who would be more appropriate for them.

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00:30:31.134 --> 00:30:44.364

So, um, as socially just professionals, we really need to have a robust referral system available that we can provide to clients in a relatively time um, efficient.

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00:30:44.669 --> 00:30:49.439

Manner and we also have to.

271

00:30:49.439 --> 00:30:57.479

Think about the ways that we're going to maintain communication, um, because, you know, Tele, counseling is a different.

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00:30:57.479 --> 00:31:01.739

Format and so we really do have to talk about.

273

00:31:02.064 --> 00:31:12.413

Our policies on an ongoing basis and also this is it's not different than in person, but it feels different that what are we going to do in between sessions?

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00:31:12.413 --> 00:31:12.683

So,

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00:31:12.683 --> 00:31:14.124

when you can access me,

276

00:31:14.124 --> 00:31:16.943

so readily through this online platform,

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00:31:16.943 --> 00:31:21.203

it almost feels as though I should be able to access you more often or more frequently,

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00:31:21.443 --> 00:31:27.713

but we should really maintain for telecoms we should maintain the same boundaries that we would for in person counseling right,

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00:31:27.713 --> 00:31:29.874

so talking about in between sessions,

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00:31:29.874 --> 00:31:30.864

if you have an emergency,

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00:31:30.864 --> 00:31:35.483

Here's your safety plan here are your resources I'm not an emergency counselor.

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00:31:35.483 --> 00:31:42.923

I'm not on call 24 hours 24 hours a day. I will get back to you within 24 hours, but if you have an emergency, this is the person. I don't text.

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00:31:45.419 --> 00:32:00.384

With clients in between sessions for a variety of reasons mostly because texting is not, um, HIPPA compliant right as we talked about. Um, but you could download, like, a HIPPA, compliant texting software. I think spruce is 1 of them. I'm not familiar with Bruce.

284

00:32:00.384 --> 00:32:12.804

So, I always just say, I think spruce um, but that's what I've been told is a helpful chatting service. But at the same time, um, you know, we have to talk about maintaining professional boundaries and just because I'm available.

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00:32:12.804 --> 00:32:23.124

It doesn't mean that I should, um, communicate with you between sessions. So talking to individuals pretty much inconsistent ways that you would talk to your in person clients about those things.

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00:32:27.173 --> 00:32:36.354

Okay, so we need to be in a closed area, potentially with a sound machine maybe using headphones to minimize other people being able to hear us.

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00:32:36.624 --> 00:32:37.193

Um,

288

00:32:37.223 --> 00:32:37.973

for us,

289

00:32:38.003 --> 00:32:39.834

in a professional setting,

290

00:32:39.834 --> 00:32:41.394

we should have it do not disturb,

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00:32:41.394 --> 00:32:44.483

sign up when we're working with our clients via Tele counseling,

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00:32:45.683 --> 00:32:50.273

they suggest and BCC suggest a blue or a green wall behind you,

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00:32:50.273 --> 00:32:52.884

which I find illuminating.

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00:32:52.884 --> 00:33:06.294

I'm not sure. Exactly. Blue and green is supposed to be calming and grounding so that's what they would suggest in terms of wall color limit distractions behind you. Um, and you should never have any open doors are open air.

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00:33:06.624 --> 00:33:20.334

So, like, my Windows should not be open, because somebody outside could hear my door shouldn't be open, cause somebody might walk by so just really maintaining that privacy for our clients. We should be flexible if they have interruptions on their end.

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00:33:20.334 --> 00:33:23.903

But as professionals, we should really limit our, um.

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00:33:24.773 --> 00:33:39.503

Possibilities of of being overheard or being interrupted and also we have to pay special attention to reading clients, non verbals because we can only see from shoulders up, but we can still see a lot in somebody's facial expression, their hand gestures.

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00:33:40.013 --> 00:33:44.094

And so we really do want to attend to those non verbal. It's just like we would in person.

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00:33:44.993 --> 00:33:58.673

All right, so preparing for a session, we should send materials to clients. Um, I suggest as soon as your session is finished, then you send the materials for the next session, because it takes time. Right?

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00:33:58.673 --> 00:34:10.704

Especially if you're using postal mail. So, do they need any sort of worksheets? You can print those off, put them in an envelope and get them sent over to them you should assess do they have access to paper and pencil? Some of my clients prefer that.

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00:34:10.704 --> 00:34:24.653

I just email them the worksheets and they print them themselves or we do them electronically. Right? So just kind of coordinating with the client of what's the best way for me to get you any materials that we might need in terms of working with younger people.

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00:34:24.653 --> 00:34:36.023

We might need to take an inventory of what toys do they have available. Right? So talking to the guardians are talking to the youth themselves and finding out what? tori's toys and other creative materials that they have available.

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00:34:36.023 --> 00:34:47.543

And then we just we adjust our, our interventions to work with what they've got also think about. Do I need any materials so, sometimes I like to use, like, finger puppets or that sort of thing.

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00:34:47.543 --> 00:34:57.983

And so I need to have my materials ready for session, because it's not like, when they come in person, and we can just go to the play room together, or I can just pull my finger puppets off of my shelf.

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00:34:58.014 --> 00:35:12.923

I should be readily prepared in the moment so planning ahead of what will the client need and what will I need in order to do any sort of creative interventions via Tele counseling again you would adapt your treatment plan based

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00:35:12.923 --> 00:35:16.074

on the online platform.

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00:35:16.103 --> 00:35:25.704

But it doesn't have to be just limited to, to talk therapy. Right? We can do worksheets. We can do activities we can pull up a song and listen to it together.

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00:35:26.393 --> 00:35:34.643

We can each draw a self portrait, so anything creative it just takes a little bit of planning, but it's certainly possible.

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00:35:34.978 --> 00:35:43.139

And again, make sure to maintain that robust referral system in the case that we might not be the best referral source.

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00:35:43.139 --> 00:35:56.278

All right, so these are the common factors of outcome effectiveness and common factors. Theory basically says, um, everybody has.

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00:35:56.603 --> 00:36:03.324

1, and everybody should have a prize, and I think that's from Alice and Wonderland. Right? But all have 1 and all. She'll have a prize.

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00:36:03.623 --> 00:36:11.844

What it's basically saying is that there are common components of any type of therapy that are going to lead to effective outcomes.

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00:36:11.844 --> 00:36:24.833

So, like I said, um, you know, just the research on outcome effectiveness continues to this day, because it's very difficult to pinpoint what exactly creates change with within a client. Right?

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00:36:24.833 --> 00:36:35.963

So, these common factors, every study kind of puts a different percentage on common factors but this 1 from Lambert seems to be pretty classic and stands the test of time.

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00:36:36.264 --> 00:36:40.764

So, the therapeutic relationship accounts, for at least 30% of client outcomes.

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00:36:40.793 --> 00:36:41.304

So,

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00:36:41.304 --> 00:36:41.483

again,

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00:36:41.483 --> 00:36:45.954

that idea of joining with somebody who offers you those core conditions,

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00:36:45.954 --> 00:36:46.764

genuine,

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00:36:47.184 --> 00:36:51.143

this unconditional positive regard and empathy building that relationship,

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00:36:51.143 --> 00:36:53.184

and knowing that you have a consistent,

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00:36:53.184 --> 00:36:57.954

reliable trusting person to go to can account for a SIG,

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00:36:57.954 --> 00:37:00.532

pretty significant portion of outcomes.

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00:37:00.532 --> 00:37:03.414

So that in itself, I find very comforting.

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00:37:03.414 --> 00:37:15.563

I know when I was a master student, and my supervisor told me that it made me feel so good and I hang onto it still to this day of being present being caring and offering the service right?

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00:37:15.594 --> 00:37:20.364

Building this relationship with somebody is enough to produce a significant amount of outcomes.

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00:37:21.659 --> 00:37:23.099

Unfortunately,

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00:37:23.094 --> 00:37:29.543

40% of outcomes are attributed to things that happened outside of the therapeutic relationship and that might be fortunately,

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00:37:29.543 --> 00:37:30.233

actually,

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00:37:30.233 --> 00:37:30.773

also,

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00:37:30.773 --> 00:37:33.503

because it takes a lot of responsibility and pressure off of us,

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00:37:33.503 --> 00:37:38.213

but I can do excellent career counseling with somebody and if there's no jobs available,

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00:37:38.244 --> 00:37:43.074

it's just definitely going to be frustrating experience.

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00:37:43.074 --> 00:37:43.974

Um,

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00:37:44.213 --> 00:37:57.713

so it is something that we definitely need to remember that all we could be doing the most excellent counseling and if the extra extra therapeutic events do not support what the client wants,

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00:37:57.713 --> 00:38:01.463

then we're still gonna have client need and struggle.

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00:38:01.463 --> 00:38:14.153

Right? So, if, um, if a client is having difficulty finding a partner, we can't just invent or force somebody to appear. Right? So, those extra therapeutic events are very important.

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00:38:14.153 --> 00:38:28.164

Um, so what it does for me is it just reminds me to come back to the relationship and also highlight to the client, those things that are within their control, and those things that are without outside of their control and a metaphor. I like to use as the hulahoo right?

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00:38:28.193 --> 00:38:38.003

I can move my hips. I can keep keep the hoop up, but I can't help if somebody comes in smacks into it and it falls to the ground and so really highlighting that. We're going to do our work here.

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00:38:38.003 --> 00:38:48.023

We're gonna be prepared to be our best selves, possible outside of therapy and also we have to accept that. We can't control a lot of what happens outside. Um.

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00:38:49.284 --> 00:38:57.715

Of our control, right? So really discerning. Those things up to 15% of outcomes would be the technique itself.

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00:38:57.715 --> 00:38:58.224

Now,

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00:38:58.255 --> 00:39:02.425

this is the common factors is totally not totally in opposition,

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00:39:02.425 --> 00:39:11.485

but it is kind of separate in a different way of conceptualizing outcomes than empirically validated theories where basically,

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00:39:11.485 --> 00:39:22.315

you do need a relationship in order to implement most therapies with the exception of probably psychoanalytic strict psychoanalysis doesn't require that relationship.

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00:39:22.315 --> 00:39:23.094

In fact,

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00:39:23.094 --> 00:39:24.925

it requires that neutral person,

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00:39:24.925 --> 00:39:27.594

but for most other therapies,

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00:39:27.594 --> 00:39:31.974

you need a relationship in order to provide any sort of therapy,

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00:39:31.974 --> 00:39:38.994

but the vehicle that is kind of thought to be the thing that creates outcomes in empirically validated therapy.

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00:39:38.994 --> 00:39:53.304

Is the technique itself? Right? What type of therapy? What types of interventions are you providing? Whereas here in common common factors theory. So these 2 theories are the 2 main ways that we conceptualize outcomes in this theory common factors.

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00:39:53.304 --> 00:39:57.385

The technique only accounts for about 15% of outcomes in general.

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00:39:57.385 --> 00:40:08.574

So we do it is still an ethical imperative to use theory and intervention that is tailored to the client with a reasonable expectation of outcomes.

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00:40:08.574 --> 00:40:19.074

But really, we see the importance of the relationship, and we wouldn't be able to implement the technique without the trust of that relationship. And then finally, you see 15%.

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00:40:20.489 --> 00:40:35.394

Placebo right and I don't, I don't see placebo as being a, a negative thing at all. I'm taking the time to go to therapy. I'm taking this time for myself, because it's important and that in itself increases our sense of wellness and our sense of of, um.

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00:40:35.699 --> 00:40:47.094

Safety in this world, so in terms of building the therapeutic relationship, um, it has been defined as the quality of the bond. Right?

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00:40:47.094 --> 00:40:55.974

So, those, those core conditions as well, as the degree of agreement on goals and interventions. So then going back to that common factors therapy.

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00:40:55.974 --> 00:41:08.724

Where we see the 15% based on the intervention that we are doing, it really could be accounted for by does the client agree? Does the client think that what the counselor is doing is a good fit for them right?

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00:41:08.724 --> 00:41:19.554

So, back to the relationship itself, my point in all of this is relationship relationship relationship that's the point, right? And you can build a relationship online.

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00:41:19.585 --> 00:41:30.085

I think we know this intimately from our own relationships that we maintain through text messages. The relationships that we start through an Internet online connection, right?

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00:41:30.085 --> 00:41:43.735

And even the work that we're doing here today, we are able to connect and relate to 1 another via technology. So, although it's not ideal for everybody Telecom and can be a huge social justice tool.

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00:41:43.735 --> 00:41:47.905

Um, with a lot of potential, it is not for every client.

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00:41:47.905 --> 00:41:59.635

It is not for every situation, but certainly, as we're implementing it, we really have to have our mind toward social justice practices and providing access to individuals who wouldn't typically have access to services.

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00:41:59.635 --> 00:42:04.255

And then also really focusing on that relationship the atonement,

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00:42:04.255 --> 00:42:06.894

the degree of agreement between 2 individuals,

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00:42:06.894 --> 00:42:07.764

the communication,

367

00:42:07.764 --> 00:42:11.784

the convenience of care between counselor,

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00:42:11.994 --> 00:42:18.625

and client can really contribute significantly to a client's achieving their goals.

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00:42:21.894 --> 00:42:31.315

Ultimately, our ethical codes say that we work with our clients to devise counseling plans that offer a reasonable promise of success and based on the research.

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00:42:31.315 --> 00:42:44.875

We can't discount Tele, counseling as an effective, um, as a potential, a potentially effective method. Um, that has a reasonable promise of success based on the research that we've got access to today.

371

00:42:47.784 --> 00:42:57.295

Okay, so I certainly would invite any questions or comments. We've got about 15 minutes left, and I was going to start digging into safety planning.

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00:42:57.324 --> 00:42:57.835

Um,

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00:42:57.864 --> 00:42:59.724

because as I had mentioned before,

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00:42:59.965 --> 00:43:02.844

there are certain populations that perhaps this wouldn't be,

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00:43:02.875 --> 00:43:03.235

um,

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00:43:03.264 --> 00:43:04.074

the best for,

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00:43:04.315 --> 00:43:06.864

but also any person,

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00:43:06.894 --> 00:43:09.625

regardless of their presenting concerns,

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00:43:09.835 --> 00:43:10.644

every Tele,

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00:43:10.644 --> 00:43:11.454

counseling client,

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00:43:11.454 --> 00:43:14.244

we should have a safety plan on file for them.

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00:43:14.275 --> 00:43:26.005

And, um, this in itself is a social justice tool, because it reduces barriers. It provides individuals with concrete resources that they are able to access in times of need.

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00:43:26.244 --> 00:43:32.364

And so, individuals who might not know the health system as well as others.

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00:43:32.364 --> 00:43:42.594

We can work with them to help them conceptualize and clearly understand what it is that they should be seeking out in terms of times of need times of crisis.

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00:43:43.494 --> 00:43:56.605

But even safety planning goes beyond times of crisis, anytime that we're in need of a little pick me up, we can return to our safety plan and say, oh, these are my coping skills. This is the person I can call when I'm feeling down. Right?

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00:43:56.605 --> 00:43:58.525

So so it doesn't have to be.

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00:44:00.355 --> 00:44:08.454

Time of complete crisis it can just be a time of need and again, we should not be in general for the most part.

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00:44:08.454 --> 00:44:12.684

We should not be the person who our clients are calling in times of crisis,

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00:44:12.684 --> 00:44:15.925

or in between sessions our role,

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00:44:15.925 --> 00:44:23.545

as therapist tends to be an individual who helps clients problem solve and identify ways that they want to live their life.

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00:44:23.545 --> 00:44:37.644

And the most authentic and autonomous way, and so in between sessions, when they have concerns, we can equip them with the tools to use, but they should not be dependent on us. The ultimate goal of therapy is termination right?

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00:44:37.644 --> 00:44:45.655

For clients to reach their mental health and wellness goals and terminate so that they can live autonomous independent lives,

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00:44:46.735 --> 00:44:48.625

which also ties into the reason why we,

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00:44:48.744 --> 00:44:50.425

we on most terms,

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00:44:50.425 --> 00:44:52.914

we don't maintain personal relationships with clients.

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00:44:52.914 --> 00:45:05.184

Because 1 of the hallmarks of our professionals that we are empowering these individuals in order to to live their lives on their own on their own terms in ways, that feel right and true to them.

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00:45:05.454 --> 00:45:19.074

And so that in itself is a social justice idea that every individual has inside of them, what they need in order to be successful and happy and it's our, our jobs are to facilitate this process of understanding and identifying this.

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00:45:19.494 --> 00:45:28.735

So, a safety plan with that, being said a safety plan is not a safety contract. We don't I don't recommend using safety contracts because what it says is.

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00:45:29.425 --> 00:45:44.244

I knew you were in crisis, or I knew you were, you know, potentially going to be in crisis and all I did was, have you sign this piece of paper? And so a safety contract would be something like, I promise not to hurt myself hurt somebody else kill myself. That sort of thing. Um.

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00:45:44.519 --> 00:45:58.585

That could be something that some people, some professionals still like to use is not what I would suggest what I would suggest as a safety plan. Uh, safety plans include. This is how I know that. I'm not really in the great mental health space right now.

401

00:45:58.764 --> 00:46:11.755

This is, these are the warning signs, right? These are the triggers. That might have caused me to kind of be in a place of need. Right now. These are my coping skills. My internal coping skills.

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00:46:11.784 --> 00:46:22.164

I breathe deep, I think about the hulahoo, you know, things like that and external coping skills. I call a friend. I go on a walk. I want to be really careful.

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00:46:22.614 --> 00:46:29.875

I want to be really careful about suggesting other people as a coping skill, because we certainly cannot.

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00:46:30.474 --> 00:46:36.324

Control what other people do, we can't control their availability. We can't control their willingness to help.

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00:46:36.355 --> 00:46:48.114

So, if at all possible, when focusing on therapy, really, we want it to be client focused and as much as possible, we want their coping skills and their internal strategies to be independent.

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00:46:48.144 --> 00:47:01.525

So that they're not, depending on other people, and so that they feel safe in, um, in all aspects of their life, regardless of what's going on with their relationships or other people in their life as well. Um, so these are the, the.

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00:47:01.889 --> 00:47:11.460

Basic components of the safety plan, and also they provide social contacts for, um.

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00:47:11.460 --> 00:47:20.760

For people who you can call in time of need, because ultimately crisis occurs, because we are not able to.

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00:47:20.760 --> 00:47:23.784

You know, kind of navigate these challenges independently. Right?

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00:47:23.784 --> 00:47:36.114

So, at some point, we do need to turn to other people, um, whether that be a trusted friend or parent somebody who that individual does trust to show up for them um, crisis hotlines, other professionals, mobile crisis units.

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00:47:36.114 --> 00:47:41.905

Those sorts of things, so we do want to have, um, those in those contacts. Um.

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00:47:42.625 --> 00:47:53.784

And there is a lot of research to say that, the more that specifically with self injury and suicide, it tends to be an impulsive act.

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00:47:53.815 --> 00:47:59.635

There tends to be a very short period of time between when an individual decides to kill themselves and actually does it.

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00:47:59.695 --> 00:47:59.994

Um,

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00:47:59.994 --> 00:48:03.594

and so if we can create a little bit of time and space between,

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00:48:03.655 --> 00:48:04.014

um,

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00:48:04.014 --> 00:48:05.635

when somebody decides to do that,

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00:48:05.635 --> 00:48:08.545

and when they actually implement whatever,

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00:48:08.605 --> 00:48:11.364

kind of deadly means that they are planning,

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00:48:11.934 --> 00:48:13.045

we can pretty,

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00:48:13.405 --> 00:48:14.875

pretty successfully with high,

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00:48:15.144 --> 00:48:16.135

relatively high rates,

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00:48:16.135 --> 00:48:19.945

prevent that individual from ultimate harm and so,

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00:48:20.215 --> 00:48:20.485

um,

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00:48:20.514 --> 00:48:25.974

so that would be a time where we could really call on other people to create time and space and distraction,

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00:48:26.514 --> 00:48:29.574

and also to reduce access to lethal means.

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00:48:29.574 --> 00:48:37.945

So this is not a political statement at all. But if an individual has access to a gun, that's a highly lethal means of killing yourself.

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00:48:37.974 --> 00:48:45.445

And so, what we would want to do is temporarily, while the individual is at risk of a crisis, we would want to reduce access to guns.

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00:48:47.005 --> 00:48:50.784

As well, as any sort of drugs, that could be easily overdosed.

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00:48:50.815 --> 00:49:05.454

Um, we're not gonna be able to keep all suicidal objects away from our all potentially deadly objects away from an individual who is suicidal or homicidal. Um, but research does show that just creating that time.

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00:49:05.454 --> 00:49:09.594

And space, and reducing the easy access to a lethal item.

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00:49:09.804 --> 00:49:21.114

Um, really does decrease, um, suicide rates and it also increases an individual's ability to overcome whatever challenges they were experiencing.

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00:49:21.565 --> 00:49:29.664

Because also a good majority of individuals who, at 1 point tried to kill themselves. Never go on to try it again. Right?

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00:49:29.664 --> 00:49:39.565

So, that kind of does show you that we are able to address and overcome those things that are potentially seem life ending at the time.

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00:49:43.949 --> 00:49:47.940

Okay, so.

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00:49:49.045 --> 00:49:58.735

We are able to use client disclosure in order to strengthen the working alliance right? Validating and supporting individuals.

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00:49:59.425 --> 00:50:08.905

And also to assess if individuals feel as though they're a burden to other people. Um, or if they feel like they don't belong with other people.

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00:50:10.045 --> 00:50:18.954

And then, that acquired capability is back to what I was saying, the, um, the concern of just having access to elite easily accessible, lethal means.

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00:50:19.554 --> 00:50:20.184

And so,

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00:50:20.215 --> 00:50:21.324

those things are,

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00:50:21.445 --> 00:50:24.385

are when we have a relationship with clients,

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00:50:24.414 --> 00:50:28.135

when we engage in an ongoing process of informed consent,

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00:50:28.135 --> 00:50:28.614

clients,

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00:50:28.614 --> 00:50:32.275

know our responsibility to their safety,

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00:50:32.275 --> 00:50:35.875

what they can and cannot share with us based on what we,

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00:50:35.875 --> 00:50:36.144

you know,

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00:50:36.144 --> 00:50:38.425

what they want and how they know,

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00:50:38.425 --> 00:50:52.585

we must respond if they were to explain to us that they were in danger and we also want to continue practicing as professional counselors to reduce our bias or

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00:50:52.614 --> 00:50:55.824

awkwardness around talking about death,

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00:50:55.855 --> 00:50:56.514

dying,

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00:50:56.545 --> 00:50:58.074

suicidal ideation.

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00:50:59.065 --> 00:51:07.585

Instead of using euphemisms asking. Are you thinking of killing yourself? How would you do? So right?  
So engaging in open and honest dialogue um.

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00:51:07.920 --> 00:51:08.340

But,

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00:51:08.364 --> 00:51:09.054

ultimately,

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00:51:09.054 --> 00:51:09.835

it's a process,

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00:51:09.835 --> 00:51:12.715

it's a product of a strong working related relationship,

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00:51:12.715 --> 00:51:19.855

and it also continues to strengthen that therapeutic relationship when clients know exactly where we stand that they can come to us and find,

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00:51:20.094 --> 00:51:20.664

you know,

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00:51:21.295 --> 00:51:22.494

congruent,

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00:51:22.525 --> 00:51:22.945

non,

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00:51:22.945 --> 00:51:24.534

judgmental empathy,

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00:51:24.925 --> 00:51:26.545

regardless of their situations.

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00:51:26.574 --> 00:51:36.025

And also, they know that we will take efforts to keep them safe. And so oftentimes clients find a lot of comfort in that as well.

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00:51:36.360 --> 00:51:41.815

So, this is an example safety plan and again, we've got 1 posted online.

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00:51:41.875 --> 00:51:54.144

Um, so we would talk about warning signs, internal, coping strategies, external coping strategies, people, and settings that can provide some distance and time people who I can ask for help.

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00:51:54.480 --> 00:52:09.119

Professionals that I can ask for help, and then also ways that we might need to make the environment safe for the individual, and this, you know, much like informed consent. The safety plan should be revised and revisited frequently.

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00:52:10.824 --> 00:52:24.864

All right, so, um, talked about this already plan ahead if you're going to do anything creative consult with parents, you know, to identify what kind of resources your clients have available, or talk to the client themselves, if, um, they are.

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00:52:25.469 --> 00:52:38.489

Of that age, um, I provided this resource here. Teachers pay teachers provides a ton of wonderful activities that you might be able to pull from. And each activity is very affordable. And, um.

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00:52:38.489 --> 00:52:42.179

And if you just Google teachers pay teachers, it will come up as well.

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00:52:44.489 --> 00:52:48.054

You have to have informed consent that is adapted for minors.

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00:52:48.054 --> 00:53:00.804

If you decide that you're going to provide services to minors determine when guardians might participate in session, which I suggest that last 10 minute, period, you need to confirm the location and identity of clients.

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00:53:00.833 --> 00:53:06.804

Every single Tele, counseling session, and I document that in my notes client was located in their home right?

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00:53:06.804 --> 00:53:21.144

And I know their home address, or if it is in a different location, client was at their Grandma's house, put that address in your note, or either add it to their list of contact information in your notes.

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00:53:21.204 --> 00:53:35.514

At some point. But again, we had this discussion earlier about emergency contacts and so take care not to save information that clients give you and use it for other purposes they did not intend. Right?

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00:53:35.514 --> 00:53:45.445

So, if they give you their Grandma's address, don't don't assume that that is an emergency contact that they're providing for you. Right? So, they might not.

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00:53:46.045 --> 00:53:59.875

You have to be very careful that they're the information they provide you about. Their location is not kind of mixed up with the information that you would use in the times of an emergency. It might be 1 of the same. It might not be.

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00:54:01.855 --> 00:54:13.014

For adolescence, you know, think about their developmental level again, incorporate guardians as needed and you can work with them to determine how you're going to get that information to them.

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00:54:13.795 --> 00:54:27.565

Um, for groups recognize that there's increased risk of confidentiality, whether you're in person or online. If you're running a group, right? Because I cannot guarantee that other members of the group are not going to devolve information that's shared.

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00:54:27.594 --> 00:54:42.534

So these are just some tips for working with groups. Uh, aside from what is true about groups, whether in person or online, um, also mentioned the, the risk that it might be easier for somebody to record or screenshot a member of the group.

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00:54:42.534 --> 00:54:46.375

It might be easier for that. And, you know, obviously say that is not.

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00:54:46.914 --> 00:55:00.835

Okay, and, um, you know, maybe having some sort of outline around like, if I find that you're doing these things, you know, what will be the next steps. Um, but when running a group, you need to identify every single member's location.

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00:55:01.074 --> 00:55:12.324

Um, you might instead of saying, like, my screen right now says Nicole, you might ask people to use just 1st names or use nicknames, um, on on the online platform, just to increase confidentiality.

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00:55:14.909 --> 00:55:26.550

For addictions, counseling, um, we need to continue researching effectiveness, um, just remember that individuals who smoke vape use certain.

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00:55:26.550 --> 00:55:29.905

Drugs are more susceptible to coded 19 and so,

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00:55:29.905 --> 00:55:31.375

in terms of social justice,

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00:55:31.405 --> 00:55:31.735

um,

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00:55:31.945 --> 00:55:35.215

it might be that we continue to use Tele,

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00:55:35.215 --> 00:55:44.605

counseling for individuals who are experiencing any sort of substance use issues specifically for that reason to keep them even more safe.

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00:55:44.635 --> 00:55:48.954

Um, you know, due to preexisting vulnerabilities.

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00:55:52.260 --> 00:56:00.809

Attend to the therapeutic relationship, assess developmental level. Also. Remember you're never too old to have fun. So, maybe even consider.

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00:56:01.585 --> 00:56:13.675

Creative activities for older individuals as well for couples pretty much the same as, you know, for groups plus individual maintain the focus on the couple itself.

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00:56:14.454 --> 00:56:25.465

And if either individual needs individual counseling to provide robust referrals, and perhaps setting rules, or however, it is that you typically approach couple's counseling.

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00:56:27.385 --> 00:56:41.815

All right, and for you as a social justice agent, you know, we can feel pulled in a lot of directions and I think that it's important to remember that we are a tool, but we are not the tool, right? We are not responsible for, for changing the world.

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00:56:41.815 --> 00:56:48.625

We're just responsible for doing our small part. So, remember to manage your time to.

495

00:56:49.164 --> 00:56:59.065

Really focus on work life, balance and self care. Um, bring everything you need to be comfortable while you're online. It can be draining. There's this real zoom fatigue.

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00:56:59.094 --> 00:57:12.594

So, whatever it is that you need, whether it's cosy pants, fluffy socks, whatever it is that you need to be comfortable, a blanket, um, a cup of tea, you know, come prepared and bring those things. So that you can be an effective counselor.

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00:57:13.375 --> 00:57:23.905

Definitely attend to the ethical and legal implications of Tele, counseling work to identify each client's unique needs. Just the same way as you would in person. Really?

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00:57:23.905 --> 00:57:34.465

Focus on the therapeutic relationship and those core conditions. Plus your basic helping skills and really continue to come back to that safety plan as much as possible.

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00:57:36.960 --> 00:57:41.909

All right, so.

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00:57:41.909 --> 00:57:49.289

It certainly has flown by this time here today and I really, certainly appreciate you all. Joining me today.

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00:57:49.289 --> 00:57:59.369

Um, what we are going to do is take a 5 minute interlude and then we are going to come everybody will be back in this room. And we'll talk about, um.

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00:57:59.369 --> 00:58:03.329

Oh, no, not every not. Everybody will be back in this room. Not at all.

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00:58:03.329 --> 00:58:17.070

Everybody's going to leave this room and everybody's gonna go to my Webex room, which is Nicole dot startle. So, let me go ahead and post that in here for you. And, um.

504

00:58:20.909 --> 00:58:27.210

And you can feel free log off and join me over in the other room whenever you are ready.

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00:58:27.210 --> 00:58:30.329

Thank you so much for joining me.

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00:58:30.985 --> 00:58:51.025

Okay.