

Taking It Online: Tips for Effective Online School Counselling



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Learning Objectives



- Identify benefits of remote counselling
- List practical strategies for transitioning online
- Understand unique aspects of confidentiality and privacy when working remotely
- Explain ethical and legal issues that may arise and identify approaches for risk management
- List ideas for engaging children and adolescents

Introduction



Dr. Alicia Janik, Psy.D.

- **Licensed Clinical Psychologist**
(Commonwealth of Virginia, United States)
- **More than 15 years of clinical experience**
- **6 years providing telepsychology services (therapy and consultation) with the Truman Group**
- **Facilitates peer consultation groups for school counselors from AISA and other international school organizations**

Benefits of Remote Work



- Gain more context and understanding of client's natural space and environment
- Client may feel more at ease in their own/familiar space
- Able to generalize skills to current environment
- Similar satisfaction ratings to in person
- Children and teens are sometimes even more comfortable and open on remote platforms ("technology natives")
- Less stigma with peers (less visibility)
- Easier access to parents/family members

Logistics - Technology



- **Technology is not perfect – it fails**
 - Having backup devices/networks
 - Being honest
 - Have a sense of humor
 - Be flexible
- **Internet connection**
 - Send tips ahead of time
 - Wifi – private connection (not public)
 - Close to router (directly connected is best with hardline)
 - Minimize multiple connections (maybe not possible)
- **Audio**
 - Using headphones
 - Give client feedback
 - Minimize background noise/distractions

Logistics - Technology



- **Backup plan for troubleshooting**
 - Create plan prior to or at start of session
 - What to do if either end gets disconnected (have backup devices ready)
 - Have Contact information readily available
- **Telehealth platforms**
 - HIPAA secure platform with BAA
 - Zoom, Doxy.me, Simple Practice, Theralink, Vsee, Secure Video, WebEx
 - Increased security if the platform has unique link for each meeting with password

Logistics - Technology



- **Minimize technological distractions**
 - Turn off cell phones
 - Disable alerts that are connected to the device you/they are using
- **Devices**
 - Use devices you are already familiar with and practice first
 - Have multiple devices available
 - Connect to power source if possible
- **Socialize client to videoconferencing**
- **Encourage them to prepare ahead of time**

Logistics - Physical



- **Positioning and Lighting – for you and the client**
- **Boundaries**
 - Put sign on your door and let others know not to disturb (client may as well)
 - Different space for work/professional calls versus personal calls
- **Appropriateness**
 - Dress/attire
 - Posture
 - Behaviors
 - Backdrop – neutral, child-friendly, not overly personal or distracting, familiar, same each time

Logistics - Physical



- Confirm location of services being provided (consistent with best practices)
- Consider time of day
- Private space with minimal distractions
 - “I can only see what is on the screen”
 - Ask more questions/be curious
 - Children and teens often prefer having more space to be able to move around

Logistics – Therapeutic Alliance



- **Set up Rules/Expectations**
 - Developmentally appropriate
 - Agreeing to not engage in other tasks
 - Length of meetings
 - Comfort in space they are in (re: privacy)
- **Lean slightly forward and look directly into the camera (adjust height of camera as necessary) to show engagement and empathy**
- **Animate yourself by about 10% to be equally effective (but try to avoid excessive gesturing or rocking in chair etc.)**

Logistics – Transition to Telehealth Platform



- **Use checklist** (See resources)
- **Practice makes perfect (or at least smoother)**
 - Try making calls with others
 - Ask for honest feedback
- **Document rationale for shift in modality**
 - COVID-19
 - Location of client at time of meeting
 - Who is present and why
 - Include assessment of appropriateness for modality

Confidentiality and Privacy



- **Provide informed consent with family to include:**
 - What will be the focus of meetings (generally)
 - What will you share/not share with parents?
 - How involved will they be?
 - Mandated reporting (when/how)
 - Limitations of tele-counseling sessions
 - Discuss security and risks of technology/platform used
- **Communicate and set limits**
 - How often and when will you connect with them
 - How can they reach you
 - Limiting transmission of private information (save for live interactions)
 - No recording of sessions (for their own privacy)

Navigating privacy: when everyone is at home



- **Complications**
 - Was the student already seeing you in-person? If so, was the family?
 - Socializing parents to counseling in general
- **Private space**
- **Thin walls/background noises**
- **Flexibility re: what is feasible**
- **Get creative**
 - Identify code words for sensitive topics or information
 - Adjust how you ask questions
 - Talking out loud versus typing responses via chat functions/drawing

Ethics and Risk Management



- Have contact numbers and emails readily available
- Know local resources
- Know local laws/regulations re: telehealth practice
- Know your governing body's guidance and ethical practices re: telehealth
- Is the presenting issue appropriate or feasible via remote work? If not, shift focus/modality
- Assess risk as necessary (abuse, neglect, self-harm, domestic violence, suicidal ideation etc.)

Ethics and Risk Management



- Plan for the unexpected (client slams computer closed/ends call)
- Interjurisdictional practice
- Regulations changing frequently amidst COVID-19
- Being flexible and using clinical judgment
 - Not *just* about the “rules”
- Contact colleagues to consult

Communication Challenges & Tips



- **Watch for signs of abuse and neglect**
 - Relevant history/context
 - COVID-19 and related adjustments are MAJOR stressor
 - Gather collateral information
 - Increased risk for domestic violence (pressure cooker)
 - Intervention is not only with the student
- **Behavioral and symptom regression**
 - Normalize
 - Review previous strategies
 - Adjust/tweak strategies and supports given new context

Engaging children and teens remotely



- Resiliency demo: Dr. Mary Alvrod
(rubberband, turtle, remote control)
- Have them show you or share personally salient items
- Use exaggerated expressions/gestures as needed
(virtual high-fives, thumbs up, fist bump, Dab etc.)
- Introduce pets (yours or theirs)
- Screen time (what can they do that is NOT focused on the screen)

Engaging children and teens remotely



- Movement breaks
- May use more summary statements, reflections, and observations to remind client that you are present/listening
- Consider engaging adolescents by exploring an online site together (obtain parent permission to access other internet based platforms first)

Engaging children and teens remotely



- **Session may be much shorter than in-person!**
- **Translating in-person activities to remote**
 - Using whiteboard/screen share of PowerPoint presentation/holding things up to camera
 - Encouraging parents to have certain items available to student (what do you have in your office and what do they have available at home – toy figures, Uno, Battleship etc.)
 - Supplies for you: art supplies, paper, puppets, games/toys)
 - Virtual games (tic tac toe on whiteboard, Unofreak for online play etc.)
 - Creating shared drawings (writing in thought/conversation bubbles)
- **Feeling, Body, Thoughts, Behaviors Box**
- **Virtual Hope Box**
- **Mood Coach – VA, free, research behind it**
- **Groups**
 - Lunch bunch
 - Relaxation/mindfulness exercises (5 senses, deep breathing, mindful walking, describing an item)
 - Have everyone stay on mute unless speaking
 - Content based – anxiety or stress management, problem solving,

Challenges and Self Care



- “Zoom fatigue”
 - Feeling more exhausted after live video calls/interactions
 - Sense of performing /feeling “on” all of the time
- **TIPS:**
 - Take more breaks
 - Build in transition
 - Limit video calls as much as possible (save for most important contacts like counseling sessions)
 - Create physical boundaries/space
 - Technology-free time
(outside/nature/reading/cooking/art/music/exercise etc.)

References and Resources



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- American Psychological Association : Office and Technology Checklist for Telepsychology <https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist>
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- American Psychological Association Telepsychology Best Practices 101 Training Series (currently free related to COVID-19 and an excellent resource/training!): <https://apa.content.online/catalog/product.xhtml?eid=15132&eid=1921>
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References and Resources



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- Higher Education Mental Health Alliance: http://hemha.org/wp-content/uploads/2019/01/HEMHA-Distance-Counseling_FINAL2019.pdf
- Mood Coach (Free application via U.S. Veterans Affairs) <https://www.mobile.va.gov/app/mood-coach>
- Myers K, Nelson E-L, Rabinowitz T, et al. American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents (2017). *Telemedicine Journal And E-Health: The Official Journal of The American Telemedicine Association*, 23(10):779-804. doi:10.1089/tmj.2017.0177.
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