

## Pointers for Video Conferencing:

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### Orient the Client/group:

- What platform are you using?
- Is it HIPAA compliant? What does that mean?
  - Some people's clients choose to use Skype or a version that is not HIPAA compliant. It is not saved but is hackable.
  - Can the session be recorded?
  - By whom (can any user hit record)?
  - Where do recordings go, e.g. a hard drive, server or the cloud?
  - Who has access or could get access?
- Where is the client meeting you?
  - Can others see or hear?
  - Can they be mobile?
  - Do they have to wear a headset?

### What to do if the client disappears from the meeting. It could be that the internet dropped or it could be that they disconnected.

- Group: Co-lead texts/calls immediately. What happens if they don't respond? Contact primary therapist who knows client and what type of intervention is needed.
- Individual: Therapist works from assumption that it is a technical difficulty and seeks to reconnect.

### What to do with miss/drop out rules if you are doing video-therapy only because of the COVID-19 crisis.

- Observing limits: Means there's not a standard answer
  - The client did not agree in pre-treatment to video sessions
  - Suspending the drop-out rule or not
  - Pressuring people to tolerate it v. allowing them not to participate in something beyond their commitment

### Camera Placement:

- Group:
  - Does your platform allow you to make notes (whiteboard function). If not, camera placement includes a way to show the board in group
  - Using a platform with a whiteboard versus recording in a room in front of a whiteboard
- Individual:
  - Capturing avoidance. Does the camera need to show their entire body, e.g. a client plays with things in their lap v. does it need to be a close up because you can see avoidance on their face?

**Therapist style:**

- Being on camera is like being on stage. Everything has to be amplified.
- Using strategies deliberately and in a more exaggerated form
- Scheduling more check ins (text/call) than usual to keep connection.
- In group, the talkers will talk and the people who don't talk will avoid. Make sure you directly call on people and wait for them to talk.

**Starting/continuing DBT- PE**

- No definitive answer
- On our team, it depends upon the client
  - We are not starting new protocols (at least for the moment)
  - Paused one client between trauma memories

**PE & Telehealth Data**

Acierno, et.al. (2017). "Telehealth treatment delivered directly into patients' homes may dramatically increase the reach of this evidence-based therapy for PTSD without diminishing effectiveness."

Please feel free to contact us if you have questions or additional needs.

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