

# Transitioning to Video Counselling Work with Adults

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A scenic landscape featuring rolling green hills, a large tree on the right, and a body of water in the foreground. A large red circle is centered over the image, containing the text "Acknowledgement of Country" in white. The circle is surrounded by a ring of smaller red dots.

# Acknowledgement of Country



videopsychotherapy,  
tele-mental  
healthcare,  
videoconferencing  
telepsychology, clinical  
videoconferencing,  
skype counselling,  
e-counselling...



Your strengths and skills as a  
practitioner will still shine.

Client outcomes are comparable.



Nurture and draw on your  
colleagues

You're not alone!



Growth is never linear but  
practice increases performance

Practice our resilience/recovery/affirmation practices

# Potential desire for more online delivery



PHYSICAL DISTANCING/ ISOLATION  
EASING BUT PERSISTING



MORE SERVICES OFFERED ONLINE



FUTURE CLIENT DEMANDS /  
THOSE UNDERSERVED

# Reflect on your current practice



What do you see as your strengths as a counsellor?



How do you establish rapport with your clients?



What areas of interests do you often explore?



What handouts/tools do you prefer to use (eg DASS, whiteboard)?





# Consider Why vs What

# Suitability with clients



Activities/assessments that cannot be performed



Client access to technology (including IT capabilities)



Barriers to access (physical/visual impairment)



Risk of harm to self/others



Symptomology/Severe Psychological Disturbance/Non-compliance/Boundary violators

# Risk management



Privacy of the client setting (and conditions of service)  
– including checklist for every session



Registration form (informed consent, privacy statements, emergency contacts)



Safety plans / Contingencies to interruptions



Internet connection - Technical prioritising (configure modem, limit other use) / Phone tethering



Copyright issues

At the start of  
the  
session/call,  
confirm



Client registration form completed (informed consent/privacy)



Their current location



They have safety/privacy to speak freely and not be overheard



Emergency contacts



Possible disclosure if safety issues for self/others occur



what to do in case of disconnection

# Practical considerations: Set-ups



Physical setup of your room, lighting, ambient sound, background, revealing personal details



Camera (including framing), headset/microphone, professional dress and conduct



Privacy of your sessions – Do not disturb sign, your devices (prevent interruptions, distractions), discussion about recordings



Computer desktop/windows open may be revealed if you use screen-share

# Practical considerations – Set-ups



Test set-up with client prior to session, or factor in 10 minutes of technical setup with first session. Periodically check they hear you ok.



Practice with the technology with colleagues before



Have any equipment/tools within easy reach



Have your computer desktop setup – with browser tabs for any resources you want to use



Plan/Arrange shorter sessions. It is likely to be more to take more energy if you are still getting used to it.

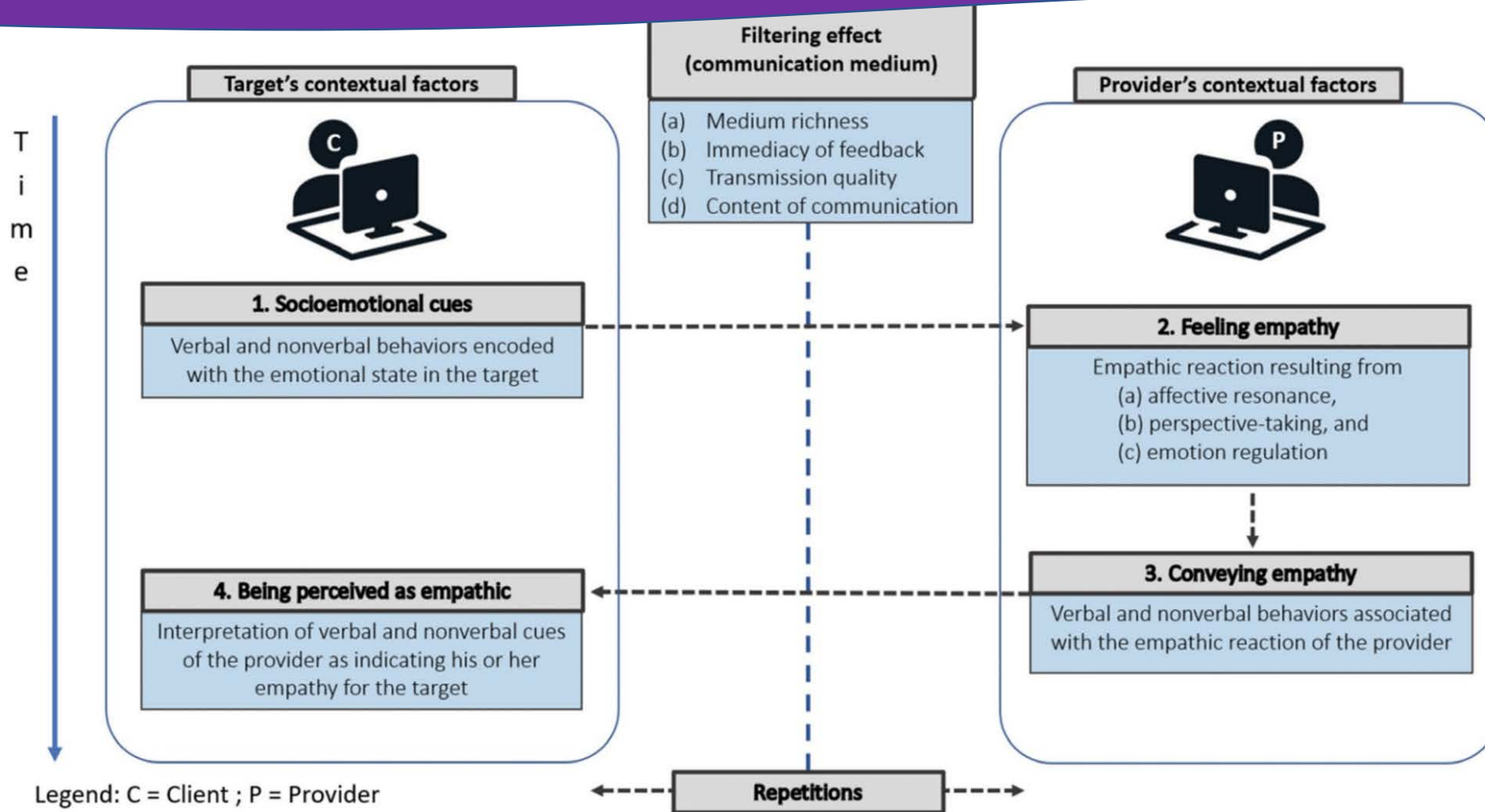
# the therapeutic alliance...

## Task / Bond / Goal (WAI)

Heard & respected / Goals / Approach fit / Overall (SRS)



# Filtering effect of Videoconferencing



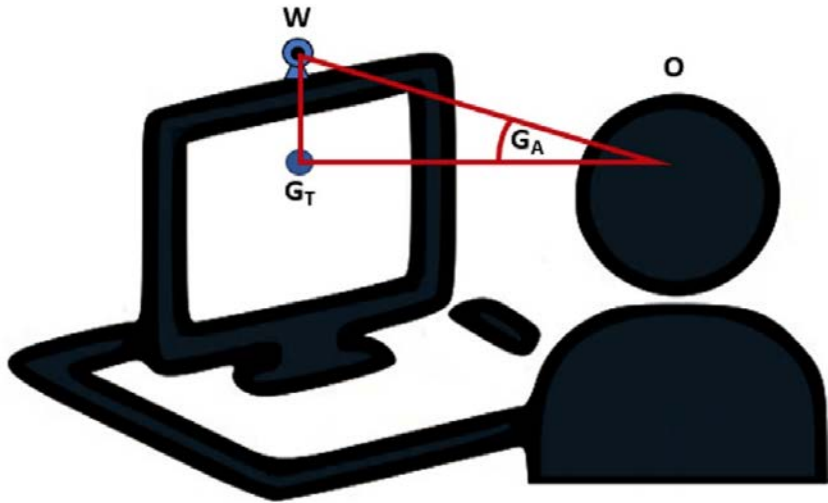
From: Grondin, F., Lomanowska, A. M., & Jackson, P. L. (2019). Empathy in computer-mediated interactions: A conceptual framework for research and clinical practice. *Clinical Psychology: Science and Practice*, 26(4), e12298.

//Kocsis & Yellowlees (2018)



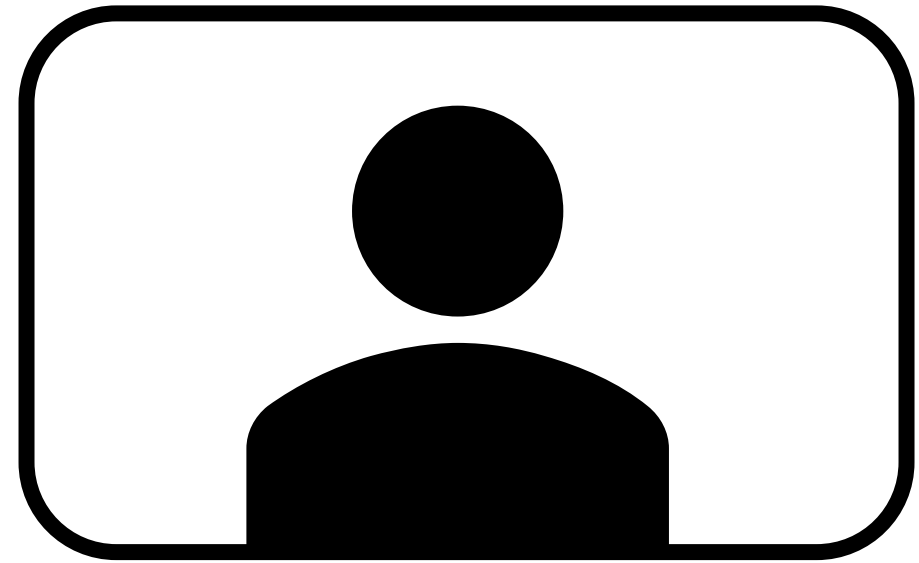


# Camera framing and angles



Legend:  $G_A$  = Gaze angle ;  $G_T$  = Gaze target ; O = Observer ; W = Webcam

85%–98% favored a  $7^\circ$  angle (more straight to the camera) vs. a larger (lower on the screen) gaze angle



Clinicians favoured an upper-body framing of themselves (Medium Frame Shot), resulting in >60% gestures and arm movements made out of frame

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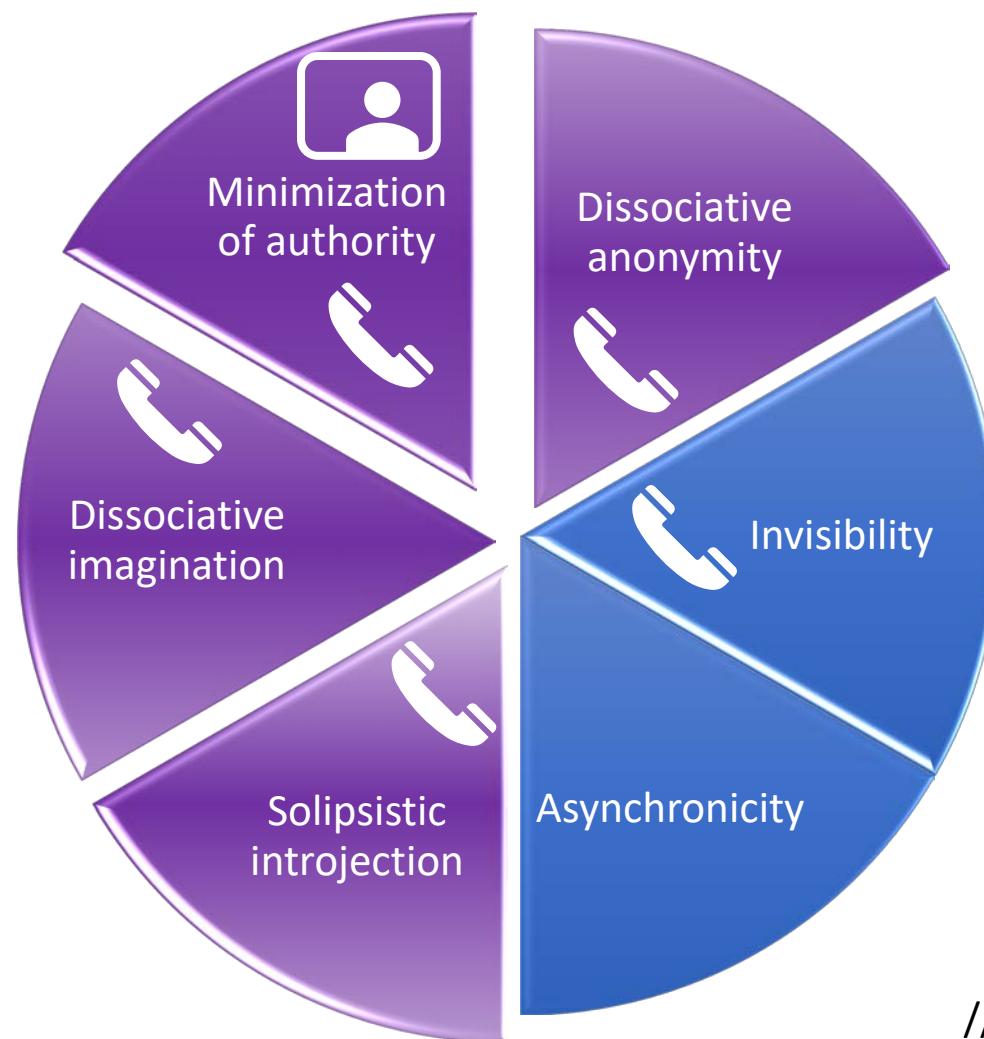


# No Filter / Online disinhibition\* effect

Suler identified:

- Benign disinhibition
- Toxic disinhibition

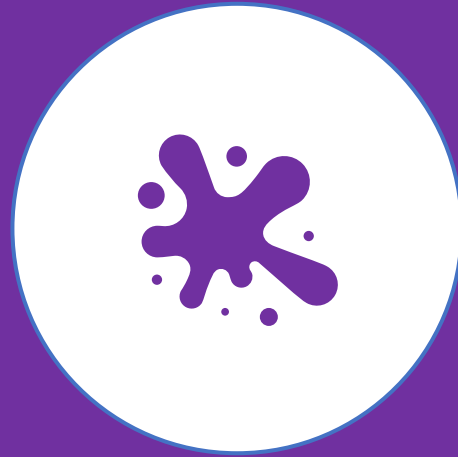
Initial focus was on media:



\*Context influences expression

Believe in the medium: “Research has shown that the quality of the therapeutic alliance using telehealth is comparable to face-to-face.”

**Establishing rapport**  
Reflect on how you do this best.



Relax  
if things go wrong

Forgiveness will come.



Ok to admit you don't know  
or are not a tech expert.

# Enhancing your video presence



Practice self-calming/soothing before session



Slow your pace.... Pause often...



Be more visual - Less 'Mmms" (to avoid speaking over), more nods, more pronounced verbal and non-verbal cues (eg hand gestures vs your normal body language)



Refresh/develop further your auditory counselling skills (eg telephone counselling skills) - More reflecting / summarising and paraphrasing

# Disability clients



Hearing impaired: Use 'Live Captions' in Teams, Chat function, share screen – type key points)



Visually impaired: Probably using already screen-readers, focus on auditory counselling skills - More reflecting / summarising and paraphrasing



Physically impaired/Increased sensitivity: Likely to use technology a lot (maybe with modified equipment), online provides greater access than f2f for clients



Learning difficulties: ADHD (share screen – type what goals or content to cover), ASD (discuss what might be helpful)



Anxiety: Individuals with Social-Anxiety Disorder more willing to engage via video than f2f

# Share screen feature to be more visual



Documents eg tip sheets, handouts, schedule template



Whiteboard / drawing program to share drawing together - drawing family structures and sociograms (eg social relations, channels of influence)



Youtube clips (eg [Procrastination](#), [Delayed gratification](#), [power poses](#))



# Online assessment tools



[Novopsych](#) (online psych assessments) – Free up to 50 clients. Can be administered on iPad.



Emotional thermometer (eg [tinyurl.com/tmeter](http://tinyurl.com/tmeter)) – {Andrew created this}.

## Additional treatment options

Exposure therapy with home-based triggers

In-situ calming techniques

Use their own props for sociograms



# Mobile Apps

Linardon et al. (2019) - a meta-analysis of 66 randomized controlled trials: “significantly outperformed control conditions in improving **depressive and generalized anxiety symptoms, stress levels, quality of life, general psychiatric distress, social anxiety symptoms, and positive affect...** no benefits for panic symptoms, PTSD symptoms and negative affect.” Outcomes were self-reported. No long term follow up was done.

Parker et al. (2019) raise concerns about the consumer privacy and health safety with apps.

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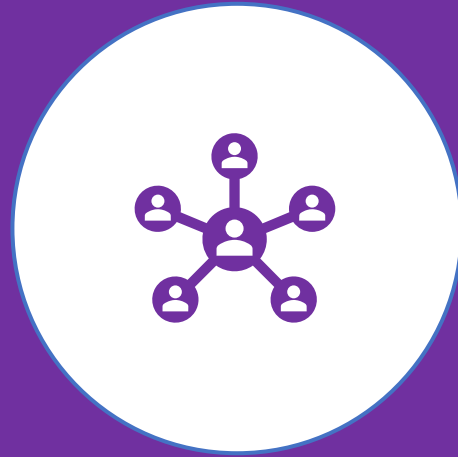
# APS Specific resources

- [Telehealth Service: Information for Consumers / Information for GPs](#)
- [Telehealth: FAQs for providers](#): Provider eligibility, Eligible recipients, number of Services, Technical issues, Professional issues, Billing
- [Telehealth considerations for providers](#): Client considerations, Clinical practice considerations, Organisational/practice considerations
- [Principles for choosing videoconferencing technology](#): 1. Providers take a client-centred approach to their choice of technology for use with telehealth. 2. Telehealth providers select and use videoconferencing technology that is fit for purpose. 3. Providers take *reasonable steps* to ensure the videoconferencing technology meets privacy obligations.
- [Ethical guidelines for providing psychological services and products using the internet and telecommunications](#)
- [Checklist for providers using telehealth services](#)
- [Coronavirus 'do not enter' practice poster](#)



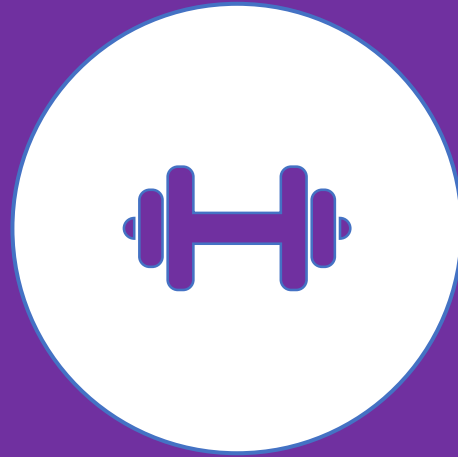
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other resources are available from:  
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