

Staying connected from a distance: How to build and maintain therapeutic relationships using telehealth

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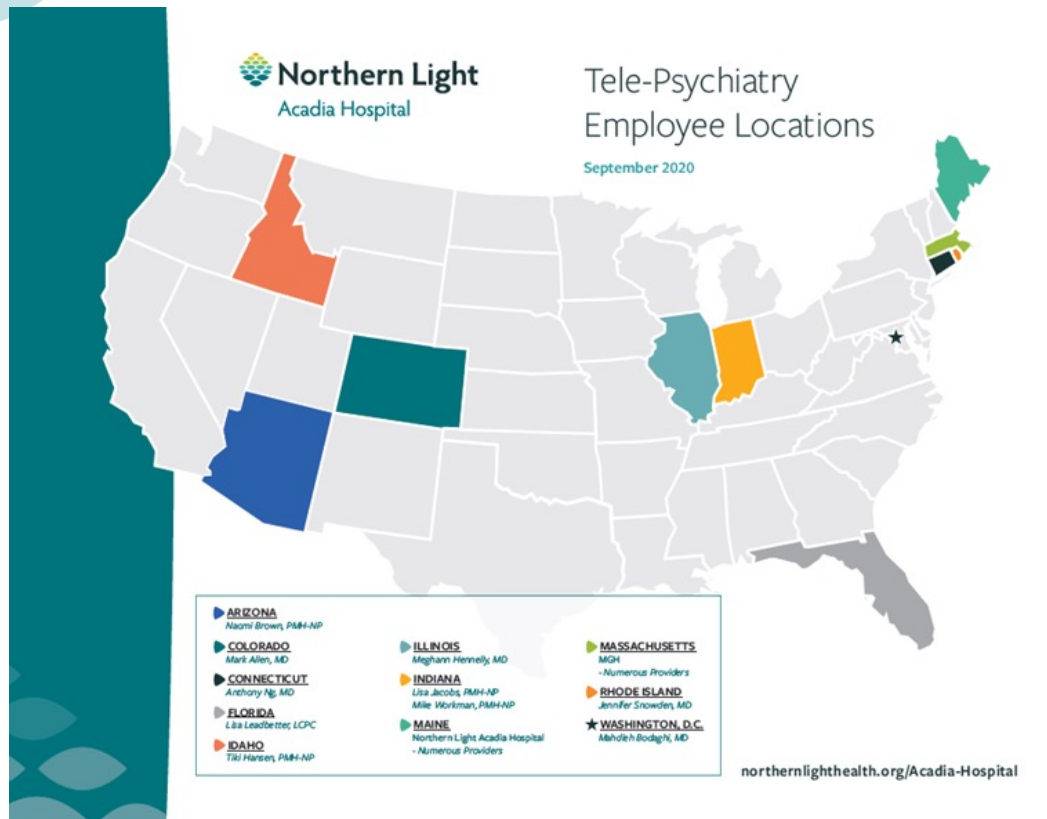
Welcome to Northern Light Integrated Behavioral Health



Objectives

1. Participants will understand the role of authentic virtual engagement when working with patients with substance use disorders.
2. Participants will articulate how to adapt their communication style to engage with a treatment team, including patients and families, when working with patients with substance use disorders.
3. Participants will develop strategies to effectively connect with patients, teams and families using a virtual medium.

Virtual platforms have broadened our reach



Perceived barriers to telehealth for SUD

- Lack of adequate compensation/coverage.
- SUD treatment often relies on frequent visits, intense monitoring through urine toxicology.
- Wide-scale telehealth adoption requires both training in and access to secure technologies for both patients and clinicians.
- Privacy concerns.
- Assumptions that individuals living with OUD would be unable or unmotivated to participate in telehealth counseling.
- Concerns that individuals with SUD would not have technology (smartphone) to participate in treatment
- Belief that there is a loss of therapeutic rapport in remote visits.

Perceived benefits of telehealth for SUD

- Addresses barriers to care such as lack of transportation, inclement weather, childcare/eldercare coverage.
- Improve efficiency following a missed appointment by allowing a provider to immediately fill a timeslot with a patient who is on the waitlist or in need of an urgent care visit.
- Overcome the common challenge of staff turnover, as flexible work hours, including the ability to telecommute, can lead to improved job satisfaction and increased employee retention.
- Better treatment outcomes for patients who are able to maintain treatment consistently over the long term.

How do we engage patients who are concerned that telehealth will be ineffective?

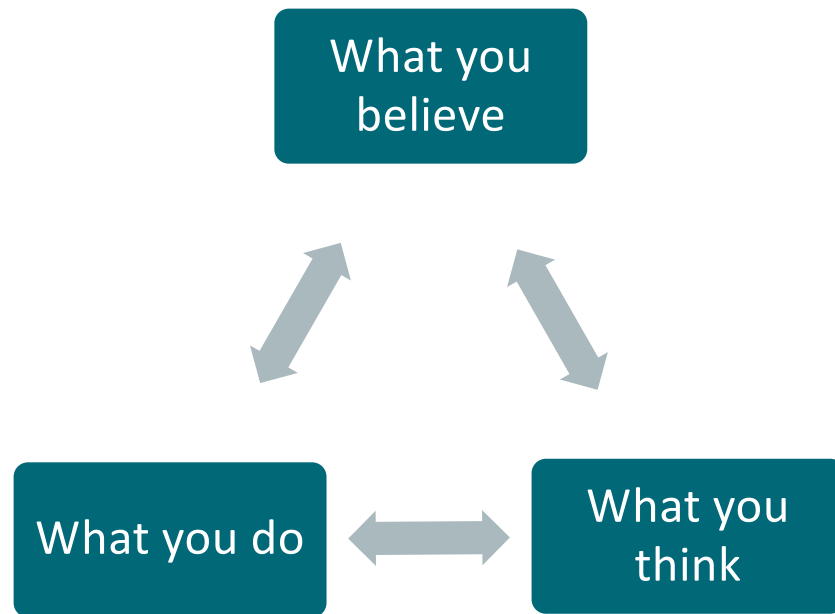
Take time to listen and explore further

- Anxiety is often underlying “resistance”.
- The same anxiety that contributed to the development of a substance use disorder is now focused on distrust of the recovery medium

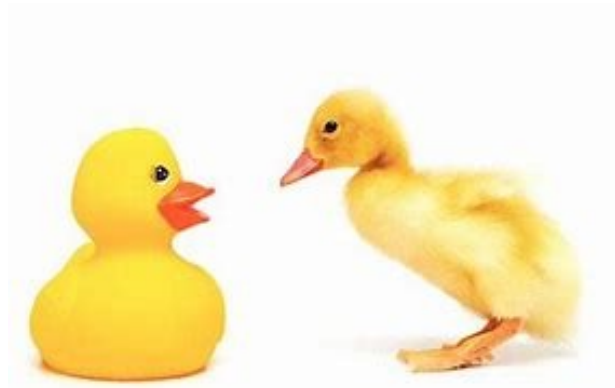
Work through resistance to/fear of telehealth as be part of the therapeutic process

- Let the barriers serve as therapeutic reminders to **slow down**
- Make each step of the therapeutic process a mindful one
- Remain in tandem with the patient’s process
- Collaboratively create realistic expectations for the recovery process

Engage in *authentic communication*



- Self-awareness and a solid moral compass
- Genuine relationships
- Honest engagement and active listening
- Providing direct, useful feedback
- Fairness and consistency
- Collaborative rather than directive– shared decision making



The Keys to Authentic Communication via Telehealth

1. Openly invite engagement.
2. Be clear and direct.
3. Choose your medium carefully.
4. Clarify the question before you answer.
5. The virtual workplace means we must work harder to be human.



Being an authentic virtual clinician means being “real”.

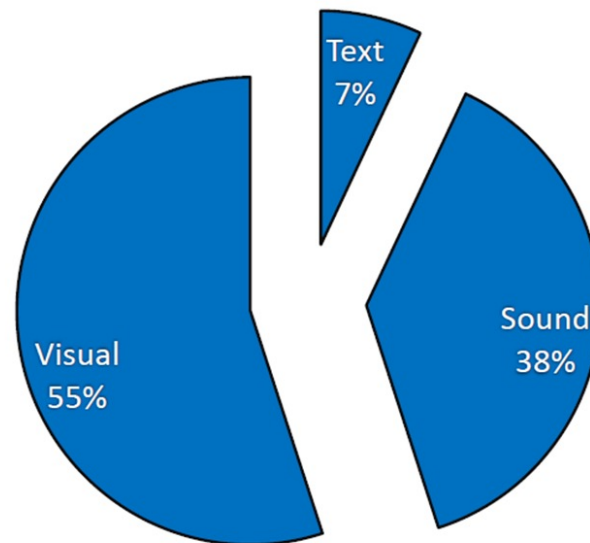
How can we be real in a virtual visit?

Some things never change:

- Remember that the provider-patient dynamic is a relationship.
- Do what you say you will do.

There are challenges unique to virtual leadership.

- How we get messages:



Virtual communication can threaten patient engagement without good structure.

A virtual relationship needs to have even more structure than a traditional appointment and must spend even more time on basic good practices:

- Appointments need a clear purpose and objectives
- Establish ground rules
- Create and follow a shared treatment plan
- Develop communication protocols

Openly invite engagement.

Never talk for more than a few minutes without engaging the patient. Open questions engage people and get them talking:

- *What should we focus on today?*
- *What are your concerns?*
- *What is getting in your way?*
- *How can I support your recovery?*



Choose your medium thoughtfully.

The lack of visual cues and different cultural norms demands more proactive management of expectations.

Create a healthy balance between

- Synchronous connections
- Asynchronous connections
- Face-to-Face
- Phone
- Online/portal Communication



Use e-mails and portal for facts not feelings.

Loss of valuable visual cues can create misunderstanding.

- Senders tend to use e-mail or portal to communicate negative messages.
- Receivers are inclined to assign negative content.
- If your patient cannot see you or hear you, they will assign tone and motivation.
- If you cannot see or hear your patient, you cannot manage their response.

Clarify each question before you answer.

Why?

- Perhaps **you** didn't understand it correctly
- You perceived hostility or evasiveness where there was none
- You'll have time to craft a better answer
- Virtual environments easily create misunderstanding

Allow for silence, but explain why

- People need to pause to process complex information.
- Engages less assertive patients

Virtual healthcare means we must work harder to be human.

To **trust** you, your patient must:

- Know you
- Like you (!)
- Respect you
- See your consistency

How?

- Tell an (appropriate) personal story or anecdote
- Ask pointed questions about their lives
- Use humor
- Empathize

Use your voice effectively.

A strong voice inspires **trust and security**.

- Projected voices **get attention** more easily.
- More **volume means more energy**.
- We “tune out” repetitive sounds.
- Variation supports meaning.

Give the kind of energy you want to receive

- Smile
- Positive language
- Humor

Reflects on Medication Assisted Treatment

- Of necessity, the strict standards we had prior to the pandemic very quickly became more flexible.
- Some aspects of the assessment that were made possible by having the patient in a medical setting (alcohol odor, staggered gait, etc.)
- Seeing patients in their own space (homes, job sites) allows the provider a different view into the patient's world.
- For patients with a history of violence, telehealth tends to feel less stimulating/confrontational/threatening; because of this, both provider and patient are less tense.
- Therapeutic alliance really depends on the providers ability to connect. Lean forward, nod, smile, appear relaxed.
- “You aren’t here but you are – you know?”

Put the *shared humanity* back in the patient-clinician relationship

Whether we are together in a physical space or a virtual space, connectedness is:

Validating
Engaging
Healing



References

- Barrett, D. (2008). *Leadership communication*. New York: McGraw-Hill/Irwin.
- Duarte, D. L., & Snyder, N. T. (2006). *Mastering virtual teams: Strategies, tools, and techniques that succeed*. John Wiley & Sons.
- Hughto, J. M., Peterson, L., Perry, N. S., Donoyan, A., Mimiaga, M. J., Nelson, K. M., & Pantalone, D. W. (2021). The provision of counseling to patients receiving medications for opioid use disorder: Telehealth innovations and challenges in the age of COVID-19. *Journal of substance abuse treatment*, 120, 108163.
- Keever, L. (2017). *Authentic Leadership in the Virtual Workplace: Strangers in a Strange Land* [PowerPoint slides].
- Kiesler, S., & Sproull, L. (1992). Group decision making and communication technology. *Organizational behavior and human decision processes*, 52(1), 96-123.
- Lin, L. A., Fernandez, A. C., & Bonar, E. E. (2020). Telehealth for substance-using populations in the age of coronavirus disease 2019: recommendations to enhance adoption. *JAMA psychiatry*, 77(12), 1209-1210.
- Mehrabian, A. (1971). *Silent messages* (Vol. 8, No. 152, p. 30). Belmont, CA: Wadsworth.
- Molfenter, T., Boyle, M., Holloway, D., & Zwick, J. (2015). Trends in telemedicine use in addiction treatment. *Addiction science & clinical practice*, 10, 14.
- Molfenter, T., Roget, N., Chaple, M., Behlman, S., Cody, O., Hartzler, B., & Becker, S. (2021). Use of Telehealth in Substance Use Disorder Services During and After COVID-19: Online Survey Study. *JMIR mental health*, 8(2), e25835.

Questions

