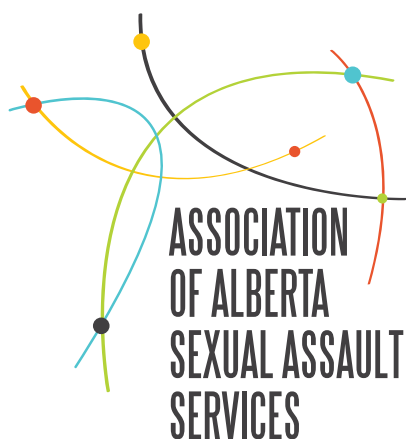


GUIDELINES FOR SEXUAL VIOLENCE REMOTE COUNSELLING: WISE PRACTICES TO BUILD ON



Written by Kathleen Gorman
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AASAS GUIDELINES FOR SEXUAL VIOLENCE REMOTE COUNSELLING: WISE PRACTICES TO BUILD ON

INTRODUCTION

Rationale and Approach

Since the onset of the pandemic public health restrictions in March 2020, the Association of Alberta Sexual Assault Services (AASAS) and its 14 member-agencies have been engaged in various network initiatives to support the highest standard of remote service delivery.

Virtual interviews with AASAS clinical network committee members and other AASAS network therapists were held in late Fall 2020. This exploration focused on gathering wisdom on AASAS member agencies' delivery of remote (virtual/telephone) sexual violence counselling services since COVID-19 protocols were put in place. These interviews were aggregated into a Wisdom Gathering Summary (Gorman, 2021a) and themes were identified for exploration in a literature review (Gorman, 2021b). The literature review served as the foundation for the guidelines document on emerging, wise practices for AASAS member agencies specifically on the delivery of sexual violence trauma treatment via remote counselling services^{1 2}.

In exploration of the title and intent of this AASAS document, the phrases “best practices”, “promising practices”, and “emerging practices” were considered. In the end, “wise practices” was chosen to represent the spirit of this guideline. The term wise practices has been widely used in Indigenous contexts.³ It supports a broader view of ways of knowing and healing, moving beyond a western lens of treatment approaches. Within a wise practices context, no one format or approach can be prescribed or will fit all circumstances. Careful thought must be given to the requirements of each setting, with practitioners taking responsibility for appropriate formulation of applicable integrative strategies (Nabigon & Wenger-Nabigon, 2012, p. 44).

Scope of Content (Telephone and Video Counselling⁴)

This Wise Practices Guideline (Guideline) focuses on remote counselling approaches for sexual trauma, recognizing that the evidence base for processing sexual violence trauma across the life span via remote technology is still in its infancy. The scope of this Guideline includes remote sexual violence counselling for individuals and groups, across the life span, and with respect for choice, equity, inclusion, and cultural safety. It also includes wise practices for therapist wellbeing, education, and supervision that are emerging in the grey and academic literature. The scope of this Guideline is limited to synchronous therapeutic approaches via telephone and videoconferencing.

Professional Standards of Practice and Codes of Ethics

This Guideline was created to support the high degree of specialization of sexual violence services. It serves

1 For the purposes of this document, “Remote counselling services” includes videoconferencing and telephone therapies.

2 The author Kathleen Gorman has also contributed to the emerging wise practices found in this document with learnings from her remote counselling services in both private practice and not-for-profit agency service delivery.

3 “*Wise practices*” has been defined as “locally appropriate actions, tools, principles or decisions that contribute significantly to the development of sustainable and equitable conditions” (Wesley-Esquimaux & Calliou, 2010, p.19).

4 Text, email and chat counselling are not included.

as a compliment to existing standards of practice for the various regulated professionals working in AASAS member agencies. Existing professional standards of practice and codes of ethics will always supersede this Guideline should there be any conflict.

Scope of Practice/Competency

The best place to start when assessing whether or not a therapist is ready to work safely and ethically remotely is with the competence framework of their respective professional body that identifies the knowledge, skills, and abilities required for this work. While the literature supports positive therapeutic outcomes with the provision of remote counselling, a number of clinical concerns have been identified. In comparison with in-person sessions, the therapist has less control over the session given the client can disconnect from the online platform or phone instantly. Dependent on training and experience, therapists may feel less confident to engage in trauma processing when the client is not in their office, may find it more challenging to discern nuances in facial expressions or body language in videoconferencing formats, and in telephone counselling, and will have to depend on attuning to non-visual cues (voice, breath, pauses). Some examples of competencies when providing remote counselling include: ability to work within a core theoretical model that translates to online therapy; ability to form and maintain an effective therapeutic alliance; ability to work with an awareness of and mitigating against the increased risk of misunderstanding when communicating; and ability to work creatively using remote counselling technology (ex. whiteboards, links, music, visual/auditory aids, etc.).⁵ There are many training and certification opportunities for therapists to (a) develop their skills in remote counselling in general as well as (b) specialized modality training for remote service delivery.⁶

Live Document

As with any guidelines for practice, this is a living document. Wise practices literature for remote counselling practices and particularly remote counselling practices for specialized sexual violence trauma counselling is still emerging even as this Guideline is written. There are bound to be changes in the field that will inform, enhance, or replace this Guideline as time goes on.

⁵ <https://www.bacp.co.uk/media/10849/bacp-online-and-phone-therapy-competence-framework-feb21.pdf>

⁶ See links to select telehealth and specialized modality training on page 37.

WISE PRACTICES TO BUILD ON

The pandemic has influenced every aspect of service delivery and has made the use of remote technology a necessity for many rather than a convenience for those who may have already been implementing remote technology in their practice. Videoconferencing and telephone counselling circumvents barriers to treatment for clients who have physical limitations to attend in-person counselling; social anxiety; perceptions of stigma relating to therapy and mental health; travel challenges; geographic isolation; time and/or financial constraints; reluctance to being seen on video or in-person (telephone counselling provides a high degree of anonymity); and/or have not had experiences of choice and personal agency regarding how to access counselling. Findings from studies and meta-analyses demonstrate that video and phone counselling have similar retention rates when compared to in-person counseling. Both modalities have been found equally effective at significantly reducing symptoms of depression, anxiety, and stress, and increasing quality of life. In terms of the therapeutic relationship and process, studies reviewed consistently reported that technology issues did not detract from therapy and clients were typically able to develop a positive connection with the therapist (Gorman, 2021b).

***Wise practice:** Remote counselling services are believed to make counselling possible for some who would not otherwise seek or receive counselling services. It particularly enhances access for historically under-served and more vulnerable trauma survivors.*

SETTING INITIAL CONDITIONS

Your environment

Physical space

Whether working from your agency office setting or a home setting, make sure that the workspace where you conduct your remote counselling is private, which includes taking steps to ensure that other people are not able to overhear your sessions (e.g. white noise machines) and minimizing the chances that you will be interrupted in this space (e.g. signage on doors, doors closed, turning your phone and computer alerts to silent). Also recognizing that especially when working from home, children, pets, home deliveries, and so forth may make this challenging to achieve!

“Edit” your workspace

Consider the types of objects that are visible in the background. You may like to include plants and artwork or other objects that offer pleasant or neutral images for both you and the client. We have shifted from a three-dimensional to a two-dimensional space so it helps to have a warm, inviting background to welcome clients. Look around your space with “client eyes” before sessions and remove any belongings or items that may be distracting from the client’s range of view. If you engage in a 360° camera view activity at the start of your sessions, you will need to ensure your entire space has been “edited”.

Lighting

Lighting can have an important impact on the quality of the experience for your client. Poor lighting conditions can make it difficult for clients to see you and can be a source of distraction. Some useful things to consider are avoiding backlighting (when the source of light is positioned behind you – like natural light coming in from a window) or overhead lighting. Position yourself in a way that reduces shadowing of your face. Placing a light directly behind your screen/monitor is helpful and will help clients read your facial expressions.

Background noise

If background noise is an issue for you, consider using a lapel microphone, earbuds, or headphones with built-in microphone to pick up your voice more directly. If you are taking notes while in session and especially if you are taking electronic notes, wise practice suggests using a separate headset microphone.

What to wear

Some cameras create optical illusions with striped or patterned clothing which can be distracting for the client. It is recommended to wear solid colours that contrast with your background so that you are clearly distinct from your background.

Wise Practice: *Privacy is both real and perceived. Be sure that not only is your space private, but that from the viewpoint of your camera it looks and feels that way to your client. It may be unsettling for a client to see an open door in your background or see you in an open air setting (depending on the cultural context). Keep windows and doors in mind. You might like to consider not having windows or doors in your image to reduce the chance of someone passing by or unexpectedly dropping in.*

SETTING INITIAL CONDITIONS

Your digital space

Technology

Get familiar with the technology you are using before you engage in client sessions. Always establish your internet/cellular connection, camera, and audio before client is expected to join. Ensure your device is fully charged and charger readily accessible. If you are using a smartphone or tablet consider getting a tripod to keep it steady. You can prop it up but it may slide down during the session, getting awkward angles of you and distracting from session work. There are abundant resources outlining digital platforms and connectivity requirements and trouble-shooting.

Your screen

“Edit” what is visible on your computer, by exiting, or at least minimizing, programs that aren’t needed during your session. This is particularly important if you plan to screen share, both to aid your navigation in-session, and to protect privacy. Remember to disable your email/text notifications to protect privacy and minimize distractions.

Resources

Prepare and upload in advance any resources (consent forms, screening and assessment tools, handouts, videos, etc.) you may use during the session. Video conferencing software often has integrated document-sharing or screen sharing functions that make resource sharing easy for you and the client. Consider bookmarking or creating an “easy to access” e-folder with all of your resources ready to go just as you may have them ready in hard copy in your office filing cabinet. Make sure you have anything you need before the session starts – including a glass of water, tea, pop or coffee refill.

Camera position

It is recommended to think about your camera as if it is “your client’s eyes”. Position your camera so that it can become natural for you to look at the lens while your client is speaking. Having your camera sitting at or slightly above your eye line is recommended. Maintaining eye contact via looking into your camera lens can feel awkward however that is the best way to align with looking into your client’s eyes. If you find it distracting to look at your self view, you can hide “self view” if your platform has that option although it is also suggested that being able to see your image on the screen helps you to track your level of engagement with the client.

Your placement

This is all about creating a comfortable image for your client to look at. Generally, unless otherwise negotiated with your client (more on this later), you should be the main object of focus in the foreground. Check your positioning on the screen before you begin sessions (Is your image centered? Are you far enough back to be more than a talking head (to offset the 2-D experience)).

Seating Tip

Consider seating yourself at least half a meter from your camera/monitor with room to move forward and farther back. A rolling chair and a wireless headset help. This will leave you with options to move in or back from the screen as well as stand up depending on the client’s comfort, your engagement style and the type of work you are doing together.

Wise practice: One suggestion for your placement on the screen is to think about the screen being split into thirds, your shoulders should line up with the bottom third and your eyes should line up with the top third. This gives you about 10 cm between the top of your head and the top of the screen. It is also suggested to be farther back to provide the client with a more embodied view.
(see Seating Tip)

SETTING INITIAL CONDITIONS

Preparing your client

Technology

It is useful to prepare some written material or a video tutorial to send ahead of the first session with details of how to set up and log on to your particular platform.⁷

Content may include:

- Normalize that sessions via online platforms or telephone can seem unnatural at first (e.g. two dimensional space and lag time) and that technical difficulties do sometimes arise.

⁷ Particular details from this section should be included on the informed consent form. See tables 1 and 2 for examples of recommended details to include.

- Internet connection and bandwidth requirements.
 - Lag time - the causes of lag are most commonly associated with Internet connectivity and happen when there isn't enough bandwidth to support the simultaneous upload and download of data.
 - Close out any other programs using the internet.
 - Slowing the pace of your conversation can help reduce talking over one another if there is lag time due to bandwidth.
- Identifying a device to use and having it fully charged (and charger readily accessible).
- The online platform details (access, privacy/security compliance, etc.) and software to download (if required).
- Think about and/or estimate data usage for the session (some clients may have limited or no data plans).

Lag Time Example

“The set up for teletherapy is easy and straight forward; I can walk you through step by step. Zoom.us is HIPAA compliant software and is an app that can be downloaded for free on your phone, tablet, or computer. For teletherapy by webcams you will need good internet and you can test your system at <http://www.speedtest.net/> and click on the green “Begin Test” button. Your speeds should be: Download – 500kbps/.5mbps or greater, Upload – 500kbps/.5mbps or greater, Ping – 125ms”

Back up communication plan

Let your client know what they should do if they cannot connect or if connection is lost at either end. This may be needed for when a connection just can't be established with the client or when a video call has had a lot of interruption. The back up plan typically involves a telephone number to call or a secure online chat-based alternative. Having this plan in place helps minimize the impact of sessions that may be affected by connectivity issues.

Administrative procedures

(document sharing, appointment scheduling, etc.)

1. Provide details on how documents will be shared (via email, virtual platform, mail) recognizing that not all clients may have the ability to download, print, or scan forms that require signing or to complete assessment/measurement tools online. Confirm with your professional body regarding what will be accepted for consents.
2. Provide details on how appointments will be scheduled either via an online platform or agency office administrators.
3. Negotiate and confirm expectations (yours and the client's) regarding communications beyond the counselling sessions (e.g. responses to texts/emails/telephone calls). Be clear about your availability. *Reflect on:* What if anything is different from your in-person session availability?

SETTING INITIAL CONDITIONS

Ethics and risk management for individual and group sessions

Informed consent for remote counselling

Wise practices suggest that if you are strictly offering individual remote services, you can have one informed consent form that includes everything related to remote counselling within it. If you see some clients in-person and some remotely and some individually and in group, it is recommended that you have separate consent forms specific to each format.

Table 1 - Some Examples of Items to Include for Online Individual Therapy

All information transmitted via the Internet may not be secure and although every effort is made to reduce confidentiality breaches, they may occur for unknown reasons.

Internet services may malfunction during our sessions. If this occurs, end and restart the session. If we are unable to reconnect within 10 minutes, I will call or text you at _____ and we may have to re-schedule.

Telephone or online sessions may result in misunderstanding due to not being able to fully see each other as we would in-person. For example, you may be asked to repeat things more often than you would in-person, or you may be asked to describe how you are feeling, thinking and/or behaving to understand your reactions or statements more fully.

As your therapist, it may be necessary to determine if online or phone sessions are still appropriate as we go, or if it would be better to resume in-person sessions, when circumstances allow. Every effort will be made to involve you in this decision.

In order to reduce confidentiality and privacy risks, I, as the client, understand:

- It is important to be available and on time for booked online and/or telephone sessions.
- It is important that I have a space that is quiet, private, and free of distractions. I also agree to refrain from multi-tasking (including driving, texting, chores, etc.), from alcohol and substance use before and during the session, and be dressed as I would for an in-person session. This is a way to honour our session time as we would if we were together in-person.
- As part of this agreement for privacy, I agree to inform my therapist if there is another person present during the session, for any reason, and understand that this may lead to the session ending early.
- I need to use a secure Internet connection rather than public/free wi-fi.

Please Check whichever applies to you (Select only one)

- I am an adult or have been assessed as a Mature Minor and am signing this consent form myself.
- I am signing this consent form as a Legal Guardian for the client.

What should informed consent for online or phone individual counselling include?

Online therapy presents unique risks to client confidentiality, including variables on the client's end, such as others in their vicinity viewing and/or overhearing the sessions, the possibility of internet transmissions being intercepted and/or risks associated with using public wifi (semi or not so semi private spaces for their counselling sessions). This is an important section of your informed consent form to remind clients to find as private a space as possible during online or phone counseling (recognizing that not all clients have access to

private internet or limitless data plans). It is also an important ethical and risk management practice to include in your consent form that no one will record the session or take camera screen shots (the therapist or the client) without express written permission to do so from the other.

*“One must remember that cyberspace is a vast open space with loose boundaries.”
Weinberg, 2020.*

Boundary setting is an important part of the informed consent conversation and written agreement: what we would do ourselves and expect of our clients in our in-person sessions should still hold for remote sessions. Including these matters in the informed consent process (as part of setting initial conditions) supports both client and therapist to be aligned in the therapeutic process.

What should informed consent for online group therapy include?

In the group format, the same ethical concerns for individual remote counselling exist and are heightened with group therapy given the complexities of jurisdictional boundaries for therapists (therapists and clients can be joining from any jurisdiction), getting informed consent and adherence to group confidentiality, and developing group cohesiveness, therapeutic alliance and presence via an online platform.

Wise practice: Therapist engages in a very detailed informed consent process for online group processes so clients are aware of the risks, benefits, and limits to confidentiality in an online group setting.

Table 2 - Some Examples of Items to Include for Online Group Therapy

All information transmitted via the Internet may not be secure and although every effort is made to reduce confidentiality breaches, they may occur for unknown reasons.

You will need a webcam or smartphone. Clients will be sent a link which will open the online platform, bringing them into a private virtual waiting room. Once the facilitators are ready at the designated start time, they will take you out of the virtual waiting room and into the group session. You will be able to see and hear facilitators and participants via your computer or mobile device.

There will be no recording, photos or screenshots taken of any of the online sessions by either party.

All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.

It is important to note that there are limitations and potential risks to online groups that can affect the quality of the session and some of these are included below:

- It is important to be on time and available for booked online sessions. This means that if you arrive more than 10 minutes late to session, you will not be admitted to the group and this is considered a missed session.
- Sometimes it is necessary to trouble-shoot the platform connection and we recommend you connect at least ten minutes before the start of group, to be ready to begin at the designated time. Because the program is running remotely, it may not be possible for you to reach anyone at the agency at the last minute to say you are unavailable. If you are unable to connect in the online platform, or if you lose connection, try reconnecting and if you are unable to return to the group, then contact the administrative support person. Please text XXXX or email at XXXX.

- We ask that you **have your camera/webcam video ON** during group sessions, which increases the trust and safety within the group and also supports us to see how you are doing during group.
- Working online may result in misunderstanding due to not being able to fully see each other as we would in-person. For example, you may be asked to repeat things more often than you would in-person, or you may be asked to describe how you are feeling, thinking and/or behaving to understand your reactions or statements more fully.

In order to reduce confidentiality and privacy risks, I, as the client, understand:

- I agree to maintain confidentiality of **who is in the group** and **what is shared within the group**. If I do not respect the confidentiality and safety of others attending the online group, **I will be asked to leave the program**.
- Ensure I have a space that is quiet, private, and free of distractions. This is a way to honour group time as if it were in-person.
- I will be required to have a camera that connects to the online platform and a headset or earphones (in the event there are others in another room in my home).
- As part of this agreement for privacy, I agree to inform the facilitators if there is anyone present during the session, for any reason, and understand that this may lead to the facilitators asking me to leave the session. I may be asked to provide a 360° camera view at the beginning or at any time during the group session as part of this agreement.
- I agree to refrain from multi-tasking (including driving, texting, chores, etc.), from alcohol and substance use before and during the session, and be dressed as I would for an in-person group session.
- I agree to remain in the group session until it is over. If I am feeling any discomfort and/or need to drop the online connection, I will send a private chat to the facilitators to let them know and if need be, request breakout room support. I understand if I disconnect from the online platform without notice, for safety reasons, the facilitators may engage the emergency contacts and/or emergency services I have identified in my area.

Family/roommate dynamics

Collaborate with clients for both individual and group remote work to find a time and a place in their home (or office or community setting) where they can focus on their session. To support remote counselling success, maximize choice for the client recognizing that it may be challenging to plan for sessions in their environment. This may be easier said than done with distractions in the home, possible safety concerns, clients struggling to find a private spot to join you, and feeling like it may not be possible to fully engage in the therapeutic process in their home environment. You may need to collaborate with your clients to come up with strategies to reduce distractions and keep family members or roommates engaged elsewhere for the length of the session.

Wise practice: Individual sessions might require sessions to be shortened to accommodate the dynamics of many families working from home since the pandemic. Shortening group sessions may also need to be assessed if group members have family or others in their homes. It may also mean that remote work is not suitable for individual or group sessions at all, if arrangements cannot be made so it is important to explore what else might be offered.

Emergency Protocols

Know the physical location of each client for remote individual and group work, as well as local community-based resources which may need to be contacted in the event of an emergency, or circumstances that may require a mandated report. Remember that 911 is typically available but may not always be available where your clients are situated. Have on hand the emergency services contact information as well as the emergency contacts your clients provided in the informed consent process. Keep that information in their client chart and have it readily accessible at sessions. Reaffirm their location and emergency contact information at the start of each session. Ensure your client also has the list of emergency services responsive to their geographic area. In some situations, it may not always be safe for someone to engage in their remote session so collaboratively developing code words or phrases to use can support communication in situations where it is unsafe to directly communicate that message.

See also Section 4, p. 13-18 of this document for more specifics: https://impact.sagesse.org/wp-content/uploads/2021/03/IMPACT-Anti_Violence-Handbook-F-4.pdf?mc_cid=64a30840d0&mc_eid=71295bf745.

Clinical risk management

Management of elevated clinical risk follows the same principles of in-person work, with additional considerations for (a) the risk of losing contact with the client when they are not emotionally present and/or physically present and (b) the possibility that the client is in a distant location where the practitioner may be less familiar with services or there are no services (why it is essential to have a solid emergency protocol in place).⁸

Example of Emergency Protocols

As your therapist, I need to know your location in case of an emergency. I also need a contact person, preferably two, who I may contact on your behalf in the event of identified emergency situations. This person will be contacted to go to your location to check on you in the event of an emergency. You agree to inform me of the address where you are at and confirm emergency contacts at the beginning of each session. We can also include the use of code words, phrases or inquiries (ex., “Is this a good time to chat?”)

⁸ Providing remote sexual violence counselling services in rural or remote locations provides opportunity to get to know, collaborate and learn from client-serving agencies in rural and remote locations that may otherwise not happen.

Clinical judgment

Clinical risk appraisal can be more challenging in the remote setting than when in-person, especially if this format is new to the therapist:

- When working remotely, there is a limit to how far a therapist can intervene in cases where risk issues emerge, given the client is not in the room with them (geographic challenges, medical/community/social supports may be minimal in their area).
- Working remotely with clients who are new to you may feel more challenging than working with clients you have a previous or ongoing therapeutic relationship with.

Wise Practice: Engage in more rapport building up front and, where possible, a combination of both in-person and remote counselling with all clients is suggested (e.g. a once/month in-person session if seeing the client weekly).

- As with in-person work, keys to supporting clinical judgement and clinical decisions to engage in remote counselling include a thorough intake risk assessment screening, use of appropriate mental health questionnaires to support your screening, agreed upon emergency protocols, working within your scope and standards of practice, solid client documentation and as needed, consultation with clinical supervisors, colleagues.⁹
- The literature indicates that there are certain presentations and/or environments that require careful consideration for remote counselling. Including:
 - those at significant risk of harm to self or others;
 - active psychosis;
 - substance dependence;
 - disordered-eating;
 - risk of interpersonal violence; and
 - serious medical conditions (e.g. epilepsy, diabetes).

Useful elements of a risk management protocol include:

Ensuring an alternative means of contact such as telephone is available

Ensuring there is a record of address details for the client, and contact details for their mental health practitioner or GP

Becoming familiar with mental health triage services local to the client

Reinforcing with the client the importance of accessing the telehealth service from a consistent location and/or knowing their location at the time of the session

Considering the impact that any location changes have on risk management and access to local resources (eg. Client in a vehicle)

Considering the use of a support person (family, friend, etc) in sessions, and/or as an emergency contact

Familiarizing oneself with relevant legislation or regulations local to the client if in another jurisdiction than your agency (see your regulatory body jurisdiction requirements)

⁹ Briere, Lanktree, & Escott (2020) provide recommendations for assessment via telehealth. While their focus is on teletherapy for youth, their recommendations are transferrable to across the lifespan. See pages 22 – 25 for specifics. Retrieved from https://keck.usc.edu/adolescent-trauma-training-center/wp-content/uploads/sites/169/2020/07/Trauma_Teletherapy_Final_2020702.pdf

Considerations for assessment when considering use of telephone and e-counselling

- clients who need a high level of care and support
- clients who are struggling to function
- clients who present a high level of risk (e.g. suicide/self-harm/homicide)
- evidence of poor reality-testing
- evidence of strong transference reactions that may be difficult to contain
- evidence of a tendency to challenge boundaries and/or present in a fragmented and inconsistent manner across time or medium of communication

<https://www.bacp.co.uk/media/8113/bacp-competences-for-telephone-ecounselling-apr20.pdf>

- It is important to note that some of the specific sequelae survivors of sexual trauma may present with include PTSD, anxiety, depression, dissociation, disordered-eating, low self-esteem, self-harm (as coping mechanisms), struggles with intimacy, boundary challenges, guilt, shame, and suicidal attempts. They may also be diagnosed with a variety of personality disorders that are typically considered as exclusion criteria for remote counselling (e.g. Bipolar Disorder, Borderline Personality Disorder).

Emerging wise practices suggest that these presentations should not immediately rule out the possibility of sexual trauma remote counselling. If that was the case, the likelihood of using remote counselling for sexual trauma processing would be extremely limited; rather the therapist (within their scope of practice) should receive specialized remote counselling training, have a degree of comfortability with remote platforms, and engage in clinical supervision with a supervisor also trained in remote sexual trauma counselling clinical modalities and technology.

Additional Resources for Remote Suicide Assessment

1. **The Mental Health Commission of Canada's Suicide Risk Assessment Toolkit.** It offers suicide risk assessment tools and links, identifying those that are Clinician/Mental Health Professional Not Required for Administration (p. 12-13) and Clinician/Mental Health Professional Administered (p. 14) as well as identifying those that are available virtually. See https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-01/mhcc_cpsi_suicide_risk_assessment_toolkit_eng.pdf
2. **Conducting a Virtual Suicide Assessment Checklist.** This checklist is from the National Association of School Psychologists developed during this time of distance learning. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/conducting-virtual-suicide-assessment-checklist>

Resources for Screening for Interpersonal Violence

The Virtual or Remote-Based Delivery of Domestic Violence and Sexual Violence Interventions: A Handbook for the Anti-Violence Sector is comprehensive in its guidance on planning and assessing whether remote-based delivery of interventions is suitable for those experiencing, at-risk or survivors of interpersonal violence. See https://impact.sagesse.org/wp-content/uploads/2021/03/IMPACT-Anti_Violence-Handbook-F-4.pdf?mc_cid=64a30840d0&mc_eid=71295bf745

Assessing client safety, not only from an external source such as a partner, family member, or stranger but from internal sources such as distress and emotional or nervous system dysregulation is critical in sexual violence remote counselling. If internal safety is uncertain, clients may be at risk for self-harm, dissociation and/or re-traumatization from the therapeutic intervention. If the therapist assesses at intake or during a scheduled session that the client's ability to manage distress distally is unclear or not possible, if the client needs extensive support between sessions, or if the client is actively suicidal, then in-person safety and stabilization trauma work is recommended. Emerging literature, however, suggests that when balancing clinical risks and benefits associated with delaying versus initiating remote trauma treatment, it is important to consider that untreated posttraumatic stress disorder has been found to increase vulnerability to mental health concerns from new stressors, decreases resilience, and is a risk factor for suicide.¹⁰ Clinical judgment, risk assessment, training, and ongoing clinical supervision are key.

*“There’s actually nothing, apart from physical location, that’s remote about remote counselling.”
(Betley, 2020).*

SEXUAL VIOLENCE REMOTE COUNSELLING

Relational Skills

Relational Skills are vital in forming a strong alliance between the client and therapist. Grey and academic literature suggest that strong relational skills enhance the remote counselling experience for the client, reducing the two-dimensional experience on the screen or the disembodied voice via telephone. Relational skills include the following:

Therapeutic Alliance

There is evidence in the literature that the quality of the therapeutic alliance is the best predictor of positive client outcome for all psychotherapies.¹¹ The literature also demonstrates that clients rate therapeutic alliance at least equally as strongly in remote counselling as with in-person settings across a range of diagnostic groups.

*Therapeutic presence online requires training: “It is not the same as sitting in the room with a client and just transferring the therapeutic approach and relationship to the computer”
(Gellar, 2020, p. 2)*

¹⁰ Hagerty et al., (2020), p. 7.

¹¹ Therapeutic alliance consists of the: collaborative agreement on therapy goals; collaborative agreement on therapy tasks; and the emotional bond between the therapist and the client.

Therapists, however, have reported finding it less intuitive to build engagement and rapport when using video or phone.¹² Some suggestions to support building therapeutic alliance remotely include:

- Survivor-centred modality choice and design to promote therapeutic alliance, sense of safety, therapeutic effectiveness, and attendance.¹³
- Going slowly to gather information and build rapport.
- Be genuine with small talk at the start of each remote session and in reactions to client content.
- Talk about how to develop the therapeutic relationship in remote counselling. What is different? What is similar as when doing in-person? Check in often about how they are feeling about the therapeutic relationship and the remote session work the two of you are doing. Invite feedback and make it a topic that is safe to return to as needed.

Social engagement (connection)

The nonverbal signals we use to build rapport and signal connection may be less noticeable to the client over a video conferencing feed or telephone, so to ensure these signals get through it can be helpful to make these more explicit by:

- Emphasizing your active listening skills by nodding, showing engaged facial expressions, minimal encouragers (e.g. hmmm, huh)
- Heightening animation strengthens virtual connections. This requires more voice modulation and hand movement, as well as heightened enthusiasm.
- Fine-tuning our metacommunication skills¹⁴

Presence, dual awareness, attunement, and resonance

These are generally considered essential relational skills for trauma therapists that support connection, grounding, and containment. These skills are transferrable to remote counselling and in fact, emerging data suggests they are an important factor for remote trauma processing.

- Cultivating therapeutic presence online takes specific focusing on attention and intention. It provides an invitation to clients to ‘feel felt’ and in the online therapeutic world, there is a great need for this. Presence is usually felt through hearing the therapist’s voice and seeing their face and body on the screen.
- Cultivating dual awareness is the process of being able to pay attention to one or more experiences simultaneously and is a containment strategy regularly employed with sexual trauma survivors. In this instance, it is referring to the therapist being able to fine tune their ability to be attentive to the client on the screen/phone and to their own self.

*“Our presence is our competence”
Linda Stelte, Somatic Experiencing
International faculty member
(n.d.)*

¹² Weinberg, H. (2020). Online group psychotherapy: Challenges and possibilities during COVID-19—A practice review. *Group Dynamics: Theory, Research, and Practice*, 24(3), 201-211. <http://dx.doi.org/10.1037/gdn0000140>

¹³ Distance Counselling for Sexual Violence Survivors: Promising Practices (2021), SAC Kingston, anova, Ending Violence Association of Canada. Retrieved from <http://www.anovafuture.org/wp-content/uploads/2021/07/Full-Report-Designfinaldraft.pdf>

¹⁴ Meta-communication is a means of communication through non-verbal expressions like facial expressions, body language, gestures, voice tones, etc. It is a secondary process of communication used along with verbal communication. <https://www.unitedwecare.com/therapeutic-metacommunication/>

- Cultivating attunement in therapy is the process of being present to, and with, a client’s expression of their experience. This may seem more difficult to attend to in the remote counselling format but is a transferrable skill.
- Cultivating resonance is an important skill often identified in attachment and somatic therapies. It implies the therapist is in a state of presence and attunement with their clients.

Practice Considerations

Somatic therapies are trauma processing interventions that place great emphasis on therapist skills of presence, dual awareness, attunement and resonance. These therapies support connection, safety, and strengthening of the therapeutic alliance, much needed in remote counselling formats, and they have been implemented via videoconferencing since pre-pandemic times. They are emerging as wise practices for working remotely with clients who have a history of insecure or disorganized attachment, emotional dysregulation, PTSD, or complex trauma.

Session beginnings and endings

With in-person counselling, our clients are traveling to our offices, typically interacting with the agency office staff, sitting in a waiting room, and so forth before entering our therapy space. When they leave the session they may sit in the waiting room for awhile and then are in some form of transit to work, home, shopping, coffee outing, picking up their children, and so forth. With remote counselling, these transitions are not typically occurring unless the client is leaving their home to go elsewhere. It may be helpful for clients to have a ritual they can engage in before starting their remote session with you (a five minute walk/jog about the house or around the block, a short mindfulness activity to settle before engaging, etc.). Part of setting the initial conditions is exploring these ideas with clients and inviting them to develop rituals that provide a transition period even if it has to be a short one.

Wise Practice: the therapist should not sign off from the virtual platform before the client does. This should be discussed and agreed to when setting initial conditions.

Session Quality vs Session Length.

“If you achieve the desired outcome during the session – even if it is shorter – the session is successful.” “The question isn’t how to replace a 60-minute office visit with a 60-minute telemedicine visit. It’s about how to best take care of people. More frequent, shorter sessions may improve engagement. For example, two 30-minute visits can replace one 60-minute visit.” California Mental Health Services Oversight and Accountability Commission (MHSOAC) and Social Finance, Inc. (April 2020).

Setting initial conditions/containment every session

The therapist and client should have discussed and identified what resources the client will have on hand during their sessions including tissues, a glass of water, pillows, a weighted blanket, a stuffed animal, etc. The therapist and client should have also identified grounding and containment strategies to mitigate/prevent the client from becoming too overwhelmed by trauma symptoms, which often include intrusive thoughts, images, and memories. Grounding and containment strategies used for in-person therapy are seen to be transferrable to remote counselling.

Wise Practice: Inviting the client to prepare their session space can form part of the rituals that support clients to transition into session as well as supporting them to transition out of session. Grounding and containment will be supported by therapists who are able to stay connected to the client experience while also managing their own (dual awareness).

Practice Tip

As part of setting initial conditions for sessions, invite your clients to create a “Grounding Gear” basket, box, or bundle with items that have an intense taste, smell, or texture and have this on hand for each remote session. For example:

SCENT	TASTE	TOUCH
Essential Oils	Lemon or Lime	Hairbrush
Incense	Lemon/Lime Juice	Nail Brush
Ground Coffee	Cinnamon Hearts	Fleece Blanket
Scented Hand/Body Lotion	Sour Candy	Pet
Onion or Garlic	Peppermints	Ice Cubes/Ice Pack
Cinnamon Sticks, Nutmeg, Ginger and Other Spices	Onion or Garlic or a Crisp Tart Apple	Bowl of Rice/Dry Beans/Sand/Water
Medicines for Smudge	Fresh Herbs	Rocks/Stones/Feathers/Beads

(Adapted from Jessica L. Horder, MS, LMHC, Grounding Techniques in Tele-Therapy, 2020)

Tracking dissociation

People who have experienced trauma in their lives may dissociate in therapy sessions and therapists who work with sexual trauma are quite familiar with how it shows up during in-person therapy. The following are some suggested ways to track dissociation in videoconferencing and phone sessions:

Signs of dissociation on the screen:

- Eyes appear blank
- Changes in posture
- Changes in breath/voice
- Appearing frozen/lack of movement (not technology-related)
- Long moments of silence (unrelated to forming a response)
- Losing track of the conversation

Signs of dissociation on the telephone:

- Changes in breath sounds
- Changes in voice/tone/cadence
- Long moments of silence (unrelated to forming a response)
- Losing track of the conversation

SEXUAL VIOLENCE REMOTE COUNSELLING

Across the lifespan

Children and adolescents

The literature that has been published since the pandemic suggests that remote counselling offers many benefits for children and their families including reduction in barriers to access, which also increases the likelihood of treatment completion rates.

Emerging wise practices for working with children who have experienced sexual abuse include the following, as identified by Azzopardi et al., 2021¹⁵ :

- Schedule virtual sessions for times when fewer family members are known to be at home and assess potential threats to confidentiality at the start of each session.
- Collaboratively explore alternative solutions for finding a quiet, calming, private therapeutic space to connect indoors or outdoors (e.g., bedroom, closet, car, park), while using headphones and text options when needed. The same holds true for caregivers requiring a confidential place to talk.
- Children whose abuse occurred in their home are connecting for therapy from an inherently unsafe space as opposed to the traditional neutral location of a clinician's office. Take extra care to establish emotional and physical boundaries by exploring how different spaces in the home may provoke arousal responses while processing trauma.
- For children whose abuse involved technology (e.g., videorecording or photographic images of abusive acts), the use of technology for therapeutic purposes can be unsettling, warranting reassurance that sessions are not being recorded at the outset and extended trust-building through a trauma-informed lens.

¹⁵ Azzopardi, C., Shih, C. S.-Y., Burke, A. M., Kirkland-Burke, M., Moddejonge, J. M., Smith, T. D., & Eliav, J. (2021). Supporting survivors of child sexual abuse during the COVID-19 pandemic: An ecosystems approach to mobilizing trauma-informed telemental healthcare. *Canadian Psychology/Psychologie canadienne*. Advance online publication. <http://dx.doi.org/10.1037/cap0000298>

- Fostering relational safety and security through empathic attunement, upper body language, mirroring, and validation underscores the virtual therapeutic alliance.
- Promoting mindful awareness and neutralizing of trauma stimulus in the home, distress tolerance, and emotion regulation skills.
- Having a safety plan in place to manage severe trauma triggers remotely or escape imminent dangers in the home is critical.
- Where possible, involve a responsible and trusted adult who can offer immediate support in the home if needed.
- Many adolescents have shown a preference for telephone counselling over videoconferencing. Reasons that have been reported in the literature include adolescents are “zoom fatigued” from attending online educational studies and also many do not want to see themselves on video.

Additional Resources for Working Remotely With Children and Adolescents

For a detailed Adolescent telehealth trauma treatment guide see: Briere, Lanktree & Escott (2020). Trauma Teletherapy for Youth in the Era of the COVID-19 Pandemic: Adapting Evidence-Based Treatment Approaches: https://keck.usc.edu/adolescent-trauma-training-center/wp-content/uploads/sites/169/2020/07/Trauma_Teletherapy_Final_2020702.pdf

Telecounseling with Children and Teens https://pcar.org/sites/default/files/resource-pdfs/telecounseling_with_children_and_teens_508.pdf

19 Tips for Building Rapport with Youth via Telehealth https://www.researchgate.net/publication/340066049_COVID-19_Tips_Building_Rapport_with_Youth_via_Telehealth/link/5e751127a6fdccd6211efd2/download

On-line Sand Tray activity <https://onlinesandtray.com/>

Free Games and Tools for Virtual Counseling <https://confidentcounselors.com/2021/01/03/free-games-and-tools-for-virtual-counseling/>

Adults and Older adults

The videoconferencing, telephone, and group considerations on Pages 21 and 22 apply to adults and older adults. With particular respect to older adults, be mindful of assumptions you may have that they will not be interested in remote counselling. Emerging literature suggests that older adults are embracing remote technology and the ways it supports health, relationships, and quality of life. Some basic considerations for videoconferencing or telephone counselling with older adults include:

- Getting to know an older adult's skill, comfort level, and access to technology before engaging in telehealth for seniors can help clinicians make effective suggestions and back-up plans.
- Respect privacy. Older adults that require assistance in setting up technology should be provided privacy in their personal conversations.
- Two-thirds of adults 70 years old and up have some hearing loss. It is helpful to request that they wear headphones/headsets while using their hearing aids if available.
- Clinicians using video conferencing should consider wearing a headset and make sure their face is in full view for the client or patient to see their lips move. Exaggerating mouth movements may also be helpful in some circumstances.¹⁶

Additional Resources for Working Remotely With Adults and Older Adults

How to provide telehealth to older adults <https://www.apaservices.org/practice/clinic/telehealth-older-adults>
<https://www.apaservices.org/practice/clinic/telehealth-older-adults>

Telehealth and older patients <https://telehealth.hhs.gov/providers/health-equity-in-telehealth/telehealth-and-older-patients/>

SEXUAL VIOLENCE REMOTE COUNSELLING

Group work

Group teletherapy takes the principles of traditional, in-person group therapy and adapts them to a virtual format. Standards of practice for this format are still being developed and refined however emerging data suggests that therapists providing online group therapy need competence in two principal areas: group therapy and teletherapy. Group therapy requires a specific skill set that not all therapists have training in. In addition, there are different types of group therapy that require specific training (ex. CBT, Substance Use, etc.). Tele-therapy requires skills that in-person group therapy may not focus on to the same degree, including nuances of engagement with clients in an on-line format and ongoing screening for privacy, safety, and other factors that can change from session to session.

¹⁶ Nieman, C. L., & Oh, E. S. (2020). Connecting with older adults via telemedicine. *Annals of internal medicine*, 173(10), 831-832.

Some areas that have been identified for remote counselling group work include:

Screening for online groups

Remote therapeutic groups may not be appropriate for people in acute crisis and those who are easily dysregulated (including severely depressed clients with active suicide ideation given they may require more time and attention than a group setting can provide for).

Setting initial conditions including informed consent

Refer back to Page 10, Ethics and Risk Management for Individual and Group Sessions

Specific Considerations for online groups: Obstacles to be overcome:

Managing the frame of treatment – In online group therapy, the responsibility of establishing the appropriate environment, including ensuring the privacy of the group members and the physical room set up, lies on each client's shoulders. It is not in the group therapist's control. See the informed consent for group on Pages 11 and 12 for details on how to incorporate this in the online group experience.

The disembodied environment – the online group format is a disembodied one given there are a series of squares on the screen mostly showing upper bodies. It is impossible to make eye contact in the ways we do during in-person group therapy and more difficult to connect with the entire group at a glance. Co-therapists have to rely more on verbal cues in their communication together and benefit from finetuning their ability to read facial expressions on the screen. The somatic approaches fine-tune interpersonal resonance skills as a way to sense clients' bodies in online work. These approaches suggest that we can still sense and feel our bodies and attune to the bodies of group members with effective use of sharing our observations and inviting the client to self-report on body sensations.

The question of presence – As discussed on Page 18, therapeutic presence is achievable in an online group format and one way that has been suggested to achieve this is through appropriate self-disclosure and transparency: using more of yourself in the here and now. An example of this is disclosing to the group if you are finding it difficult to stay focused on the screen.¹⁷

The transparent background - special attention and training are needed in order to NOT ignore the happenings visible on the screen (e.g. a cat jumps up in front of the screen, someone walks behind one of the group members and so forth). Anything that we would not consider the norm in our in-person group sessions, needs to be attended to in the online group room.

Participant Numbers - Emerging anecdotal data suggests that a maximum of 8 participants with two co-therapists is wise practice.

¹⁷ Weinberg H. & Rolnick, A. (2020). Four common challenges in online therapy and how to overcome them. Blog Post retrieved from <https://www.routledge.com/blog/article/four-common-challenges-in-online-therapy-and-how-to-overcome-them#:~:text=We%20can%20count%20four%20main%20difficulties%3A%201.%20Losing,disembodied%20environment%3B%203.%20The%20question%20of%20presence%3B%20and>

Group dynamics

Interactions between group members should be therapeutically beneficial. Bullying, privacy violations, and other concerns can thwart progress.

Adequate therapeutic support

Therapists must be active participants in the group and must balance the need to create a comfortable, supportive group with the requirement to provide clinical support.

Client safety

Therapists have an ethical duty to take reasonable steps to protect clients' safety, including from other clients.

Excerpt from <https://www.goodtherapy.org/for-professionals/software-technology/telehealth/article/online-group-therapy-tips-for-therapists>

Additional Wise Practices

Online Group Therapy: Tips for Therapists <https://www.goodtherapy.org/for-professionals/software-technology/telehealth/article/online-group-therapy-tips-for-therapists>

How to do group therapy using telehealth: Group therapists are responding to COVID-19 by rapidly transitioning from in-person to online therapies. <https://www.apaservices.org/practice/legal/technology/group-therapy-telehealth-covid-19>

Tip Sheet: Group Teletherapy Best Practices, Skills, and Strategies for Providing Virtual Group Psychotherapy https://mhttcnetwork.org/sites/default/files/2020-08/MHTTC_TelehealthInfoSheet2_GroupTelehealth_FINAL.pdf

SUMMARY SHEET FOR SEXUAL VIOLENCE REMOTE COUNSELLING STRATEGIES

Here is a quick snapshot of what has been covered so far for video and telephone counselling.

Wise Practice strategies for video counselling:

- Thorough informed consent processes (as identified on Pages 10 - 12).
- Confirmation of client identity¹⁸ (especially if it is the first time seeing the individual on the screen) and private location.
- Emergency protocols for risk management.
- Agreement on ways to set boundaries and minimize distractions (no driving while in session, appropriate dress, turning off phone notifications, social media apps, placing phone screen down, etc.).
- Discussion on helpful ways to transition into and out of videoconferencing sessions (since there is no travel to and from clinical office location).
- Identification of the specific nuances associated with video counselling and how to navigate them ethically and effectively (e.g. audio and visual cues, possibilities of misunderstandings and miscommunications, the effect of disinhibition¹⁹, etc.)
- Set expectations and time boundaries and negotiate shorter sessions if that is a better fit for the client and their needs.
- Adjust the tone and pacing of your words and questions to support client engagement.
- Be prepared to be more active and animated, consider moving more (e.g. “talking with your hands” and sitting farther back so clients can see more of you to offset the 2-D experience).
- If the audio and video are not set up properly, important nuances in body posture, non-verbal gestures, and changes in tone could be missed.
- At the start of each session, check in with client around lighting, sound, eye contact, and distance from the camera. What feels right one session may not feel right the next time.
- Be creative and flexible. Become comfortable with the interactive tools in your videoconferencing platform (ex. Whiteboard where you and the client can co-create a shared document or drawing and participate in other virtual activities).
- Children, young people, and adults may wish to doodle, draw, or colour during sessions (separate from specialized play and art therapies) and may wish you to engage similarly.
- Take time to end well given the immediate disconnection of video-conferencing technology.

Stay curious and ask questions: “what’s it like for you to see me on the screen and not be in the same room together?”

¹⁸ See Confirming Clients’ Identity, p. 14 at https://impact.sagesse.org/wp-content/uploads/2021/03/IMPACT-Anti_Violence-Handbook-F-4.pdf?mc_cid=64a30840d0&mc_eid=71295bf74519

¹⁹ Disinhibition: people may behave differently online/when using other media to the ways in which they might interact in face-to-face situations, and these differences have important implications for the therapeutic process.

Wise Practice strategies for telephone sessions:

- Should be considered if clients are unable to engage in videoconferencing for any reasons. It is considered a health equity and social justice issue.²⁰
- Collaborative decision-making with the client and use of clinical judgment (risk-benefit assessment) are key to determining if telephone sessions are appropriate.
- Thorough informed consent processes.
- Confirmation of both therapist²¹ and client identity²² and private location (which can be more difficult via telephone).
- Emergency protocols for risk management.
- Agreement on ways to set boundaries and minimize distractions (no driving while in session, turning off phone notifications, apps, placing phone screen down, etc).
- Discussion on helpful ways to transition into and out of telephone sessions (since there is no travel to and from clinical office location).
- Identification of the specific nuances associated with telephone counselling (e.g. audio cues versus visual cues, possibilities of misunderstandings and miscommunications).
- Adjusting the tone and pacing of your words and being prepared to use more frequent vocalizations if needed.
- Holding capacity for tolerating silence without visual cues – while client processes material, questions, memories, emotions, sensations, thoughts.
- Asking clarifying questions to help you convey empathy (e.g. “I cannot see your expression as you talk about this, can you tell me what you are feeling right now? I know you can’t see me but I am sad that you went through that experience by yourself”).
- “Listening” for non-verbal cues rather than watching for them.
- Attuning with other felt senses - often it helps to close your eyes (reduces visual stimulation) when conducting a phone session.
- Therapists may feel more confident to engage with current or past clients in telephone counselling rather than with new clients, however emerging literature suggests this should not be a barrier.
- Listening for changes in tone, pace, hesitations, pauses in the client’s verbal reports.
- Asking client to describe their surroundings, what they are sitting on and where (or what their position is if they are not sitting), what they are orienting to in their space, what supports settling/grounding for them (do they have a grounding kit, tissues, glass of water, etc. readily accessible).
- Ensuring you are not making any assumptions on the basis of what you hear or don’t hear – ask clarifying questions.
- Seek clinical supervision, peer consultations, and targeted telephone counselling training.

Food for Thought

Anecdotally, it has been reported that phone counselling can enhance both client self-awareness of their felt senses and enhance verbal self-reports.

²⁰ Telephone psychotherapy: Ensuring patients have access to effective care (April, 2020) www.apaservices.org

²¹ From a trauma-informed lens, it is important for the client to also have opportunity to be reassured of the true identity of the therapist and their qualifications.

²² See **Confirming Clients’ Identity**, p. 14 at https://impact.sagesse.org/wp-content/uploads/2021/03/IMPACT-Anti_Violence-Handbook-F-4.pdf?mc_cid=64a30840d0&mc_eid=71295bf745

Wise Practice: with telephone counselling, you cannot see the setting the client is in so it is important to ensure client identity and that they are in a private location. Plan to frequently ask about and document the individual's status and whereabouts. www.apaservices.org

For an excellent review of telephone and e-counselling competencies see <https://www.bacp.co.uk/media/8113/bacp-competences-for-telephone-ecounselling-apr20.pdf>

EMERGING WISE PRACTICES FOR REMOTE CLINICAL SUPERVISION

Collaborative models for clinical supervision are increasingly being adapted to remote supervision. The literature suggests that supervision by remote technology could be used as an equivalent experience to traditional in-person supervision and describes many advantages²³:

- Greater accessibility for all parties and especially for students or staff in rural/remote areas, those with travel constraints, or those studying from other parts of the world.
- Portability and convenience of scheduling, which can be time and cost effective, and may actually provide more supervision time to staff and students along with more preparation time for clinical supervisors.
- Enhanced accessibility for clinicians, students, and administrative staff to receive specialized training from “experts” located in multiple sites.
- Remote technology allows for greater access to inter-cultural education and training from around the globe and in fact can support anti-racism practice, diversity, and inclusion considerations in supervision and training.²⁴
- Web-based tools such as virtual rooms, social bookmarking e-portfolios, and in-house virtual portfolios can enhance learning and collaboration among clinicians, practicum students, provisional therapists and supervisors.²⁵

Clinical Supervisors, Staff, Practicum Students and Provisional Therapists

Considerations for effective remote supervision strategies to support the supervisor, supervisee, and the client(s) include:

- Adhere to applicable codes of ethics, professional standards, and telehealth practice guidelines (same principles as outlined on Pages 6 through 16 – WISE PRACTICES TO BUILD UPON).
- Be privacy legislation and security compliant.
- Be skilled in digital literacy.
- Require clear discussions to set the conditions and expectations of remote supervision (have a remote supervisor-supervisee contract in place).
- Supervisors need to be aware of and mitigate the “zoom/screen fatigue” aspect of remote supervision, particularly group supervision where the loss of interaction among supervisees (sidebar moments or smiling at one another, etc.) is lost in this format and the chat feature does not quite meet those interpersonal needs. This results in a more focused and intense experience that many find tiring. Supervisors have to be attentive to staff/students and, if in a client session, clients as well. Numerous breaks are recommended to refresh and return to focus (Nadon et al., 2020, p. 9).²⁶

²³ See the 2020 publication: Distance counseling and supervision: A guide for mental health clinicians at <https://www.wiley.com/en-us/Distance+Counseling+and+Supervision%3A+A+Guide+for+Mental+Health+Clinicians-p-9781119685104>

²⁴ Important from an anti-racist, anti-oppressive, decolonizing lens given the long history of Western dominant society values and norms that influence our assessments, treatment interventions, and overall client interactions and is essential to consider given the racial trauma, inequity, and social injustices that continue to permeate global societies.

²⁵ ZUR Institute (n.d.). Supervising via Distance Technology

²⁶ See [Staff-Wellbeing-Considerations.pdf \(parentingrc.org.au\)](#) for additional staff and organizational strategies.

Wise Practices for Cultural Responsiveness in Remote Supervision

Modelling to your supervisees by sharing your worldview and how it may influence your professional orientation

Providing enough time and space in the supervisory relationship to develop an understanding of your supervisee's worldview and how it may influence their professional orientation

Openly and consistently discussing culture, values, and beliefs during the supervisory relationship and their potential influence on client work and clinician wellness

Continuing your own cultural responsiveness and remote supervision training

(Adapted from Weinberg & Rolnick, 2020)

Specific Considerations for Live Remote Supervision

- Ensure informed consent forms and process for client(s) are modified to include details on the remote live supervision method to be implemented during client sessions (e.g., permission, use, storage, and disclosure of recording sessions (if recording is part of the agency process) and the ways supervisors will join in the client session via text messages, phone-ins, or coming in via voice and/or on camera).
- If new to the platform technology, it is recommended that supervisors and supervisees engage in at least one simulation via the chosen technology platform for live supervision to work out any technical issues ahead of time. **Have a back up plan.**
- For remote live supervision of client sessions, the WhatsApp platform has been identified as a good tool to use for clinical supervisors to communicate with the supervisee “in the moment”.²⁷ This can support more of a continuous session without interruptions and relieve supervisees of the burden of writing down or attempting to memorize the clinical supervisor's messages during the session.
- Supervisors should have their cameras/audio off and view hidden in remote live supervision unless agreed upon differently with client and supervisee.

Wise Practice: The clinical supervisor must be competent in this form of supervision, understanding not only the digital literacy requirements but the nuances and shifts for supervisees who have transferred or are transferring their clinical skills and therapeutic modalities to a remote counselling practice with clients. It is important for supervisors to remain grounded in the basic principles of treatment and supervision that they followed before telehealth, but with necessary adaptations to support the supervision process, the supervisee, and the integrity of the therapeutic focus and client via a remote counselling platform. This may mean engaging specific external clinical supervisors for trauma processing modalities that have been modified for video/phone counselling if the agency clinical supervisor is not trained in specific remote adaptations.

²⁷ Nadan, Y., et al., (2020). Behind the (virtual) mirror: Online live supervision in couple and family therapy. *Family process*, 59(3), 997-1006.

CULTURAL RESPONSIVENESS, CULTURAL HUMILITY AND CULTURAL SAFETY CONSIDERATIONS

In remote counselling as with in-person sessions, it is critical to work with cultural safety, cultural humility, and cultural responsiveness. It is also essential to acknowledge systemic barriers and systemic racism as sources of past and current trauma for many. Some of the challenges to remote work are that clients with immigration/migration backgrounds may be uncomfortable to participate in videoconferencing (technology barriers, language barriers, lack of privacy, fear of privacy/security breaches, previous secondary trauma experiences with mainstream services).

In many cultures, extended family live in the same house and may expect to or be invited to join their family member in the counselling session. It is important to assess the clients' understanding and feelings towards confidentiality and the implications of telehealth for their confidentiality. Be prepared to consider the involvement of Elders and others and what that may mean for confidentiality, client safety, and your standards of practice. Be prepared that clients may want to Smudge, pray, or engage in other cultural, spiritual, or religious rituals to open and/or close a remote counselling session. This may be a strong source of grounding and containment for them.

Approaches for promoting the cultural safety of clients

“• Be aware and reflective of cultural differences among your clients. That is, understand that individuals from different cultures will have different perspectives and be respectful and receptive of various traditions, faith and belief systems.

- Be sensitive to clients' previous experiences and potential related compounded trauma.
- Consult with agencies and other providers who may have deeper cultural connection to your clients.
- Tailor or adopt your care approaches to your clients' traditional ways of being and knowing, this is especially important for Indigenous people.”

https://impact.sagesse.org/wp-content/uploads/2021/03/IMPACT-Anti_Violence-Handbook-F-4.pdf?mc_cid=64a30840d0&mc_eid=71295bf745 (p. 19)

Wise practice: There are multiple ways to view the world (no “one size fits all” model). Engaging in cultural curiosity about the client's cultural background, beliefs, rituals, and expectations within the counselling process will support relationship building and the therapeutic alliance. Seek guidance, and be culturally humble (comfortable admitting what you don't know) if you are unsure how to proceed in these remote counselling situations.

Cultural Safety: An outcome based on respectful engagement that recognizes and strives to address power imbalances. ²⁸

Cultural Humility: A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. ²⁹

Cultural Responsiveness: the active process of seeking to accommodate the service to the client's cultural context, values, and needs. ³⁰

²⁸ <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility>

²⁹ <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility>

³⁰ Armstrong, S (2009). Culturally Responsive Family Dispute Resolution in Family Relationship Centres. Family Relationships Quarterly, 13, 1.

Even though remote technology has reduced barriers for access to sexual violence counselling services, the reality is that many individuals still will not have access. Many who live in rural and remote locations do not have internet connectivity or cannot afford the technology or data plans. This is also a reality for those in urban environments, many who are itinerant, or without sufficient income to access any technology. Many vulnerable adults and children may not have access to supports if they are physically, visually, or auditorily impaired which presents a barrier to accessing remote services. Other challenges include language barriers and difficulty getting interpretation services, no childcare, and no privacy in the home, as identified in the previous section. These types of structural barriers negatively impact access to and utilization of remote counselling services. A way for Alberta's sexual assault services to support more equitable access is in seeking funding/grants to provide:

- Child care subsidies for those who cannot afford child care in the home or elsewhere.³¹
- Access to technology for those who cannot attend remote counselling otherwise (ex. paid telephone cards, headsets/ear buds, web cam, speakers, etc.).
- Access to technology via collaboration with community resources (satellite locations) that may agree to offer a private space for clients to attend sessions with technology and secure WIFI (provided by the sexual assault agency or the community resource).
- Access to transportation subsidies to satellite locations where transportation is possible (bus tickets, taxis, Disabled Adults Transportation Services, support for parking placards applications, etc.).
- Access to pre-session training on technology for clients who wish to learn how to use computer or phone technology for remote sessions.

In terms of competency practices to promote equity, diversity, and inclusion in remote counselling, The British Association of Counselling and Psychotherapy³² provides a concise listing of competencies for online and telephone counselling in these areas:

1. Knowledge of cultural differences in relation to remote counselling work and the associated technology, alongside the ability to respond appropriately.
2. Knowledge of implications of remote counselling and ways in which it may be facilitative for clients with disabilities (e.g. hearing impairment, by using a video platform with subtitles or live text facility rather than phone; visual impairment, by using the phone or voice only, or by having a third person present such as a support worker/carer/interpreter where confidentiality is explicitly agreed).
3. Knowledge of technological aids and/or appropriate support software that widen accessibility to remote counselling for those with mobility problems and/or speech and language difficulties/ learning and processing difficulties etc.
4. Acknowledging and addressing issues of digital exclusion³³.
5. Ability, when working without visual contact (telephone or no camera), to be curious about issues of difference and diversity, to clarify meaning and understanding, and to avoid assumptions.

³¹ Some Alberta not-for-profit agencies negotiate childcare subsidies, bus tickets, etc. into their funding agreements already as a way to reduce barriers to attending counselling and other programs.

³² <https://www.bacp.co.uk/media/10849/bacp-online-and-phone-therapy-competence-framework-feb21.pdf> (2021, p. 12)

³³ "Digital exclusion can be the result of a variety of factors. Many households, for instance, lack the economic means to have a computer in the home, and public resources may also be unavailable. In some instances, geographic location makes it impossible for people to access the Internet. Technology illiteracy is another significant factor, a challenge that is more commonly found among minorities, distressed socioeconomic populations, seniors and women. Using the Web can also be difficult for those with disabilities, who may require specialized technology for access." Retrieved from https://learn.org/articles/What_is_Digital_Exclusion.html

EMERGING WISE PRACTICES ON THERAPIST WELLNESS FOR REMOTE COUNSELLING

Remote counselling requires a different type of clinical focus, having to be intentional about alertness and presence in different ways than when in-person. As one clinician explained in a New York Times opinion piece: “In psychotherapy, the toilet has become the new couch” (Gottlieb, 2020).³⁴

Challenges for therapists who were not previously implementing remote technology stem from various sources:

- Technology: including learning to use platforms for psychoeducation and administering assessment and screening tools online;
- Maintaining the same case load as when in-person;
- Boundary challenges from ‘virtually’ being in client environments and vice versa; and
- Working from home or alone in an office typically means less peer support, reduced supervision, consultation, and comradery which can lead to feelings of isolation and reduced feedback on clinical issues.

Zoom/Screen Fatigue

Zoom fatigue refers to any video platform use where there is excessive amounts of close-up eye gaze, cognitive load, increased self-evaluation from staring at video of oneself, and constraints on physical mobility.³⁵ Screen fatigue is the name given to a cluster of symptoms that arise from looking at a digital screen for prolonged periods of time.

Factors that contribute to zoom/screen fatigue:

- **Session/Meeting Fatigue and Concentrated Attention** - during video calls extra attention and effort is required to decipher non-verbal cues, like facial expressions. These are more difficult to pick up on in remote environments and even more difficult in group work, team meetings, and training/supervision meetings. There is reduced opportunity to look away and use other non-verbal cues to convey messages.
- **Self-Awareness** - therapists may be more aware of their own reactions, movements, and responses and are working harder to ensure the “right” messages being received via the virtual medium.
- **Stress if technology fails** - heightened levels of stress with little control over internet challenges.
- **Multi-tasking** - therapists may engage in other tasks whilst on a virtual team meeting or training.
- **Blurring the lines between home and work** – access to work tasks beyond normal work hours.

³⁴ Gottlieb, L. (2020) In psychotherapy the toilet has become the new couch. New York Times (on-line). <https://www.nytimes.com/2020/04/30/opinion/psychotherapy-remote-covid.html?action=click&module=RelatedLinks&pgtype=Article>

³⁵ <https://tmb.apaopen.org/pub/nonverbal-overload/release/2>

Ways to Mitigate Zoom/Screen Fatigue

- Look away from the screen regularly to combat eye fatigue and allow the optic nerves to relax from a narrow screen focus (e.g. the “20 -20 -20” – every 20 minutes, look around at a distance of 20 feet for 20 seconds).
- Create your own before and after session rituals just as you invite your clients to do.
- Be aware of your posture and if you are holding your body and head in the same position for long periods of time, become intentional in noticing. Shift in your seat regularly (encourage your client to do the same).
- Do not schedule back-to-back video/phone sessions.

Working from home

“There is an element of always being available, always being at work when you work from home. Maintain a schedule of start and end times, don’t book sessions outside of those times. Make your home office, whether it’s makeshift or a permanent space, a place you enjoy being. It’s important to feel comfortable in your space, especially if you’re feeling uncomfortable with a new workflow and technologies. Also be aware that clients will be getting a peek inside your private life. They’ll see a sliver of your home, they might see a pet who is serving as your personal assistant, if your kids, spouse, housemates are unaware that you’re in session and come into the room. Think through what you’re comfortable sharing and what needs to remain private and separate from work.”

<https://www.counseling.org/knowledge-center/mental-health-resources/trauma-disaster/telehealth-information-and-counselors-in-health-care/remote-counseling>

Other Strategies for Therapist Wellness

- **Sustainability plans** – Our presence is our competence. Having a sustainability plan is essential in this work whether in-person, a hybrid model or fully remote. Identify what works for you, seek support from colleagues and supervisors, monitor your wellbeing on a daily basis; in fact, check in with yourself “in the moment” and between sessions. As noted above, create rituals that support you before, throughout, and at the end of your work day.
- **Hide self view** -- Consider hiding screen self-view if viewing yourself is distracting or anxiety-provoking.
- **Debrief strategies** – have a buddy system in place for all staff especially for debriefs that are needed in the moment (i.e., not planned to occur within regular supervision times).
- **Intentional coffee chats** - regularly scheduled as well as engaging in spontaneous, informal opportunities. In an office setting, random conversations usually happen when grabbing coffee, on lunch break, or when passing by a colleague’s office. In a remote environment, these spur-of-the-moment interactions have to be more intentional to provide for moments of connection.
- **Caseload emerging practices** – although still not well documented and largely anecdotally reported, emerging wise practice suggests a maximum of three videoconferencing/phone sessions per day, spaced out accordingly, to offset Zoom/screen fatigue. In a hybrid setting, this could mean therapists schedule a combination of in-person and videoconferencing/phone sessions to balance out daily caseload expectations.
- **When your office is a table in the corner of your home** – if you do not have a room in your home that serves as an office (for client and administrative work) that you can close the door on at the end of the day, consider covering your workspace with a colourful blanket or shawl as a way to “close the door”. In this way, if the space cannot be out of sight, it can be covered with something interesting that helps puts it out of mind.

Links to Wellness Resources

Focus on wellbeing <https://www.parentingrc.org.au/custom-resources/a-focus-on-wellbeing/>

Wellness strategies for the helping professional: resilience during covid-19 <https://ca.ctrinstitute.com/covid-19-videos/wellness-strategies-for-the-helping-professional-resilience-during-covid-19/>

Telehealth Info Sheet https://mhttcnetwork.org/sites/default/files/2020-08/MHTTC_TelehealthInfoSheet3_BurnoutCompassionFatigue_FINAL.pdf

Tend Academy (education and wellness resources for helping professionals) - <https://www.tendacademy.ca/covid19/>

Nonverbal Overload: A Theoretical Argument for the Causes of Zoom Fatigue <https://tmb.apaopen.org/pub/nonverbal-overload/release/2>

How To Manage Screen Fatigue & Burnout <https://lilysilverton.com/2021/02/01/how-to-manage-screen-fatigue-burnout/>

“Psychology Works” Fact Sheet: Working from Home During COVID, With and Without Children https://cpa.ca/docs/File/Publications/FactSheets/PW_COVID-19_Working%20from%20Home.pdf

Training on Clinical Issues in Telehealth

- **Using Online Disinhibition Effect for Good in Telemental Health:**
<https://personcenteredtech.com/courses/odebasic/>
- **Counselling practitioners can choose from a range of training opportunities in cybercounselling, telephone and chat counselling (Canadian-Based):** <http://therapyonline.ca/>
- **American Psychological Association- Telepsychology Best Practices 101** (various webinars to support telepsychology) <https://apa.content.online/catalog/product.xhtml?eid=15132>
- **Telehealth Certification Institute** offers a wide array of online telehealth training and free webinars:
<https://www.telementalhealthtraining.com/>
- **ZUR Institute** offers an array of online telehealth training including Supervising via Distance Technology
<https://www.zurinstitute.com/course/supervising-via-distance-technology/>
- **Sensorimotor Psychotherapy Institute** provides free resources to support the mental health community. See <https://sensorimotor.pages.ontraport.net/online-therapy-resources> Topics include:
 - Sensorimotor Psychotherapy from a Distance: Engaging the Body, Creating Presence, and Building Relationship in Online Therapy;
 - Parenting Amidst the Pandemic: Creating Safe and Energizing Environments for Children, Caregivers and Families.
- **Somatic Experiencing International - Telehealth in times of COVID- 19: A Six Part Series**
<https://traumahealing.org/conversations/>
- **Rocky Mountain Play Therapy Institute Webinar: Advanced Skills for Tele-Play Therapy: Beyond Engagement** <http://rmpti.com/webinars/> Webinar: Advanced Skills for Tele-Play Therapy: Beyond Engagement Course Description Advanced Skills for Tele-Play Therapy: Beyond Engagement This 6-hour on-line training program is for Play Therapy practitioners who would like to maintain an advanced approach to providing distance services to children and their families.
- **British Psychological Society Webinar: top tips on providing effective therapy via video** <https://www.bps.org.uk/coronavirus-resources/professional/webinar-top-tips-providing-effective-therapy-video>
- **Working with the Nervous System via telehealth NICABM short video with Deb Dana:**
<https://www.nicabm.com/working-with-the-nervous-system-via-telehealth/>
- **PESI: The Ethics of Digital Practice: An Essential Guide to Providing Quality Care, Navigating Ethical Issues and Managing Legal Risk** <https://www.pesi.com/>
- **Dr. Christine Korol - YouTube Videos “Intro to Ethics and Best Practice (Covid-19 Edition)”:**
 - **Online Therapy: Intro to Ethics and Best Practice C19 Edition - part 1**
<https://youtu.be/c2IasrqN6ic>
 - **Online Therapy: Intro to Ethics and Best Practice C19 Edition - part 2 Tech Questions**
<https://youtu.be/OJbdDfLIUHQ>
 - **Online Therapy: Intro to Ethics and Best Practice C19 Edition - part 3 Treatment**
<https://youtu.be/8FFea0felvg>

- EMDR
 - **Robin Shapiro-Therapy During the Corona Virus Crisis**
<https://www.emdrsolutions.com/media/>
 - **Roy Kiessling EMDR Consulting EMDR Telehealth Tips**
<https://vimeo.com/402561932>
 - **The Center for Excellence in EMDR Therapy (Deany Laliotis)**
<https://www.emdrtherapy.com/resources/free-video-emdr-theletherapy/>
 - **Alicia Avila EMDR training- Tips for Online EMDR Therapy**
<https://youtu.be/mE1iBALWDNU>
- **Jamie Marich Working with Dissociation in an Online Environment**
<https://icm.thinkific.com/courses/WorkingwithDissociationinanOnlineEnvironment>
- **First Nations Health Authority Cultural Safety and Cultural Humility free webinars (Series of 12)**
example:
<https://www.fnha.ca/about/news-and-events/news/cultural-safety-and-cultural-humility-webinar-three>
- **COVID-19 Indigenous Resources for Telehealth (US-Based)**
 - **Indian Health Service (ISP) free webinars**
<https://www.ihs.gov/teleeducation/webinar-archives/c19webinars/>
 - **ISP covid response free webinars** <https://hsc.unm.edu/echo/partner-portal/programs/covid-19-response/us-covid19/ihs-covid19-programs/>
 - **National Indigenous Cultural Safety Webinars Videos**
<https://www.icscollaborative.com/webinars>

Links to Teletherapy Resources (articles, checklists, toolkits, practice guidelines)

- **The virtual or remote-based delivery of domestic violence and sexual violence interventions: A handbook for the anti-violence sector** is comprehensive in its guidance on planning and assessing whether remote-based delivery of interventions is suitable for those experiencing, at -risk or survivors of interpersonal violence. https://impact.sagesse.org/wp-content/uploads/2021/03/IMPACT-Anti_Violence-Handbook-F-4.pdf?mc_cid=64a30840d0&mc_eid=71295bf745.
- **Promising Practices for Sexual Violence Distance Counselling.** <https://endingviolencecanada.org/wp-content/uploads/2022/01/Promising-Practices-for-Sexual-Violence-Distance-Counselling-8-compressed.pdf>

Remote Suicide Assessment

- **The Mental Health Commission of Canada's Suicide Risk Assessment Toolkit.** It offers suicide risk assessment tools and links, identifying those that are Clinician/Mental Health Professional Not Required for Administration (p. 12-13) and Clinician/Mental Health Professional Administered (p. 14) as well as identifying those that are available virtually. See https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-01/mhcc_cpsi_suicide_risk_assessment_toolkit_eng.pdf
- **Conducting a Virtual Suicide Assessment Checklist.** This checklist is from the National Association of School Psychologists developed during this time of distance learning. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/conducting-virtual-suicide-assessment-checklist>

Professional Practice Guidelines and Telehealth Resource Libraries

- **British Psychological Society Effective therapy via video: Top tips**
<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Effective%20therapy%20via%20video%20-%20top%20tips.pdf>
- **British Association for Counselling and Psychotherapy Online and Phone Therapy (OPT) Competence Framework** <https://www.bacp.co.uk/media/10849/bacp-online-and-phone-therapy-competence-framework-feb21.pdf>
- **American Psychological Association Guidelines for the Practice of Telepsychology**
www.apa.org/practice/guidelines/telepsychology
- **Canadian Psychological Association Dr. Karen Cohen on the Psychology Practice Fact Sheet & Tele-Health** <https://cpa.ca/?s=telehealth+practice>
- **College of Alberta Psychologists Covid-19 Updates**
<https://www.cap.ab.ca/covid-19-updates-and-information>
- **Alberta College of Social Workers Standards of Practice.**
https://acsw.in1touch.org/document/2672/DOC_FINALACSWStandardsOfPractice_V1_1_20200304.pdf
- **Canadian Association of Social Workers Virtual Counselling Resources**
<https://www.casw-acts.ca/en/resources/virtual-counselling-resources>
- **Canadian Counselling and Psychotherapy Association (2019) Guidelines for uses of technology in counselling and psychotherapy**
https://www.ccpa-accp.ca/wp-content/uploads/2019/04/TISCGuidelines_Mar2019_EN.pdf
- **NASW, ASWB, CSWE and CSWA Standards for Technology in Social Work Practice (2017)**
https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf
- **Digital Competencies for Psychological Professions** <https://www.digitalhealthskills.com/>
- **Brown University Resources on Telehealth (need to apply for access to their posted google drive documents):** <https://www.brown.edu/academics/medical/psychiatry-and-human-behavior/sites/academics-medical-psychiatry-and-human-behavior/files/Telehealth%20Resources.pdf>
- **Telehealth Resource Library** <https://www.telementalhealthtraining.com/resources> (US-based)
- **Telepractice Resources (Australia)**
https://www.parentingrc.org.au/telepractice_hub/telepractice_resources/

Online Counselling Resources

- **Distance Counselling for Sexual Violence Survivors: Promising Practices**
<http://www.anovafuture.org/wp-content/uploads/2021/07/Full-Report-Designfinaldraft.pdf>
- **Pandemic meets Pandemic: Understanding the Impacts of COVID-19 on Gender-Based Violence Services and Survivors in Canada**
<http://www.anovafuture.org/wp-content/uploads/2020/08/Full-Report.pdf>
- **Guiding Tool: Is telepractice a preferred and/or viable option?**
<https://www.parentingrc.org.au/wp-content/uploads/Form-digital-1.pdf>
- **Tips for Making the Most of your Video Counselling Sessions**
<https://www.hornsbycounselling.com.au/tips-for-making-the-most-of-your-video-counselling-sessions/>

- **Digital divide and remote service delivery (webinar on digital exclusion)**
https://aifs.gov.au/cfca/webinars/digital-divide-and-remote-service-delivery?utm_source=CFCA+Mailing+List&utm_campaign=749cec7cd4-EMAIL_CAMPAIGN_2020_03_11_COPY_01&utm_medium=email&utm_term=0_81f6c8fd89-749cec7cd4-211501648
- **Resilience Tree Telemental Health, How it is Working for Clients Vol 8 (audio)**
<https://www.buzzsprout.com/842029/6169117-telemental-health-how-it-is-working-for-clients-vol-8?s=03>
- **Trauma and Teletherapy Discerning Our Clients' Needs (Deany Laliotis)**
<https://www.psychotherapynetworker.org/magazine/article/2502/trauma-and-teletherapy>
- **Therapist Aid Considerations for Online Therapy Woody Schuldt, LMHC**
<https://www.therapistaid.com/therapy-article/telehealth-considerations>
- **How to Maintain Therapist-Client Relationship Boundaries in the Age of Telehealth (PESI):**
<https://www.pesi.com/blog/details/2045/how-to-maintain-therapist-client-relationship-boundaries>
- **EMDRIA Guidelines for Virtual EMDR Therapy**
https://www.emdria.org/wp-content/uploads/2020/04/Virtual_TG_Report_for_Member.pdf
- **EMDR Resources in the Era of COVID-19 (free e-book)**
<https://marilynuber.files.wordpress.com/2020/06/emdr-resources-for-covid.pdf>

Resources for Working Remotely With Children and Adolescents

- **For a detailed Adolescent telehealth trauma treatment guide** see: Briere, Lanktree & Escott (2020). *Trauma Teletherapy for Youth in the Era of the COVID-19 Pandemic: Adapting Evidence-Based Treatment Approaches*: https://keck.usc.edu/adolescent-trauma-training-center/wp-content/uploads/sites/169/2020/07/Trauma_Teletherapy_Final_2020702.pdf
- **Telecounseling with Children and Teens** https://pcar.org/sites/default/files/resource-pdfs/telecounseling_with_children_and_teens_508.pdf
- **Telehealth Activities for Kids (Dr. Amy Marshall)**
<https://resiliencymentalhealth.com/telehealth-activities-for-kids/?s=03>
- **19 Tips for Building Rapport with Youth via Telehealth**
https://www.researchgate.net/publication/340066049_COVID19_Tips_Building_Rapport_with_Youth_via_Telehealth/link/5e751127a6fdcccd6211efd2/download
- **On-line Sand Tray activity** <https://onlinesandtray.com/>
- **Free Games and Tools for Virtual Counseling**
<https://confidentcounselors.com/2021/01/03/free-games-and-tools-for-virtual-counseling/>

Telehealth for Older Adults

- **How to provide telehealth to older adults**
<https://www.apaservices.org/practice/clinic/telehealth-older-adultshttps://www.apaservices.org/practice/clinic/telehealth-older-adults>
- **Telehealth and older patients**
<https://telehealth.hhs.gov/providers/health-equity-in-telehealth/telehealth-and-older-patients/>

Online Group Therapy Tips

- **Online Group Therapy: Tips for Therapists**
<https://www.goodtherapy.org/for-professionals/software-technology/telehealth/article/online-group-therapy-tips-for-therapists>
- **How to do group therapy using telehealth: Group therapists are responding to COVID-19 by rapidly transitioning from in-person to online therapies.**
<https://www.apaservices.org/practice/legal/technology/group-therapy-telehealth-covid-19>
- **Tip Sheet: Group Teletherapy Best Practices, Skills, and Strategies for Providing Virtual Group Psychotherapy**
https://mhttcnetwork.org/sites/default/files/2020-08/MHTTC_TelehealthInfoSheet2_GroupTelehealth_FINAL.pdf

Links to Therapist Wellness Resources

- **Focus on wellbeing** <https://www.parentingrc.org.au/custom-resources/a-focus-on-wellbeing/>
- **Wellness strategies for the helping professional: resilience during covid-19**
<https://ca.ctrinstitute.com/covid-19-videos/wellness-strategies-for-the-helping-professional-resilience-during-covid-19/>
- **Telehealth Info Sheet**
https://mhttcnetwork.org/sites/default/files/2020-08/MHTTC_TelehealthInfoSheet3_BurnoutCompassionFatigue_FINAL.pdf
- **Tend Academy (education and wellness resources for helping professionals)**
<https://www.tendacademy.ca/covid19/>
- **Nonverbal Overload: A Theoretical Argument for the Causes of Zoom Fatigue**
<https://tmb.apaopen.org/pub/nonverbal-overload/release/2>
- **How To Manage Screen Fatigue & Burnout**
<https://lilysilverton.com/2021/02/01/how-to-manage-screen-fatigue-burnout/>
- **“Psychology Works” Fact Sheet: Working from Home During COVID, With and Without Children:**
https://cpa.ca/docs/File/Publications/FactSheets/PW_COVID-19_Working%20from%20Home.pdf
- **11 Psychological Tips for Frontline Staff**
https://www.onlinetherapyuser.ca/storage/app/media/Covid-19/11%20Tips%20for%20Front%20Line%20Staff_OTU_2020.pdf

Links to New Employee Onboarding

- **16 Steps to Effective Virtual Onboarding (with Checklist and Sample Schedule)**
<https://www.indeed.com/hire/c/info/16-steps-to-effective-virtual-onboarding-with-checklist-and-sample-schedule>
- **Employee remote work policy template** <https://resources.workable.com/remote-work-policy>
- **Tips for Onboarding New Employees to a Hybrid Work Environment**
<https://hr.mit.edu/managers/remote/onboarding>
- **Online Onboarding Checklist For Remote Teams (Free Download)**
<https://talance.com/resource/online-onboarding-guide-how-to-welcome-new-staff-remotely/>

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