

Some Counsellor Impressions of Doing Counselling by ZOOM

With the current 'lockdown' due to the Covid 19 virus counsellors have been able to stay in contact with their clients via ZOOM, Skype, Phone, texting and email.

Some comments made recently by counsellors using ZOOM have been:

- "Sometimes the zoom session is interrupted by children, partners, cats, and dogs wandering in the room or across the camera or the client picks them up"
- "I am not sure how confidential the session is"
- "I feel that I have very little control of the session either the safety of the client or keeping the room secure for confidential talk "
- 'I am not sure what to do if the client starts to get angry as I feel if I get it wrong the client can just shut me off'
- "Seeing the client's room at home can be illuminating, sometimes it is very tidy, sometimes it looks like a bomb has hit it. This changes how I see the client who is usually well presented when they come to my counselling room "
- "Seeing the home of the client via zoom has led me to think things like," Gee how do they afford to live in place like that! As well as "How do they live in that chaos"
- The zoom session crosses some boundaries and I find it harder to keep in professional role rather than just having a chat"
- 'I find that there is less emotional content in the session and more thinking. I am not sure why but the sessions seem more shallow'
- "It seems strange just looking at each other's faces all the time, how do we look away or ponder by looking at something else in the room?"
- "I need to 'curate' more what people can see in my room behind me to help staying professional".
- "I feel that I am over technology by doing zoom all the time and want real human interaction".
- "I am finding that I am having shorter sessions with clients, it seems harder to maintain a flow of information-I am not sure why"
- 'I find the length of sessions depends upon the cognitive ability of the client, if they are educated or good verbally it can be easy but if they are not or you get one word answers it seems harder than if they were doing that live in your room"

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Here are the current criteria to meet to carry out tele-health calls as issued by ACC for the current Covid 19 health crisis- April 2nd 2020

- Telehealth is designed to replace a regular face-to-face consultation session, and providers must be charging appropriately. To be clear, short telephone conversations with patients, or other communication outside of a consultation, do not constitute a chargeable session.
- For all health professionals providing Telehealth consultations, you'll need to make sure you can meet the following criteria:
 1. Make sure the use of Telehealth is clinically appropriate
 2. Complete a risk assessment and determine if Telehealth is a safe method of delivery. Your risk assessment may need to be continually reviewed
 3. Provide an appropriate standard of service to our clients based on their clinical need
 4. Make sure clients are within the TLA/region(s) specified in your contract
 5. Obtain the client's consent to provide services via Telehealth
 6. Follow the guidelines or standards of your regulatory authority or professional body
 7. Make sure Telehealth services are provided to a client living in New Zealand at the time of the consultation, by a provider who is living in New Zealand, at the time of the consultation
 8. Use a Telehealth technology interface that meets the requirements outlined by the New Zealand Telehealth Resource Centre.

More info on ACC & Telehealth during COVID-19 Response is at

<https://www.acc.co.nz/covid-19/providers/telehealth-during-the-covid-19-response/>

Here are some guidelines by Allied Health Aotearoa New Zealand regarding telehealth:

https://www.alliedhealth.org.nz/uploads/8/8/9/4/88944696/best_practice_guide_for_telehealth.pdf

Benefits :

Many New Zealanders struggle to access the health services they need because:

- They live in rural or remote areas
- The specific health services they need are not provided local

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- Lack of transport, other commitments, or physical impairment may make attending appointments during work hours difficult. Telehealth can help clients/patients in isolated locations receive necessary care, and provide clients with more convenient access to care.

Challenges and risks include:

- Establishing rapport with the client/patient
- Conducting any physical examination
- Recognition of emotion
- Cultural responsiveness
- Client concerns about data safety and security

Providers with existing access to Telehealth for ACC

Providers working under contracts that already include Telehealth don't need to request ACC's prior approval to provide services by Telehealth during COVID-19.

Contracts that already include Telehealth:

- clinical services
- **integrated service for sensitive claims**
- psychological services
- neuropsychological assessment services
- clinical psychiatric services
- physiotherapy services (use specified item codes and rates)
- training for independence
- concussion services
- **sexual abuse assessments and treatment services, via virtual forensics.**

We've also waived the need to have a member of the interdisciplinary team present.

Use normal codes and rates unless specified otherwise. Providers using Telehealth must work within the terms of your contract and in accordance with the criteria listed below.

ACC Telepsychology(Zoom /Skype etc.)- When Not to use it with clients

Here is a summary of ACC guidelines of when they will not fund counselling in this way:

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ACC is unlikely to fund telepsychology when:

1. Services are offered via bulletin boards, chat rooms, blogs, news groups or discussion groups.
2. Treatment and risk management plans are insufficient and do not:
 - show a clear clinical or practical rationale for the use of services via non-face-to-face contact
 - clearly identify the risks associated with the use of telepsychology services and show that these have been discussed with the client
 - provide a clear outline of how the risks associated with the telepsychology services will be mitigated.
3. Treatment plans appear to be anti-therapeutic or fostering avoidance or dependence.
4. **The telepsychology is not to be used with a client who has a specific disorder where it is unlikely that telepsychology would be seen as appropriate. This includes clients who:**
 - **have disorders involving distortions of reality and/or significant dissociation**
 - **have a high risk of self-harm**
 - **require trauma processing for sexual abuse**
 - **are at risk from others because of violent or abusive interpersonal relationships**

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www.counsellingresources.co.nz