

Ethics: Wellness, Self-Care, TeleMental Health, Social Media and other trends during Covid-19

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Assess your take-away

Assess your take-away

Your Best Self

To improve the quality of our lives, we have to improve who we are.
If we want to attract better things into our lives, we have to become better ourselves.
Use this worksheet as a guide to set goals and plan for your best self.

HABITS TO CHANGE

--

SKILLS TO LEARN

--

VALUES TO ENHANCE

--

QUALITIES TO ADOPT

--

Objectives

- Review ethical considerations related to wellness, self-care, telemental health, and other current trends facing helping professionals during Covid-19.
- Engage in relevant discussion surrounding best practices during Covid-19
- Support participants in developing a plan to enhance self-care and overall wellness.

**BLACK
LIVES
MATTER**



If you had to describe how you are doing right in terms of a tree in a forest what metaphor would describe you?





What do you look like as a tree?

Selfcare & Wellness

Compassion Fatigue and burn out are significant and rampant concerns among mental health providers. Quality suffers when staff are unable to cope

Selfcare & Wellness: Compassion Fatigue

- Also called *vicarious trauma* or *secondary trauma*. The emotional residue or strain of exposure from working with those suffering from the consequences of traumatic events.
- The impact of primary stressors inherent in an extreme event; something immediately **experienced** or **witnessed**, specifically things contributing to a traumatic response.
- Compassion fatigue can be the **gradual decrease of compassion**, willingness to care and provide social-support.

Selfcare & Wellness: Burnout

- *Burnout* is a cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, NOT trauma-related.
- Compassion fatigue has a more rapid onset while burnout emerges over time. Compassion fatigue has a faster recovery and can be less severe, **if** recognized and managed early.
- Burn-out and compassion fatigue can co-exist. Compassion Fatigue can occur due to **exposure on one case** or can be due to a **cumulative** level of trauma.

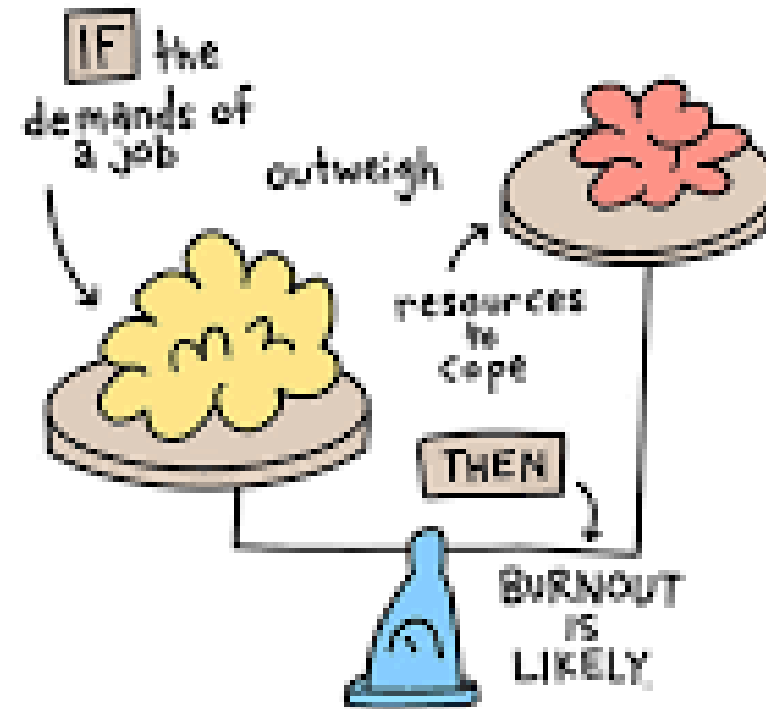
STRESS vs BURNOUT

- Overengagement
- Reactive or over reactive emotions
- Sense of urgency and hyperactivity
- Lost or diminished energy
- Leads to anxiety
- Physically tolling



- Disengagement
- Blunted or distant emotions
- Sense of helplessness
- Motivation is lost or diminished
- Leads to feeling depressed
- Emotionally tolling

Selfcare & Wellness: Stress vs Burnout



STRESS DOESN'T
CAUSE BURNOUT

Stress + inadequate support resources does.

Selfcare & Wellness: Causes

“Caregivers who suffer from compassion fatigue may actually justify experiencing the symptoms as part of the act of, or cost of, caring.”

Selfcare & Wellness: Signs & Symptoms

Awareness involves being cognizant that the condition exists and learning how to recognize it.



PSYCHOLOGICAL



PHYSICAL



BEHAVIORAL



AT WORK



COGNITIVE

Selfcare & Wellness: Signs & Symptoms

Selfcare & Wellness: Signs & Symptoms

- Anxiety
- Irritability
- Self-doubt
- Loss Of A Sense Of Purpose
- Withdrawal
- Isolation
- Lack Of Joy
- Hopelessness
- Avoidance Of Interactions
- Lack Of Empathy
- Apathy
- Poor Concentration
- Intrusive Thoughts
- Headaches
- Insomnia
- Gastrointestinal Problems
- Hypertension
- Fatigue
- Depleted Immune System

Selfcare & Wellness: Signs & Symptoms

- Ability to function is interfered with or altered
- Situation or incident does not seem typical or ordinary but rather feels traumatic
- Impinges upon or breaks through normal boundaries
- Can lead to waking up tired in the morning and struggling to get to work
- Adds to feeling that you are working harder but accomplishing less

Selfcare & Wellness: Signs & Symptoms

- Has nervous system arousal (Sleep disturbance)
- Increases emotional intensity
- Decreases cognitive ability
- Impairs behavior and judgment
- Fosters isolation and loss of morale
- Increases Depression and PTSD (potentiate)

(CFAP, 2017)

Selfcare & Wellness: Signs & Symptoms

- Fosters loss of self-worth and emotional modulation
- Impacts identity, worldview, and spirituality
- Changes beliefs and psychological needs for safety, trust, esteem, intimacy, and control
- Increases loss of hope and meaning to foster existential despair
- Heightens anger toward perpetrators or causal events

(CFAP, 2017)

Selfcare & Wellness: Signs & Symptoms

Workplace Considerations

- Chronic absenteeism, spiraling works cost
- High turn over
- Friction between employees
- Friction between staff and management
- Constant changes in co-worker relationships
- Inability for teams to work together well
- Desire among staff members to break company rules
- Outbreaks of aggressive behaviors among staff

Selfcare & Wellness: Signs & Symptoms

Workplace Considerations

- Might become more easily frustrated and irritated
- Might experience losing compassion for some people while becoming over involved in others
- Increases in routinely feeling bored or disgusted
- Enhances likelihood of experiencing illness, aches, and pains

(CFAP, 2017)

Selfcare & Wellness: Signs & Symptoms

Workplace Considerations

When an individual's lack of empathy and apathy are multiplied within a group, whether that group is the workplace or the global community, the result is a culture of uncaring individuals without the skills or abilities to teach kindness to the next generation.

Selfcare & Wellness: Pulse Point

Have you noticed any symptoms of compassion fatigue, burn out or stress in yourself?

If so, which ones?

Break Time
(7 minutes)

Welcome
back

"Almost everything will work
again if you unplug it for a
few minutes,
including YOU."

-Anne Lamott

Selfcare & Wellness: Ethical Considerations



Selfcare & Wellness: Ethical Considerations

- NBCC Code of Ethics
- Code of Ethics Iowa Board of Certification
- ACA Code of Ethics
- AAMFT Code of Ethics

Selfcare & Wellness: Ethical Considerations


ACA Task Force on **Counselor** Wellness and **Impairment** found that **impairment** “occurs when there is a significant negative impact on a **counselor's** professional functioning which compromises client care or poses the potential for harm to the client.”

Selfcare & Wellness: Ethical Considerations

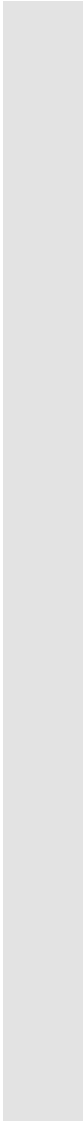
ACA: C.2.g. Impairment. Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.

Selfcare & Wellness: Ethical Considerations

ACA: C.2.g. Impairment (continued): Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.



IBC certified professionals do not continue to practice while having a physical or mental disability which renders the certified professional unable to practice the occupation or profession with reasonable skill or which may endanger the health and safety of the persons under the certified professional's care.



The background features two large teal shapes: a triangle on the left and a trapezoid on the right, both pointing towards the center. The text is centered between these shapes.

Selfcare & Wellness: Tips

Selfcare & Wellness: Opportunities for Resilience

The most effective treatment for compassion fatigue centers around self-care education and integrating self-care into existing organizational structures.

Selfcare & Wellness: Opportunities for Resilience

Work Life Balance

- Rituals that denote transition (behavioral and mental)
- Change clothes
- Change space
- Put your office/work things away
- Consultation and supervision (don't carry your burdens alone)

Selfcare & Wellness: Opportunities for Resilience

A. Acceptance (ACT)

What are the benefits and joys of your work with clients?

What keeps you going?

B. Behaviors

Consultation & Supervision

Wellness Plan

C. Cognitive Care

Meditation

Mindfulness

Affirmations

Compassion Satisfaction

Take away?

- Action plan

- Share it w someone

Action Plan

<p>Mind (e.g., watching a comedy on TV or reading a book)</p> <p>New Practices:</p> <ol style="list-style-type: none">1.2.3.	<p>Body (e.g., going for a short walk or dancing in the living room)</p> <p>New Practices:</p> <ol style="list-style-type: none">1.2.3.
<p>Social or Cultural (e.g., game night with your kids or calling a friend)</p> <p>New Practices:</p> <ol style="list-style-type: none">1.2.3.	<p>Spirit (e.g., closing your eyes for 2 minutes and breathing deeply, or listening to your favorite music)</p> <p>New Practices:</p> <ol style="list-style-type: none">1.2.3.

Action Plan

" A GOAL
WITHOUT
A PLAN
IS JUST
A WISH "

A small, handwritten signature in white ink, located at the bottom right of the quote.

Telemental Health Objectives

- Examine guidelines of ethical practice for TMH clinical practice, social networking, and electronic communication
- Examine client fit and appropriateness for TMH Therapy
- Identify the impact of technology on administrative and clinical protocols

TMH:
Ethical
Considerations
Respective
Codes

- NBCC Code of Ethics
- Code of Ethics Iowa Board of Certification
- ACA Code of Ethics
- AAMFT Code of Ethics

TMH: Defined

- The use of technology to meet the therapeutic needs of clients in a location different from the mental health counselor.
- Includes both synchronous services (telephone, video conferencing, messaging, etc.) and asynchronous services (email, text, scheduling, data storage, etc.)
- Includes storage on all types of devices (computers, tablets, phones, etc.), the cloud, and all transmissions.
- Also commonly called virtual therapy, telepsychiatry, distance counseling, and telebehavioral health.

TMH: Effectiveness

- A University of Zurich study divided a group of 62 patients in half and found that depression was eased in 53 percent of those given online therapy, compared to 50 percent who had in-person counseling. Three months after completing the study, 57 percent of online patients showed no signs of depression compared to 42 percent with conventional therapy.- —(Journal of Affective Disorders, 2013).
- University of New South Wales | September 2009 In findings that could revolutionize the way psychologists treat their patients, researchers at the University of New South Wales (UNSW) and St Vincent's Hospital have shown online treatments are just as effective as face-to-face therapies for a wide range of common mental disorders." Anxiety, social phobias and depression are all conditions that respond well to clinician-supported internet-based treatments, the researchers found, with program participants recording recovery rates comparable to those in face-to-face therapy."

TMH: Effectiveness

- A pilot study compared the effectiveness of online cognitive behavioral therapy and in-person supportive therapy in 45 Defense service members suffering from post traumatic stress disorder (PTSD) after the September 11th attack. After eight weeks those receiving online therapy showed greater improvement. Six months after their first meeting those who had received online therapy continued to show improvement, in direct contrast to the in-person group.— (American Journal of Psychiatry, November 2007).
- In a four-year Johns Hopkins study that included close to 100,000 veterans, the number of days that patients were hospitalized dropped by 25 percent if they chose online counseling. This is slightly higher than the number of hospital visits experienced by patients who used face-to-face counseling. (Psychiatric Services, April 2012).

TMH: Benefits

- Accessible mental health care in remote locations
- Addresses a shortage of mental health providers
- Ease of use – locations, scheduling, costs, etc.
- Provide services to a global marketplace (note restrictions)
- Increases client participation (decrease cancellations)
- Research supports using online services

TMH: Challenges

- Confidentiality
- Suicidal and homicidal clients
- Liability
- State laws
- Rapport building
- Maintaining and establishing boundaries
- Asynchronous

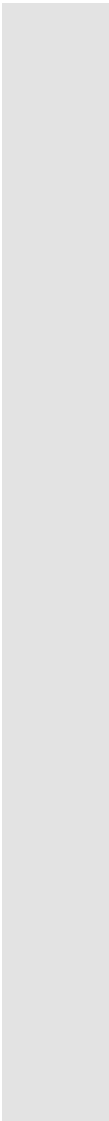
Break Time
(7 minutes)



Telemental Health



TMH: Ethical Considerations

- Counselor Responsibility
 - Boundaries
 - Documentation
 - Informed Consent
 - Confidentiality & Privacy
 - Evaluation & Assessment
 - Use of Technology
- 

TMH: Counselor Responsibilities

- Ensuring competency in technology and mental health (ACA, 2014, H.1.a.)
- It is the counselor's responsibility to maintain professional boundaries (ACA, 2014, H.4.b.)
- Characteristics of TMH may blur boundaries of professional relationships
 - Using electronic devices
 - Using a home office (or home-like environment)
- Use separate personal and professional accounts
- Avoid communication via social media

TMH: Initial Assessment

- Appropriateness for tele-mental health services: Recognizing that tele-mental health services may not be the most appropriate treatment option, it is important to assess whether tele-mental health services are appropriate to client's needs (ACA, 2014, H.4.c.).
- Assessment of appropriateness continues through the duration of services.
- The counselor should also conduct a self-assessment. This is not appropriate for every counselor.

TMH:
Assessment
for Client Fit,
Presenting
Concern &
Appropriate-
ness

Client Safety

- Is the client suicidal or homicidal or at high risk of harming self or others? Y/N
- Is the client experiencing psychosis or paranoia? Y/N
- Is the client willing to let the counselor know his/her location (address) each session? Y/N
- Is the client willing to give the counselor a name and phone number of a person to call in case of emergency? Y/N
- Does the client have a secured place to conduct a Tele-Mental Health session that is confidential? Y/N

TMH:
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ness

- Is the client in a domestic violence or abusive situation where his abuser could find out that tele-Mental health sessions were occurring and result in more violence?

If email or texting is part of the treatment, does abuser have access to these accounts?

If the telephone is involved, does the abuser have access to the history on client's phone or information on phone bill?

If chat rooms, client portals, websites, apps, etc. are going to be used, does the abuser have access to the electronic device the client will use and associated history of where client has been online?

TMH: Assessment for Client Fit, Presenting Concern & Appropriate- ness

- Is the client avoiding something by not coming to sessions in person (e.g., not facing a driving phobia, is socially anxious, has attachment issues, has an alcohol disorder and doesn't want a therapist to smell his/her breath, etc.)?
- In general, is TMH counseling a solid option for this client's presenting concern and the counselor can document the rationale?
- Is there any language barrier/cultural issue/medical or physical issue that may cause difficulty in utilizing TMH interventions

TMH:
Assessment
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Presenting
Concern &
Appropriate-
ness

- Is the client willing to use a code word or phrase each session to ascertain identity?
- Has the client been informed of the procedures in case of a technological interruption of services, the client is comfortable with the protocol, and the possible interruption of services is not too stressful for clients?

TM:
Assessment
for Client Fit,
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ness

Ways to Decrease Liability

- Adhere to federal and state laws and regulations
- Become knowledgeable of best practices
- Contact liability carrier to ensure tele-mental health is covered
- Consult and seek supervision when faced with an ethical dilemma
- Continue to participate in continuing education
- Use HIPAA compliant platforms
- Follow ethical standards
- Ensure competency

TM:
Assessment
for Client Fit,
Presenting
Concern &
Appropriate-
ness

- Is the client willing to have the initial session in person or via video-conferencing in order to see client and check identification (covid-19)?
- Does the client have the technology needed to engage in the type of TMH you are offering (computer, internet, smart phone, appropriate software, etc.)?
- Is the client willing to use the appropriate software to maintain confidentiality?
- Does the client have the skill/ability to use the means of receiving TMH services as proven by testing the technology with you or a friend prior to your session?



TMH: Emergency Protocol

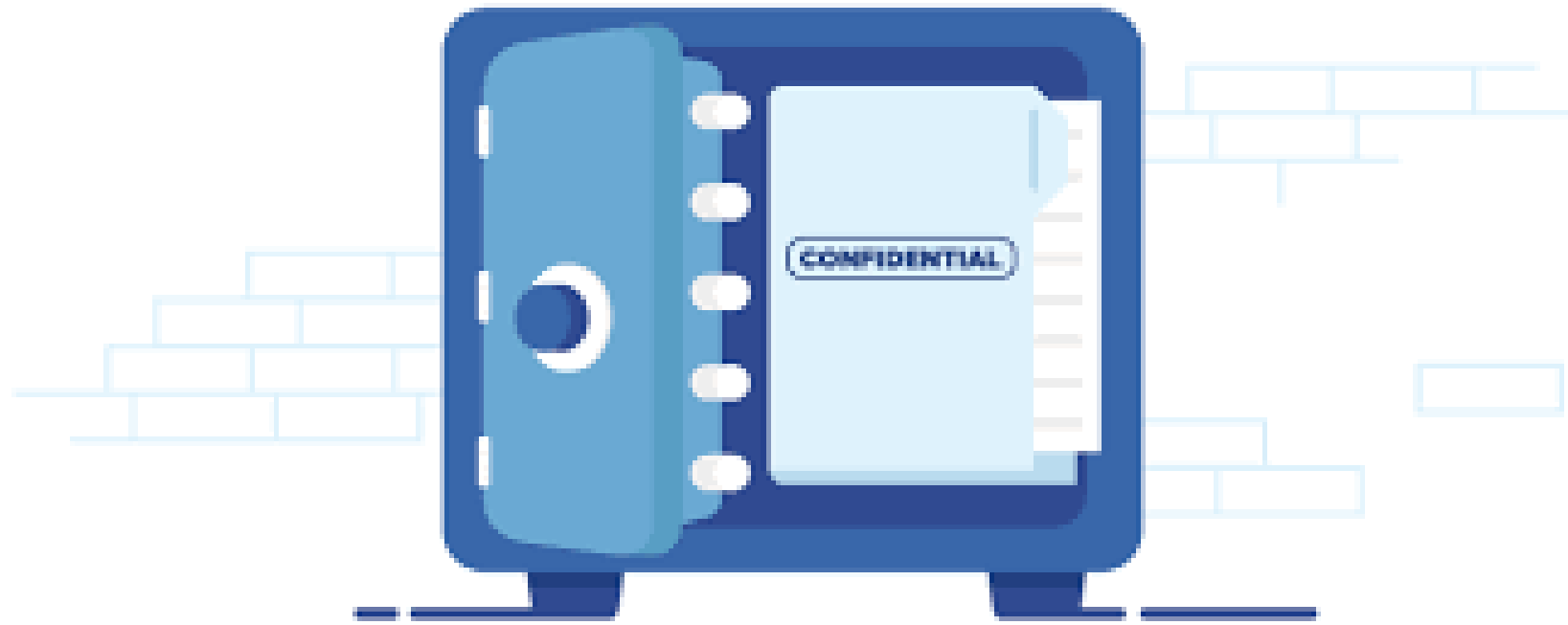
Emergency Protocol: Client Safety and Crisis Management

- Verify client identity (show ID), location, contact information, relevant informed consent up to date, no changes with collaborators information.
- Identify and get a signed release of information to contact the client's emergency contact. That includes getting phone number and address of the contact.

TMH: Emergency Protocol

Emergency Protocol: Client Safety and Crisis Management

- Be sure that you have and understanding of commitment laws and protocols. Each jurisdiction has its own involuntary hospitalization and duty-to-notify laws outlining criteria and detainment conditions.
- Emergency procedures need to be placed in the informed consent and reviewed with clients.
- Identify (emergency numbers) nearby emergency services



HIPPA, Confidentiality & Technology

TMH & HIPPA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996

- Public Law 104-191 included Administrative Simplification
 - adopt national standards for electronic health care transactions & code sets
 - unique health identifiers & security
- Federal privacy protections
 - individually identifiable health information

TMH: Transmittal of Personal Information

Implement a mechanism to encrypt electronic protected health information whenever deemed appropriate

- Email
- Texting
- Application sessions
- File transmissions
- Remote backups
- Remote access and support sessions (example: VPN)

TMH: Informed Consent

- Availability: Inform clients of their availability including possible communication between scheduled sessions and emergency situations.
- Include Email, Phone, Texting Policy
- Make any adjustments for cultural implications
- State Law and Regulations may have specific requirements
- Include Social Media Policy

TMH: Choosing a Platform

Best Practice

Choose a platform with a Business Associate Agreement (ACA, 2014, H.2.d.).

- A Health Information Organization, E-prescribing Gateway, or other person that provides data transmission services with respect to protected health information to a covered entity and that requires access on a routine basis to such protected health information.
- A person that offers a personal health record to one or more individuals on behalf of a covered entity.
- A subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the business associate.

TMH: HIPAA Compliant Platforms

- WeCounsel
- BetterHelp
- Simple Practice
- Talkspace
- TheraNest
- TheraSoft
- CounsSol
- Vsee
- Doxy.me
- TheraPlatform
- TherapyNotes
- Zoom
- GoToMeeting
- MyClientsPlus

TMH: Consideration for Technology

Connection

- Strong Internet Connection
(Consider proximity to Wi-Fi)
- Internet Speed/Bandwidth
(typically between 3 mbps to 10 mbps)
- Landline often will have stronger connection

TMH: Consideration for Email, Texting, and Phone Communica- tion

Best Practice

- For housekeeping issues only (business email & phone only)
- Set up boundaries of how responses will be managed.
- Make it clear that this form of communication is not to be used for emergencies or to discuss current mental health concerns.
- Policy needs to be identified in Informed Consent.
- Do not use your personal phone or email account.
- Use coding system to ensure identification of client.
- There are platforms for texting, and emailing clients that are compliant with HIPAA standards.

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HABITS TO CHANGE	SKILLS TO LEARN
VALUES TO ENHANCE	QUALITIES TO ADOPT

Questions

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reignite

Counselor, Coach, and Consultation Service