

NAADAC

Telehealth During COVID-19 and Beyond

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[Live captioner standing by to caption event].

>> The broadcast is now starting. All attendees are now in listen-only mode.

>> SAMSON TEKLEMARIAM: Welcome to today's webinar on telehealth during COVID-19 and beyond, integrative treatment for co-occurring disorders by Dr. Fredrick Dombrowski. My name is Samson Teklemariam, director for training and professional development of NAADAC, the association for addictional professions. This webinar is provided to you as a collaborative effort between AMHCA and NAADAC. The American mental health counselors association is committed to advancing the profession of clinical mental health counseling and improving mental health. The association provides professional development, educational publications, continuing education, and training for your guidance, standards of practice, research advocacy, a code of ethics, and many other resources. For more information, visit www.amhca.org.

The permanent home page for NAADAC webinars is www.NAADAC.org/webinars. Make sure to book mark this page if you haven't already so you can stay up to date on the latest on addiction education. Closed captioning is provided by Caption access. Check your most recent confirmation or our Q&A in chat box to use closed captioning. If you're wondering about your CE quiz for this webinar or how to access the recording after the live event, every NAADAC webinar has a web page that houses everything you need to about that particular event. Immediately following that, you will find the online CE quiz link. So that means everything you need to know will be permanently hosted at NAADAC.org/telehealth-COVID19-mindfulness-webinar. The link is here on the top of the screen on the slide. Please note for all of our new viewers, continuing education is free for NAADAC members. There is a small processing fee of \$20 for 1.5 CEs. Please pay close attention to the instructions on this slide. We'll show it again later. But just as a reminder, you must watch and listen to the entire webinar. NAADAC uses a time tracking tool to verify your full attendance to earn the appropriate number of CE hours. Also of course pass the online CE quiz. It will be on the website at the end of the webinar. You see it circled in red with the yellow webinar. The CE certificate will be emailed to you within 21 days or less of passing the quiz. If you're a NAADAC member, make sure when you're logging into the CE quiz platform that you input your NAADAC member password correctly. And lastly, we're using go to webinar for the event. The control panel looks a little bit like the one you see on my slide. You can use the orange arrow to minimize or maximize the control panel. If you have any questions for the presenter, you can type them into the questions box. We'll gather them and give them to our presenter during the live Q&A. Any questions we do not get, we collect and give to the presenter so we can post the Q&A directly on our website. Lastly, under the questions tab, you will see another tab that says handouts. You can download the PowerPoint slides from that hand out tab. There's also a quick reference guide giving you more detailed instructions on how to get your CEs and there's a hand out resource from our presenter.

And let me introduce you to today's presenter, Dr. Fredrick Dombrowski, working with co-occurring populations since 1999 and higher education since 2010. He has received extensive training and CBT mindfulness based provider for the center for credential and education. NAADAC and AMHCA are delighted to present this to you by this accomplished member of both associations. Doctor, whenever you're ready, I'll hand this over to you.

>> FREDRICK: Thank you, so much, Samson, and I welcome everyone to today's webinar. One of the reasons we wanted to put this webinar together was during the crisis, we received tons of questions about how to help people via online telehealth, especially when people are disconnected from their supports, disconnected from their social supports, and are struggling with their recovery.

When discussing this, I thought it was helpful and important to identify ways to give counselors tools, which are applicable to real life and in addition, as opposed to just talking about what you can do. We thought it was really helpful to try to show you specifically what you can do with your clients.

Today, we will be talking about these three basic goals. Identifying how COVID-19 has impacted those living with co-occurring anxiety and substance use disorders. Identify how to use telecounseling to implement mindfulness and cognitive based interventions. And help people with co-occurring disorders during COVID-19. I'll turn this over to Samson for the first polling question.

>> SAMSON TEKLEMARIAM: Excellent. Thank you so much. Yes, everyone, you'll see the polling question pop up on the screen. The question asks: What do you do if you see a friend who has a shoe lace untied. First option is tell them to tie their lace or engage in discussion understanding how the shoe became untied exploring what the untied shoe means to your friend and letting them make a decision if they should tie the lace. We will have a live Q&A towards the end of the webinar. Ask -- and you can -- we will ask your questions in the order which they're received. We'll give you about 10 more seconds to answer this polling question.

>> FREDRICK: Great. One of the reasons why I thought it was important to ask this question is, as counselors -- okay, great. I love these answers. 81 percent would say tell their person to tie their lace while 19 percent would say engage in discussion understanding how the shoe got untied and all of the other things that went with that. Yes, of course. Thank you very much. We're going to resume the regular slide. So specificity within that, one of the reasons why we wanted to talk about that is it's very difficult for us as counselors to see people suffer. And when we see a problem, we act in ways that are actually kind of counterintuitive to counseling. Counseling is a process. It isn't necessarily providing an answer. Even with solution focused brief psychotherapy, you do more than just provide a person with the answer, more than just tie their lace. Sometimes we experience countertransference when we see someone suffering. It hurts us when we see someone suffering. What's difficult during these current times as we engage on people online, as they're disconnected, we can see them suffering yet we feel powerless to help them because we're not there directly with them.

And specifically, a lot of our patients are enduring unemployment financial hardships, increased problems with their family and concerns about how they're going to obtain medications and obtain their own treatment during this time. We would expect our clients to have excessive worry, restlessness, the lack of energy, feelings of hopelessness, inability to enjoy activities, limited or excessive sleep, headaches, arguments with people they love. Not only do we expect our clients to experience these symptoms during COVID-19 but also counselors and helping professionals can also experience these as we're worried as well. Although states are opening up, we still don't understand yet how long this is going to last, how this is going to impact things going forward.

For substance use concerns during COVID-19, obviously outpatient treatment is limited. So many clinicians have needed to become familiar with providing telehealth counseling. And when we provide telecounseling, we sometimes feel something is lost within that -- within that paradigm. So when we have the ability to see someone face-to-face, we can see their entire body language. We have the benefit of being able

to smell them, which is part of the mental status exam. We're able to pick up more on whether the patient was able to focus.

Unfortunately, during COVID-19, liquor stores are still open and also illicit drug dealers are also open. They never close even during the blizzard. Drug dealers don't shut down. Also, people are unable to attend self-help meetings. And as they're disconnected from their sponsors and disconnected from other service supports, there's a lack of accountability. I'm going to move next to Samson with this next polling question.

>> SAMSON TEKLEMARIAM: Thank you so much. Everyone, just be honest here with this polling question. What do you think about anxiety? What do you think about anxiety? Should have popped up on your screen there. Thank you so much. Looks like 10 percent of you have already voted. Keep those answers coming. We have four answer options there. Just again, for those of you who have questions, go ahead and send them into the questions box of the go to webinar control panel. If you have trouble participating in the poll, consider switching your view in the go to webinar control panel from full screen to a different view. Most of you, it should have been automatic on your screen but depending on your device, it can show up differently. Awesome. I'll close the poll and show the results and turn this back over to your presenter.

>> FREDRICK: Great. I love these responses. It seems like 93 percent of people thought that anxiety is a normal human emotion. Also, just a few percentage felt it is irrational and caused by inaccurate beliefs and that is an unconscious way for people to avoid things they don't want to do. I didn't see people part D which is people choose to be anxious. The reason why I ask is to assess your own conceptualization about anxiety. I'm specifically guided by one theoretical orientation I adhere to although I incorporate. I'm a behavioral therapy guy. That's my theoretical orientation. That's the way I perceive the people that I work with through cognitive behavior lens. With that said, though, I have to sometimes adjust my lens based on what the individual is experiencing. In many cases, believe it or not, some of the answers, arc, B, C, and D, there is a little bit of all of them. Obviously, anxiety is a natural reaction. If something bad happens to you, it's norm tool have anxiety about it. And also, our core beliefs and automatic thoughts can exacerbate our anxiety based on what we're assuming about the situation.

Within that, for some people that have social anxiety, when they avoid the thing that provides them with anxiety, they actually obtain a reward for avoiding that stimulus. Therefore, they continue to isolate from others. So in some ways, there can be a small reward for avoiding things we don't want to do.

Causing -- it does cause impact of functioning. COVID-19 has absolutely increased the anxiety, even for people that don't normally have anxiety. And when we consider anxiety at full strength, we consider it as panic.

So panic and anxiety are different. When we conceptualize anxiety, it's a normal feel. And despite being anxious, some people are still able to function pretty well even though they have anxiety. But panic is entirely different. So I'm asking that when you think about panic, if you are working with someone who is enduring a panic attack or their anxiety is so high that they -- it's hard to even have them see things outside of their anxiety, conceptualize it as if they're in a fog. You're unable to see 5 feet in front of you in a fog. You're trapped in that experience. And for people that are having panic, they're trapped in that emotion. When someone is experiencing panic, the physical symptoms of panic are so intense that it's hard for the individual to tell themselves that everything is going to be okay.

Obviously, during COVID-19, it's exacerbated in those preexisting anxiety disorders. When someone is having a panic attack, at that moment, their palms are sweaty, heart is beating. You can do your best to ask them what your automatic thoughts are and while they may tell you that they think they're going to die, that's the automatic thought, it's extremely hard to try to talk them out of that.

So from the CBT perspective, there's a lot of stuff here that I'm going to be talking about. This is all evidence-based practice. The vast majority of have read about this and seen this before. Specifically, the goal -- one of the main goal of this webinar is to show you how to integrate these in an online session. Specifically utilizing both CBT and some DBT mindfulness skills. Cognitive behavioral therapy are core beliefs and influence automatic thoughts. To make fun of myself, we're not always aware of what our core beliefs are. If I were to put up a poll right now and asking everyone -- even if you're an atheist, I still believe that most people have a sense of spirituality and a sense of goals or values that people live by. And if I asked you what your spirituality or your personal beliefs about how you should treat others be? Should you be nice to people? Should you treat them respect or be mean to people? The vast majority would not choose C, being mean to people because that is your spiritual belief. But they're different from core beliefs. If you think this doesn't make sense, when we ask you about your spiritual beliefs you can talk about whatever religion or spirituality that you adhere to. And within that, it talks about you would treat people with respect, respect the rights of others, those good things. However, if you're like me and you get stuck in traffic, those automatic thoughts pop up and those automatic thoughts are everyone is trying to make me late for work. Nobody knows how to drive. This is terrible. Those are some of my automatic thoughts. Those come from core beliefs. My core beliefs are different from my spiritual beliefs. And sometimes we're not aware of our core belief. I have a core belief that it is wrong to suffer, although suffering is a part of life. That is different from my spiritual belief. And as a result, we will catastrophize as we experience an automatic trigger. Obviously, thoughts can increase feelings of anxiety and panic and anxiety and panic contribute to unhelpful coping strategies.

For example, when someone is experiencing a panic attack, they're going to do whatever they need to do to feel better, even if it means they're going to drink at that moment.

Now, with that said, although I love cognitive behavioral therapy, there are limitations to CBT during a panic attack. So for example, panic prevents people from thinking logically. So when I try to do counseling, CBT specifically with people during a panic attack, my question can seem invalidating to the person. It can seem almost like I don't care what the person is feeling, I'm just trying to challenge her thoughts. The individual will also do what's necessary to get better.

So what I'm asking you is when you are conceptualizing panic, conceptualize it more from a DBT. DBT rational mind where you operate like a computer. You don't really have emotional response. When I think about if I am -- if I go to IKEA I buy furniture, I'm reading the directions as to how to put the furniture together. I'm operating like a computer, not really having any feeling. And our rational mind helps us look at things objectively, helps us to focus in on our -- what the goal is. Our emotional mind is also important, and that is the part where we focus in on specifically what we're feeling. And our emotional mind is good. It is a good thing although it tends to be focused in on the bad parts. But within the emotional mind, the emotional mind is important for us to validate ourselves. It's important for us to be aware of what we're experiencing. And when someone is having a panic attack, they're trapped in that emotional mind. When we put both of those together, we come up with the wise mind.

So when an individual is trapped in the emotional mind, they're unable to access the rational mind or wise mind. When you're stuck in the emotional mind, you're usually worried about the future or concerned about the past. And when that happens, you act to manage that overwhelming feeling.

When completed, fears about the future symptoms persist. What that means is after you have the panic attack, you still have concerns about the future. One of the ways we get out of the emotional mine, one of the ways we pull people out of the panic attack, out of the emotional mind, specifically with the mindfulness skills. The what skills and how skills. These are basic DBT skills. Observe, describe, and participate. What that means is to observe something without having any judgments. So for example, if you were to look at whatever shirt you're wearing, you would say you're wearing a blue shirt or plaid shirt. Observe it without judgment. Describe instead of saying, oh, I hate this shirt, you would say I see white plaid with black stripes. And participate means you fully allow yourself to engage.

The how skills include non-judgmentally. Keeping out the judgment. One mindfully, making sure you're focused and being effective in participating what you're doing.

Transitioning these skills over to telehealth is important. Before we talk about how to implement these skills, I want to talk about basic telehealth counseling. Obviously with every telehealth session, you need the informed consent, the safety information as to emergency services where the individual is at. Also reminding the person that you're a mandated reporter and also mental status exam and then reviewing the patient treatment plan.

I'm going to give this next polling question over to Samson.

>> SAMSON TEKLEMARIAM: Thank you so much. Everyone, you'll see the third polling question launch on your screen. Simple yes or no question. Do you feel comfortable providing telecounseling? We'll give you about 10, 15 seconds here. Thank you by the way to those sending questions to the questions box. And those who submitted questions upon registration, we'll ask them in the order in which they were received in a designated live Q&A towards the end of the webinar. And wow, you guys knocked this one out pretty quickly. Almost -- there it is, 75 percent have voted. I'll close the poll and share the results. I'll turn it back over to your presenter.

>> FREDRICK: Thank you very much, Samson. I appreciate 72 percent of you do feel comfortable providing telecounseling. So these next few slides, I apologize if they're redundant, if you've experienced this before. The 28porous that don't feel comfortable, I hope the next few slides are helpful for you, examples of making sure you have the basics of your session ready for when you provide it. So for this example, this is a picture of a session that this is a Zoom session. And on the right-hand side, I'm not going to read this out to you, but this is an informed consent. And you can find the informed consent at the end of the slides. I'm not going to review the entire informed consent, but specifically what I'm going to say is letting the person know that they agree to allow for an online session, that we are still mandated reporters, that they also agree to pay for the session as well because it's still -- they're still engaging in a service, and that also although we can do our best to protect the tell session, we still can't promise that a hacker or someone illegally can't eventually get in and see it. We can't make that promise even though there are encryptions, there are some -- there are some programs that are better than others, but we still can't guarantee with 100 percent certainty that everything's going to be entirely HIPAA compliant.

So down at the bottom, you notice that the person said they agreed to that.

From there, you will see that I provide just a quick mental status, just assessing for time, date, and orientation. So what day is it? What time is it? And what is your wife's name? And so this person replied Thursday, 6:51 and robin. They said if they ever forgot their wife's name, they would definitely have a fit and that would be the end of the relationship.

From there you'll notice for emergency services, this session -- this individual lives in buffalo, New York. I have crisis services of eerie county available, emergency assistance such as 211 and 911 available.

And then at the end, usually what I like to do is I like to put down specifically what we're working on with the treatment plan and reiterating the goals and objectives that we'll be working on. What I love about providing tele mental health counseling is we have everything in black and white. In that face-to-face session, we're so engaged that we kind of miss some of these things. I really actually like this.

So going forward, we're going to watch a video of me providing a telehealth counseling session where I utilize my CBT. But within that I'll make pauses and jump in and give you guys feedback about that. So I'll let this go -- let Samson start the video.

>> SAMSON TEKLEMARIAM: Everyone, you'll see a video flash on your screen here in just a moment. If you have questions about the video, you can hit us up in the questions box. If you have any troubleshooting questions about how to view the video, we'll give you tips in the chat and questions box, if you have that. Video will begin in just a moment. [Video].

>> Thomas, it's great to see you. Thank you for meeting up. And before we go, I want to confirm that you had an opportunity to agree to the informed consent as well as review your treatment plan and emergency services.

>> Yes.

>> Yes, okay. Great, great. Well, I have a lot of question. I want to jump in and see how everything's going. But most importantly, tell me how everything's been for you this week since we last talked last week.

>> It's been very stressful. Things don't seem to be getting better. You know, being here at home, it's just -- I feel like I have no escape. And it's just -- I look around and it's getting harder and harder and I'm afraid. I'm afraid that I might go back and drink more because I don't know how to -- what else to do. It's becoming very hard for me to just handle all this that's happening right now.

>> Uh-huh. It's been a pretty tough week. And as you've been crammed in, it seems like you're worried about whether or not you're going to maintain your sobriety and it seems like you're worried about how your anxiety is impacted all together. Tell me more about that.

>> Well, the anxiety seems to be getting worse. It's just getting worse and worse every time because what's happening is that, you know, the bills are piling up, my wife is getting on my case, the kids are just running all around and sometimes not listening to me. I just -- I don't see any light, you know in front of me, it's just getting harder and harder. I'm really getting very concerned about, you know, the next step that I might take. So the more I think about it, the more worried I get.

>> Uh-huh. If I'm hearing you correctly, it's multiple things. The bills, they're piling up. And when money problems happen, I can imagine you're doing non-stop math in your head trying to figure out you're going to pay what and how that's going to work. And while that's happening, I think kids are off of school I think for the rest of the year and they're kind of trapped in the house. Obviously, it makes sense as the kids are trapped in the house and you're worried about bills then you're also struggling with your wife. Sometimes there might be some arguments. Is that what I'm hearing? Am I hearing that correctly?

>> That's true, that's true. At least when you're out, you get a break from everything. But when you're inside the house, it's almost like there is no escape. I cannot even go out with my friends, and I just don't know what else to do. I mean -- I'm not sleeping well. My heart is racing from time-to-time. Sometimes I feel like I'm getting a heart attack even though the doctor said that that's not the problem. And I'm sweating all the time. You know, I remember -- I remember when I used to drink, I used to be calm. And now I cannot even do that because of the legal issues I might get into. My wife is trying to divorce me. It's almost like there is no room for me to maneuver, and I just -- I'm glad I'm talking to you. At least I can talk to you and let it out, but then what? What else can I do after that?

>> Uh-huh.

>> It's almost like I'm surrounded.

>> Yeah. So it kind of seems like the anxiety is continuing to build up while you're, like, feeling trapped. And whereas before, even if you weren't going out to drink, at least getting out, you're able to talk to people, get away. But you feel like you're trapped inside as well.

>> Yes.

>> If you were trapped inside and you were able to drink at least that feeling will go away. But now your wife -- the drinking has caused problems with you and your wife. You talked about some of the legal problems you had, and you don't want to have those things resume. So really if I'm hearing you correctly, it feels like you're struck between a rock and a hard place. Feeling a lot of anxiety.

>> Yes, and the bills don't stop. I get phone calls all the time, people asking me for money that I don't have. And the money that we got it helped a little bit, the money that the government came. But that's not going to solve everything. And food is not -- it's still expensive. The kids are eating a lot. So I don't know. I need escape. And I know that's not the right thing to do or to think about, but that's what drinking used to do for me. It used to give me a way out, and now, I cannot even do that. I know it's not the right thing, but you it seems to me to be the only thing that works for a moment, even though later on, it doesn't help. But at least for that moment, I feel relieved.

>> Yeah, drinking provided that you that immediate relief. Unfortunately, there were the arguments and fights that everything that kind of came with it, but the feeling you had was right there in the moment. And right now, you're really looking for something that can help you out right now in the moment.

>> Yes, yes. I need some way out right now because like I said, the anxiety is just not letting go. And I cannot even sleep. I can have a time of peace. So I don't know what to do except going out and drinking, and I know that's not the right thing.

>> FREDRICK: Great. What I love about this video -- is just a reminder is you don't need to be a perfect counselor. I'm thinking, oh, my gosh, I could have asked that

or responded differently to that. So the good thing is that no one is a perfect counselor. And despite that using evidence based practices help us improve our counseling skills. When we're engaging with the clients that are specifically struggling, as you noticed within these first six minutes there's things I didn't do. I didn't go right to solve the problem. When we go back to that shoe lace analogy, right now, I'm not telling him that he needs to tie his shoe lace. I'm not trying to tell him what to do. I'm using the questions, reflective listening and summarizing to make sure I'm hearing what he's saying correctly. As you can tell, he has a lot of anxiety, feeling overwhelmed. If I were to go directly right at him and try to throw things at him such as why are you thinking this way, what are you doing, that would probably make him disconnect or at least, if nothing else, it just wouldn't be helpful.

So we're going to resume, see where the session goes from here.

[Video].

>> As we're talking about all that anxiety coming at you, you definitely -- I can see that you're feeling overwhelmed. You talked about that the anxiety that's kind of kicking in. Last week, we kind of talked about some potential coping strategies whether it be deep breathing or contacting your sponsor. Have you followed up with any of that since last week?

>> You know, that never works for me. I tried it before, and it doesn't work.

>> The deep breathing or contacting your sponsor?

>> You know what? The deep breathing, I tried it and it never worked for me. It just didn't do anything for me. And I don't want to call anybody. You know, I know you mentioned to call a sponsor, but you know what? Nobody listens at least the way I feel they should. And if anything, it just -- no one understands what I'm saying, no one understands what I'm going through and why. Why go through that step? I myself, I like to keep things to myself. So I really don't -- that never works for me. So you're kind of saying when you do reach out to people, it feels like you're not being heard in a way you want to. And even if they did, you don't know how they can help me.

>> It seems like everybody judges me anyway, so I don't like that.

>> You're talking about being the kind of person that sticks to yourself and it feels like when you do say stuff you're worried that people are judging me.

>> Yes, that's exactly it. Nobody gives me a solution for anything that I'm asking for. And the conversation, I feel like I haven't accomplished anything.

>> So you'll be talking to them and when you're talking to them, it seems like the solutions you're receiving you're not getting. And then at the end, when you spend the time, you feel like you don't even accomplish anything, you feel like you've wasted your time.

>> That's exactly what I'm saying, yes.

>> So if we link up all your thoughts together, you were saying earlier that you were worried that you're going to go out and drink. And then when you try to not drink by using these other steps you also feel like it's a waste of time.

>> Yes. The only thing that works for me is drinking, and I cannot even do that anymore.

>> All right. So you talked about that and you said the deep breathing never works for you.

>> No, not for me. I don't know if it works for other people, but for me, it doesn't.

>> And you're kind of sitting there with that anxiety. And what's that like then with the family when you're having this?

>> I can't even have a time by myself. It's hard to have it. And when I have it, I just am thinking about all the problems I have. So I'd rather just not try to think about anything.

>> Uh-huh. So --

[End of video].

>> FREDRICK: So what you saw was me trying to identify what the client's automatic thoughts are and their current applications and any behaviors that they could be using that could try to help them. Within this example, how many people here have ever worked with the client and they said nobody understands me, people are judging me, nobody's there to help me. And in addition to that, especially for clients under recovery, they say my sponsors don't help, the meetings don't help, and I'm by myself. We hear this a lot with people with co-occurring anxiety and substantive abuse. So what you're experiencing right now is pretty common within a lot of the patients that we see.

Within this, though, as you noticed, what I'm trying to do is trying to validate what the individual's experiencing while also making sure that I'm hearing them correctly. Even within this, although I did try to assess their actions and their thoughts, I have not yet begun to challenge them, specifically because it seems like the patient is extremely anxious and if I were to go out and try to challenge the patient, it may not go off very well.

And then in addition, when he was talking about his use of deep breathing, there are some mindfulness skills, which are not the best fit for everyone. So some of the people I've worked with, specifically people that have had severe PTSD or more Type A personality, when I ask them to do deep breathing exercises, focusing on the breathing into the nose six seconds, hold 2 seconds, out the mouth 6 seconds, they hate those activities. They feel those activities are passive. There are active mindfulness

techniques which may be a better fit for those individuals. So we're going to keep going with the video. Thank you, Samson. You're doing an awesome job. [Video].

>> We talked about your feelings. Sometimes I will challenge you about your thoughts and how you come to those conclusions, but it seems like sometimes when the anxiety is really kicking in, it seems like you can't even think. And in the past when you can't think, you've gone right to drinking to cope with it.

>> That's right. Yes.

>> And so to try to think about another way to conceptualize your anxiety, we talked about the three states of mind. Do you remember that?

>> A little bit. Can you remind me?

>> There's the three states of mind. Emotional mind, which is where our emotions are in control, where we're feeling a certain way, we respond to that way, and we can't even think outside of it. And then there's a reasonable mind. So -- that's where we're operating almost like a computer. Remember Spock from that show star trek?

>> Yes.

>> It has to be all logic. Do you like to work on cars or anything? Or do you like to cook or bake or anything like that?

>> Hmm, not really.

>> Do you like to do any kind of activities with your hands at all?

>> Maybe puzzles.

>> Okay. So when you're doing a puzzle, though, when the two pieces have to go together, are you experiencing any kind of feeling about those pieces or are you just putting the pieces together?

>> I like to find them, first. It feels good when I find them and put them together.

>> It does feel good. If the pieces match up, it's not like you have an emotional response. You just look for the piece that does match.

>> Yes.

>> So that is kind of the rational mind. Now, our emotions are really important because they tell us what's happening around us and our rational mind is important because it looks like almost the math of the situation. When we put those together, we make the wise mind. The wise mind is where we have an opportunity to validate every aspect of what we're experiencing, but also make the best decisions going forward.

Right now, I'm hearing a you say that you're experiencing a lot of anxiety. You have the panic, you're getting sweaty, you're frustrated, and you're thinking about drinking. So as we say that, what frame of mind would you say that you are in right now?

>> That would be the emotional mind.

>> Yeah. Tell me how you think you're there.

>> Because at that point, I'm just -- I'm just focusing on how I feel about today. I really don't think about -- I just want to -- I'm just looking at my feelings, I guess. I just feel the anxiety that I cannot feel anything else, really, when that's happening.

>> I appreciate you saying that. That's a really good description of the emotional mind. You're so stuck in that feeling of anxiety and everything that's going with everything that's happening that you want to drink. And if we try to ask you what about your wife or calling people, it seems like all those things are there but those aren't the answers you're looking for.

>> Correct. It seems like everything draws to the drinking when I get to that stage or at that point because that was the only thing that worked for me before.

>> Uh-huh. So when you describe your anxiety being that bad, on a scale of 0 to 10, 0 being no anxiety to 10 being you're totally panicking, you have the sweaty palms, sweating, hyperventilating, feelings of dread, where would you say you're at right now.

>> I would say at 10.

>> 10.

>> Yeah.

>> Even now as we're talking, your anxiety is up there?

>> Yes, it is.

>> And when we -- go ahead. Yes.

>> Yes. No, it's what always happens is that chest pain, sweaty palms, my heart races. I feel like the room is closing in on me. It's just a bad feeling.

>> Uh-huh. And when you're having these bad feelings, what are you thinking about, what are your thoughts telling you right now?

>> I'm just thinking about what works for me, drinking. That's what always calmed me down and I cannot do that now, which makes me more anxious.

>> So the only thing you're on your thought right now is drinking. That's the only thing that you can focus on.

>> I don't want to feel this way. It's the only thing that works for me.

>> Remember when we talked about the three states of mind, the emotional, the rational mind, and the wise mind, I want to try to do some actions right now to get you out of the emotional mind and that requires you to do three things, that's observe, describe, and participate. But what that means is to not have the thought. Seems like you're focused in on drinking right now. And I want you to -- maybe what I'm saying sounds kind of weird.

>> It does. It does because I don't know how it's going to -- yeah.

>> You were saying before the deep breathing doesn't work for you.

>> No.

>> The idea of the deep breathing is sometimes when we do it, it helps us reset and refocus. But it seems like you're really struggling to do that.

>> Yeah, not for me. It doesn't work.

>> So when we first started off, I think I saw your kids. Did they leave a board game out or something like that.

>> They like to play Jenga so they left it out in the open.

>> Really? Okay, Jenga. So what if we used Jenga to try to help you out with your panic right now and your feelings of --

>> That would help me?

>> I know it sounds really weird, but would you be willing to try it?

>> I'm willing to try everything because otherwise, I'll start drinking. I don't want that, for sure.

[End of video].

>> FREDRICK: Within that aspect, one thing you noticed is I was trying to orient the client to DBT. I never used the word mindfulness. And one of the reasons why I didn't use that word is what does it mean specifically for patients we're working with? I'm working with a Hispanic male. And within his community, there is a sense of macho and being strong. I'm not saying this is across all Latino populations and all Latino people. But it is important for you to know your client and understand what wording and language works best for him. Even asking him to do a mindfulness exercise may be something that he may be turned off about. What I tried to do is help the client reconceptualize their panic. What they're recognizing is the panic is so severe it's hard for them to think. Also, I want to give you a heads up when we're engaging in the

activity, I'm not in any way prescribing this activity alone as a cure for panic attacks. This is just an example of an active mindfulness technique that a client can engage in.

And also, I just want to give you guys a heads up while we do this next part there are times when the camera focuses in on my face so feel free to laugh as I react to the client engaging in this activity. So we're going to switch it over back to Samson.

>> All right. Thank you for having the game set up and I appreciate you setting the camera so I can play. Have you played that game before.

>> Yes, with my kids.

>> Okay. And you were saying before you don't understand how this can help.

>> I really don't see how this is going to help me.

>> I respect that. But I also really appreciate your willingness to say that you're willing to try. What I'm going to ask you to do is ask you to take a block anywhere. So what I'm going to ask you to do is pay attention to only to what you're experiencing in that moment. I know it's going to be really hard. I might ask you a few questions but I'm going to ask you to take a block out. Okay?

>> This seems very, very stupid. I don't know.

>> Okay. I respect that. I also do appreciate that you're willing to try anything.

>> Yes. I mean, I just -- so I'll try it.

>> Okay, all right. So go ahead and take a block out. Okay. Really quick, before you put the block back on top, what does the block feel like in your hand? You really want to know?

>> Yes. Tell me what the block feels like.

>> It's hard.

>> Okay. Can you tell me the temperature of the block?

>> It's a little cool.

>> Okay. And if you rub your thumb across the top of it, what does that feel like?

>> Smooth.

>> Smooth, all right. Try smelling the block. What does it smell like?

>> Smell it?

>> Yeah. Tell me what the block smells like.

>> I don't -- I can't smell anything.

>> Okay, all right. And if you put the block up to your ear and you flick it, what does it sound like?

>> Dull.

>> Dull. Okay, all right. So when you were first pulling the block out, what were you feeling when you first pulled the block out.

>> I was scared.

>> Okay. I'm going to ask you to put the block on top. Now that that block is on top, how are you feeling?

>> Relieved.

>> Okay. All right. So we ask you take another block out.

[End of video].

>> FREDRICK: Great. So within this, what we're trying to do is we're trying to help the patient get grounded. And as they do this, we ask them to engage in all of their five senses, specifically smelling -- I didn't ask him to taste the block, so sorry, four senses. But the reason for doing that is trying to get his focus in on the game. When someone is having a panic attack, you'll say why is playing Jenga helpful? As ridiculous as the game is, the game harnesses and focuses the client's anxiety. So their anxiety as opposed to these things that are around them that they can't quite put a finger on such as with their panic, the Jenga helps them focus on that thing. Also, playing Jenga gives them additional anxiety specifically about playing Jenga. And as they pull out a block, they will find themselves paying attention to their hands, focusing to make sure they pull a block out without actually knocking it over. I know this sounds really crazy and I respect -- especially when a client says this sounds crazy. I worked this. I've used this dozens of times, and it has worked every single time. So we're going to keep going with the rest -- keep going continuing playing Jenga here.

[Video].

>> All right. Now, I noticed that when you were trying to get the block out, I saw the whole thing move a little bit. When it was moving, what were you feeling?

>> I was feeling a little anxious that it might fall.

>> Okay. All right. Put it on top. Okay. It did not fall. So how are you feeling now that you put it on top and it didn't fall?

>> I feel better.

>> All right. Now let's try another one.

>> I got it.

>> All right. You can put that on top. Now, I noticed when you first started, you were actually really anxious when you were pulling it out. And as you've actually taken more out the game technically has gotten harder. But it looks like you're doing it quicker and more confident in your ability to take out the blocks.

>> Yes.

>> Okay. Let's have you try another one.

>> I got it.

>> All right. You can put it on top. Okay. You want to try another one? Wow, okay, all right. So I saw it move and I saw it shake a little bit. So what were you experiencing in that moment?

>> It got me a little scared that it was going to fall.

>> What were you thinking about while you saw everything move?

>> I didn't want it to fall. I just -- it just makes me a little concerned that I wasn't going to make it.

>> Okay, okay. All right. And let's see how far we can keep this going. Try it again.

>> [Blocks tumbling]. Sorry about that.

>> No, it's all right. It just fell. What are you feeling right now that it fell?

>> I feel anxious.

>> You feel anxious, but also too, are you -- now that it's over, though, are you worried about it falling anymore?

>> Not anymore. In a way I feel relieved that it fell?

>> What's the worst thing that happened when it fell?

>> The game was over.

>> Okay. But did life get worse at all?

>> Not really.

>> Okay. Did your wife come down and argue with you at all?

>> Not really.

>> What I'm going to ask you is ask you to come back to your eat where you're at and we'll talk about this exercise. Thank you so much for trying the game. I know you said it didn't make much sense and I respect that. But some questions for you. While you were playing the game, what were you thinking about while the tower was moving?

>> I was feeling anxious about all of it. Anxious.

>> I appreciate you saying that you were anxious.

>> While you were paying attention to the tower, though, were you thinking about drinking at all?

>> No. No, I wasn't thinking about drinking.

>> And were you thinking about the problems you had your bills?

>> Not at all.

>> When we talk about being stuck in the emotional mind, this gave you more anxiety, but the anxiety was focused. So we needed you to observe, describe, and participate. So you had to look at the Jenga, how it's set up. You had to pay attention to it. You had to, like, describe -- I asked you to identify what it smells like, what it feels like. All those things that we kind of take for granted. We're always receiving information but we're not paying attention to our concerns. And participate, you had to play. All the things you talked about before, you did that before playing. Right before playing, you said that your anxiety was a 10 out of 10. What is your anxiety like now, 0 to 10?

>> Now that you ask that, I will give it like a 4.

>> A 4. Okay. Then it's completely understandable that the anxiety is not totally gone. And it takes sense but also too the benefit of having anxiety decrease is that when the anxiety is decreased, you might be better able to think of responses. Let's see if we can think of other ways of responding as opposed to drinking. Is that okay?

>> That sounds perfect to me.

[End of video].

>> FREDRICK: As you can see, playing Jenga actually decreased this person's anxiety, although while they were playing, they still had anxiety about playing the game, but some reason, when it falls over, there's a catharsis that happened. But when they didn't want it to fall when it fell, nothing bad happened. The reason why I asked did your wife get angry? Did life get worse? We find ourselves catastrophizing and going to the worst case scenario. When someone is having a panic attack, the idea isn't getting rid of anxiety. I don't think if the patient went from 10 to 0, I would have been completely

suspect. The patient has good reasons to worry. It makes sense he has anxiety. But the good news is we have got him to be flexible enough. When somebody's anxiety is a 10 out of 10, they will struggle to be flexible, struggle to engage with CBT. So what we're going to do for the rest of the session is a good old fashion, four factor model basic CBT skills. And this is how we close out the session by utilizing the skills. Handing it back over to Samson.

[Video].

>> So now that your anxiety is down a little bit, what I would like to do is just review with you a quick worksheet that you can use on your own.

And I know I gave you some things to do in the past, and you said they don't necessarily help. So let's try this worksheet together and let's see if you can then do this worksheet on your own. It's a pretty simple worksheet. So I'm going to share my screen. Can you see what I'm sharing?

>> Yes.

>> All right. Let me adjust this as I see that there's some other times when we talk about some things, some triggers, thoughts, feelings, and actions that you had and documenting that. So let's adjust this and let's make this empty all over again.

What are some triggers for you right now? What are some bad things happening for you?

>> Well, the fact that I am unemployed right now.

>> Let's focus in just on that. Now, when you are unemployed, what are your automatic thoughts about yourself or automatic thoughts just in general?

>> Well, I feel like I'm not accomplishing anything. I feel like I'm not enough of a father and a husband.

>> If I'm hearing you correctly, you're thinking that you're not enough for -- you're not enough for your family. You're thinking, feeling -- we want to use feeling words for. So tell me what your thoughts are. You were just saying your thoughts but you were saying it as a feeling. Tell me what your thoughts are.

>> I'm no good.

>> Okay. What else?

>> I can't do anything right.

>> [Typing]. Okay.

>> Yeah.

>> You mentioned some thoughts about your sponsor before. What are am thoughts you had about your sponsor?

>> He cannot help me.

>> [Typing]. Okay.

>> He doesn't listen to me.

>> Okay. And also, when you are concerned about the money, what other thoughts do you have?

>> Well, we're not going to have anything to eat.

>> [Typing].

>> And also, I do notice that you're living in a home. Do you have any concerns about your house?

>> Yes. I was going to say that we're going to lose our house. That's one big one that comes in.

>> Now when you have these thoughts, I'm no good, can't do anything right, sponsor can't help you, he doesn't listen to you. If you are unemployed, you're not going to eat, lose your house, when you have these thoughts, how does it make you feel? Give me feeling words.

>> I feel sad.

>> Yup. Now on a scale of 0 to 10, how sad would you feel when you have these thoughts?

>> I would say about a 9.

>> Okay. What else are you feeling?

>> I feel anxious.

>> And you said right now your anxiety was at a 4. But as we're talking about this, I wonder if your anxiety ticked up a little bit.

>> It's going up.

>> Where is it right now?

>> Probably 8 to 9.

>> And do you have any other feelings?

>> [Sighing]. I would say I feel, like, worthless.

>> Worthlessness. I wonder if that's -- I wonder if you feel helpless.

>> Helpless. Definitely helpless.

>> And on a scale of 1 to 10, how are you feeling with your helplessness?

>> Like a 10.

>> Now, I put that thought I am worthless in the thoughts. I think you're feeling helplessness, but the thought, I'm worthless, is separate. Our thoughts and feelings and actions are separate. But sometimes when we have the trigger, we just know what we're feeling. We're not paying attention to our thoughts and go out and have an action. And what was your action when you were feeling sad, anxious, and helpless? What would you do?

>> I would drink.

>> Okay. I thank you. I respect your honesty about this. So I've been working with you for a little bit, and I'm going to respectfully challenge you on some of this stuff. I'm not trying to be offensive and it completely makes sense as to what you're saying. Obviously, losing your job, worries about the family, all those things entirely make sense. And your goal was that you wanted to make sure that you don't drink and you also want to make sure you manage your anxiety. And so our job -- my job is to help you not drink and to manage your anxiety even through the worst times. So I'm going to ask you some tough questions, and I don't mean to be offensive, but it's okay if you feel like I'm being offensive. It's not what I'm trying to do but please let me know.

Let's take the thought, I am no good. Tell me what ways you are good. Go against that thought. You must have done something right.

>> I guess I'm keeping the family together.

>> How are you doing that? I like that. How are you doing that, though?

>> I'm not running away.

>> So you're actually staying there with the family.

>> Yes.

>> You have the thought, I can't do anything right. If you had a friend that was in the same situation, what would you tell them?

>> Well, I would say to them there are some things you do right. You're not perfect, but you do things right.

>> Now, also tell me what specifically you do right? There's got to be some things that you do right.

>> Well, I'm good at math.

>> You had the thought that your sponsor can't help you. Did you have a time in the past where your sponsor did help you? Did you have a time when you called him and he actually did listen?

>> Well, I guess I was being unfair to him. He has listened to me before. Yeah. One time, I had a problem with my wife and he listened without judging me.

>> Uh-huh. So there actually was a time when he was there.

>> Yes. I guess yes.

>> Now, you said you have the thought that you won't eat. I think that thought completely makes sense especially when you are unemployed. But what evidence is there against that thought. This is a really hard question. God forbid you are down on one knee. What would you need to do to help you and your family eat?

>> I mean, it's not something that I would like to do, but I guess I can go to ask for help.

>> What help specifically is there for you?

>> I know that the State provides help for people who have nothing to eat. Food stamps, and things like that.

>> And there are also food pantries.

>> Yes.

>> Now, you said that you're going to lose the house. And so right there, that's a huge, major stressor and it makes sense that thought right there would make you entirely overwhelmed. But on a scale of 0 to 10 right now, how close are you right now to losing the house right now? On a scale of 0 you're not going to lose it to 10, you're evicted and supposed to be out tomorrow. Where are you on that scale?

>> Oh, I would say around a 2.

>> 2, okay. So money's tight. But you haven't gotten any notices yet.

>> No. No notices.

>> And thus far, are the bills paid at least up until now?

>> It's hard, but they're being paid. Somehow, we're managing so far.

>> Okay. All right. So let's look at these new thoughts. I'm keeping the family together. You're not perfect, but you do some things right and you are good at math. When you talk to your sponsor, he actually listened before and helped you in a time you had an argument with your wife. Although you may not want to do this, there is help available for you through the State, through food pantries. And right now, although you're worried about losing the house, at the moment, the bills are somehow being paid, even in difficult times, you're managing.

>> Yes.

>> Now on a scale of 0 to 10 with your sadness when you think about these new thoughts, I'm keeping the family together, I'm not perfect, but I'm doing some things right. I'm good at math. Your sponsor has listened to you before. There's help available. And right now, all your bills are paid. On a scale of 0 to 10, how sad do you feel?

>> Wow. I mean, now that you mentioned that and you bring -- we're talking about all this, I feel maybe like a 3.

>> Okay. 3 is okay. And where is your anxiety as we're talking about this, these new thoughts. I'm keeping the family together. I'm not perfect but do some things right. I'm good at math. Sponsor listened to you before. There's help available and the bills are paid.

>> Same, a 3.

>> Okay. And helpless. Like, the bills are being paid. You're keeping the family together.

>> Wow, I would say, like, a 1.

>> 1, okay.

>> Even if I have no food, I can go and ask for help.

>> Uh-huh, yeah. When your sadness is a little better, anxiety is better and the helplessness is a little better, what are some actions you can then do to help out if you want a drink or unemployed, what's some actions you can do to help instead of drinking?

>> Well, I could talk to people. Can you give me someone specifically you can talk to?

>> I can talk to my sponsor.

>> Okay. I'm going to ask you for a commitment. What's the likelihood of you calling your sponsored to or tomorrow? Preferably today?

>> I guess I can do that.

>> Are there benefits to just checking in with him today, just sending a text and say, hey, today, everything's okay?

>> I think so.

>> And you are unemployed. So what are some actions you might do to help you out with that. Drinking doesn't work. What can you do to help you out with getting a job?

>> I can start probably sending my resume to different places. [End of video].

>> FREDRICK: Thank you so much, Sampson. We're going to stop the video there. Within the video, this was a step by step process as to how to integrate both mindfulness and CBT with a session overall.

So when we look at the last part specifically with cognitive behavioral therapy, usually what I would do when I was doing traditional full cognitive behavioral therapy, I would spend a full session specifically helping the individual list their triggers and spend a full session and having the person list their thoughts and then reviewing cognitive distortions worksheets and then helping them to identify when they have a trigger what their automatic thoughts are regularly. And as we do this, eventually get to the point of challenging the individual's thoughts.

In addition to that, you'll see that I was trying to be very sensitive to the feelings of the individual. So I gave him a heads up when I was going to challenge him so I can affirm that I respect that he is suffering. I also wanted to be sure that I -- when I challenged him, sometimes you have to probe with the challenging. But overall, this was just a good old fashioned cognitive behavioral therapy session at the end. The tool that I used, when I'm using that tool online, it would be the patient that would actually fill it out. And then the patient could print out a blank one and then do that for homework. So kind of running through these, these slides right here are what I talked about during the video. So that was a CBT process. So things that were left out of the video. Like I said, I would review with the patient a cognitive distortions worksheet and have them identify which of their own thoughts are in alignment with the distortion.

And then there's a separate worksheet on ways to challenge your thoughts. So within the resources, I have provided tools that are available for free online, specifically about cognitive distortions and ways to challenge your own beliefs.

When we engage with mindfulness activities with our clients, as I was saying, sometimes the deep breathing doesn't work or the guided meditation doesn't work. So if some people need more mindfulness options, in the middle you'll see where it says music and really listening, I know this sounds ridiculous because we all listen to music. I'll give you an example of when I use mindfulness options for patients with music. I'm not trying to tell people what to listen to. There's a band called Metallica and there's a song called enter sand man. You can listen to that song on YouTube. And in addition, you can hear only the drums of the song isolated by themselves. They sound different than when they are in the song. And then you can also isolate the guitar by itself, and then that sounds different. And then the base by itself, and then that sounds different,

and then the vocals by themselves. So what I do is I play that song initially, the regular song, have the client describe what they heard, and then we would go through each instrument and have them describe how the instrument sounded different than how they heard it in the actual song.

After we went through every instrument, we would then go back to the original song and have them switch their focus on each different instrument during the song, so that actually forces them to actively pay attention to different aspects of the song. So opposed to hearing music, it's about being a part of the music. One my favorite things to use is skittles. Whenever I eat skittles, I eat them one at a time. What we do have describe how the yellow skittle taste different from the purple one? Do they smell different? There's a Simon memory game that used to be back in the 80's. Totally dating myself now. But aroma therapy is one of my favorite things to do. If you don't have access to essential oils, there's other fun things you can ask your client to smell to get out of that emotion. One of my favorite things to do online is ask the client to get a hold of their antiperspirant, and I would ask them to smell it. We all smell our deodorant every day when we put it on, but we never actually put the deodorant up to our nose and actually see what it smells like. As crazy and weird as that sounds, doing that, these activities are fun. We kind of get a good laugh out of it, but it does force the individual to focus in on these experiences.

Right here is an example of the worksheet that we have. So this worksheet is available for you. So feel free to use -- download this worksheet. It's traditional CBT worksheet resource. And coming up next, this is the informed consent that I used earlier. Feel free to download this if you want to use this or make any adjustments to this when you're providing your own online session.

And I think yeah, these are the mindful CBT worksheets available. From here, I'm going to let it go, and open it up for questions. I'm going to let Samson take over.

>> SAMSON TEKLEMARIAM: Excellent. Thank you, Dr. Dombrowski. Yeah, we got some great questions here coming in from the audience. Everyone, you could feel free to continue sending in the questions. I'm going to start with questions from the alive audience that's here, questions from the registered audience. We got some questions in registration and try to mix it up.

First question comes from Gena from Kansas. Gena asks, how can you do these activities in a telehealth group, especially if you have clients at different levels of anxiety?

>> FREDRICK: Gena, that's a great question. Thank you so much for asking. So what I've done in group sessions that are face-to-face is I'll use the Jenga techniques in a group. However, based on what the individual has available and because we can't share physical object in between computers, I would ask them to focus on things that are around them. And as people -- some people may be limited in their anxiety but also with their functioning, we would ask other members to give them direct feedback or also to reflect on what they're observing when the patient themselves

are reacting. For example, I was giving the example of deodorant. What we can have the other patients do is while one member of the group is smelling the deodorant, we can have the others describe the look on the individual's face as they're smelling it because they're going to have a reaction on their face. So have people utilize stuff at home while they describe what they're doing. And the good thing about this is when we use the observe, describe, and participate skills, these are supposed to be done as if we had never seen the object before. So the benefit of doing it online is that the people aren't right there next to us and we really have to use the skills to observe, describe, and participate in order to communicate with others. This is capable but sometimes, you'll have to think outside of the box in order to get people to participate.

>> SAMSON TEKLEMARIAM: Thank you so much. And our next question comes from Rebecca from LA. Rebecca asked, regarding those who are paranoid or anxious in session because of the technology, what are some considerations for us? Again, these are -- Rebecca is asking about someone who is in the virtual session and experiencing anxiety or paranoia because of the technology that we're using.

>> FREDRICK: Absolutely. There are a few different ways of approaching that. The first thing I would do though is completely validate their concerns. I would let them know that their concerns make sense and what they're saying, it's appropriate as people want to be careful of their information.

And then within that, I might use a little bit of CBT with that. So what is the evidence for or against that? Have you known anyone whose sessions have been -- have been hacked yet? And preferably, the most likely answer would be no. What evidence do we have that we can still try to protect your information while everything is encrypted? So I would try to CBT that as well. And in addition to that, I would try a happy medium. I'd say, let's try to -- it's totally up to you, but would you agree to have a shortened session, maybe not as much of an in-depth session, just to see if this is a good fit for you? But I would ultimately want to put it in the hands of the client while also using CBT with that. But it's a very good concern that they have, and it's okay that they have that concern. I think our biggest job is to validate that. And then also help the client through the CBT process to get through it, if it's something that they want to do.

>> SAMSON TEKLEMARIAM: All right. So we have a little bit of a loaded question. So Dr. Dombrowski, I also texted it to you just so you have it to read. This question comes from three different people asked the same question. I think we had a lot that asked the same question maybe because they missed the informed consent section with the patient after that we were working with within our video. The question was how did you deliver the informed consent treatment plan or emergency services information to this client in the video? That's scot from California. Diane asked a related question. Diane asked, is the informed consent done orally through the video? And other people asked questions similar, like, is it enough to do an informed consent orally through the video or is there document, signature that's done before? So last part of this loaded question, Dr. Frankinal [phonetic] from Puerto Rico asked do you recommend a specific informed consent template for virtual sessions?

>> FREDRICK: Those are all absolutely wonderful questions. I appreciate that people recognized that during this mock session, I actually did not review that directly with the person. The way we started off the mock session was I think one of the first questions I asked is that they have already read everything and confirmed. So due to the sake of time, what I did not do is include that in on this mock session. That's why I provided the pictures beforehand. With that, though, said, just like I did with those slides that we presented right before the actual video, I would have had the informed consent written out. Although in some instances, getting a verbal is better than getting nothing. So I would usually prefer to have something in writing and also saying it out loud to the individual. Specifically because with telehealth, when we see someone face-to-face, we can have the belief that they read it, that everything is okay and they confirmed. Even then sometimes we have to double check. Within this especially considering the newness of telehealth, I would usually read it and have it posted. And for some agencies you may have a something which you can even send out and have the person review and agree -- they can start by saying I read the informed consent and I agree to it. That would be helpful.

And Dr. Frankinal in Puerto Rico, in regards to recommending a specific consent template, I would usually use whatever your company has. If you're at an agency and they have an informed consent, then I would basically copy and paste that while also integrating aspects of the limitations of tele mental health, but make sure that's in alignment with the agency's policies and making sure the agency has a recommendation about that.

If you don't, then if you're running your own private practice, then I would recommend that you consider your own specific template that you use and identify ways that you can modify that and utilize that for a tele mental health session. Scot, emergency services to the client, for the -- usually in a perfect world, we would have -- for technologies, we would have something in the bottom have something there with regards to the emergency services that are available. What I usually would do if I was doing an online session is I would review those emergency services and discuss those for the same of time, though, I wasn't able to record all that for that session. So I really appreciate you guys being able to do that.

The formed consent done orally through video? It can be done orally. Great question, Diane. And like I said, an informed consent which is orally confirmed is better than nothing. I always encourage everyone, though, to document it. One of the benefits of using the platform is having the person read it off on the side that has the notes, and then they actually write back the word yes. That's documentation that they agree. Great questions. I love these.

>> SAMSON TEKLEMARIAM: Thank you so much. I'm going to try to squeeze in two or three more. Adrienne from North Carolina asked: What mindfulness technique would you use with a group of clients that are all incarcerated or recently formerly incarcerated?

>> FREDRICK: I worked at a forensic hospital which is different because they were found not guilty or too mentally ill to be at the state prison. What I would do for people that are incarcerated is considering the lack of stimulus. We have to try to think outside of the box in order for them to engage in mindfulness. This sounds completely crazy so please free to laugh at this when I say this. The one hospital I worked at, we had two child inpatient units. And when we first introduced mindfulness, we were actually in an empty room with the kids. And we asked the kids to spend ten minutes not talking but looking around the room to observe and describe things about the empty room that they have never seen. It was funny because obviously, they're kids. They'll say this is stupid. This doesn't make sense. Once they did it they'll find themselves seeing things about the room that they never noticed. It was fun to do so. I'll try to use those things, whatever is available to them, something that we can keep them actively focused on. Specifically any mindfulness techniques that -- something that they can connect to and then utilize all five senses or at least a few senses. That's what I would use.

>> SAMSON TEKLEMARIAM: Thank you so much, Dr. Dombrowski. We'll get two more here. Valerie from New Jersey asked, how do you use these techniques with just a phone session if my company only permits phone sessions right now and without video?

>> FREDRICK: Great. Thank you, Valerie, that's a great question. For this video, I hope that this video kind of conveyed that we can still maintain the therapeutic alliance and the therapeutic rapport even if we're not necessarily face-to-face with someone. And I believe that therapeutic alliance can still be maintained via the telephone. I think in some ways, a telephone actually has some advantages as the individual has to describe something to us as we are unable to see it. So asking them to describe an object that is around that we cannot see. They would have to tell us how many inches it is, how much does it weigh, what does it look like? We would need that. And in addition for the triggers, thoughts, feelings, and actions, we can actually describe to them how to write that out themselves and have the client write that out themselves entirely. In addition, if the client is limited with regards to technology, we may be able to mail them these activities and these worksheets to help them so we can do it with them online -- sorry, on the phone. Great question.

>> SAMSON TEKLEMARIAM: And this may help segue to our closing thoughts. So this last question is Shannon from Canada. Shannon asked, could it possibly be a good thing if at some point in the future virtual sessions replace in person sessions?

>> FREDRICK: I think that's an awesome question. One of the reasons why I got certified to provide tele mental health is because I felt that the field was going in that direction anyways. I don't -- I can't imagine all sessions being telehealth. I can imagine there would still be face-to-face sessions. I definitely think there are benefits to it, though. I also specialize in transgender mental health, and for people in extremely rural areas, they may not have access to those services. So it gives us ability to connect with people that otherwise did not have options for connection. So I think there are benefits going forward and I think that telehealth is a good thing. I don't think we're going to

entirely be there, though. I think there's a need for inpatient treatment and face-to-face treatment. Those were great questions. Thank you.

So as we are roughly getting ready to close, feel free to reach out. My email is on there. So if you have any questions, I'm happy to help out. Also make sure -- for the people that have submitted the questions, I'm usually able to reply to those after we get the questions submitted and taken care of. Samson, are you there? So for everyone, what I'm going to try to do is get a hold of Samson. I can't hear Samson. Samson, are you there? Let me see if I can help out with this.

All right. Well, I would like to thank everyone for coming in. Definitely thank you guys very much. And I think we have about one minute left. But during the beginning, Samson did discuss ways that we can -- you can get your credits for attending. So be sure that you complete the quiz following this and also be sure to give us any additional suggestions. I'm not a perfect presenter, so I love any feedback that you can give. And also too, I'm not a perfect counselor, so I hope that -- given the video session -- is enough to encourage you that we don't need to be perfect. It's okay if we mess up. I don't ever say the right thing and we're not perfect. I would like to take everyone for attending, for being in. If there's anything else -- okay. Thank you guys very much.

[End of webinar].