



Transcript:

Let's Look for the Silver Lining – Using Evidence Based Practices for Remote Health Care

Presenter: Dr. Michelle Drapkin
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ANN: Today's webinar is "Let's Look for the Silver Lining-- Using Evidence Based Practices for Remote Health Care," presented by Michelle Drapkin. Today's webinar is brought to you by the Great Lakes ATTC, PTTC, MHTTC, and SAMHSA. A little bit about us, the Great Lakes ATTC, MHTTC, and PTTC are funded by the Substance Abuse and Mental Health Services Administration. We are supported by these cooperative agreements.

And just a few housekeeping details-- today's webinar will be recorded and will be available on the Great Lakes MHTTC website and the Great Lakes current YouTube channel. There are no CEUs or attendance certificates for this webinar. Please send general questions regarding online resources to the Great Lakes MHTTC. Please put all of your questions for today's webinar in the chat box. Please follow us on social media.

And I'm happy to present our presenter today, Dr. Michelle Drapkin. Dr. Drapkin received her PhD from Rutgers, the State University of New Jersey, and completed her clinical psychology internship and post-doctoral fellowship in treatment outcomes research at the University of California, San Diego, VA San Diego. She has professional experience in a variety of settings. She was on faculty at the University of Pennsylvania, has worked nationally at the Department of Veterans Affairs, was the director of training at Rutgers, and spent the last couple of years in the private sector working as a behavior scientist at Johnson and Johnson and at a Silicon Valley startup BetterUp. She is a longtime member of the Motivational Interviewing Network of Trainers and is sought out for consultation and training globally. Welcome and thank you.

MICHELLE DRAPKIN: Thank you for having me. And so I'm excited to be here and. I wish it was under better circumstances, right? But that's actually part of why we're here, is to talk about the silver linings of the epidemic that we're in now, and of doing remote telehealth, which we're all in the position of doing. And so actually that's kind of where I wanted to start. And Laura, I'll give you a chance to introduce yourself as well.

But part of what I've been doing over the last three-plus years is, I've had a small private practice in my small town outside of New York City, and doing



that mostly Saturday mornings, and more often now than I had before. And so probably like many of you, I'm reporting in from where I do therapy right here in my home in New Jersey, in this chair, and doing that very intentionally. And so I'm in it with you. As we like to say, we're all in the soup together and can talk to you about that piece.

Thank you for the great introduction. And knowing that piece of that is, some of the research I've done is actually in delivering telehealth, which used to be, back in the day, mostly telephone. But we can talk about now the real value of using video. And so hopefully you can see me here onscreen. It's always a mixed bag because I can see myself too, and I'm always wondering, what do I look like. And we'll talk about some of those challenges too. So Laura, do you want to take a second to say hello and introduce yourself as well?

LAURA SAUNDERS: Yeah, so I'm Laura Saunders. I'm the state program coordinator for the state of Wisconsin for all three of the centers that Ann mentioned earlier, the Great Lakes Mental Health, Great Lakes Prevention, and Great Lakes Addiction Technology Transfer Centers. And I invited Dr. Drapkin here today because, through my conversations with her on some other projects-- we're both motivational interviewing network trainers-- I realized that she is not just somebody who has expertise talking about evidence-based practices and using evidence-based practices, but has actually been using those evidence-based practices in her work.

And so I felt like, well, I could talk about motivational interviewing and how it's supposed to work in a telehealth situation. She's really actually doing the work, so that's why I invited her and her expertise here today. What I'm hoping for is that she can lend you her experience, her expertise, and that you can marry that with your experience and your expertise, so that you can feel a little bit reassured about this brave new world that you have been just absolutely-- you certainly weren't invited into it. You were you were pushed into this new world. So that's what I wanted this session to help smooth that immediate or that push. So thanks, Michelle.

MICHELLE DRAPKIN: Yeah, and so here we are. And we intentionally-- when Laura and I started to conceptualize realize this workshop webinar, we really were thinking about it, and it actually came up really kind of naturally in one of our pure consultation groups that we were having with other motivational interviewing trainers, about the silver lining of telehealth. Like Laura just elegantly said, we were all thrust into this environment in doing this full time, like the rest of the world. And initially, you might have been pretty disappointed or dismayed.

And the reality is we're finding some really nice silver linings. We're not here to be Pollyannas and say that this is amazing and this is so great and there's no challenges about it. We're going to talk about both sides of it, but really



trying to look through like, how does this improve access to care and how to make it work. Because it isn't something that probably most of us have been doing for a while.

The one thing I really want to make sure to say is that, Laura and I are both motivational networking trainers, which means we're super collaborative. And we want you to be, to show up in this webinar as much as we are. I was going to say hate, and probably, it's about the right word. I just like nothing more than talking at a screen alone. I'm so glad to have Laura there.

But please, we want you to contribute. We want you to use the chat box. I have it right here on my iPad, so I can try and look down and see it. But if I'm missing something, Laura will help me out and make sure that I'm also getting what you're saying. And so there will be times where we'll ask you to contribute, and so I hope you're present and with us. So actually, that's a great place to start. I went ahead too far.

So let's start by just kind of grounding in. Why are we all here? And I mean literally here on this webinar, but also, what sort of brought you to the field, of the helping professional field? And so I just want you to take a second. You can close your eyes if you want. But just take a moment and be one-minded. And I want you to really think about why you became a helping professional.

So for me, why I became a psychologist, why you choose to go to grad school, why you chose to work in the field, think about what it was that brought you there and why you do this work, that we all know is quite challenging and difficult, exhausting at times. And we're motivated to do it. What's your purpose? What's your passion? What brought you here? And just take a second. You can even write it down if you want, to really just capture it.

And I'm wondering if there's anyone on the line who either wants to unmute if they're able-- I think they're able to do that, hopefully-- or wants to put it in the chat box. What's your story? Like why did you become a helping professional? Kristina, are they able to unmute themselves? I forgot to ask that.

KRISTINA: I just went ahead and unmuted everybody. So once we're done talking, I'll just kind of wait for verbal cues from you, Michelle, just so that I can mute and unmute the whole group.

MICHELLE DRAPKIN: Yep. Thank you for those of you that are popping in here. So it's your calling, you wanted to help others. Now that you're off mute, does anyone want to speak up on the line?

LAURA SAUNDERS: So this is a cool one-- her best friend's mom talking about being a child and youth social worker, helping other families who had



similar issues with family, make a difference. Yeah, lots of it sounding like it was a calling or like something that just kind of landed in their lap and became a passion.

MICHELLE DRAPKIN: Yeah, and I see, breaking down the stigma. Someone's ex-fiance overdosed, which is always a really meaningful experience that kind of launches you into wanting to help other people. And I'm sorry, is Marlene wanting to speak up?

LAURA SAUNDERS: You said voice, and then everybody went to typing.

MICHELLE DRAPKIN: I'm sorry.

LAURA SAUNDERS: Go ahead, Marlene.

AUDIENCE: I hear this from a lot of my staff, but this is my reason. Because as a child growing up poor and kind of a product of our environment, it was always-- or the idea was impressed that we weren't the people who could help, we were the people who needed help. And so for me, it's a validation. It's a point of, I was a recipient and I want to give back. And by giving back, it's not just, here's a check of \$500. It's more so, I understand where you came from, where you're at, and I want to help you get over that hump because I know it's possible. So that's when it brought me to this field and it keeps me motivated every day, especially during these times, where it's so easy to kind of--

MICHELLE DRAPKIN: I'm so grateful you spoke up because that's exactly where I was going. Part of what brought us to this field is what keeps us in it and keeps us motivated every day, and really stopping and connecting with why we're here, why we show up, and how we can do that remotely. And that's what gets me up and out of bed every day and into the corner where I sit. And we can talk about how I don't sit in the corner all day. I get up and move around. But it's what gets me here. Did I choose to sit here? No. Would I prefer to see my patients in person? For the most part, yes.

And there's lots of great things that are coming out of really being able to do remote work and still live into my values and my sense of purpose. And for me, what I'll share is, part of my purpose is not just helping people, but I like to help those who are helping other people. And so I call it meta helping. Which is part of why I'm here today, is I'm really excited about being able to help you all. And it's what keeps me inspired and motivated, Marlene, just like you were saying. I think that's a piece of it is, how do we stay connected with a true sense of our purpose, and even if it's starting to look a little bit different than we initially intended.



And so we could still do the good work, so everything that you guys are writing down, even eliminating stigma, which is something I'm really passionate about. We can still do that from the corners of our rooms. In fact, our jobs are about to become, I think, even more important than they ever were before. And we can access more people and touch more lives from the corners of our rooms or wherever you're currently practicing. So thank you all for sharing that.

One of the other things we want to hear about is how-- [AUDIO OUT]-- for sure. And so one of the things you'll notice is, we're all, for the most part, in our homes and working from our homes. I do know some clinicians are still going to their private practice offices or their work spaces, even though patients aren't coming in. They're making their telehealth calls from their offices. But for the most part, most of us are doing it from home.

And so one of the things you'll see-- and so let's talk about some of the ground rules or the basic pieces of how we're making this happen. And again, I want this to be collaborative. And so Laura and I sort of brainstormed about some of this, but I think that you guys will probably have a lot more to offer too. So let's think about this whole workshop as us all coming together and coming up with some best practices and some stories where we can all learn and grow from this.

So one thing is making sure where you have the camera positioned. I use my MacBook, and so that's why I have this. This is my latest thing is learning how to use my iPad Pro as a sidecar. This is what it's called. So that I can have an additional monitor in my lap. I'm a big Apple, Mac person. But making sure the camera is that so hopefully it looks like I'm looking at you, I'm talking to you. Even if I have a couple, and I do do some couples work, I'm still looking at the camera and trying to really pivot so that it feels like we're connected. That's one piece.

The other thing that we were talking about is, when you're doing telehealth-- and that's assuming you're on video. We could also talk about what to do with the phone. But assuming either video or phone is keeping your hands busy so that you don't find yourself mindlessly doing something that's distracting. Frankly for me, I might put this at the top of the list for the challenges of telehealth, is it is much harder for me to say one-minded and present with my patients than it ever was before because they're not sitting in front of me.

And so sitting in front of me is my iPad Pro, which is always on my lap. But now they can't see at all what's on it. And so potentially, I don't know, something might come through and I might find myself being mindless instead of mindful and present with my patients. My phone is also right here. And so if a text message or something comes through, I might find myself looking at it, because my schema for doing phone calls or video isn't always with a patient



where I need to be one-minded and present. In fact, I spent a lot of my career in corporate America or working remotely, where you're actually encouraged to multitask, for better or for worse.

But what I'll tell you is that, as a clinician-- I bet you guys struggle with this-- is that you can't be as effective as a clinician when you're multitasking, right? In fact, as an MI practitioner, a lot of what we're doing is listening very intently to what people say. And so if I get distracted, even by a text message coming in, I've missed the flow of what's going on and I might have missed some key words or some important motivators. So try to keep yourself as present and one-minded as possible. And I'm wondering if anyone has any ideas about, how do you stay present and really focused during your sessions? What's really worked well for you all? And you can type it in the chat box.

LAURA SAUNDERS: Yeah, I'll take--

MICHELLE DRAPKIN: OK, thanks Laura.

LAURA SAUNDERS: Yeah, taking notes, turning off the email, moving the phone, having a designated workspace. Earlier in the conversation-- I don't know if you saw this, Michelle-- that Sarah indicated that she has set a place in her home that she doesn't use for anything else. It's specifically for seeing clients. She's set up that boundary.

MICHELLE DRAPKIN: That's great.

LAURA SAUNDERS: Making sure the Zoom fills up the whole screen so nothing else can show. That's a great idea.

MICHELLE DRAPKIN: That is a great idea. I know you guys are using your computers for things other than telehealth. And so you might have had stuff open, even if it's like Facebook or LinkedIn and you're kind of playing around. And then you start a session. You might forget and then notifications are coming in. Or you were texting someone right before and then it comes in the session.

Ooh, I love Terry having resources nearby-- CBT worksheets, videos, books, visual aids. Do you know, Terry, you're probably smarter than I am because it took me a few weeks to get there, to really set up my space so that I can easily access my favorite mindfulness interventions. And I have a bunch of books here that I often use. In addition to motivational interviewing, I practice a lot of evidence-based practices-- CBT, CBT, all of it, including acceptance and commitment therapy, so I always have a lot of those resources very available. So that's, again, a smart thing. And taking care of personal needs prior to session. Yeah, taking notes helps a lot too, right? And so that's really great.



I'm MI to the core. I use motivational interviewing a lot so I'm not one to give advice. But if you'll allow me here a little bit, I would say video is going to be a lot easier to maintain that contact and that connection than just telephone. I get it. It's not always possible, depending on-- and we can talk about privacy issues and lots of stuff, reasons it's not always possible. But at all possibilities, I always try video. And I had a patient who, going into this-- so you got to remember, I'm right outside of New York, so we're in sort of the hotbed of all of the COVID-19 stuff.

And we started sheltering in place right around the same time as New York. And it happened pretty quickly. And so I had started to talk to patients, I think the week in advance, maybe even a few days in advance. I'd given them options. I said, I'll be in the office, but if you feel more comfortable, we can do telehealth. And one of my patients was like, I'm coming in. There's no way I'm ever doing telehealth. And then when the order came down that we had to stay at home and couldn't come in-- we're all considered essential. I could come in, but it just didn't feel like I needed to.

And so I talked with him. I said, would you be willing to try telehealth? And now he and I, we have weekly telehealth sessions and he's great. He'll talk to me about everything. It's as if we're sitting in the same room. And so it's about that willingness to try it out. And for a lot of people, they're actually surprised at the level of rapport and connection you could have over video, as opposed to in person.

All right, so we are going to kind of walk through what Laura and I, in our best brains and just kind of having lived through this, came up with some hot button issues. But we'll also encourage you to jump in and add any other ideas or issues as we go through. But really thinking through, what are some of the good things, the silver linings of doing telehealth. And then, how do we problem solve around some of the not so good things? How do we kind of flip them on its head or compensate for them, because this is the cards we've been dealt for right now. Laura, anything else before I launch into our list?

LAURA SAUNDERS: Well, yeah, if people want to just kind of chat in the chat box what you're seeing. Maybe we should just start with the good things? Should we do that first? Or should we do the not so good things?

MICHELLE DRAPKIN: Yeah. Or should we sandwich it? Start with the good things.

LAURA SAUNDERS: OK, yeah, should we do double-sided, double-sided sandwich?

MICHELLE DRAPKIN: Yeah. Actually, let's start with, what's your most favorite thing you've noticed since you've moved to telehealth? Like what has



really jumped out at you and you're like, oh, my gosh, I would have never seen that coming. But this telehealth stuff is actually not so bad. Let's start with the surprising good thing.

LAURA SAUNDERS: Yeah, so kiddos who can make it, because they didn't have transportation before and now they can participate. Seeing clients in their homes, especially with children. The practitioner feels more organized. It gives us a unique view of the client, yeah.

Actually, Michelle and I were talking about this. I'm a social worker. And so person and environment is something that tends to be a little bit more usual business for home visitors, for social workers, for people who do their work in the home. And a lot of therapy is not done in the home previously. So this might be a new experience for some and a usual experience for others. Young clients being excited, easier to share, maybe some anonymity or something. Transportation-- wow, that keeps-- yeah. Captive audience and reachable. Family has more buy-in. High rate of [INAUDIBLE].

MICHELLE DRAPKIN: Yeah, isn't that fascinating? I mean, I don't want to speak for all of us, but I certainly was a little bummed out when we went fully remote. I love my private practice. I love my office. I love even the people in my building. And I've been really pleasantly surprised by some of these same things too. No-show rate dropped. The commute is gone and you're meeting them in their home. There's a lot more flexibility.

Child care isn't an issue, thankfully. So I'm a mom. I have an eight-year-old, who's downstairs right now hopefully working on her homeschooling. And I could be here with you present. My husband's also home in case of any emergencies. But it's amazing how effective we can be when we remove some of the barriers. And telehealth really does that. It meets people where they're at, which we'll talk about in a second. Oh, I love the, being able to see here more organic relationships. I think that one is gold. It is so gold, and we'll talk about that a little bit more too.

Now, before we move on and start marching through some of our hot button issues, some of which you're also hitting on-- so it's nice. I don't know, Laura, about you, but I feel kind of validated, that these are all things that we also were talking about that came up and feel pretty universal. What are some of the challenges that you've seen? What are some of the problems that you need to solve around that maybe we can all put our heads together as we go through this? And so go ahead and answer those in the chat box too.

Yeah, that clients like to see you in your home with the dog barking. Yes, Laura and I both share this. But Laura has two dogs. I have three. I have schnauzers who I love dearly. But the not so good things about schnauzers is they're very barky. And I have a puppy. I have a nine-month-old puppy, who



loves to be with me. She's not with me now or I'd bring her on camera to show you. But I have a bed right next to where I sit. And so sometimes I'll bring her on camera, and patients love that. I'll be honest. I keep my daughter far, far away from my sessions for privacy and all that. But my dog, they're like little vaults, so they're not going to talk to anyone. Yeah, I'm seeing that it's mentally exhausting. Some clients can't really do telehealth.

LAURA SAUNDERS: Yeah, they don't have a space for it, right? Don't have the smartphone, the computer. Stigma, clients and guardians constantly canceling.

MICHELLE DRAPKIN: Yeah. And I love-- so Melissa, tell people not to isolate. In fact, I was giving a talk on maintaining our own mental wellbeing last week. And I was talking about how, as a psychologist, I'm always telling people that if you're afraid of something, you need to expose yourself to it. So I have this great little meme about, why did the chicken cross the road? Because my therapist told me I need to do more things that scare me. And now I'm like, now it's like the opposite. We're telling everyone to shelter in place, stay home, keep yourself isolated, which is really tough for people in recovery, for sure. And I think that's one of the things that we're definitely seeing a lot of challenges there. Exhausting, parents interfere in a negative way.

LAURA SAUNDERS: Yeah, therapeutic silence, remotely, is a difference.

MICHELLE DRAPKIN: Oh, Carrie, what a genius observation, right? Because sometimes, now when we're quiet, people think we have challenges, right? Something is going on with my computer, speaking of challenges. OK, let's see if I can get this. What's going on?

LAURA SAUNDERS: I'll just read some answers here for a while. So Zoom crashes, people think that we're not engaged when we're seeing them, people who are a bit hyper or more physically active or their minds are more active having trouble staying focused, which is distracting. Yep.

MICHELLE DRAPKIN: OK, I think I got it. Go ahead. Did that work?

LAURA SAUNDERS: You just went to the next slide, Michelle.

MICHELLE DRAPKIN: All right, perfect. So it's good enough for now. My computer's doing something about verifying. So speaking of challenges related to telehealth, sometimes our computers kind of take over, right? What I wanted to do is just really stop and say, listen, as we go into this, most of us are trained, for the most part, to deliver interventions in person.



I'm a psychologist. I had tons of training where people tape me, watch me, I do group. Everything was, for the most part, in person. I did do some telephone monitoring and adaptive counseling when I was on faculty at the University of Pennsylvania. So I did get a little bit of a taste for that. And I certainly I've worked remotely for a big part of my career. But what I really wanted to reassure you, in case you haven't looked at the literature-- I looked at the literature both back then and then more recently-- it's pretty clear that telehealth and in-person are equivalent, which I don't know how you feel hearing that. I feel a little ambivalent hearing that.

But for sure, the data are pretty clear. In fact, the latest research that I was reading was actually kind of interesting, where they looked at-- it was kind of a review or a meta analysis of telehealth versus in person. And what they found was actually clinicians, us, we were more suspicious and believed in telehealth less than patients. So we sort of might have got in our own ways a little bit, of really thinking through that, oh, this doesn't really work as well. It's not as good.

We just talked a lot about being exhausted. I don't know how many of you have been feeling exhausted. I for sure have. And I've looked up, why am I so exhausted? What is this about? And there some research that shows that some of the exhaustion is actually the mindset that we're bringing into it, that we've been forced to do this. And so this isn't what we want to do. It's not our choice. And so there's a piece of us that says, ugh, as I sit down to begin the day. It's like, uh, here we go.

And so thinking through, well, I have to catch my thoughts and say that, and think, yeah, here we go. I get to meet my patients where they're at. I get to help them. And I can lean back in the research and realize that, yes, there may be some ways I need to pivot and change what I'm doing. And they're still getting access to care when they need it. And so today's Monday. I don't do a ton of clinical work on Mondays, but I did see one patient who is in high risk. I do do still some clinical work for addictions. And she's high risk for relapse.

So here I am in her apartment with her, talking through, thinking through, looking at her apartment with her, thinking of all of the stuff that she needs to get through, maybe even helping her get rid of some of the high risk material that she has around. And so I'm like literally in it with her. Whereas, if I didn't have access to do that via telehealth, she'd be on her own and she might be out using again and in trouble.

And so there's some real benefits to doing it. And as a scientist, I can lean back in the efficacy and really exhale and think about, OK, I'm able to do some good work. And all of a sudden now I have a stance of gratitude, as opposed to feeling like not so great about it.



All right. Oh, it is difficult to assess for safety. And Manuel, I can provide some resources and references for sure.

All right, so here's one that-- I don't know how many of you have initiated new patients during the last couple months. So I don't know. You guys looked like, when you were kind of signing in, you're all over the country, which is fantastic. We've been sheltering in place. This is week nine, not that I'm keeping count. But it is week nine. I'll tell you, when I moved my practice to fully online, full telehealth, I said to myself, there is no way I'm going to take new patients.

I can do this telehealth thing. I feel really comfortable about it. And even going back to the safety thing, I was worried about taking on new patients, who I didn't really understand their full case presentation and what I was dealing with. I was really worried about it. But I'm a clinician who, if you call me, I always call you back. So if someone was seeking treatment, they call, left a message, I would always call them back.

And a couple weeks into the self-quarantine, a patient called. And I was, again, not in the space where I thought I'd be taking new patients. But something about him really spoke to me. And I thought, this guy is having a lot of anxiety. He has never had psychological help before. He's a male in his late 30's, 40's. He's Latino. He was seeking treatment. And I always feel like, as a motivational interviewing person, one of the first things I learned is if someone is seeking something and you can give it to them to engage them, then go ahead and do that.

And so I took him on. In fact, I was talking to him about this just this week. And I have a very collaborative, very transparent relationship with him. And I shared that with him. And I was like, but I heard that you needed help and I could probably help you. And so he and I started treatment right away, a couple days later. And he was in such distress with anxiety that he actually needed treatment twice a week. So again, I was worried about the safety and all the risk. And I just did my best.

I made sure I had taken telehealth classes, so I felt like ethically I felt comfortable assessing for safety. I knew who he emergency contact was. I knew who was at home, where he was, all this stuff. And I went ahead and did it. And you know what I found out? And I don't know if anyone else has initiated patients during this time. But honestly, it wasn't very much different than when I do it in person. And that's kind of what I walked away from. If anything, it felt more rewarding, because here was this guy who was in such distress and needed help.

And really, his anxiety was actually, he just needed a little bit of help along the way, a little bit of mindfulness, a little bit of exposure therapy within context,



because we can't expose you to COVID-19. But he just needed a little bit of shaping around his behavior to get him back on the road to feeling good. And he's been one of the most rewarding patients, potentially of my career. Because here we are, eight weeks later, and he's doing great. And he wept with gratitude because he's feeling so much better.

And when we go back to our sense of purpose, of why do I sit here, why do I do what I do, it's for people like him, who are suffering and struggling. And if they don't get the help they need, they're going to continue to suffer and struggle and potentially come out of the back end of this with a true anxiety disorder that's much harder to treat. And so I'm meeting him where he's at. I'm being able to establish rapport. And it's been really amazing. And so I'm wondering, are you doing intakes and what kind of tricks of the trade do you have to establish rapport remotely? And are you finding it's different, about the same? And if anyone wants to unmute yourself or speak up or put it in a chat, I'm curious how it's going for you guys out there.

LAURA SAUNDERS: So while people are thinking about that, Michelle, I'll just add in that, my first use of the evidence-based practice of motivational interviewing was through a pilot study and then a little bit bigger randomized controlled trial, eventually. And my whole initial foray into motivational interviewing was delivered via the telephone. It wasn't until like a decade later that I actually got to use motivational interviewing in a face-to-face situation. So my training was actually the opposite, where I had to learn to do this style without "verbal cues," quote, unquote. You get lots of nonverbals over the phone. But it does work, yeah. And I mean, I had to go all the way from intake to discharge via the telephone. I'm dating myself. It was way too long ago that we didn't use Zoom.

MICHELLE DRAPKIN: Yeah. Or if you were like me, you worked in the VA, where even though there was video, the VA wouldn't let you use. Now they do. But there was a long time where we couldn't use video, audio only, so only conference calls and that kind of stuff.

So it looks like Patricia is saying, she does intakes weekly and finds them the same as in the office. So I would encourage you, if you're having any anxiety about initiating treatment or doing intakes, I would try it out. So by the way, that case went so well, and after a few sessions of meeting with him, that I have now taken, I think, three other new patients, one of whom is a nurse on the front line. So when she called, I also felt like I couldn't say no to her. I really wanted to help her out and be present for her.

Another is someone who was positive with COVID-19 and really was having a lot of anxiety. And again, I felt like I couldn't say no. Maybe you guys will send me some advice that says, stop answering your phone, Michelle, because you can't say no. But that's why this is my purpose. My purpose and my mission—



that's why we started here-- is to help people. And so I say yes, within the means I can.

And by the way, I have said no to people. I think there's definitely some cases that I think need a higher level of care or are somewhere where I don't think we could potentially even continue after. In fact, the one patient I just told you about who I initiated with who's doing doing well, we talk about when, after this will happen, him come into the office and how amazing it's going to be to see him in person. And I hope that we do it when we could have a hug, which probably is a long time down the road. But it's thinking about, that's the level of rapport that we've built over just a video, just a chat.

OK, so speaking of-- and I know this has come up already a little bit, definitely the privacy issues. And so actually, that patient I just told you about, what was so charming about him is he was so motivated, so motivated for the treatments. He's so motivated-- he did such a great job-- that he called me initially from his bathroom. And I'll never forget, when we went to go do a mindfulness thing, he went to sit on the floor and he's in his pajama bottoms. It's just weird seeing our clients in a completely different setting. We're meeting them where they're at. We're getting to see.

I have one patient that I work with who has been working for a long time on wanting to move out and move on our own. And would you believe that she signed a lease and her lease started April 1 in the middle of all this mayhem? And you know what? She went through with it. She moved out. So I started with her in her other home. And now she moved out and she's in her own independent apartment. And she got to give me a tour of the apartment. Had we been meeting in person, I would have never seen her apartment. And she was so proud of building these shelves by herself.

It's this amazing thing that's happening. And there's some challenges with privacy. So my one patient calling me from his bathroom, other patients, I've had multiple patients calling me from their closet, the floor of their closet, because it's the only place they feel like is insulated enough where they feel comfortable. Lots of patients calling me from their cars, meaning they go out from their cars.

And I've even gone on a few walking sessions with patients, so that if they really don't have a space where they feel comfortable within their home, they take me on a walk. And so then we do an audio only, so that they can go ahead and take a walk. And then it's kind of a win-win, right? They're getting in a little bit of behavioral activation. Maybe even do a mindful walk while we're out there and really kind of just leverage that opportunity. But I'm wondering, any interesting stories, privacy related, from your patients, or any curious locations or fun stuff where you've seen patients?



The other thing, while we're waiting for it-- you can enter in some answers, or maybe you don't have any fun stories yet. I hope you do. But I definitely have. In addition to people getting to meet my dog, I've gotten to meet friends' and colleagues' dogs, but I've also gotten to meet patients' dogs. Cats often make appearances on telehealth sessions, which is kind of fun. Lots of strange-- I definitely have met kids. So if a toddler shows up and wants to say hi and then leave, it's kind of fun.

There are some challenges to privacy, and then there's something that's really charming and intimate about meeting your patient literally where they are, and even maybe seeing around their space and seeing some of the challenges that they have, showing you things that they might have just told you about before. Yeah, it sounds like, doing a session from someone in their garage due to privacy. One of my neighbors was hanging out in the car the other day and talking. And I was like, oh, I wonder she's on her therapy session. And I wanted to knock on the window and be like, I know what you're doing. But I didn't. But I was like, the car is such a safe space.

But I love what someone said earlier, too, that what we really do is sometimes we get to peer into their world. And we see some of the dynamics within relationships that helps us really understand what's going on. So I've had a patient that's been interrupted a couple of times by his partner during sessions. And I could see the interruption. And then I see how he deals with it. And it's just like, here it is in vivo. So what he tells me about, I've actually got to experience it.

LAURA SAUNDERS: Yeah, and really see his reactions and see how he deals with that, what that's really like for him and being able to reflect that, like watching all unfold.

MICHELLE DRAPKIN: Right. Yeah, it's very telling, in a different way. And speaking of mindfulness, it's sort of a great transition for that because it's happening in the moment. And so we could really have that. Like tell me what's going on with your mind now. What was that like for you? Talk me through it. And so it's really kind of managing their challenges. I love it. Every time I call a client, his 85-year-old mom answers. That's kind of fun, right? It's a different view that we get.

So I'm not sure how many of you do mindfulness. So I'm a big proponent of mindfulness. I've been incorporating mindfulness into my practice for a very long time, including with motivational interviewing. And so I think about motivational interviewing as very-- again, you need to be really present and centered and listening.

I'm trying to even do my best, as we're talking today, to not pay too much attention to the chat box, because that would be distracting to me. So when I



have a second, I'll maybe look down. And I know Laura's got my back. She's my mindfulness for the chat box. But really staying present, helping-- I love doing mindfulness with patients. I really feel like it helps ground them, really just doing some breathing, centering them, helping to slow things down, and really be present in the moment.

So I do mindfulness a variety of ways on telehealth. I will play something off of my phone. And so if you guys don't know-- hopefully, you know, but I'm going to say it just in case you don't. But 10% Happier and Headspace, and there might even be another app, that are offering free access to health care providers. And so with 10% Happier, so believe it or not, I'm such a proponent of 10% Happier that I actually paid for it, so I can't get it free. I love it.

They have an amazing COVID-19 section. And so I will just go ahead and pick something in advance. There's lots of great opportunities on there, so take a look at it. Feel free to message me if you forget or whatever or have any questions. But I'll go ahead and take it, and then I'll just put it up to my microphone. And I'll sit, and you know what I do? I do it with them because having five minutes of mindfulness is great for everybody. And so I may do that. I don't do it in every session. It's depending on whether it's indicated or not.

The other thing I've done is-- a lot of times with anxiety, there's all kinds of somatic symptoms that come up. And so I had one patient who was having a hard time swallowing. Like his anxiety was causing some difficulty and some tension in the back of this throat and he was having a hard time swallowing. And that's not the first time I've had a patient do that. But if I was in person, I have raisins in my office and I do the classic raisin mindfulness exercise. I have other stuff in my office. I keep Jolly Ranchers. We'll do some kind of mindful eating exercise.

And here I am sitting on the other side of a camera, and I'm like, this is the intervention that I know how to do that works really well. What am I going to do? I asked him, I'm like, do you have any raisins? He was like, no, I have grapes. And I was like, oh. I didn't think a grape would work as well. He was like, strawberry? I'm like, perfect. I was like, I'm going to put you on mute. You go to your kitchen and get a strawberry. I'm going to go to my kitchen and get a strawberry. And we did a strawberry mindfulness eating intervention together. And he was able to eat the strawberry successfully. So I walked him through it.

So sometimes we're thinking on our feet, and going back to being exhausting, that is exhausting, right? And I actually think doing motivational interviewing and treatment in general really well is exhausting in general, because your attention is so focused. But here, I'm trying to figure out, OK, here's my tool box, that I might normally hand you something that I can't do virtually. So how



do I pivot and move that to a more innovative approach? In this case, it just meant, we both took a couple of minutes and got something to eat so that we could walk through that exercise together.

So you can play something from your phone. It looks like Matthew said, yeah, YouTube videos are great too. And you can share your screen, depending on what platform you're using to do that. And so it's really, again, being creative and innovative, to really think about delivering not just mindfulness, but any intervention that you use to do face-to-face that felt like it was really helpful and meaningful to you, figuring out how to pivot that to remote.

The other thing I would say before I forget is, I don't know how many of you use the values card exercise in motivational interviewing or in general, because I use it across a lot of intervention. Yeah, love it. Therapist Aid, which is a website, has an interactive values exercise that you can share your screen, and patients pick the values. And then it walks them through an exercise of rank ordering them, and then asking them how much they're living into their values.

And so it's actually this really neat exercise that I had never utilized before because I've always done the values card sort with my patients in person. And so this is a nice opportunity to do something more interactive and creative within session. I know those of you that probably see like younger kids or adolescents, it's nice to have something to keep them engaged within the session, and keep them tracking you. And it also helps you track with them.

OK, I think we've hit on this. What a great picture about the intimacy that you are having access to. So you're seeing them. You're seeing their space. Patients are calling in in their pajamas. They're calling in from their bed, from their closet, from their bathroom. You might be meeting partners and dogs. So this is for me, personally, a huge silver lining of doing telehealth, is the level of intimacy that you have access to within the framework of being able to see them. So they can walk you around, and really being able to include even others into the treatment, which we'll talk about in a second. Lauran, any other thoughts on this one, intimacy? I feel like we've covered them in other-- and I'm sensitive to the time. We have about 10 minutes left.

LAURA SAUNDERS: Yeah, I do. I think we covered it, from both the perspective of the person delivering the--

MICHELLE DRAPKIN: Person and environment.

LAURA SAUNDERS: Yeah, yeah, both ends.



MICHELLE DRAPKIN: Yeah, awesome. OK, this is another one. So we talked about how getting patients to session feels a little bit easier now because it kind of removes a lot of the barriers. The other thing is, most people are sheltering in place with their significant others. And so doing couples work has become a little bit easier in some ways. Because they're there, they both can come in. So this is sort of a watch-out, right? I wouldn't want someone to be like, oh, like bring someone onboard just because they happen to be there, but if there's clinically relevant reason to bring someone in to get some information.

I don't know, with those of you who are seeing there's a lot of tension happening in a relationship. Because people are stuck at home, roles are changing. There's a lot of role tension. And so I do a lot of couples therapy, but I also do the unilateral couple therapy, where you're working with one person, but you're helping them. But if they wanted to, you could do something and really be careful about that piece. But now there's an option that makes it potentially easier to do, where you can include others and do family work. And it depends on your platform of how easily you can include others. Has anyone done any couples work or found any silver linings with people sheltering in place with others in their home?

OK, we can kind of let-- I just saw Pamela's question about compromising the clients who really don't want to use telehealth to avoid losing them together. I don't know, Pamela, what you're talking about with a hybrid session. I'm not sure. I don't know, Pamela, if you can unmute and we could chat about it for a second. Or you can put it in the text box. Oh, I'm sorry, yeah.

LAURA SAUNDERS: So Terry was mentioning-- I think this is a silver lining-- that when you're working with children, parents are now more involved because they are there helping them with the technology, so in terms of including others. But then Pamela's question kind of came in before that. I think it's a great question. In fact, I was writing it down to make sure it didn't get lost in the chat.

MICHELLE DRAPKIN: So I can just start. And Pamela, if you're able to unmute or clarify what you mean by hybrid session. But here's where I think this is a great opportunity to use motivational interviewing, is to really see what are some of the good things about using telehealth, what are some of the not so good things. Because we're talking nationally, it all depends on where you sit and what your local guidelines are about how you're doing therapy and whether you want to do something in person. I also saw, up above in the chat, there was someone asking about visiting your longer term patients and seeing them from social distancing. I think it's really whatever guidelines or whatever you're comfortable with.



I'll tell you that one of the things that I've been thinking about is-- again, remembering that I'm so close to New York, and so definitely we're a hotbed for COVID-19. And so I think about when I go back, I'm imagining that the first step to going back might actually be face mask kind of stuff. And frankly, I'd rather do this, where I can see and see what's going on than sit across from my patient in person with a face mask, or meeting them with a face mask and having to clean where they sit after every time they're there, worrying about the doorknob.

To me, this creates a level of anxiety and stress, that I feel like the silver lining here is that I'm more protected. That's a huge silver lining, that that piece of doing our work is removed. But if someone does need their own space, it's a challenge, right? And so you have to figure out for yourself within what makes the most sense and how you can protect yourself and your patient, and do the good work that you really are motivated to do.

LAURA SAUNDERS: Well, and exploring with that person who is really eschewing the telehealth, is it a technology issue, is it a preference issue? Like what is it about the meeting through telehealth mechanisms that's really a no-go for this person? And is it possible that there could be some adjustments? And that might be what you meant, Pamela, about hybrid. But is there something that you can do to fix it up?

Because another thing that I was thinking about, Michelle, when you were talking is, what are we going to do if we go back to face-to-face, and you and your client have a different idea about what social distancing, the power of social distancing, and/or whether or not we should be wearing face masks. There's a lot of very strong feelings around that and very strong grounding in what people's reasons are for wanting to take those precautions or not, and how difficult that would be to have that kind of a philosophical difference with somebody who's supposed to be your client.

MICHELLE DRAPKIN: Right. Yeah, that's a great point of, how do you figure that out. And Pamela just wrote that the hybrid would be one week telehealth, one week-- I think that's really up to you and your setting, so what makes the most sense for you all. I'll be honest. I live in a small town. So my town is three square miles. If I go for a run, I run past probably like three or four of my patients' houses, easily. They're on my route. Then I always think about how nice it would be to see them.

And I think about, could we do it? How safely could we do it? Can we do it outside? I have one patient who has a lot of social anxiety. And I worry that the longer he shelters in place, the worse it's going to get. And so actually, like clinically, I kind of want to get him out of his house. And so I've been thinking about, he's someone that I could probably find somewhere that's safe



and private to meet, potentially outdoors or something. But I think you've got to think about it individually for everyone.

There's no right answer here. This is the thing that I think we all need to come to some acceptance. There's no rule book, no book on how to move through a pandemic, in our current environment and setting. And so we've got to just do the best we can that's consistent with our values. And Laura, I think that's a great point. Like everyone sort of thinks differently about social distancing and how careful you have to be. And I see that even in my own tiny neighborhood that I'm in.

So before we run out of time, I realize that we only have a few more minutes. But we thought about kind of wrapping this up and thinking about, there really are some silver linings. And part of what we're seeing is-- I think in some calls that Laura or I were on, one of the motivationally interviewing trainers was reporting that, in her clinical world, that they were reporting a drastic reduction in no-shows because we were removing all of the barrier, or many of the barriers, to getting to treatment. And so should we advocate to keep telehealth as an option? What would you advocate for? What do you think, based on your own comfort level, but also what you're seeing therapeutically? I'm wondering if we could just open up the lines or the chat box.

Oh, I love, Elizabeth, being able to continue with clients if they move out of town. I think that's fantastic. It gets a little dicey with state lines, depending on where you're licensed. But that would be really interesting. I think the other one, just to kind of piggyback on that, is when we have kids who go to college. And when they go off to college, how stinky is it that they work with us, and then they go off to college, they work with somewhere else, and they come back home. The continuity of treatment might be so much more effective for them if they could just stay with one clinician, whether it's their clinician at college or us, but having that ability to stay with someone via telehealth. Other things that you're thinking about that you would advocate for?

LAURA SAUNDERS: I think this advocacy role is going to become really important as we look to think about, well, what adjustments were made in haste to facilitate us to be able to do telehealth that we then want to advocate for that we want to be able to have either data or anecdotal stuff, about, well, let's not undo this good that happened as a result of, as I described it in the beginning, being thrust into this. So do we need to make adjustments in laws about being able to deliver cross-state? Do we need to make adjustments in payer schedules, based on what they're reimbursing for telehealth versus in-person, that kind of stuff? Because I do think, we're certainly learning that there are some clients who are better served. And what is our role in advocating for those people to continue some of this stuff?



MICHELLE DRAPKIN: Yeah, and I just saw that Judy mentioned, if the client can't make it for transportation or babysitter. And I think about, when this all started, there was a bunch of articles that said like, this isn't a snow day. Because everyone was like, oh, this is like a snow day. And this isn't a snow day. This is a long-term challenge. And look at how far we've come in the ability to meet people where they're at, to deliver good evidence-based practices over a telehealth platform. And so even if there is a snow day going forward, we can still see our patients. They don't have to miss out on their treatment.

And I don't know about you guys, but like old snow days, it's kind of like, oh, we just have to cancel and then squish everyone in. And maybe we'd miss some people and miss a week. Now we can have continuity of treatment. And yes, there's a downside, because isn't a snow day kind of a fun day? Like it's nice to have that breather. But thinking through, well, how can we manage this and what can we really keep available for telehealth? And I don't know the settings that you guys work on, work in.

I think about even my daughter's school. They weren't set up for remote learning. And by the end of the first week, teachers were on Google Classroom teaching. And a lot of people weren't set up for telehealth, but they quickly mobilized. And so now that we have the ability in place and privacy is fairly protected, I think the sky is the limit to how we can keep this. And really thinking about what would even that hybrid be of being able to meet patients where they're at. Ooh, we're out of time.

LAURA SAUNDERS: We're at time. We're at time. So thank you so much for participating. We had a nice, really great, large group of people. You were super participatory. And throughout the workshop, there were several resources mentioned. Michelle and I will put together a list of those resources and share that out with the whole group as soon as we get that together in the next couple days.

And I think right after this, a survey will pop up. We really would appreciate you taking one minute to do that survey. It's how we're able to do these kind of workshops for free. SAMHSA keeps throwing money into our coffers if we give them the data that they want about, who participated and did you like it. So thank you for taking a little bit of time to do that.