

Supporting WA State Behavioral Health Providers to Optimize Telehealth in Response to COVID-19

Q&A from BHI Telehealth Training Session #11

Date: June 5, 2020

Title: Enhancing Clinical Engagement over Telehealth

Presenter: Sara Smucker-Barnwell PhD

Q: Do you recommend shorter sessions vis telehealth as you had mentioned zoom fatigue?

A: Yes, many practitioners elect to schedule shorter sessions (e.g., 45 minutes v. 60) to help combat "Zoom fatigue." This is a valid option, and may be especially helpful when serving populations who are, themselves, fatigued by many video calls (e.g., students, professionals, others). In my practice, I elect to maintain my usual appointment length, but schedule breaks in between sessions to facilitate self care.

Q: Any recommendations for doing EMDR by telehealth?

A: Regarding EMDR, to my knowledge there is little formal support for virtual EMDR. A colleague recently sent me this report, which I found helpful. My general perception is that the clinician ultimately ends up making adaptations, but that it can be done successfully.

For more information, please see:

Behavioral Health Training, Workforce and Policy Innovation Center

Behavioral Health Providers across Washington State are on the front lines providing critical mental health and substance use treatment during an unprecedented public health emergency. State and federal guidelines continue to evolve so that more providers may use telehealth during the COVID-19 pandemic. Organizations from across the state have responded in amazing fashion to assure that providers across the continuum and age spectrum have access to information and resources necessary to help you begin or expand your use of telehealth.

<https://bhi-telehealthresource.uwmedicine.org/Pages/About-Us.aspx>
