

The Virtual Social Worker: How to Maximize Technologies to Provide High Level Interventions

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Challenging times call for hospice social workers to stand up and do what we do best: positive and creative problem-solving. We know that in many situations it is possible to provide high-level counseling interventions when there are restrictions to “live” visits. Some patients and families prefer “e-visits”. But not all.

Ethics First

- Do you have “consent”? Who has consented? Who has not given consent?
- Is the consent “informed” specifically related to virtual interventions?
 - We cannot pressure people into accepting remote services (coercion)
 - You must refer to another provider if you have no other option and the patient/family does not give consent or feels coerced
- The person must have full decisional capacity in order to give consent
- The forms we use must be updated and complete - specific to virtual interventions and will need to include:
 - the advantages and disadvantages of virtual interventions
 - We need to assess whether or not this approach is consistent with the patient’s/family’s religious and or cultural values and norms.
 - risks associated to patients/families
 - e.g. someone could overhear the conversation
 - we might not be able to observe family dynamics and other situations which means limited information
 - we may not be able to adequately assess safety

Continued....

- Social workers must be competent to provide interventions
 - In general, we have education and a license to prove basic competence
 - Most of us have not undergone training in online work
 - For Social Workers: According to the ASWB Technology Task Force: We can only provide e-social services "... after engaging in appropriate education, study, training, consultation, and supervision from people who are competent in the use of this technology to provide social work services." This means we need to document all training and supervision related to this practice and skill set.
- It is up to you to know the applicable rules, regulations and restrictions
- HIPAA



Check out...

From HHS.Gov

Regarding: Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

“During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.”

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Check out:
The Center for Connected Health Policy

<https://www.cchpca.org/>

And, from CCHPCA: HIPAA and Telehealth

<https://cdn.cchpca.org/files/2018-09/HIPAA%20and%20Telehealth.pdf#:~:text=Telehealth%20provision%20or%20use%20does%20not%20alter%20a,reasonable%20and%20appropriate%20security%20measures%20for%20their%20situation>

When not under COVID-19 Restrictions

The HIPAA guidelines on telemedicine referring to Electronic Protected Health Information (ePHI), are contained within the HIPAA Security Rule. The guidelines include:

1. Only authorized users should have access to ePHI
2. A system of secure communication should be implemented to protect the integrity of ePHI.
3. A system of monitoring communications containing ePHI should be implemented to prevent accidental or malicious breaches.

Guiding Principles

- Always remember, we are still a guest in their home/location
 - This is still about meeting people where they are...e-interventions are not appropriate for everyone
 - It is still about making connections
- How we conduct assessments needs to change
 - We should never, in any situation, read questions off of an assessment form
 - In face-to-face visits we gain a lot of information from body language and by looking at the person in their environment. With virtual visits we need to alter how we conduct the assessment by altering the questions we ask and spending more time with open ended questions “Would you be willing to tell me more about how you don’t feel totally safe in your home?”
- Assure your organization has the appropriate policies in place so that you are operating from a place of organizational guidance (supported by policies)

Don't fumble with the technology

- We are always wanting to instil trust in those we serve. Fumbling with technology or comments as simple as “I really don’t know how all this stuff works” can lead people to wonder if we are competent in our jobs. There are always computer/internet glitches yet we should not be adding to that frustration.
- Know the technology and best use of each platform
 - Do not attempt to make an e-visit if you are unfamiliar with the technology
 - Assure the patient/family is familiar with the technology
 - Be prepared to do some coaching prior to your visits if they are not
- Use a secure and fast internet. Better not to do it at all then to have problems.
 - People have enough frustrations in their lives without us adding to it.

Do's and Don'ts

- Remember confidentiality and interruptions on your end
 - An interruption is likely a breach of confidentiality
- Have a well lite space with a neutral background
 - Be cautious about every item in your viewable space
- Make certain you are speaking to the person you intend to meet with
- Make sure to dress as you would for a home visit. It is actually better to be slightly better dressed so it is clear you are “on the job”. Once again, we are always want to instil confidence and trust.
- Make sure you have enough battery power to get you through the “visit”
- Always be on time.

With less travel time you have more time to provide skillful counseling sessions online or via telephone.

How do you define counseling?

What evidence-based theoretical frameworks are you using?

See counseling guide included in your handout

Guidelines

- Pay attention (more than usual) to active listening verbal and nonverbal cues. If/when you look away, take a drink, look at your watch, get distracted by something happening in the room or even take notes, it can appear as if you are not interested and/or not paying attention.
- Minimize distractions as much as possible
- If you are taking notes, say something such as “I am going to be taking notes while you talk because the information you are sharing is very important and I want to make sure we get this right.” If a person begins to cry or get emotional, put the notes away.
- Be careful about eye contact. Since online sessions create a sense that one needs to look at the screen at all times it make create a level of discomfort for the patient/family that is not used to that level of eye contact. The technique here is to divert eye contact from time to time without giving the sense that you are not listening. When you do look away continue to provide verbal cues that you are still very present.

Creative e-programming ideas to reduce isolation

- Tuck-in calls: “Before we go into the weekend, is there anything you can think of now that you might need?” I know you have family coming to town, how do you think that is going to go. You have a lot going on.”
- Family satisfaction calls after admission: “You have been on our program for a couple days. I am just calling to see how things are going. Is hospice everything you hoped it would be?” “Is there anything we are missing?”
- Set-up online patient support group for those who might be able to participate
- Set-up an online caregiver support group
- Work with bereavement to provide cross-over services and support following death

COVID Ideas for Volunteers (e-volunteering)

- Tuck-in calls
 - Include nurse, chaplain volunteers
- Bereavement support and counseling calls
 - Note: low risk families should be infrequent in the COVID world
 - Include volunteer counselors
- Spiritual support and counseling calls
 - Include community clergy volunteers
- Family satisfaction calls after admission
- Language interpreters
- Cultural/religious guides – staff/volunteer focused
- Inservices/education for staff and volunteers (webinars)
- Community engagement
- Authors for advertising, marketing, newsletters
- New volunteer mentors

The essence of Social Work and Social Workers is that we are problem solvers. COVID has been an opportunity for us to say “People are dying. We cannot limit the services we provide. Instead let’s find creative ways to increase our interventions.” That is the spirit of Social Work.