

# GETTING EXPERIENTIAL ACROSS THE SCREEN: ADAPTING ACT FOR THE VIDEO TELEHEALTH MODALITY

---

Erika M Shearer, PhD

Alycia S. Zink, PhD

Lauren Hollrah, PsyD

VA Puget Sound Health Care System – American Lake Division

# FINANCIAL DISCLOSURE

We DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.





LET'S GET PRESENT |

# AGENDA



Describe considerations for adapting experiential exercises.



Demonstrate and practice telehealth adaptations to common experiential exercises.



Strategize around remaining barriers to engaging in experiential work via the telehealth modality.

# DEFINING TELEHEALTH

Telehealth involves the use of information technology to securely exchange health information and provide health care services<sup>1</sup>.

Eliminates barriers to care:

- Travel time
- Distance
- Expense
- Lack of local providers with specialized or culturally competent training<sup>2</sup>

Improves access for rural clients or clients experiencing significant pain or disability that interfere with appointment attendance<sup>3</sup>.

For the purposes of this workshop we will be focusing on synchronous video-based teleconferencing.

# ACT VIA TELEHEALTH

Support for and satisfaction with provision of ACT via

- Video-based telehealth

- chronic pain<sup>1</sup>, social anxiety disorder<sup>2</sup>, and trichotillomania<sup>3</sup>

- Web-based interventions

- chronic pain<sup>4,5,6</sup>, depression<sup>7,8</sup>, eating regulation<sup>9</sup>, general mental health<sup>10</sup>, general self-help<sup>11</sup>, sickle cell disease<sup>12</sup>, smoking cessation<sup>13</sup>, social anxiety disorder<sup>14</sup>, tinnitus<sup>15</sup>, and trauma<sup>16</sup>.

- Mobile apps

- coping with HIV<sup>17</sup>, depression<sup>18</sup>, eating regulation<sup>19</sup>, mental well-being<sup>20</sup>, smoking cessation<sup>21</sup>

- Telephone-based care

- health behavior change<sup>22</sup>, smoking cessation<sup>23, 24, 25</sup>

<sup>1</sup>HERBERT ET AL., 2017; <sup>2</sup>YUEN ET AL., 2013; <sup>3</sup>LEE, HAEGET, LEVIN, ONG, & TWOHIG, 2018; <sup>4</sup>CENTER, 2014; <sup>5</sup>LIN, LUKING, EBERT, BURHMAN, ANDERSSON, & BAUMEISTER, 2014; <sup>6</sup>TROMPETTER ET AL., 2015;

<sup>7</sup>LAPPALAINEN ET AL., 2014; <sup>8</sup>RASANEN, LAPPALAINEN, MUOTKA, TOLVANEN, & LAPPALAINEN, 2016; <sup>9</sup>BOUCHER ET AL., 2016; <sup>10</sup>VISKOVICH & PAKENHAM, 2018; <sup>11</sup>LEVIN, PISTORELLO, HAYES, & SEELEY, 2014;

<sup>12</sup>CHENG ET AL., 2016; <sup>13</sup>BRICKER ET AL., 2013; <sup>14</sup>IVANOVA ET AL., 2016; <sup>15</sup>HESSER ET AL., 2012; <sup>16</sup>FIORILLO, MCLEAN, PISTORELLO, HAYES, FOLLETTE, 2016; <sup>17</sup>ISHOLA & CHIPPS, 2015; <sup>18</sup>KAIPAINEN, VALKKYNNEN,

KILKKU, 2017; <sup>19</sup>JARVELA-REIJONEN ET AL., 2018; <sup>20</sup>LI, 2018; <sup>21</sup>BRICKER ET AL., 2014; <sup>22</sup>DINDO, VAN LEIW, & ARCH, 2017; <sup>23</sup>BRICKER ET AL., 2010, <sup>23</sup>BRICKER ET AL., 2013, <sup>24</sup>BRICKER ET AL., 2014,

<sup>25</sup>HERNANDEZ-LOPEZ ET AL., 2009

# POLL

---





Bottom line: consider the function of the experiential exercise



Know the technological capabilities of your platform/bandwidth.



Budget time to plan your tele-adaptations

**ACT VIA  
TELEHEALTH  
ADAPTATIONS**



## Mindfulness – just do it!

Take advantage of the patient's space (e.g., data, physical exercises)

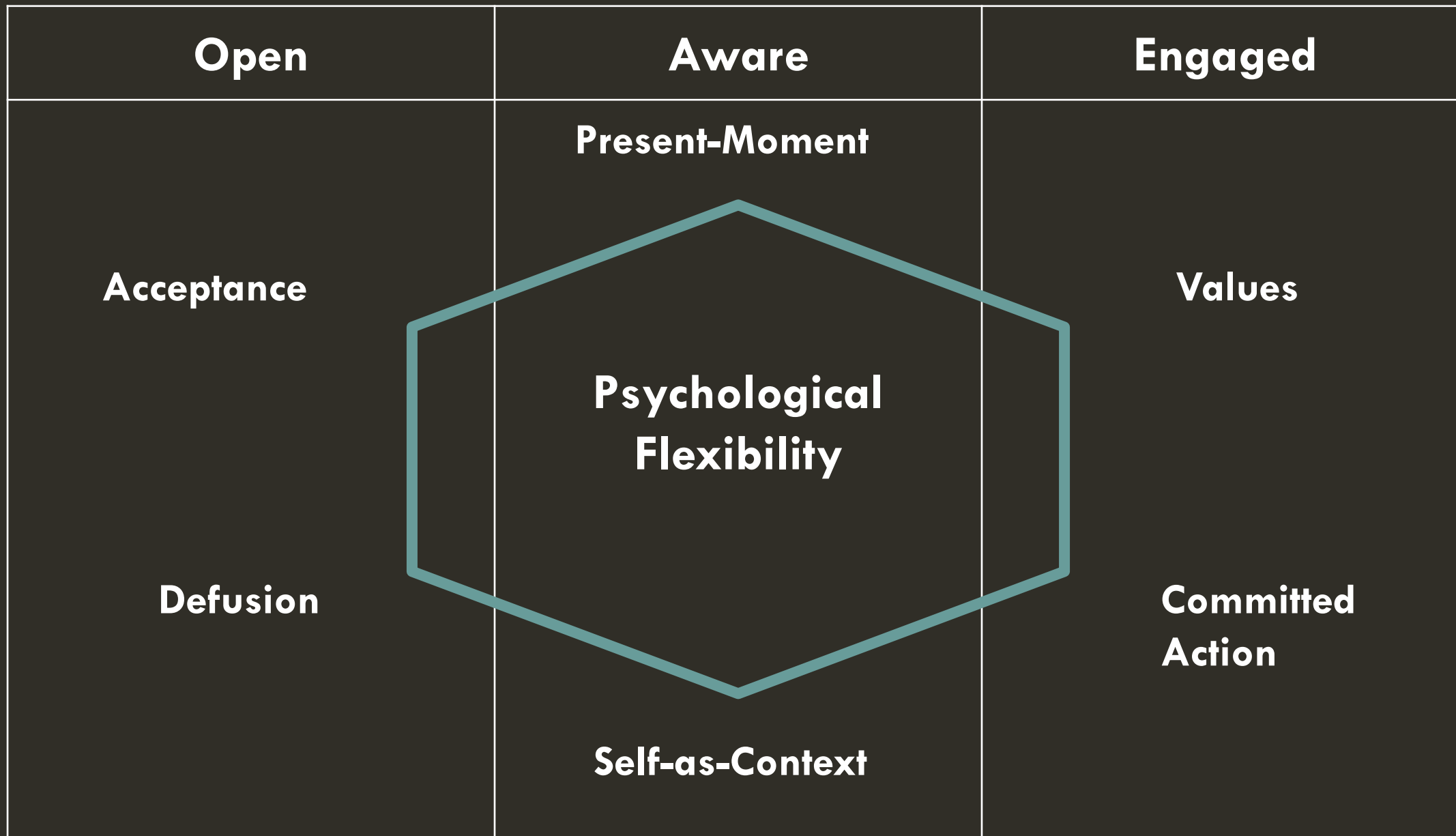
Set the “tone” of the session

Metaphors – no adaptation needed.

Make use of share screen functions

Whiteboards, diagrams, worksheets, pictures, videos, etc.

ACT VIA  
TELEHEALTH  
ADAPTATIONS  
(CONTINUED)



# DEVELOPING OPENNESS: ACCEPTANCE AND DEFUSION

Most exercises are fair game:

Quicksand

Person in the hole

Exploring workability of current coping strategies

95% vs 5%

if you aren't willing to have it you have got it

perfect anxiety detection machine

don't think about vanilla ice cream

what are the numbers

fall in love

feel happy now

willingness volume

lemon

saliva

finding a place to sit

leaves on a stream

separate thought and thinker, emotion from feeler

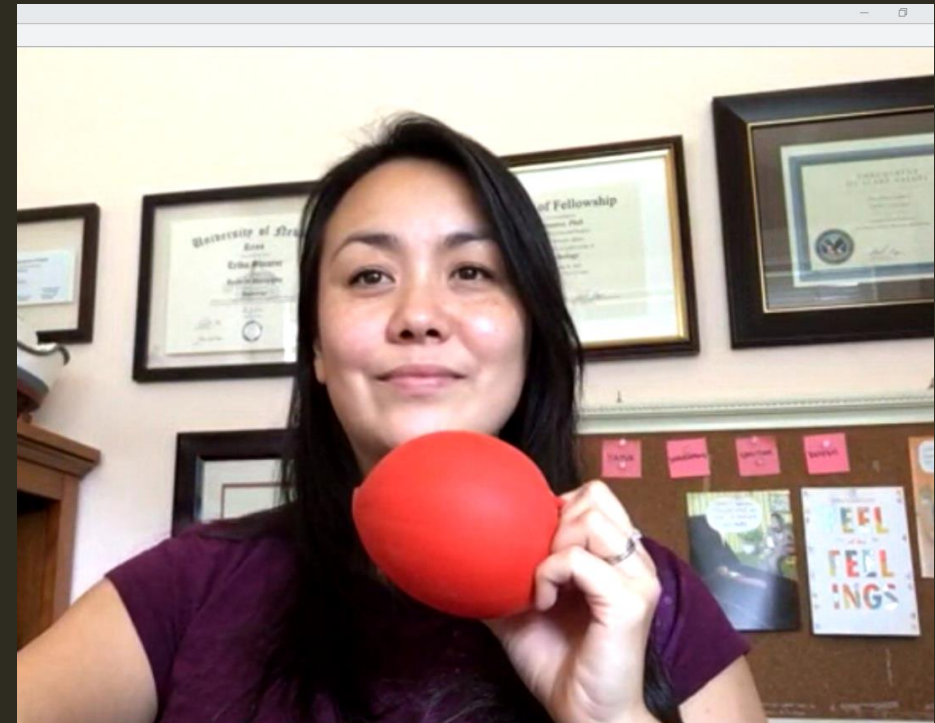
# DEVELOPING OPENNESS: ACCEPTANCE AND DEFUSION (CONT)

Exercises that may require adaptation or replacement:

- Eyes on
  - Eyes on with a mirror
  - Being willingly out of breath (from “Get out of Your Mind and into your Life” workbook)
- Tug of war
  - Rope demo
  - Holding up the Wall (Wyatt Evans adaptation of Tug-of-War)
- Take your mind for a walk
  - Seated “take your mind for a walk” while reading or writing.

Example: Pain vs Suffering

Example: Take your mind for a walk



**TELE-FIED: PAIN VS SUFFERING**



Mountain Script - Saved to \\v01pughsm03.r01.med.va.gov\homedir\$ Shearer, Erika M.

Insert Design Layout References Mailings Review View Developer Help Search Share Comments

Times New Ro 16 A A Aa A Font Paragraph Styles Editing Voice

## Mountain Meditation Script

[ Free audio recording of this meditation and others are available on the Palouse Mindfulness website ]  
[script adapted from Jon Kabat-Zinn's Mountain Meditation, available at <http://www.mindfulnessstapes.com>]

This meditation is normally done in a sitting position, either on the floor or a chair, and begins by sensing into the support you have from the chair or the cushion, paying attention to the actual sensations of contact. Finding a position of stability and poise, upper body balanced over your hips and shoulders in a comfortable but alert posture, hands on your lap or your knees, arms hanging by their own weight, like heavy curtains, stable and relaxed. Actually sensing into your body, feeling your feet... legs... hips... lower and upper body... arms... shoulders... neck... head...

And when you are ready, allowing your eyes to close, bringing awareness to breath, the actual physical sensations, feeling each breath as it comes in and goes out... letting the breath be just as it is, without trying to change or regulate it in any way... allowing it to flow easily and naturally, with its own rhythm and pace, knowing you are breathing perfectly well right now, nothing for you to do. Allowing the body to be still and sitting with a sense of dignity, a sense of resolve, a sense of being complete, whole, in this very moment, with your posture reflecting this sense of wholeness. As you sit here, letting an image form in your mind's eye, of the most magnificent or beautiful mountain you know or have seen or can imagine..., letting it gradually come into greater focus... and even if it doesn't come as a visual image, allowing the sense of this mountain and feeling its overall shape, its

Presenter: Dr. Erika Shearer (You)

TELE-FIED: TAKE YOUR MIND FOR A  
WALK

**BREAKOUT #1** |

# DEVELOPING AWARENESS: PRESENT-MOMENT AND SELF-AS-CONTEXT

Mindfulness exercises are typically fair game

- Mindful eating/drinking/etc. may require planning or adaptation.

Most exercises do not need to be changed:

- Continuous “you”; physicalizing; holding the conceptualized self; tin can monster; pain vs suffering

Exercises that may require adaptation or replacement:

- Label parade: preparation or share screen adaptation

Example: Label Parade





Document1 - Word Shearer, Erika M.

Design Layout References Mailings Review View Help Tell me what you want to do Share Comments

Calibri (Body) 24 A<sup>+</sup> A<sup>-</sup> Aa- Aa B I U x<sub>2</sub> x<sup>2</sup> Paragraph Styles

AaBbCcDc AaBbCcDc AaBbCc AaBbCc AaB AaBbCcC AaBbCcDc AaBbCcDc

1 Normal 1 No Spac... Heading 1 Heading 2 Title Subtitle Subtle Em... Emphasis

Find Replace Select Editing

Unlovable Alone fault  
doomed Selfish Fraud  
hopeless ugly worthless

Presenter: Dr. Erika Shearer (you)

Video Connect  
Unlovable Alone fault  
doomed Selfish Fraud  
hopeless ugly worthless  
Presenter: Dr. Erika S...

Stop sharing Hide

Video Connect

Unlovable Alone fault  
doomed Selfish Fraud  
hopeless ugly worthless  
Presenter: Dr. Erika S...



Stop sharing

TELE-FIED: LABEL PARADE

**BREAKOUT #2** |

# DEVELOPING ENGAGEMENT: VALUES AND COMMITTED ACTION

Most exercises are fair game:

- what would it say on your tombstone; funeral/retirement party/80<sup>th</sup> birthday; choice and moment by moment choosing; coke versus 7-up; two-sided coin; process versus outcome; a life selected; willingness question; child

Exercises that may require adaptation/replacement/preparation:

- Values Card Sort
- ACT: accept, choose, take action – have printed card mailed to client.

Example: Values Card Sort



ACT - 50-card Valu... x

2 / 6 143%

Share

Nurture	Loyalty
Kindness	Justice
Independence	Honor

Presenter: Dr. Erika Shearer (You)

# TELE-FIED: VALUES CARD SORT

**BREAKOUT #3** |

# BREAKOUT DEBRIEF



Addressing remaining  
barriers and concerns.

# WHAT WOULD YOU LIKE TO TELE-FY?

THANK YOU!

---



# ADDITIONAL SLIDES FOR YOUR REFERENCE

Feel free to contact us with any additional questions, concerns, or ideas!

# THE NEED FOR TELEHEALTH

Many clients who live in rural settings – or who have mobility limitations – do not have access to empirically supported psychotherapies.

Avoidance can play a role

- Patients with PTSD, anxiety, depression, and/or chronic pain may avoid crowds, government institutions for treatment, driving, etc.

Certain populations may prefer telehealth

- Sexual trauma survivors who do not feel comfortable in certain settings or around specific gender-identified individuals.
- Clients who experienced hate crimes and/or discrimination.
- Clients in small towns who know local providers personally.
- Clients who have physical limitations and experience difficulty leaving home.
- Clients who are caregivers.

# TELEHEALTH IS AN EFFECTIVE PLATFORM FOR DELIVERING CARE

Produces results comparable to in-person mental health care with respect to assessment, treatment outcomes, therapeutic relationship, retention, and both client and provider satisfaction<sup>1, 2</sup>.

Has been found to offer unique benefits when compared to in-person treatment, including increased disclosure in session<sup>3</sup>, improved access to services, convenience, flexibility, and potential cost savings<sup>2</sup>.

Is an effective, well-accepted, and cost-effective platform to deliver evidence-based psychotherapy (EBP) to clients that may not otherwise be able to access such treatment<sup>4</sup>.

In specific, three studies examining ACT via video-based telehealth<sup>4,5,6</sup>

# A BRIEF NOTE ABOUT PLATFORMS

Defer to your practice, clinic, facility, etc. with regard to supported platforms and procedures

- Ensure HIPAA-compliant option for meeting via video-based teleconferencing
- Some have additional features
  - Chat, sending materials, sharing screens, camera tracking and presenter options, muting, disconnecting participants

# ORIENTING PATIENTS TO TELEHEALTH

Consider discussing the following items during your first virtual session:

- Confirm privacy
  - Enlist clients as advocate for their own privacy and confidentiality
- Confirm address and verify phone numbers
- Discuss and document emergency plan
- Review confidentiality
- Review risks and benefits of telehealth
- Review nature of service, limitations
  - Establish clear boundaries of use
- Discuss secure messaging/how to contact

**ROLE PLAY VIDEOS** |

# HOMework & DISSEMINATING MATERIALS



Defer to your practice, clinic, facility, etc. with regard to supported platforms and procedures.



Ensure HIPAA-compliant option for sending and receiving digital materials



Can also send packet, workbook, etc. via mail