EHN CANADA

Misconceptions About Virtual Addiction Treatment

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Learning Objectives

01

Understand myths and misconceptions related to virtual therapy programming.

02

Understand addiction/substance use treatment as not a one-size-fits-all approach.

03

Explore concurrent overlap with mental health and addiction care.

04

Address aspects of inequitable access in virtual care

Putting Things in Perspective

- In any given year, 1 in 5 Canadians experiences a mental illness.[1]
- By the time Canadians reach 40 years of age, 1 in 2 have – or have had – a mental illness.[2]
- Significant increase in mental health and addiction case since COVID-19 pandemic.
- Emergence of virtual psychotherapy and counselling services.

Myths & Misconceptions of Virtual Therapy Services

Myth 1: Effectiveness of Virtual Therapy Programs

- Comparable and feasible alternative to in-person /in-patient program options.
  - Addresses a range of mental health challenges and diagnoses
  - Effective delivery method of group, individual and relationship/family therapies.
- Similar outcomes and efficacy as in-person treatment options.
  - Client satisfaction and retention
  - Symptom improvement
  - Client- therapist relationship.[4, 5, 6]

Myth 2: Therapeutic Relationship

- Similar outcomes on client satisfaction; client retention; and development and maintenance of positive therapeutic relationship.
- Core attributes of therapists for promoting growth in clients [7]
  - Genuineness and authenticity (conguence)
  - Acceptance and caring (unconditional positive regard)
  - Empathic understanding
- Considerations of non-verbal cues in communication and presentation.
  - Group norms and guidelines
  - SOLER stance

Myth 3: Therapist Competence

- Masters-level clinical training – Social Work, Psychotherapy, Clinical Counselling
- Membership to professional regulatory bodies (CRPO; OCSWSSW; BCACC).
- Engagement in ongoing professional development and training
  - CBT/DBT/CPT
  - CSAT
  - Seeking Safety
  - EFFT
  - Motivational Interviewing
- Ongoing dyadic and group clinical supervision
- Ability to work in-person settings.

Myth 4: Security, Privacy & Safety Concerns

HIPAA, PIPEDA and PHIPA compliant video conferencing software used to facilitate individual and group sessions

Compliance with **professional regulatory bodies ethics, standards and recommendation** for electronic practice/virtual therapy

Therapist and client **physical environment**: private, soothing, free of distraction.

Client session scheduling, access to materials and communications through secure **Wagon dashboard.**

Implemented extra security in Zoom/Teams, **including passwords, locked meetings, unique meeting ID** and password for every meeting – no breakout rooms used

Individualized **risk assessment** and **safety planning** with clear group norms and expectations for participation

Support counsellor available to debrief with clients and provide additional support.

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Concurrent Mental Health & Substance Use Disorder

Intensive Outpatient Programs (IOPs)

What We Treat

- Concurrent Addiction and Mental Health (SUD)
- Depression and Anxiety Disorders (MAP)
- Workplace Trauma (OSI)
- Youth Mental Health and Addiction

Evidence-Based Approaches

- Behavioural Therapy (CBT)
- Dialectical Behaviour Therapy (DBT)
- Cognitive Processing Therapy (CPT)
- Acceptance and Commitment Therapy (ACT)

No "one-size-fits-all" approaches to Mental Health & Addiction

- Explore underlying factors contributing to mental health and addiction.
- Use evidence-based approaches and techniques flexibly
- Abstinence-based program meeting clients who do not align with goals of abstinence
- No single treatment or healing journey

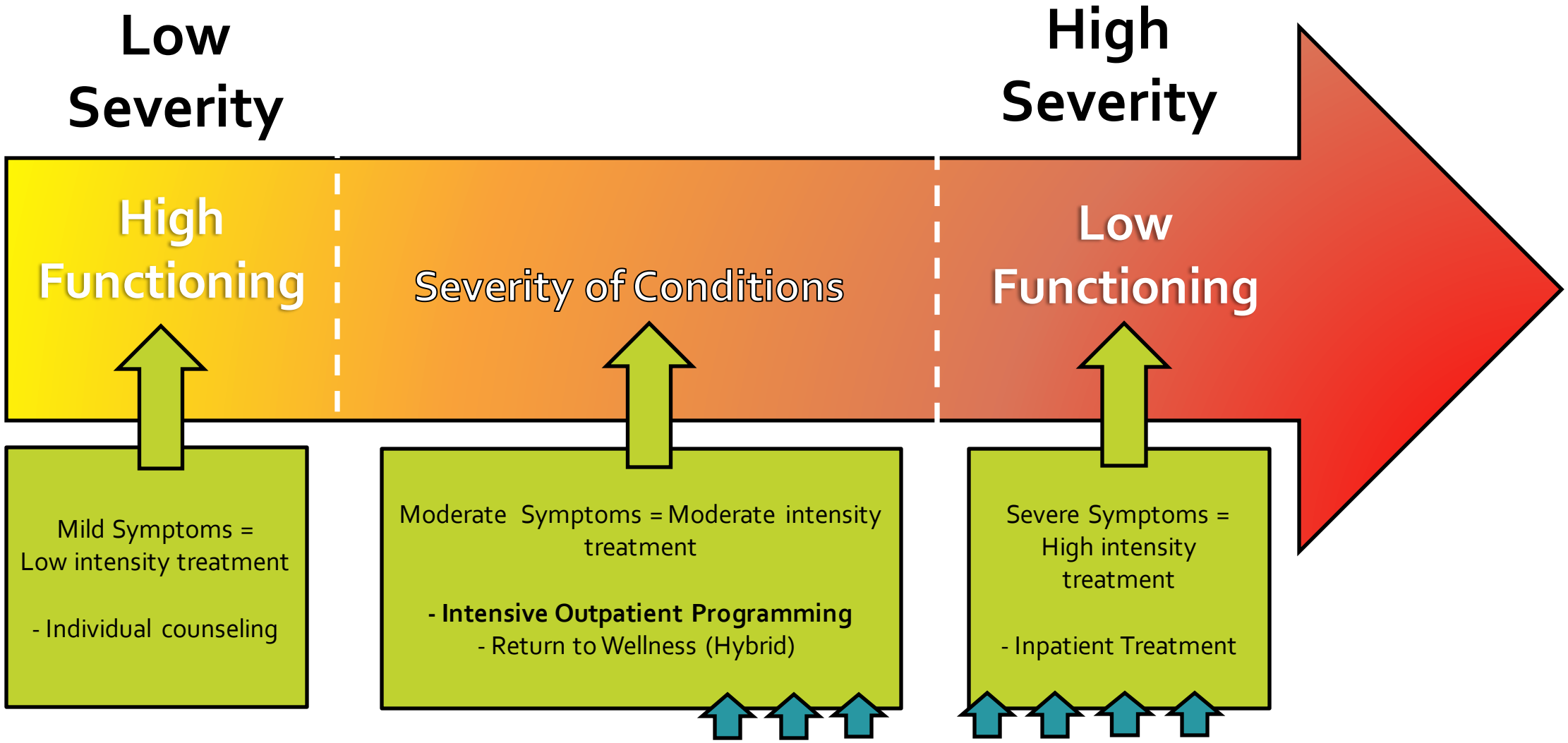
Concurrent Overlap in Mental Health & Addiction Care

Concurrent disorders—the co-occurrence of mental health and substance use disorder

- Individuals with mental illness are twice as likely to have a substance use disorder compared to the general population. At least 20% of people with a mental illness have a co-occurring substance use disorder.[8]
- People with substance use disorders are up to 3 times more likely to have a mental illness. More than 15% of people with a substance use disorder have a co-occurring mental illness.[9]

- Biological, psychological and social determinants of mental health and substance use disorder.
- Interfere with an individual daily functioning and capacity to cope effectively with stress and difficult life events.
- Alcohol and substance use:
  - Often used to cope with the difficult life situations, stress, and symptoms of mental health problems.
  - Can increase the underlying risk for mental disorders.
  - Can make symptoms of a mental health problem worse.

Severity Appropriate Programming



Aftercare and Family Programming included!

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Assessing Risk & Suitability for Virtual Care

Inclusion

- Mild-to-moderate symptoms (PHQ<20, LDQ <20)
- **SUD** symptoms or diagnosis
- Currently not drinking and/or no detox concerns (*assessed on a case-by-case basis*)
- Mental health diagnoses/reported concerns of **mood and/or anxiety** disorders
- Mental health diagnosis of **trauma or PTSD**
- Client is willing to participate in abstinence-based, group-based program
- Cognitive ability to engage in group/online learning

Exclusion

- Active mania or psychosis
- Untreated Bipolar Disorder, Schizophrenia Disorder
- Primary presentation of eating disorder, OCD, BPD.
- Active self-harm or suicidality (*passive can be admitted*)
- No access to internet/computer/tablet

Equity, Diversity, and Inclusion in Virtual Therapy

Benefits of Virtual Therapy in Increased Access to Care

- Cost-effective
- Flexible
- Less waitlist and delayed access.
- Mobility or other medical health concerns
- Avoids taking time away from work
- Living remotely
- Childcare / other care arrangements

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Education and Training

- Trauma Informed Practice
- ASIST/DICES
- San' yas Indigenous Cultural Safety
- Anti-oppressive practices/ Equity, Diversity and Inclusion consultation with Rahim Thawer (RSW RP)
- Seeking Safety for PTSD and Substance Use
- Safer Spaces (coming in Fall 2023)

Our Commitment to Addressing Inequity in Virtual Care

- Foster relationships with governmental and regional health authorities, workplaces, referent and insurance companies and charities.
- Continue in our ongoing efforts to build partnerships and positive relationships with communities, non-professional helpers and others.
  - Family Wellness Program
  - EFFT with Caregivers/Parents
- Foster greater diversity in the workplace
- Responsive technical support and comprehensive onboarding process
  - Orientation for individuals who do not currently possess well-developed technological or digital literacy skills.
- Prioritizing trust, respect, compassion and humility in therapeutic relationships and collegial relationships.
- Ongoing client advocacy

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THANK YOU

Questions & discussion