

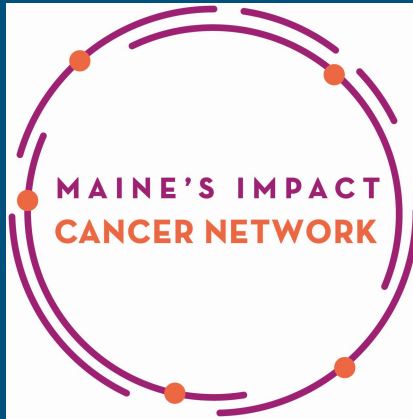


Welcome!

**The Creating Connection
Virtually With Cancer Patients**
webinar will begin at 12 PM.



This webinar is sponsored by Maine's Impact Cancer Network



Please mute your microphone.

The presentation section of this webinar will be recorded.

Stephanie McLeod-Estevez, LCPC

Stephanie McLeod-Estevez, LCPC, is an art therapist and breast cancer survivor, with more than 16 years clinical expertise in treating anxiety, depression, and PTSD. Stephanie has a private practice specializing in addressing the emotional health of cancer survivors. Starting in 2019, she facilitated a 12 month, virtual support group pilot program with the Beth C. Wright Cancer Resource Center. She's a former oncology counselor at the Dempsey Center where she was responsible for facilitating a support group for young adults impacted by cancer. Stephanie has developed and facilitated several cancer focused workshops, offered at the Dempsey Centers, the MaineHealth Learning Resource Center, Caring Connections, and New England Cancer Specialists. Stephanie writes a #Therapy Thursday blog about healing emotionally from cancer. Learn more by visiting her website: <https://creative-transformations.com>.





Creating Connection Virtually with Cancer Patients

Stephanie McLeod-Estevez, LCPC
Creative Transformations
Art therapist & breast cancer survivor



The steps of adjusting to change

Phase 1: Challenge to the Status Quo, Emotional Reaction: Denial/Shock

- In this stage individuals go through withdrawal and focus on the past. There is activity but not much progress.
- Needs: information, to help ease the shock of transition and facilitate understanding; time, to adjust/process what's happened; clarify- how to get help- what are the resources in your organization

Phase 2: Disruption & Resistance, Emotional Reaction: Anger & Fear

- In this stage be prepared, because you will see anger, blame, anxiety and depression.
- Needs- planning and prep for responding, mitigate the problems as best you can; express feelings & respond w/ validation/compassion more effective than trying to change minds

The steps of adjusting to change, cont.

Phase 3: Exploration, Emotional Reaction: Acceptance:

- Anticipate: openness to learning and developing new skills, training, opportunity to experience the what the changes will bring
- Needs: manage expectations, people are still in an active learning phase so the bumps in the road will be there; support the openness to change by refreshing memories of the resources available in your organization and in orgs you collaborate with

Phase 4: Rebuilding, Emotional Reaction: Commitment:

- The changes start to feel like “second nature”, collaboration/focus improves as resistance/confusion diminish
- Needs: celebrate the adjustment- acknowledge the growth to reaffirm the connection; address short and long term goals that were set aside during the crisis

Coaching your patients/clients

- Assess where your patients are emotionally related to their illness *and* the change to virtual appointments
- Check in w/ your assumptions re: comfort and skill level w/ telehealth- by asking your clients you decrease their shame of not knowing
- Performance Anxiety? You're not the only one- name it to tame it which normalizes it and helps your patients disclose the same if they need to
- Mindful manners. If you're writing/typing notes, invite your clients to do the same- the power dynamic may cause them to hesitate otherwise and it helps them understand any break in eye contact.
- Validate the challenges, Commiserate for connection, & Reflect on the silver linings- how has this amplified connection, reduced barriers, etc.

Facilitating Connection Online

- Eye contact- move the video window as close to the camera as you can, if you need to choose between looking at the camera or the person- choose to look at their face and nonverbal language, attend in other ways like...
- Having a warm greeting where you initially make direct eye contact during the check in
- Reflective listening skills that encompass what the person said, including their non verbal responses
- Your nonverbal responses, show that you're listening intently through body language
- Close the meeting with a plan and a gesture- waving at the camera is similar to a handshake or a hug

What's your deep WHY & unique gifts

Keep your motivation strong by:

- Reminding yourself of your mission/purpose to counteract the reservations you may feel about virtual services
- Reminding yourself of how virtual services reduce barriers & maintain a sense of connection for patients/clients/caregivers- reducing the isolation many cancer patients live with
- When looking to feel more confident in the virtual collaboration:
 - What are your strengths as a provider- what do you bring to the table?
 - What do your patients/clients tell you they appreciate about your style?
 - How can you translate your in-person presence to an online one?

Zoom Fatigue is real- key points to know

- 55% of communication is body language, 38% is the tone of voice, and 7% is the actual words spoken
- Your brain is working harder, not able to use non-verbal communication cues in the way it's accustomed to = less info to analyze/respond to
- To compensate for the change, may be emoting more (consciously/not)
- In a group call, amplifies the need to try and multitask b/c peripheral senses can't help you
- The decrease in face-to-face contact means adapting the energetic connection you feel. This initially impacts your ability to resiliently respond to adversity and increases the likelihood for miscommunication

Pre-Call Checklist

- Connect to secure PW protected WiFi- or ethernet cable if possible
- Exit all programs and tabs, pause back ups, preserve as much internet bandwidth as you can
- Privacy- prevent interruptions, be mindful of what the camera shows about your home/workspace, etc
- Tech stuff- restart your computer/device before the session if possible
- Back up plan- what will you do if your tech glitches, review it with your patient/client/group at the start of the call

Ethical Considerations

- Confidentiality
 - Not the same as meeting in a secure space
 - Ask patient/group members to do what they can to be in a private space
 - Request patient/group members to wear headphones if they can't be in a private room
 - Remind patients that as telehealth evolves this may change how access appointments/sessions
- Needing location information for safety
 - Ideally you have this information on hand just in case you need to send help
- Setting group norms and rules
 - Especially important for open groups when the members change
 - Review confidentiality and potential caveats
 - Includes how to respond if see someone outside of the group setting

Working with challenging dynamics

- Staying focused on the top priorities of the meeting while acknowledging the importance of unanticipated topics
 - Know the resources that are available, and/or
 - Create a follow up plan for addressing that concern (referral, NP/PA visit, etc.)
- Managing affect while processing difficult conversations
 - Active facilitator moment- keep an eye on non-verbal expressions
 - Normalize that cancer brings up many thoughts and feelings that are often taboo to talk about openly
 - Help navigate the strong feelings by validating concerns through reflective listening, taking a pause, grounding techniques like breathing, compassionate reminders that this is a process that takes time, and so forth