

April 2024 Provider Spotlight  
Wendy Wiecki

1. When did you first hear about telehealth? How did you feel about it then? How do you feel about it now?

I knew about telehealth for a while but I never thought it would be something that I would use. I always preferred the face-to-face interactions. When the pandemic dictated new protocols for agencies, we transitioned to the use of telehealth. Initially, I was not a fan of it. It was a learning process, especially when facilitating groups. I think with time, setting boundaries for telehealth participants, and seeing that it can be just as valuable as face-to-face, I believe it is a very positive and needed option for agencies.

2. When did you begin offering telehealth services? What prompted the need to offer these services?

The agency offered telehealth during the pandemic, and when we were able to provide services face-to-face again, it was a sporadic service that was offered, but still always an option. In March of 2023, I had some ideas about creating an IOP telehealth program that would be strictly telehealth and help decrease barriers for clients. My supervisor was very receptive to this and in April 2023, I started an IOP class that is strictly telehealth. This prompted the creation of a Domestic Violence/Batterer Intervention Program that is strictly telehealth.

3. What motivates you to continue offering telehealth services?

I have seen that it can be just as effective as face-to-face services. It has helped individuals that have certain limitations, such as the inability to travel or financially not having money to travel, client's miss less work as they can often times make arrangements at their employment to do their treatment in a breakroom, and they have more options due to the freedom in scheduling. For instance, I currently facilitate a 6:00 a.m. to 8:00 a.m. IOP class that would not be available at the Center face-to-face due to the agency not opening until 8:00 a.m. This option allows for people to attend and not miss as much work, while still getting the treatment they need.

4. What is your proudest accomplishment with telehealth?

I think my proudest accomplishment is building programs that are beneficial to the client and that break down barriers of accessibility, such as IOP and a Domestic Violence/Batterer Intervention group, that are strictly telehealth. Being able to provide quality services with more opportunities for clients to access care, is a huge accomplishment.

5. What advice would you give patients wanting to try telehealth?

I would tell them to be open-minded to it. It can be a very effective tool to receive needed services, right in the comfort and convenience of their own home.

6. What advice would you give providers wanting to start offering telehealth?

I would recommend that they give it a try as it can be quite effective. I would also recommend having procedures in place before starting telehealth, i.e. expectations for clients if they use telehealth, how to connect to Zoom, the importance of confidentiality, etc.

7. What was the biggest barrier in providing telehealth services? Have you overcome it?

I think the biggest barrier has been when the internet service is not working properly and there are connection issues. This can disrupt functioning of telehealth and is especially frustrating when facilitating a group. I think it is one of those issues that you just have to work around, as it will always remain an issue at times.

Another barrier is the limited ability to utilize some therapeutic resources, such as therapy games or doing art projects.

8. How do you think implementing telehealth now will affect how things will be done at your organization after the pandemic is over?

I think we are able to provide more telehealth options for individuals. For instance, with the new merger of Worland, Basin, and Cody agencies, individuals with substance abuse issues in those surrounding areas can access care via telehealth by attending treatment groups without even leaving their home, and that live several miles from one another. It has been valuable as we are able to expand services.

9. Is there anything you learned the hard way in telehealth implementation?

I think you really have to screen who is going to benefit from telehealth, as I've learned that I do not recommend it for children. From my experience, some children really need the face-to-face therapy and interactions. I also think for some populations, you need strong boundaries and guidelines in place that they are required to follow.