



Pacific Southwest Mental Health Technology Transfer Center

## Telehealth Clinical and Technical Considerations for Mental Health Providers





This work is supported by the Department of Health and Human Services,  
Substance Abuse and Mental Health Services Administration.

**Authors:** Heliana Ramirez, PhD, LISW, Associate Project Director, Pacific Southwest MHTTC; Amy Springmeyer, MPPA, Senior Research Associate, Center for Applied Research Solutions; Kim Weis, MA, Research Associate, Center for Applied Research Solutions; Rachelle Espiritu, PhD, Co-Project Director, Pacific Southwest MHTTC; Leora Wolf-Prusan, School Mental Health Lead for the Pacific Southwest MHTTC; Kari DeCelle, Program Manager, Pacific Southwest MHTTC; Thomasine Heitkamp, LCSW, PI and Co-Project Director, Mountain Plains MHTTC; and Brandy L. Clarke, PhD, LP, Project Director, Mid-America MHTTC.

## Telehealth Clinical and Technical Considerations for Mental Health Providers

COVID-19 is a stressful experience for most of us. We are experiencing change on a massive scale – personally, professionally, and emotionally. The mental health consequences of the COVID-19 pandemic include anxiety, grief, trauma, and depression.<sup>1, 2, 3</sup> The pandemic also affects mental health providers' work environment and practice. As behavioral health clinicians, our work may require new technological approaches and skills, some of which may be outside of our professional comfort zone.

There is unprecedented need for interventions that can be delivered safely and effectively through telehealth. Social distancing orders are causing many clinicians to work from home while their agencies close. For agencies that remain open, clinicians are often practicing social distancing by meeting with clients from separate rooms. Whether providing care remotely or from different rooms in the same building, clinicians are turning to telehealth practice (e.g., therapy over video conference, phone call, text messaging, mobile health apps, and email) to maintain continuity of care.

In the context of rapid change and emerging need, clinicians have limited time to take courses and read articles to establish telehealth practice. Further, clinicians are experiencing COVID-19-related stress themselves, which may be heightened by exposure to clients' stress. This can make it even more difficult to learn and implement new technology.

***This guide provides quick and accessible information on video conferencing telehealth basics. It is intended as a resource for licensed behavioral health providers with clinical practices. Sections include:***

- **Clinical Practices to Establish and Maintain Telehealth Care**
- **Telepresence Best Practices**
- **Telehealth Laws, Risk Management, and Billing**
- **Using Technology and Establishing Your Space**

This guide summarizes several telehealth trainings and interviews with regional telehealth clinicians, and presents telehealth webinars, resource lists, and peer-reviewed journal articles (see Appendix A). The clinical aspects of this guide were developed in consultation with Region 9 social workers Jorin Bukosky, LCSW; Giemar Fernandez, LCSW; Gabriel Lonero, LCSW; and psychiatrist Dr. James Armontrout. The logistical and technical aspects of this guide are compiled from webinars by Dr. Stan Taubman; Dr. Marlene Maheu; Dr. Barbara Stanley; Dr. David Jobes; Dr. Ursula Whiteside; Dr. Holly Robbert; Dr. William Higgins; Dr. JK Costello; Jackie Strohm, LSW; and Erika Brosig, LCSW, CTTS, DAAETS.

### Clinical Practices to Establish and Maintain Care

This section summarizes considerations for determining whether a given client is a clinical fit for telehealth services. Clients with some mental health conditions may require additional support to succeed in telehealth. The section also includes provider checklists to support the transition from in-person care to telehealth practice; guidelines for maximizing the effectiveness of telehealth sessions; and recommendations for hosting practice sessions to familiarize clients with technology prior to starting services.

#### ***Risks and Benefits of Telehealth***

Decades of research have shown that videoconference-based behavioral health produces outcomes and benefits similar to those of traditional in-person interventions.<sup>4</sup> Additionally, it promotes equal access to services for those who may have trouble accessing high-quality, in-person behavioral healthcare due to their location, physical ability, or diagnosis.

Given the benefits to clients and clinicians, telehealth services may remain long after COVID-19 social distancing orders are lifted.<sup>5</sup> For example, the familiar comforts of home can be especially helpful for people with anxiety and paranoia. Further, home is often a sanctuary for people with PTSD, and home based teletherapy enables clients to be more attuned to the session as opposed to surveilling sounds and movement in an environment they do not control.

#### **Telehealth benefits include:**

1. Accessibility for clients living with disabilities who are homebound
2. Accessibility during severe storms or other natural disasters that affect travel
3. Saves money and time for clients and clinicians who avoid commuting to a clinic
4. A point of entry for clients who are reluctant to see a therapist in person
5. Increases access to providers who can serve clients in rural areas
6. Helps clients avoid anxiety associated with commuting to the clinic



7. Avoids community-based stimuli which can overwhelm people living with neurocognitive diversity
8. Real-time transcription on video conferencing platforms can increase access to therapy for Deaf people
9. Clients who feel inhibited in face-to-face situations may experience increased comfort with self-expression due to the distance provided through video conferencing
10. Avoids disease transmission
11. Benefit for clients who prefer the comfort of their own furniture or having a pet with them
12. Provides insight into client behaviors and habits not seen in a clinical office
13. Less tardiness
14. Fewer no-shows and cancellations

While telehealth has benefits for some clients and clinicians, there are also risks and challenges for others.<sup>6</sup> These include clinical characteristic and logistical challenges, including privacy and security. *While no research has shown telehealth to be less effective than traditional modalities for specific diagnoses*, there are clinical considerations that should be part of the risk assessment process.<sup>7</sup>

#### Telehealth risks include:<sup>8,9</sup>

1. Some clients have **difficulty developing therapeutic alliance across distance**
  - For example, clients with psychosis and dementia may feel discomfort with technology and experience emotional distance from provider
2. **Difficulties managing intense client emotions** during remote sessions
  - For example, clinicians have fewer ways to provide comfort and containment from a distance when they cannot hand the client a tissue or look directly into someone's eyes
3. Patient **safety may be compromised**
  - This includes privacy issues related to technology and elevated risks of self-harm and harm to others if patients dysregulate quickly without professional staff in the vicinity who can intervene
4. **Technical challenges** can cause frustration and interfere with the therapeutic relationship
  - Technical challenges can be caused by unreliable internet service, low image resolution, audio quality and delay
5. Remote **group therapy** dynamics can be undermined by technology
  - On some platforms, the image of a person who is speaking or making noise is enlarged, which can be disruptive if people are talking over each other or making other noises like tapping their feet. This can be avoided by turning off microphones of participants who are not speaking.
6. Some clients have philosophical **objections to technology**
  - For example, some clients feel threatened by technology (e.g., if they do not have citizenship, if they have a history of abuse that involved being recorded), see it as a detriment to humanity, or simply dislike using it
7. **Inadequate space in home** to accommodate telehealth
  - Lack of privacy can be dangerous to patients with unstable or abusive living arrangements

### Client Appropriateness of Fit for Teletherapy

Telehealth clients need to be able to set up the videoconferencing system, maintain the appropriate computer/device settings, establish a private space, and participate in necessary steps for effective safety management. To assess a client's ability to complete these steps and whether telehealth services are appropriate for them, consider the client's cognitive capacity, history of cooperativeness with treatment professionals, current and past substance abuse, violence, and self-injurious behavior. If unsure whether a client will be appropriate for telehealth, consider an agreement to conduct a certain number of sessions before committing to ongoing telehealth care.

If cognitive capacity is a barrier for utilizing video conferencing, a client's chosen support person may assist. Support people must sign confidentiality agreements if they are present during the telehealth session.

As a matter of safety, some clients require face-to-face care in a controlled environment staffed by a team of clinicians. However, during COVID-19, emergency psychiatric services are often limited, and clinicians are working with clients over telehealth whom they would, under normal circumstances, refer to in-person care. Specific diagnoses should not automatically preclude clients from telehealth; their symptoms, self-help skills, support systems, and responsiveness to medications and other treatments may alter their ability to safely engage in teletherapy and should be assessed on an ongoing basis.

The process can also be adjusted to increase telehealth safety and success, including using telehealth modalities other than videoconferencing. Below are considerations for identifying whether videoconferencing is the best telehealth platform for a client.

1. Clients who are living with anxiety or paranoia may not trust the video platform and/or be concerned about who else is in the room with the therapist.
  - In such cases, a clinician can pan the room with the camera so the client can see the environment.



2. Clients experiencing mania, who have Attention Deficit Hyperactivity Disorder (ADHD), and/or are hypervigilant may be distracted by various aspects of the video platform.
  - It may be helpful to build strategies to manage distraction into the initial teletherapy sessions.
3. Clients with generalized anxiety may express concerns about telehealth communications which are the result of free-floating anxieties.
4. Clients with histories of sex trafficking may be triggered by cameras.
5. Clients living with dementia, young children, and clients with physical disabilities may need assistance using technology.
6. Dementia may result in confusion about the clinician on the screen as a television personality or hallucination as opposed to their personal therapist.
7. Clinicians may need to put in extra effort to form bonds and devise new ways to connect with young children, who are still developing interpersonal sensitivities and skills.
  - Clinicians can put a finger or hand up to the camera and invite the child to do the same, invite children to play Simon Says, and use play materials for deeper engagement.
8. Some clients may not have access to high-speed internet or necessary devices at home.
  - See “Establishing Your Telehealth Space” in this guide for information about low-cost and free internet service.
9. Clients who do not have legal citizenship, engage in behavior that is criminalized (e.g., sex work, illicit drug use), and/or are refugees from oppressive governments or gang activity may fear being recorded and have questions about media storage.
10. People experiencing domestic violence, incest, and child abuse may be overheard by the abuser if engaging in teletherapy at home or other places to which the abuser has access.
11. Clients who experience significant dysregulation – such as being severely oppositional, aggressive, or manifest behaviors that other people experience as aggressive – may not be able to safely engage in teletherapy.
12. Clients who idealize or over-value the therapist may have exaggerated expectations of the clinician and feel frustrated or disappointed with the distance created by the video platform.
13. Clients who disassociate when discussing traumatic memories may be unsafe in the telehealth environment.
  - Clients may benefit from the clinician helping to identify grounding strategies to bring them back to the here and now.
  - If another person is in the home, the therapist can text that person if the situation is unsafe for the client.
  - Having a dog or cat in the room may help pet owners regulate when in distress.

### **Clinical To-Do List**

When telehealth is appropriate for a client, there are several one-time actions to be completed during the first telehealth meeting and several actions that must be completed for each subsequent telehealth session. It is important to check with the state licensing board applicable to your practice and to know the difference between actions which are required versus those that are recommended. For example, the California Association of Marriage and Family Therapists created a helpful [Checklist](#) for providers serving clients in California. Here is a sample list of one-time and every-time actions:

**One Time Actions** to be completed upon initiation of telehealth services. Much of this information can be provided in an informed consent form.

\_\_\_\_\_ Inform the client about the use of telehealth (i.e., benefits, risks, alternatives, expectations for behavior); obtain their verbal or written consent to receive telehealth services; and document their consent in their treatment record.

- Verbal consent is appropriate and accepted current practice during the COVID-19 pandemic.

\_\_\_\_\_ Explain that in the event of a life-threatening medical emergency (including self-harming behaviors and threat to others), the clinician follows laws regarding mandated reporting. The clinician has the right to call 911 and disclose information related to the client, the emergency, and the client’s address.

\_\_\_\_\_ Explain that the clinician will continuously assess the safety of telehealth and that the clinician maintains the right to terminate teletherapy if it is not in the client’s best interest. In this event, the client will be transferred to in-person services.

\_\_\_\_\_ Explain that if the client abruptly ends the session, the clinician will call the client and if the client does not answer the phone, the clinician will call 911 to request a welfare check.

\_\_\_\_\_ Disclose common telehealth challenges, such as technical failure, unauthorized access to confidential information, and possibility of other individuals overhearing the session.

\_\_\_\_\_ Provide the clinician’s license or registration number and type.

\_\_\_\_\_ Provide contact information of resources in the client’s area, including emergency services.

\_\_\_\_\_ Explain that the clinician will contact the client if the connection is lost (to avoid a busy signal from both parties attempting to contact each other at the same time).

\_\_\_\_\_ Establish a safe word the client can use if they need to disconnect from telehealth for safety or privacy reasons without people in their immediate vicinity knowing (e.g., if they live with someone who is abusive).



\_\_\_\_\_ Provide crisis line numbers (e.g., National Crisis Line 1-800-273-8255, National Domestic Violence Hotline 1-800-799-7233) and explain that telehealth is not for emergencies but rather routine mental health care.

\_\_\_\_\_ Encourage the client to create an environment of uninterrupted privacy.

- Examples may include scheduling childcare; placing a “do not disturb” sign on the door; and, if there is no private space in their home, considering teletherapy in their car.
- If using a car, make sure to remind the client that they need a fully charged battery on their device, as well as enough gas in their car to run the heat/AC.

\_\_\_\_\_ Invite the client to a 30-40-minute practice session to help them become more comfortable with telemental health. This ensures that the next session actually begins with a focus on the therapy. **Practice session recommendations include:**

\_\_\_\_\_ Discuss what to do if technology fails.

- Examples: clinician will call client by phone if they unexpectedly log off; session will transition to phone if the sound fails in the video conferencing platform (can still stay on screen for visual connection)

\_\_\_\_\_ Help the client explore different aspects of the telehealth platform

- Examples: how to mute their microphone, how to use the chat function to upload documents.

\_\_\_\_\_ Help the client with camera angle, microphone, speaker use, lighting, and where to place the image of the clinician.

- Examples: clinician should position themselves close to the camera to facilitate approximate eye contact

\_\_\_\_\_ Discuss professional expectations that carry over from in-person sessions.

- Examples: be fully dressed; do not drink alcohol; do not allow other people in the room without notifying the clinician

\_\_\_\_\_ Ask clients, “What questions do you have about telehealth? What concerns can we address now so that you can feel comfortable with this modality when we begin therapy?”

\_\_\_\_\_ Walk through how to send assignments.

- Examples: does the client have a scanner? Can they take a photo of a piece of paper and securely email it to the clinician?

\_\_\_\_\_ Communicate confidence in the client’s ability to weather any technology challenges that may arise and normalize technology challenges as expected.

- Example: explain that differences in bandwidth can affect communication lag time

\_\_\_\_\_ Discuss ways to minimize distractions.

- Examples: mute unnecessary cell phone alerts; schedule deliveries at times outside of therapy; set children up with childcare or snacks and activities during therapy

\_\_\_\_\_ Discuss what to do if interruptions happen anyway.

- Examples: what will they do if the doorbell rings, or a child needs immediate attention?

\_\_\_\_\_ Show the client how to use background screens if they are supported by your platform.

### **Actions for Each Session:**

\_\_\_\_\_ Verbally obtain and document the client’s full name, the address of their current location, and their phone number.

- This step reduces the risk of impersonation, is useful in case of emergency, and is essential to your ability to follow local laws related to telehealth. If the client is not in their usual city or state, take a few minutes to look up emergency contact numbers in case you need to report imminent danger to self or others.

\_\_\_\_\_ Assess whether telehealth services are, or continue to be, appropriate for the client’s needs.

- Included in the consent process should be language indicating that if the clinician determines the client is no longer safe for telehealth based on psychiatric or medical symptoms, the patient will be transferred to in-person care (e.g., an emergency room or other emergency psychiatric services).

\_\_\_\_\_ Use industry best practices to maintain client confidentiality and privacy of the communication.

- State that you will not record the session and ask that the client not record the session without informing you.
- Confirm an emergency contact for the client and ask if anyone else is in the room or house/apartment with the client. These actions can help maintain their privacy as well as their safety in a crisis (e.g., if the person disassociates and needs help grounding in the present).
- Check-in at the end of sessions to see whether adjustments can be made for improved telehealth experience during the next session.

\_\_\_\_\_ Provide resources as relevant to the client’s needs. Here are videos and resources for clients regarding mental health and COVID-19:

- [Videos About Mental Health Issues during COVID-19](#) by Psych Hub
- COVID-19 [Mental Health Guides for Clients](#) by various mental health agencies
- [Mental Health and COVID-19 Resources](#)
- [Resources for Specific Audiences](#) (e.g., Native Americans, parents, construction workers, older adults, faith communities, sports communities) about coping with mental health distress and messaging about suicide during COVID-19



Ask clients the following questions at the beginning of every session:

### 1. Where are you?

- If the client is in a public space like a park or restaurant, consider canceling and rescheduling the session until they are in a secure and private environment.
- You and the client can both pan your cameras around the room to create a better sense of each other's environments.
- This can be especially helpful for clients with dementia and other cognitive challenges who might find the additional context about your environment helpful to settling into the clinical session.

### 2. Is there anyone in the room with you or who can hear you from nearby?

- Client responses may be mediated by the possibility that someone is listening, which is good to know if they become silent.
  - To decrease the chances that the conversation is overheard, encourage clients to place a towel under the door, use an app that plays white noise which can be placed next to the door, meet in their vehicle, or use headphones.
  - Never be afraid to stop and ask what is going on in the client's environment if you hear a strange noise in the background.
  - Always document if there are stressors in the environment and if the connection is lost for any reason.

## Telehealth Assessments

Clinicians in telehealth practice are expected to maintain the same standards for protecting client privacy and service provision that apply to face-to-face services. According to Dr. Marlene Maheu, Director of the Telebehavioral Health Institute, licensing boards that investigate telehealth practices usually assess what clinicians do in face-to-face practice and whether a workaround was implemented to accomplish the same task in telehealth. It is essential that clinical processes in telehealth practice do not cut corners on tasks like conducting informed consent, assessment, treatment planning, crisis management, charting, and termination.

Clinician Assessments. The assessment process must be adjusted in the telehealth context. Several of the clinician's senses that they often use in diagnosis (e.g., visual, auditory, olfactory) are limited in remote settings. Be creative with the Mental Status Exam (MSE) assessment to ensure that no aspect of an in-person assessment is omitted in the telemedicine context. Pay attention to volume, diction, and speech content. Ask a client to walk across the room in view of the camera to assess gait and appearance.

Beyond the MSE, there are many tools created for in-person assessments that require special consideration when conducted remotely. Cognitive, neuropsychological, and autism assessments are informed by the manipulation of physical materials, standardized interactions between assessor and client, and clinical observation of the person in a physical environment may or may not be appropriate for telehealth.<sup>10</sup> Additional telehealth assessment resources are on pages 19-22 of the American Psychological Association's [Guidelines for the Practice of Telepsychology](#).

Self-assessments can be completed in a virtual environment. Clinicians are encouraged to send self-assessments a week prior to the appointment and request them back over secure email. If clients have not returned the assessment, clinicians can ask clients to show them the assessment by placing it close to the camera or reading the responses out loud.

### **Here are some assessment tools that are available online:**

- [Beck Depression Inventory \(BDI\)](#)
- [Columbia Suicide Severity Rating Scale \(CSSRS\) and other instruments](#)
- [PTSD Checklist for DSM-V \(PCL-5\)](#)
- [Patient Health Questionnaire-9 \(PHQ-9\)](#)

## Telehealth Treatment Planning and Documentation

The Centers for Medicare & Medicaid Services (CMS) has temporarily waived requirements of the organization and staffing of the medical records department; requirements for the form and content of the medical record; and record retention requirements, **so long as the waiver is not inconsistent with a state's emergency preparedness or pandemic plan.**

As in face-to-face clinical practice, virtual treatment planning and progress must be documented in secure client medical records. Client files should never be saved in the cloud, but rather on a password-protected external hard drive that is stored within a locked cabinet behind a locked office door.

Telehealth medical records should include documentation of an evidence-based rationale for treatment decisions. At minimum, the documentation for each session should include the following:

- Details of the informed consent discussion
- A statement that the service was provided via telehealth
- A statement explaining the use of any non-HIPAA-compliant technology
- The location of both clinician and patient
- Documentation that supports coding for reimbursement





## Telehealth Crisis Management

COVID-19 is exacerbating mental health crises. Rates of domestic abuse and suicide are increasing in the U.S. and worldwide, in tandem with isolation caused by shelter-in-place orders.<sup>11,12</sup> Clinicians may find useful guidance in the [Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic](#). Other clinical resources include The International Society for Traumatic Stress Studies' [webinars and podcasts about resilience and trauma during perilous times](#) and the Suicide Prevention Resource Center's webinar [Treating Suicidal Patients During COVID-19: Best Practices and Telehealth](#).

### Safety Plans

It is essential that telehealth consent forms outline the steps the clinician will take if there are safety concerns (e.g., breaking confidentiality to engage emergency support), and that clinicians assist clients in creating safety plans adjusted to social distancing orders. Be sure that the completed safety plan is given to the client and entered in the client's chart. Patients can enter safety plans into their smartphones with a [Suicide Safety Plan App](#).

Remember that some resources ordinarily included in safety plans may not be available during the pandemic (e.g., some shelters may have closed due to social distancing orders). Referring clients to an emergency room may no longer be the first choice due to long wait times, concerns about disease transmission, and the number of psychiatric staff being diverted from ERs to ICUs. A COVID-19 Guide to suicide prevention over telehealth including assessment and safety planning can be found here: [Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic](#).

### Clinician Suicide Prevention Strategies

Assess suicide risk of all clients during every telehealth session. It is important to have a plan for how you will contact emergency services while keeping the client in teletherapy if there is imminent risk (e.g., keep client in teletherapy online portal while using your cell phone to dial 911).

Be mindful that moderate risk for suicide today could quickly turn into high risk for suicide tomorrow, outside of teletherapy. Building the client's self-help skills to engage in de-escalation or self-regulating behaviors when they are at moderate risk (e.g., sad versus despondent, frustrated versus enraged) can help prevent them from escalating to high suicide risk.

1. Clinicians should assess for COVID-19 psychological distress factors that can quickly escalate from suicidal thoughts to plans and action. [CAMS](#) (Collaborative Assessment and Management of Suicidality) is an EBP is effective over teletherapy.
2. The Recommended Standard of Care for People with Suicide Risk lists three actions, all of which can be done over telehealth:
  - a. Assess risk (including COVID-19 stress factors)
  - b. Create safety plans and means restriction to guns and medications (note that some people have unusually large amounts of medications in their home due to shelter-in-place orders)
  - c. Provide "follow-up caring contact" (0-15-minute check-ins by telephone can help the client between sessions)

[The Zero Suicide Institute](#) provides a wealth of pandemic-related suicide prevention resources on their page [Providing Suicide Care During COVID-19](#) such as a [Telehealth and Suicide Care During the COVID-19 Pandemic](#) information sheet. See Appendix B for a sample Emergency Resource Sheet.

### Client-Facing Suicide Prevention Strategies

**To help clients develop the ability to self-regulate, clinicians can direct clients between sessions to:**

- Download [Crisis Intervention Worksheets](#) from Psych Point Mental Health Center.
- Watch the Now Matters Now video [Stop, Drop, and Roll: Steps for Being on "Fire Emotionally"](#).
- Complete a Now Matters Now [Diary Card](#) and/or [DBT Skill Practice Card](#).
- Access The [Virtual Hope Box App](#) which can help clients utilize coping skills, engage in relaxation exercises and distraction, and engage in positive thinking.
- Identify protective factors accessible during shelter in place (e.g., Zoom meetings with family and friends, enjoyable activities of distraction that increase sense of wellbeing such as favorite music, meditation, or breathing exercises).

**To help clients who are in a state of suicidal crisis, clinicians can direct clients to:**

- [Watch videos](#) that have been shown to reduce suicidality among diverse groups of viewers, who reported feeling less alone and learned something useful.
- Contact crisis lines when distressed or in active crisis (e.g., National Crisis Line 1-800-273-8255, [suicidepreventionlifeline.org](#), and Crisis Text Line "HOME" to 741741).
- Visit the Now Matters Now website for crisis helpline information and [Direct advice for managing](#) intense and overwhelming suicidal urges.

### Other Mental Health Crises

In addition to suicide, clinicians need to assess for domestic violence and create associated safety plans (examples are [here](#), [here](#), and [here](#)). In regard to sexual trauma, clinicians may access a free 1.5-hour training during the pandemic [Telecounseling 101: Providing Services for Survivors](#), by Victim Services Incorporated and the Pennsylvania Coalition Against Rape (safety planning instructions begin at 50 minutes).



## Telepresence Best-Practice Tips

This section provides a quick checklist of actions, behaviors, and strategies that support both clinician and patient comfort in the telehealth environment. These tips are intended to help minimize video conferencing distractions and maximize efficacy.

### Session Tips

1. Wear an entire professional outfit, not just what is visible on camera, in case you suddenly have to get up from the table or desk during the session.
2. Video can magnify faces and movements; engage in good video etiquette.
  - Turn off the camera to wipe nose.
  - Do not eat or chew gum on camera.
  - Keep hands away from mouth and nose.
3. Develop confidence in your ability to handle whatever technical challenges might arise by having a back-up plan.
  - Keep your cell phone and the client's contact information on paper nearby in case internet service is interrupted or your computer crashes.
  - Keep earbuds or headset nearby in case the microphone on your computer fails or there is sudden ambient noise, like a neighbor mowing the lawn.
  - Ensure that the client is no longer connected to your device after the session ends and use a video conference waiting room if you have back-to-back clients.
4. Avoid wearing busy patterns and having busy images behind you, as they can slow the transmission of information.
5. Pauses in dialogue that feel natural in face-to-face therapy can be awkward in telehealth. Clinicians may find it helpful to speak more frequently to avoid pronounced silences.
6. Internet bandwidth differences may result in the client having a worse connection than the clinician, causing the clinician's speech to sound broken while the client's speech sounds normal. If this happens, use these strategies:
  - Speak more slowly than in face-to-face encounters to manage the differences in bandwidth
  - Employ non-verbal strategies, like head nodding, if saying "uh-huh" is not audible due to lag time.
7. When conducting evidence-based treatments over telehealth that include homework assignments, like Cognitive Processing Therapy, clients may experience challenges submitting assignments prior to the session.
  - If needed, clients can read their homework assignment responses to the clinician or put the assignment to the camera so the clinician can read them.
  - In these situations, clinicians may need to anticipate interventions taking longer than expected.
8. Some clients fear the therapist "being in" their living space and seeing things such as drug paraphernalia, evidence of hoarding, or indications of socio-economic disparities between client and therapist.
  - Engage in open communication about telehealth to anticipate and defuse this kind of stress.

### Ensuring Eye Contact

- Use a stationary chair so you don't rock back and forth.
- Position your eyes 2/3 of the way from the bottom of the screen.
- Test your virtual eye contact before seeing any patients.
- Find out what the patient will see when you're typing or leaning forward and back, and practice holding yourself in an inviting position.
- Practice! The simulation of eye contact through technology takes practice.
  - Rather than looking into the eyes of the image of a person on the screen, providers will need to adjust their gaze angle to look directly into the camera.
  - Moving the image of the person as close to the camera as possible can help.
- Ask client if anyone is in the room with them at the beginning of each session so that you can understand why they may look away from the camera.
- For more information on the importance of telemedicine and eye contact, [visit here](#).

## Telehealth Laws, Risk Management, and Billing

This section describes requirements that pertain to telehealth practice, and steps that clinicians can take to protect their patients and themselves. Note that these regulations may vary depending on your state or island region, and federal and state regulations may continue to change in response to the COVID-19 pandemic.



## Licensing and Privacy Protections

In most states, licensed clinicians can provide telehealth, including licensed marriage and family therapists (MFTs), educational psychologists, clinical social workers, and professional clinical counselors (check with your state's licensing board to ensure your license is permitted to practice telehealth). During COVID-19, some regulations have been relaxed to allow associate or trainee MFTs, clinical social workers, and professional clinical counselors to provide telemental health. Check with your state licensing board regarding supervision requirements for associates and trainees (e.g., The COVID-19 Interim Guidance from the California State Board of Behavioral Sciences [BBS]).

Check with state licensing boards to ensure proper laws are followed. (If conducting telehealth across state lines, the clinician is bound by the laws of the state in which the client is logging into therapy.) For information about licensing laws by state, visit [State Telehealth Laws](#) and a map of [Current State Laws and Reimbursement Policies](#).

Licensing board infractions commonly involve overstepped boundaries. Additionally, licensing board investigations often explore the extent to which clinicians ensure that teletherapy provides the same quality and processes of care as face-to-face care (i.e., that corners are not cut in adjusting practice to telehealth).

### Informed Consent

Clinicians must attain informed consent describing the risks and benefits of telehealth services. For an example of informed consent for teletherapy, [click here](#) (please note this example should be adjusted to the laws of the applicable state). Social workers may also review the article [Telemental Health](#) published by the NASW Legal Issues of the Month (March 2020). It is essential that the consent form includes discussion of appropriate boundaries around social media and other aspects of virtual contact (e.g., no client-clinician "friendships" on social media).

### Federal and State Protections

Telehealth services are regulated by federal laws, such as HIPAA and HITECH, and state laws such as the California Confidentiality of Medical Information Act. HIPAA covers transmission, security, and privacy. It is important to note that HIPAA is the foundational level of requirements, and it is superseded by state laws when the state mandates offer more client protection. To understand the distinct laws in the state where your client connects to teletherapy, it is essential to consult with that state's licensing board, especially as several federal and state laws are rapidly shifting in the context of COVID-19 (for example, some states are permitting clinicians to provide telehealth across state lines regardless of the state where they are licensed).<sup>13</sup>

## Technology Security Requirements

The platform you use should meet both your needs and the client's needs. Ask your telehealth patient if they have a preferred platform. Ideally, the platform selected and used would include all tasks related to mental health services and documentation of services, such as informed consent, intake, progress and termination notes, and referrals.

### HIPAA Compliance

There are many HIPAA-compliant video chat services clinicians can use for telehealth service (e.g., Zoom for Healthcare, Skype for Business, G Suite, and Microsoft Office). Two places to learn about various technologies are the [Telebehavioral Health Institute Telehealth Buyer's Guide](#) and the [National Telehealth Technology Assessment Resource Center's Clinician's Guide to Video Platforms](#)

#### The following software and apps are HIPAA compliant

- [Doxy.me](#)
- [Google G Suite/Hangouts Meet](#)
- [Skype for Business](#)
- [Updox](#)
- [Vsee](#)
- [Zoom Healthcare](#)

During the COVID-19 emergency, the federal government is temporarily allowing providers to use some non-HIPAA compliant video chat services that are not public-facing, such as Apple FaceTime or Skype, in good faith provision of telehealth services ([learn more](#)). Public-facing services such as TikTok or Facebook Live still may not be used.

If possible, use HIPAA-compliant software to provide telehealth. This means that video and audio are not stored or cannot be intercepted in any way. If recordings are made, they should be stored only on HIPAA-compliant devices and systems.



Note that while hardware such as an iPhone may be HIPAA-compliant, software may not be HIPAA-compliant (in fact, software that is pre-installed on devices is typically not HIPAA-compliant). While FaceTime is not HIPAA-compliant out of the box, it can be made HIPAA-compliant if both the clinician and client create a firewall.

### **Device Security**

Clinicians are encouraged to regularly update phones, computers, tablets, and other devices for current privacy protections. You do not need to become an expert in technology to start a telehealth practice, but it is a good idea to consult with experts if you have questions (e.g., [National Telehealth Resource Center](#) and [Telebehavioral Health Institute](#)).

Where possible, it is recommended that personal devices not be used for professional use. If a personal device is used (e.g., mobile phone), the most recent security update for the device should be installed. Settings that may need to be reconfigured for additional security include automated tasks that synchronize with other devices, such as email, contacts, phone/video logs.

**For the sake of telehealth security, it is critical to have updated antivirus software and/or firewalls. The following programs are free options that can be used to determine computer security.**

- Windows 10 Defender. If you have Windows 10, Windows Defender Antivirus is already part of your operating system. [VERIFY YOU'RE UPDATED](#) ( or [click here](#) to access the verify page)
- Avast. <https://www.avast.com/free-antivirus-download>
- AVG for PC and Mac. <https://www.avg.com/en-us/free-antivirus-download>

### **Data Storage**

The Telebehavioral Health Institute (TBHI) recommends that information be stored on an external hard drive and not in the cloud to better ensure data security. TBHI also recommends hard drives, computers, and laptops be stored in a locked cabinet when not in use, and to take special care when traveling with the device.

Many devices come with preinstalled apps. For these apps, we recommend changing the settings so the information is not stored in the cloud. If a computer needs to be serviced, hire a technician to come to your house instead of dropping off and leaving the computer at a store front.

### **Other considerations for data collection and back up:**

- What types of information will be collected as part of the client record?
  - In addition to the regular charting used for in-person visits, telehealth charting must also describe strategies to ensure that clinical processes were adjusted to the telehealth platform (e.g., clients can hold completed PCL [PTSD Clinical List] screens during trauma therapy in front of the camera for the clinician to record self-reported changes in symptoms related to trauma).<sup>14</sup>
    - For a peer-reviewed article about standardized testing instruments used in telehealth to assess depression, PTSD, and anxiety, [click here](#).
- Where will this information be stored? How will it be backed up securely?
- If therapists are using apps to supplement therapy, where is the information from those applications stored? Is it secure?
  - Check with the manufacturer of the app or an IT professional to determine how to increase safety of data storage.

### **Checklist of sample risk management strategies (adapted in part from the American Professional Agency):**<sup>15</sup>

- Use HIPAA-compliant technology platforms.
- Obtain a Business Associate Agreement (BAA) for technology vendors.
- Use a secure, password-protected Internet connection (not public or unsecured Wi-Fi) with adequate connectivity.
- Ensure the client knows how to log in and use the technology. Explain the risks of using public, unsecured Wi-Fi.
- Educate your client about the use of public, unsecured Wi-Fi and how it increases the risk of being hacked.
- Ensure antivirus/anti-malware protection is up-to-date and the most recent security updates are installed.
- Check to confirm that you are compliant with the licensing requirements, prescribing laws, and privacy protections of the client's state.



- Obtain proper informed consent, including a discussion of risks, benefits, and alternatives to telehealth. Some states require written informed consent, but during the COVID-19 pandemic verbal consent is often accepted practice.
- Maintain medical record documentation in accordance with applicable laws, regulations, and guidelines.
- Create a procedure for sending, receiving, and storing documents between the clinician and client.
- As appropriate, consult with your legal staff, state licensing board, or telehealth resource center.

## Billing

The Centers for Medicare and Medicaid Services (CMS) has issued multiple blanket waivers since the COVID-19 pandemic began that should permit practitioners to be reimbursed through Medicare and Medicaid. For information about billing for telehealth services, visit the American Psychiatric Association's webpages [Telepsychiatry and COVID-19](#) and [Practice Guidance for COVID19](#) (which includes State-by-State Guidance).

The Centers for Medicare and Medicaid Services (CMS) created a COVID-19-specific [General Provider Telehealth and Telemedicine Tool Kit](#); an article [Medicare Telemedicine Health Care Provider Fact Sheet](#); [Medicare Telehealth FAQs](#); and [Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth](#).

The Centers for Disease Control has published [ICD-10-CM Official Coding Guidelines - Supplement Coding Encounters Related to COVID-19 Coronavirus Outbreak](#).

## Using Technology and Establishing Your Space

For clinicians whose transition to telehealth is supported by an employer, the agency's IT Department may have significant resources, including hardware, software, and accessories with appropriate safeguards to protect client privacy. The following information will assist clinicians transitioning to telehealth without institutional support.

### Grants for Telehealth Technology

Pursuant to the CARE ACT, the FCC has developed a [portal to accept applications](#) for a \$200 million COVID-19 Telehealth program. This program funds healthcare providers to purchase telecommunications, information services, and devices necessary to providing care during COVID-19.

- [FCC Website on COVID-19 Telehealth Opportunity](#)
- [FCC webinar on the Application Process](#)
- [FCC Public Notice on Application Contents](#)
- [Text of FCC Decision Establishing the Program](#)

### Internet Connection

The clinician's internet connection is important. Typically, you will need broadband internet with at least 20 MBPS upload/700 MBPS download speed to prevent pixelation, buffering, and video and audio inconsistency. HD will require higher speeds. Go to [www.fast.com](#) to test and monitor your connection speed for free. Open in a browser on your device for real-time monitoring.

If you are providing telehealth in a semi-public space (e.g., hotel room, private library room), be sure to connect via a hotspot on your phone instead of the public network.

### Connecting Clients

During COVID-19 stay-in-place directives, several internet providers are offering free Wi-Fi for everyone (current as of writing). These include:

- Xfinity WiFi Free For Everyone: Xfinity WiFi hotspots located in businesses and outdoor locations across the country will be available to anyone who needs them for free – including non-Xfinity Internet subscribers. For a map of Xfinity WiFi hotspots, visit [www.xfinity.com/wifi](#).



- Charter will offer free Spectrum broadband and Wi-Fi access for 60 days to households with K-12 and/or college students who do not already have a Spectrum broadband subscription and at any service level up to 100 Mbps. To enroll call 1-844-488-8395. Installation fees will be waived for new student households. Charter will open its Wi-Fi hotspots across their footprint for public use. Spectrum does not have data caps or hidden fees.

## Telehealth FAQs

Conversations with both providers and consumers of telemental health services informed the how-tos in this section. Here we answer the most frequently asked questions about the process of setting up and preparing for the delivery of telehealth services. While not exhaustive, these FAQs are a solid foundation upon which to build the transition to telehealth; where possible, we have included specific recommendations for appropriate hardware.

When transitioning to use of your personal space or home as an office, the set-up will be important. Ideally, the location will be secure; be free of noises and other people in the background; have a professional appearance; and use the right technology. The key is to avoid distractions yet also be comfortable.

- Create a space that is free from distractions.
  - Lock the door, place a “do not disturb” sign on the door as well as on the doorbell, and turn the camera away from the door.
- Choose the right microphone.
  - Considerations include quality, type of microphone, placement, speaker, and speaker location.
  - The placement is important, as many mics (such as phone earbuds) may need to be directly in front of your mouth for optimum sound quality.
- Reduce background noise.
  - Test what ambient noise the mic may pick up – doorbell, family members, traffic, neighbors, animals, etc.
  - A white noise machine outside of the office may alleviate any distracting ambient sounds.
  - Use pillows, curtains, and carpets in your workspace to help absorb sound.
- Be aware of repetitive sounds you may make without realizing it.
  - Sit in your space and pay attention to what noises you make (e.g., repeatedly tapping a pen, shuffling papers).
- Make sure all your other devices are in “silent mode” and that email/app notifications are turned off.
- Don’t forget the space in front of you.
  - Identify what might distract you during a session.
  - You may want to keep items that encourage you, keep you regulated, or keep you energized.
- Be sure to have any notes or checklists or other memory aids readily accessible.
- Have other key essentials within reach, like a glass of water, glasses, tissue, etc.

### Sample speaker and microphone options:

- Jabra Speak 510 MS Wireless Bluetooth Speaker
- Speechware USB 3-in-1 TableMike
- Plantronics Headsets
- Your personal cell phone can also be used for live, 2-way interaction



## What should I know about the camera and lighting?

- Test the camera to see what the patient will see.
  - Visually, the space should be free of clutter.
- Don't face the camera towards the door, to make sure that your patient does not see someone enter the room.
- Ensure proper lighting.
  - Providers and clients should avoid sitting in a position with a light source behind them (e.g. a window or a lamp over the shoulder) or it will cast a shadow over their face.
- If possible, go for two sources of light. Change the light source if the client is obscured by shadows.
- Consider virtual meeting backgrounds.
  - You might want to use images of your office, or similar décor.
  - Select a background image that is not distracting.
  - [Examples of office backgrounds can be found online.](#)
- Be mindful of the glare from framed glass over photographs and art.
- Dress professionally, but be comfortable.
  - Avoid busy patterns, such as stripes or polka dots.

### Sample camera options:

- [Individual telecounseling sessions](#)
- [Groups, workshop, meetings: PTZ PRO 2](#)

## How can I be sure that I'm ready to deliver telemental health services?

- Practice using the systems prior to services.
- Identify challenges and develop responses to a variety of scenarios that may occur:
  - Know what you will do in a crisis.
  - Know how to formalize the start and end of sessions.
  - Practice maintaining start and end times.
  - Create simple responses to curious comments about home or family life.
  - Create a checklist to provide structure and avoid your own distractions.
- Acknowledge that telehealth is new and challenging to both you and the patient.
  - Acknowledge your mistakes when things go wrong.
- Technology can make even the most confident person feel incompetent or frustrated.
  - Be ready to navigate these feelings in yourself and others.
- Be clear that telehealth is optional for both clinician and client.
  - Offer alternatives if either you or the client is uncomfortable.
- Additional telepresence recommendations are available in a 4-minute video entitled [Telehealth Best Practices](#).



## References

1. CDC (2020). Coronavirus Disease 2019 (COVID-19): Stress and Coping. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
2. Pell, M.B. & Lesser, B. (4/3/2020) "Researchers warn the COVID-19 lockdown will take its own toll on health." Reuters Investigates, SABC News Online. Retrieved from <https://www.sabcnews.com/sabcnews/researchers-warn-the-covid-19-lockdown-will-take-its-own-toll-on-health/>
3. SAMHSA (4/10/2020). Emergency Grants to Address Mental and Substance Use Disorders During COVID-19. Retrieved from <https://www.samhsa.gov/grants/grant-announcements/fg-20-006>
4. Chakrabarti S. Usefulness of telepsychiatry: A critical evaluation of videoconferencing-based approaches. World J Psychiatr 2015; 5(3): 286-304
5. Stengel, G. (4/8/20). Telehealth in Response to Pandemic May Change Healthcare Forever. Forbes. Retrieved from <https://www.forbes.com/sites/geristengel/2020/04/08/telehealth-in-response-to-pandemic-may-change-healthcare-forever/#3ea683e84b83>
6. American Telemedicine Association. (May 2013). Practice Guidelines for Video-Based Mental Health Services. [https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services\\_ATA\\_5\\_29\\_13.pdf](https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf)
7. Turgoose D, Ashwick R, Murphy D. (2017). Systematic review of lessons learned from delivering teletherapy to veterans with post-traumatic stress disorder. J Telemed Telecare. 1;1357633X17730443.
8. Cowan, K. E., McKean, A. J., Gentry, M. T., & Hilty, D. M. (December 2019). Barriers to Use of Telepsychiatry: Clinicians as Gatekeepers. Mayo Clinic Proceedings, 94 (12): 2510-2523.
9. Gilmore, A. K., & Ward-Ciesielecki, E. F. (January 2019). Perceived Risks and Uses of Psychotherapy via Telemedicine for Patients at Risk for Suicide. Journal of Telemedicine and Telecare, 25 (1): 59-63.
10. Wright et al., (2020). Guidance on psychological tele-assessment during the COVID-19 crisis. American Psychological Association Services Inc. Retrieved from <https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19>
11. Taub, A. (4/6/2020). "A New Covid-19 Crisis: Domestic Abuse Rises Worldwide." The New York Times. Retrieved from <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>
12. Abramson, A. (4/18/20). How COVID-19 may increase domestic violence and child abuse. American Psychological Association. Retrieved from <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse>.
13. Palylyk-Colwell, E., & Argáez, C. (2018). Telehealth for the Assessment and Treatment of Depression, Post-Traumatic Stress Disorder, and Anxiety: Clinical Evidence.
14. Schneider, N., Brinkley-Talley, C., and Reid, A. (4/1/2020). Telehealth During COVID-19: New Rules and Considerations. Law 360. Retrieved from <https://www.law360.com/technology/articles/1258572/telehealth-during-covid-19-new-rules-and-considerations>
15. American Professional Agency (APA). (March 2020). ALERT: Coronavirus (COVID-19) and Telehealth Resources. Retrieved from <https://www.psychiatry.org/File%20Library/Psychiatrists/APA-Alert-Coronavirus-Telehealth-Resources.pdf>





## Appendix A

### Free and Low-Cost Telehealth Trainings and Resources

#### Free telehealth courses:

- [Telehealth Best Practices 101 Series](#) (8 hours), American Psychological Association, CEs included
- [Telehealth: California Social Work Response to the COVID-19 Pandemic](#) (3 hours), National Association of Social Workers California Chapter, CEs included
- [How to Start a Telehealth Program](#) (36 mins), Telehealth Certification Institute
- [How to Provide Telehealth Services During the COVID-19 Crisis](#) (32 mins) by Jacqueline Thelian CPCA, CPC-I, CHCA
- [Psychiatry Unbound Podcast: Telepsychiatry and Health technologies](#) (35 mins) by Laura Roberts, M.D., Peter Yellowless, MBBS, M.D., and Jay Shore, M.D., M.P.H., American Psychiatric Association
- Several webinars and podcasts of various lengths totaling (over 4 hours for free) from the [American Telemedicine Association](#) including an [ATA COVID-19 Response Webinar Series](#)
- Two free trainings about [Suicide Prevention and Telehealth](#) by the EBP Collaborative Assessment and Management of Suicidality (CAMS)
- Two 1hr free webinars about Telehealth from the National Council for Behavioral Health (click [here](#) and [here](#))

#### Additional Courses (some free, some paid):

- [Texas Association for Marriage and Family Therapists](#)
- [Coalition for Technology in Behavioral Science](#)
- [American Telemedicine Association](#)

#### Further Resources:

- One key article to help mental health agencies assess their preparedness to conduct telehealth is the [Interprofessional Framework for Behavioral Health Competencies](#).
- National Telehealth Technology Assessment Resource Center - Clinician's Guide to Video Platforms <http://telehealthtechnology.org/toolkit/clinicians-guide-to-video-platforms/>
- Telehealth Best Practices for COVID-19 Training <https://telehealth.org/clinical>
- American Psychological Association Continuing Education Resources <https://www.apa.org/ed/ce/telehealth>
- American Psychological Association Office and Technology Checklist for Telepsychological Services <https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist>



## Appendix B

### Telehealth Emergency Contact Sheet

PATIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

1. Family, Friend, or Neighbor who can be contacted to check on the patient:

NAME: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signed Release of Information Consent:  Yes  No

2. Local Emergency Room: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

3. Local Police Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

4. Emergency Psychiatric Services: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

5. Primary Care Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

<sup>1</sup> <https://www.jdsupra.com/legalnews/new-york-and-federal-lawmakers-ease-16792/>

