



BEST PRACTICES IN DELIVERING VIRTUAL COUNSELING

16 APRIL 2020

These materials were prepared as part of the Rapid Response Network, a joint initiative between the **California Mental Health Services Oversight and Accountability Commission** (MHSOAC) and **Social Finance, Inc.** to support jurisdictions in fast-paced research and decision making driven by COVID-19.

The network aims to **facilitate connections** among jurisdictions facing similar challenges, and to supplement that shared experience with **support from external experts**—in order to deliver fast, customized, digestible research and analysis that strengthens local capacity.

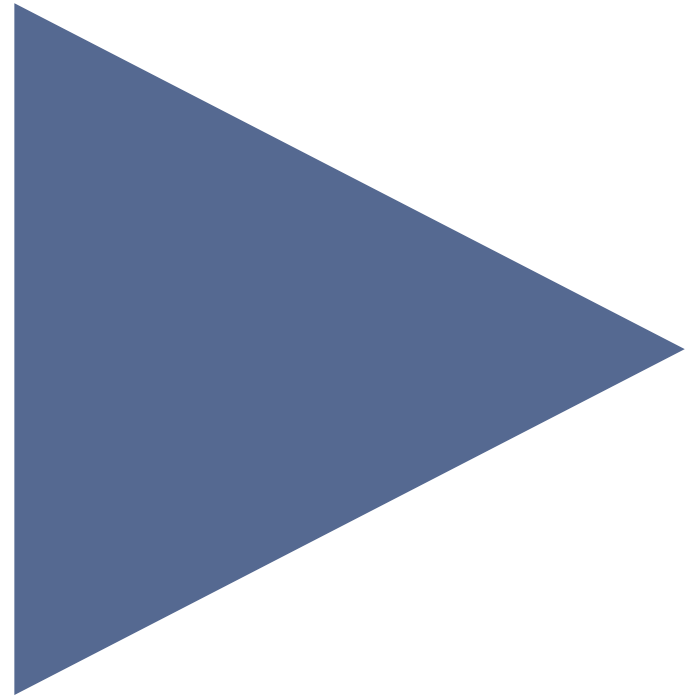
We recognize that the pace of these responses means that they are likely to be both incomplete and imperfect. If you have suggestions for improvement or questions about these materials, we would love to hear from you. Please email Jake Segal (jsegal@socialfinance.org) or Sean Burpoe (sburpoe@socialfinance.org).

With gratitude for the support of the Robert Wood Johnson Foundation and invaluable in-kind support from GLG, which supports the RRN through access to their expert network.

▶ EXECUTIVE SUMMARY

- ❖ Telemental health may require clinicians to change how they interact with clients – **but it is possible to conduct a high-quality session and achieve a positive outcome for the client**
- ❖ **Familiarity with technology is key**, and the right technology platform can allow clinicians to **incorporate common therapeutic activities into telemental health sessions to increase engagement**
- ❖ During the COVID-19 pandemic, **regulations have been relaxed** regarding HIPPA-compliant telemental health mediums. However, **clinicians should stay informed of any updates to these regulations**
- ❖ Professional organizations, licensing bodies, and academic institutions have **organized telemental health resources for clinicians**, including webinars, training videos, and issue briefs

▶ PERSPECTIVES FROM THE FIELD



▶ COMMON “BEST PRACTICES” FOR TELEMENTAL HEALTH (1/2)

*Virtual delivery
requires
clinicians to
change how
they interact*

- **Maintaining eye contact is critical—and challenging—over video.** It often requires keeping greater-than-anticipated distance from the clinician and the monitor/camera.
- **Mutual familiarity with the technology is a starting point.** Talking about tech at the beginning of a session can be a good icebreaker. For adolescents and young adults, baseline comfort level is usually high.
- **Heightening animation strengthens virtual connections.** Requires more voice modulation and hand movement, as well as heightened enthusiasm.

*Clinicians should
be comfortable
with the chosen
platform*

- **Comfort is key.** *“What is it that the care provider feels comfortable with, and what is it that the person you are working with feels comfortable with?”*
- In the face of the crisis, **relaxed HIPPA telehealth regulations** allow specialists to take advantage of platforms that previously were not accessible: FaceTime, Skype, Zoom, etc.¹

*Therapeutic
activities should
be incorporated
into telemental
health*

- **Common therapeutic activities should be incorporated** into telemental health, e.g.,
 - Worksheets for families and clients to track escalations in behavior;
 - Handouts to reinforce treatment components;
 - Interactive games that translate to the telemental health format.
- **Think through access.** *“Effective methods include sharing the handouts on the computer screen so that **both parties can view them simultaneously** or providing copies to the satellite agency liaison in advance of the session.”²*

1. “OCR Gives Providers More Leeway to Use mHealth, Telehealth Tools,” mHealth Intelligence. 2. Jones, AM et al., “Guidelines for Establishing a Telemental Health Program to Provide Evidence-Based Therapy for Trauma-Exposed Children and Families,” *Psychological Services*, Nov. 2014, 11(4):398-409.

▶ COMMON “BEST PRACTICES” FOR TELEMENTAL HEALTH (2/2)

Telemental health is an opportunity to provide structure

- **Virtual appointments can be an opportunity to provide structure**, in a moment when many adolescents and children are struggling with disrupted routines. *“Having a regularly scheduled time is helpful to clients”; “Most teens and families are looking for structure.”*
- **But don’t pretend as though things haven’t changed.** Focusing on ways to ease a child’s distress concerning the new situation could result in improved engagement in sessions. *“If a provider can offer distress tolerance coping skills or life skills, this would ease the burden.”*

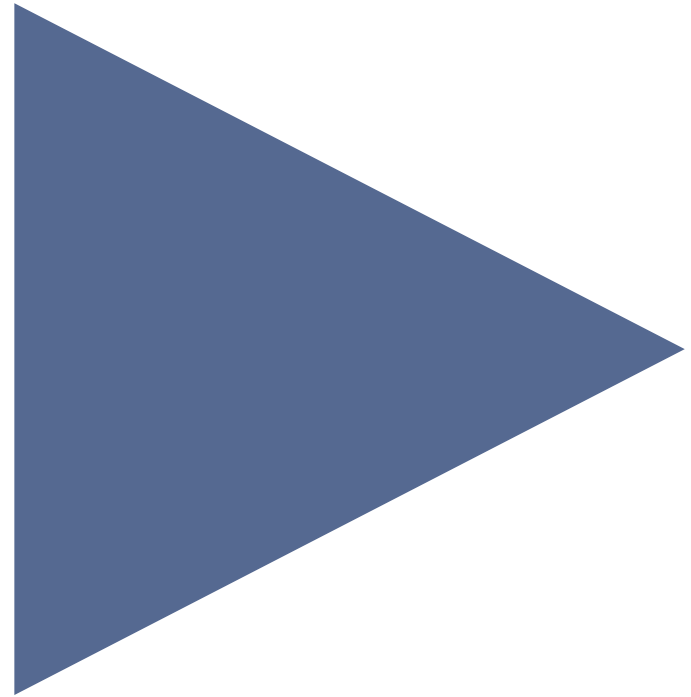
It’s about quality over quantity

- **Session length isn’t indicative of session quality.** *“If you achieve the desired outcome during the session – even if it is shorter – the session is successful.” “The question isn’t how to replace a 60-minute office visit with a 60-minute telemedicine visit. It’s about how to best take care of people.”*
- **More frequent, shorter sessions may improve engagement.** For example, two 30-minute visits can replace one 60-minute visit.

Defining resources for caregivers

- **Changes in structure are equally challenging for caregivers.** *“Kids are not used to being at home with their parents all the time, and parents are used to having others to help deal with their child’s issues. This is scary for parents – and they need resources, too.”*
- **Clinicians should provide a written list of resources to caregivers**, particularly a list of emergency phone numbers that they can call to get help immediately. This can include:
 - Outpatient therapist: voicemail should explain emergency protocol
 - Crisis hotline: text “go” to 741 741 for anonymous help
 - Teen mental health: includes hotlines, recommended smartphone apps ([link](#))
 - Healthy parenting: #healthyathome - healthy parenting ([link](#))

▶ SUMMARY OF RESOURCES



► RESOURCES FOR TELEMENTAL HEALTH (1/2)

Tools and training videos

Title	Source	Brief description	Link to resource
<i>California Telehealth Resource Center</i> ¹	National Telehealth Policy Resource Center	<ul style="list-style-type: none"> Provides a list of CA-specific resources on telehealth 	Link
<i>How to Provide Telemental Health Services Now and Beyond</i> ²	Relias	<ul style="list-style-type: none"> Provides free courses, webinars, and blog posts on conducting telemental health, with an emphasis on telemental health during COVID-19 	Link
<i>Telepsychiatry toolkit</i> ³	American Psychiatric Association	<ul style="list-style-type: none"> Provides resources and training videos on how to implement and perform telemental health 	Link
<i>Telepsychiatry and COVID-19</i> ⁴	American Psychiatric Association	<ul style="list-style-type: none"> Provides updates on the most recent telehealth regulations, as well as tools and resources 	Link
<i>Telebehavioral Health Training and Technical Assistance</i> ⁵	Substance Abuse and Mental Health Services Administration	<ul style="list-style-type: none"> Provides training materials on telemental health delivery, such as reimbursement, engagement, partnerships, and financing 	Link
<i>Telemental Health 101</i> ⁶	National Center for School Mental Health	<ul style="list-style-type: none"> Provides an overview to help prepare school mental health clinicians to use telemental health to provide services and supports to students and families 	Link
<i>Virtual Service Delivery in Response to COVID-19 Disruptions</i> ⁷	National Association of School Psychologists	<ul style="list-style-type: none"> Provides updates on the most recent telehealth regulations and considerations for telehealth 	Link

1. "California Telehealth Resource Center," National Telehealth Policy Resource Center and the California Telehealth Network. 2. "How to Provide Telemental Health Services Now and Beyond," Relias. 3. "Telepsychiatry Toolkit," American Psychiatric Association. 4. "Telepsychiatry and COVID-19," American Psychiatric Association. 5. "Telebehavioral Health Training and Technical Assistance," SAMHSA-HRSA Center for Integrated Health Solutions. 6. "Telemental Health 101," National Center for School Mental Health. 7. "Virtual Service Delivery in Response to COVID-19 Disruptions," National Association of School Psychologists

► RESOURCES FOR TELEMENTAL HEALTH (2/2)

Academic articles and issue briefs

Title	Source	Brief description	Link to resource
<i>Best Practices in Videoconferencing-Based Telemental Health</i> ¹	American Psychiatric Association, American Telemedicine Association	<ul style="list-style-type: none"> Provides an overview of the different administrative, technical, and clinical considerations when conducting telehealth Topics include: the importance of physical space and the ability to respond in crisis 	Link
<i>Guidelines for Establishing a Telemental Health Program to Provide Evidence-Based Therapy for Trauma-Exposed Children and Families</i> ²	Psychological Services	<ul style="list-style-type: none"> Provides guidelines for the delivery of trauma-focused, cognitive-behavioral therapy (TF-CBT) via telemental health Topics include: HIPPA compliance of different video conferencing software, clinically administering telemental health, modifying service delivery when utilizing telehealth 	Link
<i>Practical Guidelines for Telemental Health with Children and Adolescents</i> ³	American Telemedicine Association	<ul style="list-style-type: none"> Guidelines for administration/management, clinical practice, and technical design and architecture of telemental health Topics include: “General Telemental Practices with Youth”, “Technology Considerations”, and “Mental Health Emergencies with Youth” 	Link
<i>Stabilize And Sustain Youth Behavioral Health During Covid-19</i> ⁴	California Children's Trust	<ul style="list-style-type: none"> Provides an overview of the disruption to the behavioral health system caused by COVID-19 Topics include: actions that counties are taking to adjust behavioral health during the time of COVID-19, such as retainer payments, rate equivalence, and a Medi-Cal rate adjustment 	Link

1. Shore, JH et al., “Best Practices in Videoconferencing-Based Telemental Health,” *Telemedicine Journal and e-Health*, November 2018, 24(11):827-832. 2. Jones, AM et al., “Guidelines for Establishing a Telemental Health Program to Provide Evidence-Based Therapy for Trauma-Exposed Children and Families,” *Psychological Services*, Nov. 2014, 11(4):398-409. 3. “Practical Guidelines for Telemental Health with Children and Adolescents”, American Telemedicine Association, March 2017. 4. California Children's Trust, “Stabilize And Sustain Youth Behavioral Health During Covid-19”, April 2020.