

# Minimizing Disruptions in Care

## Behavioral Telehealth (Video and Phone): Skill Development Webinar Series

### Ensuring Success in Telehealth: What Staff Need to Know WEBINAR 1 - April 29, 2020



### Participant Questions and Presenters Answers

Presenters: Elizabeth Morrison, LCSW, MAC and Eric Haram, LADC

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#### Webinar

Access information about the webinar, including presenter's information, handouts, resources and a recording of the event: <https://www.cibhs.org/post/ensuring-success-telehealth-what-staff-need-know>

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**Question:** Do you require your staff who are working at home, to log in as evidence that they have reported to work, and do you require them to keep a log of work activities?

**Answer:** Yes and no. Staff log in at the start of a shift by Remote Desktop Connection and "punch in" to the on-line Dayforce time and attendance software; same for lunch and end of shift. I have a 65% direct care productivity standard and the ratio of productivity to total hrs. worked each week is a regular supervision metric. The weighted system I use is:

- 1:1 session = 1hr.
- 90 min. group = 2 hrs. (1 hr. to chart)
- 3 hr. IOP = 4 hrs. (1 hr. to chart)
- Initial Assessment = 2 hrs. (1 hr. to chart and Ins. Auth.)
- IP/ED Consult = 1 hr.

Total Direct Care Hrs./Actual Hrs. Worked = % time productive (for example: a 36-hr. employee working remotely would be expected to render 24/36)

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**Question:** How can you encourage clinicians to conduct sessions via telehealth?

**Answer:** I found most clinicians feel deeply committed to helping the organizations clients and that is the primary motivating factor. It might be helpful though, to find out what the hesitations are, and see if those can be addressed.

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**Question:** I am using the telephone quite a bit, even land lines. Video is not necessary, but we all certainly hope that there will be increased resources for those who do not have smart phones or tablets, however right now the phone is our best bet. When someone does not have a phone, it is impossible at this point, to do any telehealth. My experience is that telehealth does not accommodate well to consumers who are children, such as when the mode of treatment is play therapy or art therapy. Any suggestions?

**Answer:** Agree with this! The California Primary Care Association developed a 'think tank' on this, with BH clinicians who specialize in children's services. It would be great to gather your fellow colleagues and begin to develop learnings, recommendations, etc., during this time, they will be important going forward!

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**Question:** Hello, I'm not sure I missed this, but would you go over getting/documenting a ROI from a minor (that is able to legally consent for treatment but was initially referred from a parent/guardian), but the parent may be against the ROI?

**Answer:** I am unaware of release of information protocols that have been changed/lifted for COVID. I might suggest consulting the organization's lawyer on this one.

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**Question: Is Zoom telehealth new and how is it different from Zoom we have been using prior to COVID-19? Is it acceptable to most insurance companies?**

**Answer:** It is the same. The Zoom product is HIPAA compliant.

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**Question: Can you talk about how to handle using your personal cell phone to do company related business with clients? I'm working from home and now clients have my personal cell number.**

**Answer:** This is not ideal, as I am sure you know. I would talk with your organization's leadership about this complex issue. While many of us are using our personal cells at home (which still necessitates an agreement with our organization about who is paying for the phone, at least in part), we block our number or use Doximity or another app that shows up as the organization's number when we call patients; patients having your cell number brings a whole host of complexities (including bringing into question how responsible you are for emergencies). I would encourage you to talk to your colleagues and lay out your concerns to leadership.

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**Question: How are people handling consents for groups provided over telehealth? Especially the issue of confidentiality on the client side when participating from home, when the other clients participating could be overheard if someone else in the home is within earshot?**

**Answer:** Patients have signed/consented updated confidentiality and rights and responsibilities relative to group work on video that includes their responsibility to assure privacy. This may include earphones, committing to private space and understanding the facilitators may mute, turn off cameras or send participants to a virtual waiting room or a break-out room for private discussion as needed.

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**Question: Are we allowed to conduct family sessions via phone? I saw individual counseling only.**

**Answer:** Yes. Current rules allow for standard CPT's with telephone/telehealth modifier and documenting which medium was used. Family psychotherapy with or without pt. present are allowable in either medium. Ideally, video is offered and the Identified Patient refuses or does not have technology making phone the only other option.

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**Question: How does HIPPA work for using video conferencing?**

In the PowerPoint there is a grid of HIPPA compliant video conferencing platforms. Right now, the HIPPA restrictions have been lifted, so you can also use others (also in the grid).

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**Question: Any tips for drawing out quiet/shutdown clients over the phone? They don't want video.**

**Answer:** Yes, I have found some do not like video. I offer to use just the phone if they want; then of course, clinical interventions, inquiry about the cause of the 'shutdown' which I am sure you are already doing.

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**Question: By providing telehealth services, do you feel you are having to place more welfare checks on clients that you service to local LE agencies?**

**Answer:** No more than was usual prior; though we have regular contact with our local LE to plan for spikes in substance or MH related crisis and utilize a software called ODMAP which gives us real time data on things like OD, Narcan administrations, deaths and COVID status in any given region. <http://www.odmap.org/>

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**Question: I see on page 13 of the PDF, non-healthcare Zoom is listed under temporarily allowed platforms. Can someone clarify the use of Zoom a bit more please?**

**Answer:** Counties or other jurisdictions may have varying policies on applying the federal leniencies. Best to follow most local guidance in your regulatory and quality neighborhood. Because some Zoom meetings have been hacked, there has been concern about Zoom overall. I have found that from the administrative settings, one can pre-establish and lock in the following protective measures: setting all meetings with a randomly generated password, using the waiting room function, allowing participants to name themselves, scheduling by bcc'ing all participants from Outlook rather than within Zoom, and disallowing private chats and participant screen sharing have been more than sufficient to manage a hacking risk.

**Question: Have clients asked you anything about your home environment? Or wanting to see your space?**

**Answer:** Yes, the boundaries are a bit more porous. We can follow the same guidelines we always do, that self-disclosures should benefit the client, meaning, we self-disclose to build the therapeutic relationship, to equalize the helping relationship, to normalize common struggles, etc. We also all have different boundaries around self-disclosure, just as people, so it is important to honor that as well. I find it useful to ask clients what they hope to understand or get from the question that they asked. I used to get asked if I had kids when I worked in CPS. I would answer honestly and would also ask what drew them to asking this; it was almost always that they wanted to know if I could empathize with them, as a mother, which was a great start to deeper conversations.

**Question: What about handling client crisis, involuntary hospitalization evaluations remotely?**

**Answer:** Involuntary hospitalization is indicative of a legal Medical Emergency. Medical Emergencies and their dispositions should still occur in an Emergency Room.

**Question: Do you recommend creating ritual with clients through telehealth?**

Yes, especially ritual that has meaning for our clients.

**Question: I've noticed clients lack motivation to complete homework assignments. Do you have any advice? Sometimes I feel like homework may need to wait until the in-person session resumes.**

**Answer:** That would be a great thing to check out with clients, whether they'd prefer to wait until in-person resumes. I'm always curious about homework; it often stirs up feelings for people and is a great opening to deeper conversations about how they feel about it, our approval, etc.

**Question: How to encourage clients to use telehealth? Clients have access to smart phone, internet, but unwilling to utilize telehealth.**

**Answer:** I have a few clients like this, and my daughter is like this. I think we do need to respect this and we can inquire if there is anything we could do to help or make it better for them, but if they still would rather not engage, it is important to respect this, I think.

**Question: Can you please talk about having to feel stressed due to feeling micromanaged while working from home?**

**Answer:** Yes! How about talking about feeling micromanaged at all?! Awful feeling. There is a sample 'working from home agreement' on my website under telehealth ([www.rsourced.com](http://www.rsourced.com)). I am a big believer in just letting people know what the expectations are, then leaving them be. It might be helpful to offer to draft a similar agreement with your supervisor, in hopes that it would then intervene on their feeling of needed to micromanage. Very difficult!

**Question: How have you dealt with completing releases of information for referral and linkage purposes through telehealth?**

**Answer:** We are doing our best like all. Review the information verbally and obtain verbal permission (phone or video) and state the pt. provided verbal consent on the form. If time allows, email pts. the ROI form and they sign and send back. Many take a photo simply and text or email it back. During COVID-19, a verbal is fine and your best faith effort is what is expected.

**Question: How are you addressing client's not answering our calls due to our having to block our number? At the clinic, our clinic name comes up at the office.**

**Answer:** I use Doximity, which allows you to use any phone and have it come up as the office number. We also have someone in the office calling patients and letting them know what time, which helps.

**Question: What challenges have you encountered with older adults (60+) while providing services over the phone?**

**Answer:** We have not experienced challenges with this population thus far, our pts. over 60 are participating by phone or video. Ironically, in Southern Maine many of our pts. with OUD are over 60 and have very good experience with operating and communicating digitally.

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**Question:** I've noticed at my site that a lot of my counselors are just simply "checking in" with their clients and not actually providing a service, in the sense of doing an activity with the client or speaking to them for more than 10-15 minutes. What is the best approach to engage clients with more than just simply a 10-15-minute phone "check in"?

**Answer:** I too have seen this! Very interesting, our own hesitations in engaging in perhaps more meaningful work on this phone might be our hesitation, might be the clients'. I would encourage you to start with the clinicians, ask them how they feel about engaging in deeper work just to first see how they feel about.

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**Question:** Where do you draw boundaries around clients having therapy sessions on the bus, while cleaning around the house, kids crying playing loudly in the background, etc.?

**Answer:** I don't. I feel like I need to respect their autonomy and decisions. I do ask how it is working for them right now when I see someone walking around in the background or hear noise. I ask how they feel, if they want to continue to talk, if they want to pivot in what we are talking about and talk about something less sensitive, etc.

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**Question:** Is there specific Telehealth Software that is HIPAA compliant that you recommend. If the software is not "easy" to use by clients, they won't use it. Cost is always a cost, as "Zoom for healthcare is 200 a month. As a case manager, this is too steep for me.

**Answer:** I hear you! It sounds like your organization is not covering this cost, which is worrisome...you can use non-HIPAA compliant platforms right now (see grid on PPT). Agree if it isn't easy, clients won't use it.

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**Question:** Would it be fine to sign confidential documents and send them via email to the office if working from home?

**Answer:** Ideally your company has an option to encrypt emails for protecting PHI. If not, the attached URL offers 5 free options. <https://www.techrepublic.com/blog/five-apps/five-free-apps-for-encrypting-email/>

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**Question:** My current clients refused to utilize Zoom video for therapy sessions. I am very persistent and would like to try that. Should I keep encouraging video Zoom?

**Answer:** Ultimately, I think it is super important we respect clients' decisions, their own autonomy.

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**Question:** What can be done when telehealth is not the only issue but more that I am not feeling emotionally supported by my supervisor, which only makes everything harder?

**Answer:** All I can say is that I really feel for you. All of us, including me, have been in jobs where we do not feel emotionally supported by our direct supervisor. In fact, that relationship is the most common reason people leave jobs. That is where the saying comes from, "people don't leave jobs, they leave supervisors". I know this isn't really an answer to what you are asking, I just want you to know I am with you in spirit as you navigate this.

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**Question:** What is "returning to presence?"

**Answer:** It is referring to mindfulness, being in the moment. Very difficult for us humans. The Greater Good Science Center has a ton of great, free resources on this (reading, practices, etc.).

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**Question:** Could you speak to the best practice in your view re: self-disclosure in an era where some of us are trying to "balance" homeschooling with our work, plus taking on more on-call shifts?

**Answer:** Such a great question. I do think we are in a moment where being more transparent about ourselves is called for and is, in fact, more authentic than trying to act like we are in an office and nothing has changed. Self-disclosure in this time is a great clinical discussion for colleagues to have together; what have we noticed, what are we comfortable with, what do we notice about clients' reactions to us. If we do self-disclose of course, the key is always to get back to the patient quickly, so they feel safe that we can 'hold' them during the session.

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**Question:** Can you share how can we cope with isolation feeling once we are off duty/work? I have challenges with interacting with family member & my spouse.

**Answer:** Boy I hear you. Everything is upside down for all of us, including often, our family relationships. I don't want to guess at what the challenges you are experiencing, I just want to acknowledge the difficulty for many of us.

**Question: Are your clinicians finding that the telephone and/or telehealth sessions are shorter than in person sessions? If so, how are you addressing that challenge?**

**Answer:** Initially they were. This only lasted about 1 week. So much of the first sessions were about navigating into the session or group and re-establishing norms. Very quickly, all sessions began to emerge into standard durations. Getting staff comfortable with screen sharing allows for more dynamic groups particularly in IOP level of care. Getting didactics and psychoeducation back on-line well enough to be engaging seemed the crux for us.

**Question: Zoom allows you to create a meeting in which people can video in and/or call in and create mixed meetings. Some clients don't have access to video but still want to join meetings. What are your thoughts on allowing them to join a video meeting with them having audio only?**

**Answer:** A super interesting question. I don't have an answer. I think it would be a great discussion to have with the people on the call.

**Question: How do you advocate for your county to implement telehealth services?**

**Answer:** Best to advocate with the existing Federal and State leniencies making the case that video affords greater observation, assessment capacity to best assure status and safety.

**Question: What if you find looking at yourself helpful to you?**

**Answer:** Then for sure do it. I don't only because I can't concentrate on the patient. If it works for you, that is a good reason to do it.

**Question: Working remotely from home, we are temporarily asked to use our personal phones. In effort to protect our own privacy, our numbers are being blocked during telephonic sessions. If we use FaceTime, is there a way to block our numbers for privacy?**

**Answer:** You can block your number on iPhone, under settings. You can also use the app Doximity for phone and video that comes up from your organization's number, even though you are using your phone.

**Question: When doing group via Zoom, do you ask each group member in the group the informed consent/confidentially? I work in IOP setting and found it distracting/redundant to ask this to each group member for each group therapy.**

**Answer:** We went over it once with the entire group and folks verbally consented. If someone had said no, we would have excused them from the video sessions. As new pts. come in, these are taken care of in a pre-scheduled intake appointment. with admin. staff via phone or Zoom prior to beginning the first group.

**Question: Any suggestions for guidelines with regards to re-opening the office once restrictions are lifted and maneuvering necessity for wearing masks and how this might impact the relationship between client/therapist, especially when working with children.**

**Answer:** Such a deep and important question. Humans mirror neurons and don't function right when we can't see others faces...would love to encourage you to experiment with solutions to this and write up your findings and learnings!

**Question: When thinking about Health Equity, what are some ways to help clients access telehealth who don't have internet or phone access, or the skills needed to use phones or computers? Our office works with older adults, who are often lacking in these skills. In advocacy, please advocate for help for this population in terms of access and skills!**

**Answer:** Agree with you totally and so glad you are an advocate for those you serve! So important in terms of health equity that we address this issue.

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**Question:** When onboarding client to telehealth it can take 30 minutes or more to help them set up tech support. So, do you have a separate tech support person to do this set up piece? Any tips or insights?

**Answer:** Yes, a separate person to set this up is a super important part of the workflow. There is a workflow document on my website under telehealth, [www.rsourcesd.com](http://www.rsourcesd.com), that gives an example of this.

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**Question:** Do you expect that telehealth will continue as a standard of practice after the pandemic?

**Answer:** Yes! Let's all do whatever we can do to make this happen!

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**Question:** How many of you are seeing clients that are dropping off the map? Maybe they have a good session and then don't come back?

**Answer:** The most common number of therapy sessions, for the entire western world, is one session. Therefore, it is so deeply important to act like one session is the last, to give it our best, to provide as much love and help as we can possibly provide. There is a whole field around single session therapy and how much good can be done in one session. That is why it is so important to forego standardized, long assessments in the first session and focus instead on relationship building, trust and what the client needs/wants right then.

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**Question:** I work for the VA in their HUD/VASH program. I've been connecting w/Veterans via phone & text these past few weeks. Lairdship is now encouraging video calls and even providing iPads to veterans. I'm finding that some Veterans are not open to telehealth. I do believe that lack of tech savviness plays a role. What are some suggestions for easing pts into telehealth visits when there's reservations, or do we respect their self-determination and not push the issue?

**Answer:** I tend toward the latter if we have done our best to investigate and address their hesitations.

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**Question:** Has anyone experienced use of EMDR that can be done or aided over the phone?

**Answer:** I don't have this experience. Super interesting question, great one to continue to ask and see what you hear. If you are certified, I would encourage you to try it. If you assess it is safe, write up your learnings!

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**Question:** If clients don't want to participate in telehealth is it acceptable to continue to only provide therapy services via phone/audio only?

**Answer:** Yes! And kudos to you for respecting their decisions/autonomy!

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**Question:** We have folks technologically challenged we are trying to train to do telehealth (both staff and clients). Do you have any resources for training on how to use telehealth platforms such as Zoom that are available in different languages?

**Answer:**

<https://support.zoom.us/hc/en-us/articles/209982306-Change-your-language-on-Zoom>

<https://support.zoom.us/hc/en-us/articles/360019765151-Language-Support-for-Telephone>

The 2 URL's above are how to change language defaults in Zoom as well as how to allow for multiple languages to be available by dial in method, so a session can be delivered in one language and received in several. I am not sure completely, but I think if you change the Zoom language default to any desired setting and run the internal training videos and tutorials, they will be in the language set by the user. I hope this helps.