# Telehealth Best Practices

Steven R. Thorp, Ph.D., ABPP

# My Background, cont.

- Over past 15 years, I was the PI on 5 major grants on telehealth, which established the VA Telemental Health Center in Old Town San Diego and taught us about using telehealth for treating PTSD

# VA San Diego Healthcare System

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## Telehealth is Changing VA Health Care in San Diego

**VA doctor and veteran patient during their telehealth session.**

Wednesday, January 29, 2020



**MORE STORIES**

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Dr. Bouvet receives Award
Smoking Cessation Resources

# Agenda

1. Context
2. Telehealth Technologies
3. Videoconferencing Psychotherapy (VCP)
4. Lessons Learned About VCP
5. Best Practices for VCP

Not comprehensive: Note that I have included extra slides after the end of my talk about privacy and safety (and HIPAA), troubleshooting, diversity issues, in-home issues, and engagement strategies

# Context

# Prevalence of Mental Health Problems in Adults

- In the United States, in 2015, an estimated 17.9% of adults had any mental illness (Center for Behavioral Health Statistics and Quality, 2016a).
- Only 43.1% of these adults received behavioral health services in the previous year (Center for Behavioral Health Statistics and Quality, 2016b).

# Barriers to Access

- There are insufficient numbers of behavioral health professionals in many regions of the United States (Lowenstein et al., 2017; Olfson et al., 2014)
- In the United States, 56 percent of counties are without a psychiatrist, 64 percent of counties have a shortage of mental health providers, and 70 percent of counties lack a child psychiatrist (Coe et al., 2020)
  https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/a-holistic-approach-to-addressing-the-us-behavioral-health-crisis-in-the-face-of-the-global-covid-19-pandemic

# Barriers to Access, cont.

- People in rural (vs. urban) communities have poorer access to healthcare, health services, and health insurance (Hirko et al., 2020).
- Rural settings have difficulties in recruiting and retaining behavioral healthcare specialists
- Most specialists are drawn to metropolitan centers due to greater job opportunities and universities (Gould et al., 2017; Kauth et al., 2017)

# Barriers to Access, cont.

- Confidentiality and stigma: People in small towns may know the few behavioral healthcare providers personally
- There are higher costs associated with delivering care in rural areas
- Many individuals do not have the means to travel great distances, take time off work, or obtain childcare for specialty mental health

# Barriers to Access, cont.

- Distance to healthcare providers is linked to lower treatment engagement (Zakour & Harrell, 2004)
- This problem is compounded during times of economic crisis or high fuel prices

# Geographic, SES, and Cultural Barriers

- Access to behavioral health treatment has historically been particularly limited for individuals in rural settings, older adults, people with transportation or mobility problems, people who live in institutions/prisons, people who are homeless, and underrepresented racial or ethnic groups (Alang, 2015).
- These trends have continued with the COVID-19 crisis.

# Behavioral Disorders as Barriers to Care

- The nature of many behavioral disorders leads people to avoid potentially stressful situations such as large groups (e.g., shopping, sports, restaurants, hospitals, or waiting rooms) and traveling on roads (e.g., driving phobias after accidents or roadside bomb attacks).
- Individuals may be more inclined to seek treatment in familiar and convenient community clinics, or from the comfort of their own homes, if those options are available to them.

# Telehealth Technologies

# Telehealth Terms

- Telemedicine
- Telemental health
- Telebehavioral health

# What are Common Telehealth Technologies?

- Telephone
- Email
- Fax

You have probably used telehealth without being aware of it. There is some evidence that psychotherapy can be effectively delivered across the telephone.

- Internet health services
- Mobile health services (mHealth/apps)
- Chatbots
- Clinical video teleconferencing

# Trends in Telehealth

- Bestsennyy et al. (2021): Telehealth has exploded due to COVID-19. In February 2020, about 0.4% of the population used telehealth services. By April 2020, the number of telehealth claims reached nearly 80%. Telehealth utilization remains at roughly 38X higher than before the pandemic started. Some regulations about reimbursement for telehealth are now permanent. https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality

# Trends in Telehealth, cont.

- Kichloo et al. (2020): There is a need for more widespread dissemination of telehealth services to meet the demand for services
- Bestsennyy et al. (2021): Among patients using telehealth, 74% reported high satisfaction, and 76% reported that they were likely to use telehealth in the future. Among providers, 57% reported that they view telehealth more favorably than they did before COVID-19. Among 23 medical specialties, psychiatry has seen the largest update of telehealth (at 50% of claims) https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality

# Videoconferencing Psychotherapy

Psychological Services
2012, Vol. 9, No. 2, 111–131


DOI: 10.1037/a0027924

# Videoconferencing Psychotherapy: A Systematic Review

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Individuals with mental health problems may face barriers to accessing effective psychotherapies. Videoconferencing technology, which allows audio and video information to be shared concurrently across geographical distances, offers an alternative that may improve access. We conducted a systematic literature review of the use of videoconferencing psychotherapy (VCP), designed to address 10 specific questions, including therapeutic types/formats that have been implemented, the populations with which VCP is being used, the number and types of publications related to VCP, and available satisfaction, feasibility, and outcome data related to VCP. After electronic searches and reviews of reference lists, 821 potential articles were identified, and 65 were selected for inclusion. The results indicate that VCP is feasible, has been used in a variety of therapeutic formats and with diverse populations, is generally associated with good user satisfaction, and is found to have similar clinical outcomes to traditional

# Other Researchers Describing VCP (January 2020)



Original Paper

## Videoconferencing Psychotherapy in the Public Sector: Synthesis and Model for Implementation

Samuel David Muir, BA, MSc; Kathleen de Boer, BA; Neil Thomas, BA, DClinPsych; Elizabeth Seabrook, BA, DPhil; Maja Nedeljkovic, BS, MPsych, DPhil; Denny Meyer, BSc, MBL, DBL

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Abstract

# Common Clinical Video Teleconferencing Platforms

- Doxy.me
- Simple Practice
- Zoom
- VSEE
- NousTalk
- Ring Central
- Skype
- FaceTime

I am talking to you today about general principles of videoconferencing rather than anything specific to any one platform

# VCP Clinical Outcomes: The Punch Line

- Diverse samples and psychotherapy studied; feasibility, alliance, satisfaction, and outcomes appear equivalent between VCP and IP
- There were no significant differences between VCP and IP in outcomes in PTSD, anxiety and depression, eating disorders, anger, addictions, and physical health concerns
- Thus, there is <u>strong evidence that VCP works</u>

Backhaus et al. (2012)

# Lessons Learned about Videoconferencing Psychotherapy

Psychological Services
2012, Vol. 9, No. 2, 197–199


DOI: 10.1037/a0027057

# Lessons Learned From Studies of Psychotherapy for Posttraumatic Stress Disorder Via Video Teleconferencing

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This article summarizes two ongoing randomized controlled trials that compare individual in-person psychotherapy with psychotherapy provided using video teleconferencing for military veterans with posttraumatic stress disorder. We describe training methods, populations, technology, challenges, successes, and lessons learned so far during the trials.

*Keywords:* telehealth, telemental health, telemedicine, videoconference, psychotherapy

## Names of Institutions

The VA San Diego Healthcare System and the University of California, San Diego.

## Type of Professionals Involved

Twenty-five psychotherapists (doctoral students in psychology and psychologists, social workers, and marriage and family therapists) as well as master's level assistants.

*RESEARCH/Original Article*

# Videoconferencing psychotherapy for veterans with PTSD: Results from a randomized controlled non-inferiority trial

*Journal of Telemedicine and Telecare*
0(0) 1–13

DOI: 10.1177/1357633X19853947
journals.sagepub.com/home/jtt
SAGE

**Lin Liu[1,2], Steven R Thorp[1,3,4,5], Lucy Moreno[1,6], Stephanie Y Wells[1,4,7], Lisa H Glassman[1,4], Angela C Busch[4], Tania Zamora[1], Carie S Rodgers[8,9], Carolyn B Allard[1,3], Leslie A Morland[1,4] and Zia Agha[1,8,10]**

**Abstract**

**Introduction:** Veterans with post-traumatic stress disorder (PTSD) face significant barriers that make it less likely for them to pursue treatment. A randomized controlled non-inferiority trial was used to determine if providing psychotherapy for PTSD via videoconference (VC) is as effective as in-person (IP) psychotherapy.

**Methods:** All eligible veterans ($n = 207$) received cognitive processing therapy (CPT) to treat PTSD symptoms in one of the two treatment modalities. Participant symptoms were collected at baseline, post-treatment, and six months after

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DOI: 10.1002/da.22979

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

WILEY

RESEARCH ARTICLE

# Home-based delivery of variable length prolonged exposure therapy: A comparison of clinical efficacy between service modalities

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## Abstract

**Objective:** This study examined clinical and retention outcomes following variable

# Potential Issues with VCP

- Visual artifacts: Frozen image, “ghost” images, tracer images, poor resolution (especially with regard to facial features)
- Audio artifacts: Delay, echo, mechanical voices
- “Dropped” calls
- Challenges exchanging paperwork
- Heavy Internet traffic on holidays

# Potential Issues with VCP, cont.

- Movement off screen
- Apparent poor eye contact (“gaze mismatch”) due to sitting close to cameras and monitors

# Potential Cons of VCP

- Potential Cons (in addition to tech issues):
  - Harder to read emotions (e.g., sniffling due to sadness or cold symptoms);
  - Can't see all of the person (e.g., fidgeting hands; bouncing legs; wheelchair)
  - Cannot touch (e.g., shake hands) or smell the person (e.g., alcohol or body odor) or offer them a tissue

Thorp et al. (2012)

# Potential Pros of VCP

- Potential Pros (in addition to better access):
  - Separation from contagious diseases
  - Separation from intimidating clients
  - Convenient (less/no traffic, parking, waiting rooms)
  - Novelty and implied authority of "being on TV"

Thorp et al. (2012)

# Other Findings

- Some clients prefer "therapeutic distance" of VCP (e.g., when sharing embarrassing/upsetting information); can serve as a "foot in the door" to other tx
- We've had several clients in their 80s successfully complete treatment; can utilize technology (such as raising volume on the computer or using headphones) to help with hearing impairments if needed (be sure the provider's lips are clearly visible too)

# Best Practices for Videoconferencing Psychotherapy

# Getting Started

- It may be advantageous for assessors and therapists to meet with clients in person initially, but it is not necessary to do so.
- Always prepare a plan for dropped connections

# Presenting VCP to Clients

- Clients are reassured when they hear clinicians & staff talking positively about VCP
- In addition to the advantages of VCP to in person care, we can see and hear each other nearly as clearly as in person with this state-of-the art technology

# Switching to Remote Services

- Explain that treatment through telehealth works as well as in-person treatment, and that since most of your work together involves talking and seeing each other, relatively little will change
- Describe the new modality as "state-of-the-art" and "cutting edge": Convey excitement
- Explain that you will be learning the nuances together, and that you're on the same team

# Switching to Remote Services, cont.

- If you are starting work with a new client, explain what telehealth will involve and have them sign a new (or supplementary) consent form with telehealth information
- If you are transitioning an existing person you serve to telehealth, explain that the mode of treatment will be slightly different

# Professional Bearing

- Many of us have experienced the "blurred lines" or "fuzzy boundaries" of providing remote services, particularly when doing VCP
- Clients may see you from their home, and they may not dress or groom like they normally would; they may eat during session or be interrupted by other people
- You may likewise see into their home, which can feel more personal than professional

# Professional Bearing, cont.

- We have worked with clients who arrived to VCP wearing pajamas or very little clothing
- We have worked with clients who have called in from the bathroom, or in bed, or while driving, or while in Starbucks
- State expectations clearly before the first VCP session: They should arrive on time, dressed as they would for an in-office session, and should (typically) not eat or allow distractions

# Professional Bearing, cont.

- Likewise, the therapist should dress professionally, not eat (typically), not allow interruptions, and be aware of what the person can see through the camera (e.g., messiness, photos, other rooms or people)
- Therapists may be temped to wear casual pants or shorts when doing VCP, but consider what other side would see if the therapist was surprised by an animal, insect, or hurt child

# Setting up Both Sites

- Choose solid shirt/blouses ("telemedicine blue") rather than patterns, if possible
- Have lighting on one's face; avoid windows or lights behind the speakers
- Have comfortable (but heavy) chairs that won't roll off screen if possible
- Allow some distance from the camera, if possible (to enhance "eye contact"), aiming for a "head and shoulders" view. Software.


SONY

# Setting up Both Sites, cont.

- Consider privacy, especially because people tend to speak more loudly during VCP, and walls in homes are thinner than businesses
- A white noise machine muffles sounds well, and costs about $40

# Setting up Both Sites, cont.

- Have something to write on (and with) at each location; clipboards will suffice
- Have headsets (not all devices have mics)
- Consider storing blank forms, questionnaires, and information sheets at the remote site (if it's an office) or mailing them (if it's a home)

# Setting up Both Sites, cont.

- Consider having a fax machine (with clearly marked cover sheet) or digital camera at each site, if possible, to exchange completed documents
- Use software for signing digital documents securely (e.g., Adobe; SmallPDF.com; SignNow.com; DocuSign)

# VCP Fatigue

- It is well established that VCP can lead to fatigue, due to:
  - Discomfort due to "constant gaze"
  - A paucity of information from nonverbal language
  - A need to be more physically expressive
  - Headaches due to intense light on face
  - Distractions from devices (e.g., texts or emails popping up)
  - Blur of "work time" and "personal time"

# VCP Fatigue Solutions

- Provide breaks (especially if meeting more than an hour)
- Give yourself regular breaks to stretch your legs, hydrate, and eat; have snacks nearby
- Try to avoid watching more screens during breaks (beware the daily routine: little screen, medium screen, big screen)
- During planned breaks in a meeting, everyone mute mics and turn off cameras

# Technology: Devices

- Clients can connect for VCP via desktop computers, laptops, tablets, or smartphones (among other options); the device may determine whether there is an external mic or camera, whether virtual backgrounds are possible, whether other sites can be viewed, and how many people can be seen on one screen ("gallery" or "Brady Bunch" view)
- Headsets help block external noise

# Smartphones

- There is a stark digital divide about access to high-speed Internet (see extra slides)
- Only 12% of White adults are "smartphone-only" internet users – meaning they own a smartphone but lack traditional home broadband services. By comparison, 17% of Black adults and 25% of Latinx adults are smartphone dependent (Atske & Perrin, 2021) https://www.pewresearch.org/fact-tank/2021/07/16/home-broadband-adoption-computer-ownership-vary-by-race-ethnicity-in-the-u-s/

# Smartphones, cont.

- If possible, avoid using smartphones for VCP:
  - The screen size is too small to detect subtle facial cues
  - Unstable image (shaky screen) without a tripod or other support
  - Their portability means that clients may use them in suboptimal locations (e.g., in public or in cars)
  - Privacy may be compromised (people share their phones with others)

# Smartphones, cont.

- Phones may overheat when using video
- Battery life is used very quickly by video
- Phone "minutes" may be used if not on WiFi
- Smartphones limit options for accessing other apps during the call, seeing others on the call (e.g., group therapy), and watching videos
- Finally, if the phone battery dies, the person may not be able to reach the therapist for a phone call as a backup

# Chat/Messaging

- Chat or messaging features can typically be made available during VCP
- It can be a temporary backup if audio or video features are not working correctly
- The chat feature can be used by the clinician to send links for websites, readings, and videos

# Playing Media and Recording

- If exchanging video while teleconferencing, be sure that the audio is also shared, and be mindful of the strength of the device and connection from the person sharing it; ask the client about the quality of the video soon after starting it
- Or, point the camera at another screen
- If recording sessions, get permission from clients first, add to consent, provide rationale

# Playing Media and Recording, cont.

- One hour of video recording takes about 200 MB – consider secure cloud storage
- The client on the remote side could take photographs or video of sessions, and even post those to social media, so be clear about your policy in writing (I suggest prohibiting it)

# Playing Media and Recording, cont.

- Phones or recorders (including some therapy apps) may be used to record sessions if used as part of treatment, but they may not work if headphones are used (since they can't "hear" both sides of the conversation)

# Exchanging Written Work

- A provider can draw on a piece of paper or whiteboard to demonstrate a metaphor or model, and that can be held up to the camera or scanned with a digital camera or scanner and shown on the client's computer or faxed to the client.
- Providers may also be able to write directly on a "white board" screen within the software (or through "annotation")

# Virtual Backgrounds

- Virtual backgrounds may be an option if your computer is powerful enough; even video backgrounds are available, and could be used to aid relaxation, although they may be distracting for standard sessions
- Virtual backgrounds provide flexibility for physical locations: Either person could "block" a messy room behind them, a non-professional setting, or other issues.

# Virtual Backgrounds, cont.

- Choose professional and enticing backgrounds
- Be aware that the camera may not display objects as well if a virtual background is used. For example, if you're trying to show a client a book (or if the client is trying to show you a completed questionnaire) it may not appear on the screen.

# Confidentiality

- Providers should always use private locations and clients should not receive telehealth services in public settings, except in unusual circumstances.
- If services cannot be provided in a private setting, providers should use lowered voices, not use speakerphone, and recommend that the client move to a reasonable distance from others when discussing PHI.

# Documentation

- When doing telehealth, be sure to state that in notes
- Describe if portions of the session had to be conducted by telephone rather than videoconferencing
- A blank informed consent form can be sent to the person seeking services by traditional snail mail, private fax, email, or upload
- In the first progress note, state all of the information you provided that in the informed consent document.

# Chapter 7
# The Informed Consent Process for Therapeutic Communication in Clinical Videoconferencing

**Stephanie Y. Wells, Kathryn Williams, Kristen H. Walter, Lucy Moreno, Ebony Butler, Lisa H. Glassman and Steven R. Thorp**

**Chapter Summary**

**Purpose:** This chapter addresses important issues related to the process and content of informed consent when providing services via clinical videoconferencing (CV). Relevant differences between in-person services and CV services are highlighted for modifying the informed consent form (ICF) and consenting process. ICF modifications are also considered regarding the various settings and contexts within CV services. The chapter also highlights helpful ground rules for communication in CV contexts.

**Context:** The information contained in this chapter is necessary for providers because they have an ethical responsibility to provide patients with infor-

# Informed Consent

- When security measures are discussed in informed consent forms, the language used should be non-technical so that most people could understand it. On those forms it should also be stated that even with security measures, security cannot be absolutely guaranteed (Wells et al., 2015).
- Informed consent procedures should address how information will be released to others, including insurance carriers or other providers.
- It is good practice to start each session by confirming the specific location (especially state) of the client and record that in progress notes

# Additional Privacy

- To prevent "Zoom bombing" by unwelcome guests, providers can require a meeting ID and password and use a waiting room to prescreen clients
- Some clients may prefer an additional layer of privacy by using an alias as a log in name for the teleconferencing software; just be sure you know what alias they plan to use so you can allow them into the call

# Additional Privacy, cont.

- There could be intentional or unintentional eavesdroppers on telehealth sessions; ask the person if there is anyone else present in the home or in the room

# Summary

- There are many advantages, and some challenges, to using telehealth technologies
- Most importantly, telehealth can help improve access to behavioral services
- The data on VCP are promising, but as I have noted there are several issues to consider when conducting sessions via telehealth technologies

# Websites for Telehealth Resources

- American Telemedicine Association
http://www.americantelemed.org/home

- Health Resources & Services Administration
https://www.hrsa.gov/rural-health/telehealth/index.html

- Office for the Advancement of Telehealth
http://www.cchpca.org/office-advancement-telehealth-oat

- Telehealth Resource Centers
https://www.telehealthresourcecenter.org/

Thank You

# Privacy and Safety

# HIPAA

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was designed to improve the portability and continuity of health insurance coverage (U.S. Government Publishing Office, 2017).

# HIPAA, cont.

- HIPAA does not make exceptions for telehealth or have a separate section on telehealth. If covered entities use protected health information via telehealth, the telehealth services must meet the same HIPAA requirements as in person care (Telehealth Resource Centers, 2017).
- Technologies are not, themselves, HIPAA compliant, because the obligation is for covered entities to have an organized and documented set of security practices rather than specified software or hardware (Montgomery, 2017).

# HIPAA, cont.

- However, technology can provide tools, such as electronic passwords, data encryption (converting data to a form that is only readable by those authorized to read it), firewalls, electronic signatures, and backup systems for recovering from disasters, that can help facilitate HIPAA compliance (Wells et al., 2015).
- For example, the encryption of emails could help to provide a reasonable safeguard for protected health information.

# HIPAA, cont.

- Providers should check with the state Board related to their discipline and with professional organizations for additional guidance regarding telehealth.
- In March 2020, the Office of Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) issued a Notification stating that during the COVID-19 public health emergency, it would exercise discretion and not impose penalties for noncompliance with HIPAA requirements against covered health care providers in connection with the good faith provision of telehealth during this public health emergency.

California Board of Psychology (2020)

# HIPAA, cont.

- Specifically, you may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype.
- Providers are encouraged to notify clients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

California Board of Psychology (2020)

# HIPAA, cont.

- Applications that are "public facing," such as Facebook Live, Twitch, and TikTok, should not be used in the provision of telehealth
- Providers who want additional privacy protections for telehealth should enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products.

California Board of Psychology (2020)

# Business Associate Agreements

- Any individual or entity (e.g., telehealth software company) that performs activities on behalf of a covered entity (e.g., provider) that requires them to access Protected Health Information (PHI) is considered a **business associate**
- A BAA specifies each party's responsibilities, in the form of an agreement between the covered entity and the business associate

# HIPAA, cont.

- There are no uniform prerequisites for delivering telehealth, as these vary by states, public and private insurance providers, and modes of services
- The Notification includes a list of some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA, including Skype for Business; Updox; VSee; Zoom for Healthcare; Doxy.me; Google G Suite Hangouts Meet
- Here is a good video on trying out Doxy.me and creating a BAA: https://youtu.be/6FBbjB1BMzk

California Board of Psychology (2020)

# Confidentiality

- There are several aspects of mandated reporting and informed consent that are unique to telehealth.
- You and the person you're treating may not be located in the same state as one another. Unless you are working within a federal system (such as the VA Healthcare System) where license mobility law is in place, you must be licensed in the state where the person you serve is situated

# Confidentiality, cont.

- As a mandated reporter, you must be aware of the confidentiality rules in your own state of licensure and the state where the person served is receiving services. You may be mandated to report in both states, depending on the laws of each jurisdiction.

# Confidentiality, cont.

- Accordingly, the informed consent form you prepare for your telehealth practices should note that mandatory reporting laws vary by state and contain language that allows you to follow mandatory regional or national laws.
- Furthermore, it is good practice to start each session by confirming the specific location of the other person (e.g., whether they are at home, or staying with friends or in a hotel room in another state) to ensure that you can identify which mandatory reporting laws you need to follow.

# Confidentiality, cont.

- This is also important because it enables you to identify which authorities should be contacted if an immediate breach of confidentiality is necessary to protect the person served and/or another individual.
- This guidance applies especially in the border regions of any state or in some states that are relatively small, as the potential for crossing state lines is higher. (Wells et al., 2015)

# Safety Issues

- It is imperative to have clear and concise emergency procedures developed and written down prior to engaging in behavioral telehealth for safety and potential crises:
  - assess person's current level of safety (health, SI, HI, non-suicidal self-injury)
  - plan for medical emergencies, fire alarms, bomb threats, weather alerts, or other emergency alerts on either side of the connection; let the person know where you are located (when possible)

# Informed Consent

- If written informed consent cannot be obtained, verbal informed consent should be obtained and documented (California Telehealth Advancement Act of 2011)

# Troubleshooting

- Consider starting with brief initial sessions of VCP, then expanding the time as comfort grows
- Get releases of information and enlist family members or caregivers to help the person with the technology if needed

# Troubleshooting, cont.

- Slow computers, routers, or Internet speeds can cause audio and video problems: Best to have 15Mbps download and 5Mbps upload; to find it, search "Internet speed test;" direct Ethernet connections are faster than WiFi
- If the person often shows up late or "no shows," follow your normal procedures to coax them to change. Explore the possibility that it is related to the VCP, and offer other formats of treatment if possible

# Troubleshooting

- If you can hear them but not see them, check that they have turned on the video option (e.g., "Start Video") and that they do not have a camera cover on
- When all else fails, log out and back in or restart the software and even the computer

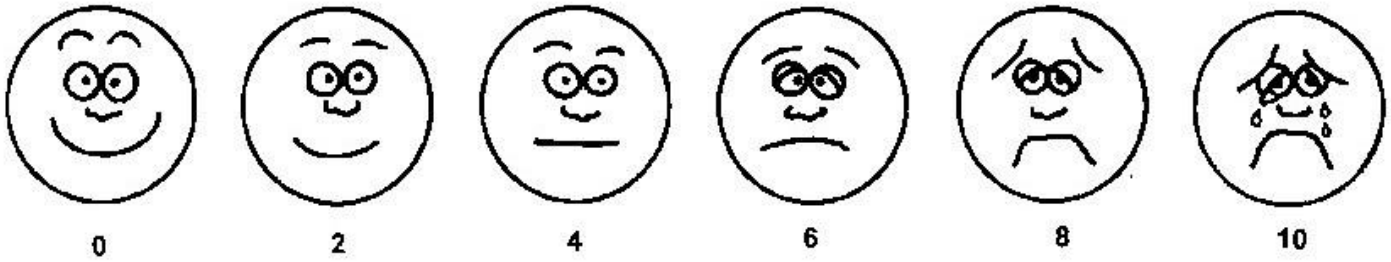
# Diversity

# Cultural Considerations

- Hilty and colleagues (2020) reported that telehealth has been shown to be effective across culturally diverse populations including Latinx, Asian, and Native American populations
- However, the fact that telehealth enables a distance between clinicians and clients means that they may not share a common language, geography, resources, challenges, or other references

# Cultural Considerations, cont.

- Interpreter services, translation apps, and visual analog scales (e.g., for rating mood) can help to reduce language barriers




- Multifamily households may make privacy in telehealth more challenging, but may also provide opportunities for cross-generational assistance with technology https://www.pewresearch.org/fact-tank/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households/

# Internet and Broadband Access

- Over a quarter of adults (26%) say they need help using technology, and older adults make up the majority of this group
- 25% of people 65 years and older do not use the Internet compared to just 3% of people 30-64 years old
- There is a digital divide: 80% of white adults in the United States have home broadband (high speed Internet), while only 71% of black adults and 65% of Latinx adults do

Pew Research Center, 2021: https://www.pewresearch.org/internet/2021/09/01/the-internet-and-the-pandemic/

# Internet and Broadband Access, cont.

- Black and Latinx individuals are as likely as White individuals to have a telephone but less likely to have a computer https://www.pewresearch.org/fact-tank/2019/08/20/smartphones-help-blacks-hispanics-bridge-some-but-not-all-digital-gaps-with-whites/
- Despite this discrepancy, among internet users, people of color were more likely than White individuals to use the Internet or email to connect with doctors or other medical professionals as a result of the coronavirus outbreak (Jercich, 2020).

# Internet and Broadband Access, cont.

- While 92% of people making $75,000 or more a year have home broadband, only 57% of people making less than $30,000 do (Pew Research Center, 2021)
- Only 72% of rural households have access to broadband at home (Pew Research Center, 2021)
- Nearly 7 in every 10 residents on tribal lands lack home broadband (American Library Association, 2018)

# In Home VCP Considerations

- In-home VCP has some advantages: it is more convenient than office-based care; it also allows observation of the home and neighborhood, including cleanliness, food, medications, and key relationships
- Safety is paramount: Be sure that both therapists and clients have all phone numbers, addresses, and emergency protocols (mental health and physical health)

# Engagement Strategies

# Engagement Issues

- Some clients may be hesitant to try telehealth due to their symptoms
- Paranoia, ideas of reference, mistrust of authority, and fear of technology can make communication through telehealth more challenging
- Some clients are distressed by seeing their own image; they have the option not to ("Turn off my video when joining meeting")

# Engagement Strategies

- Some individuals may be reluctant to have intimate conversations over a computer
- As with in-person meetings, building and maintaining rapport is important via telehealth
- It is helpful to discuss the use of telehealth by telephone before trying the new modality, particularly if someone seems hesitant or is known to be challenging in some way

# Engagement Strategies, cont.

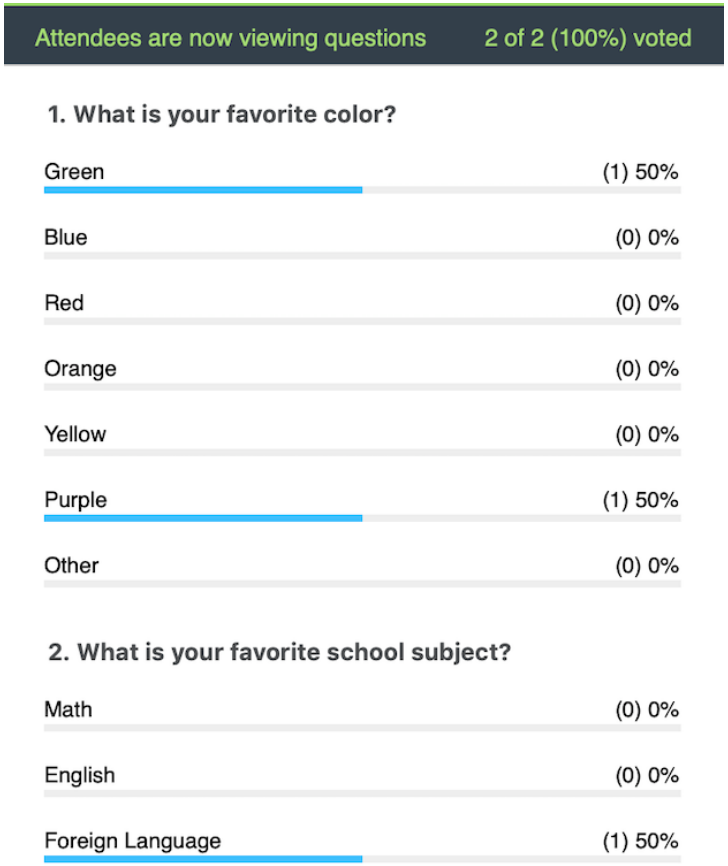
- Validate and normalize any anxiety the person may report about using the technology in telehealth
- Reinforce their use of the technology, with humor, praise, and lots of patience
- Some older (and younger) adults may have technophobia; encourage them to test out the features and let them know that they can't "break" anything by exploring their options in the software

# Engagement Strategies, cont.

- Give them a quick tutorial to orient them to the software, and repeat as necessary
- Ask about prior experience with videoconferencing
- Instruct them not to have other devices around, including portable video games, unless needed, to prevent distractions

# Engagement Strategies, cont.

- Share stories about pets popping up onscreen
- Use drawing with whiteboard or annotate features
- If in a family or group therapy, use polling to engage the audience



# Engagement Strategies, cont.

- Limit time on screen, and use the person's eye contact as a guide
- Include images to draw attention
- Use colorful virtual backgrounds
- Invite the person to show their pets to you via the camera on their device
- Give instructions for Lego bricks, drawing, coloring, or "Simon Says"

# Engagement Strategies, cont.

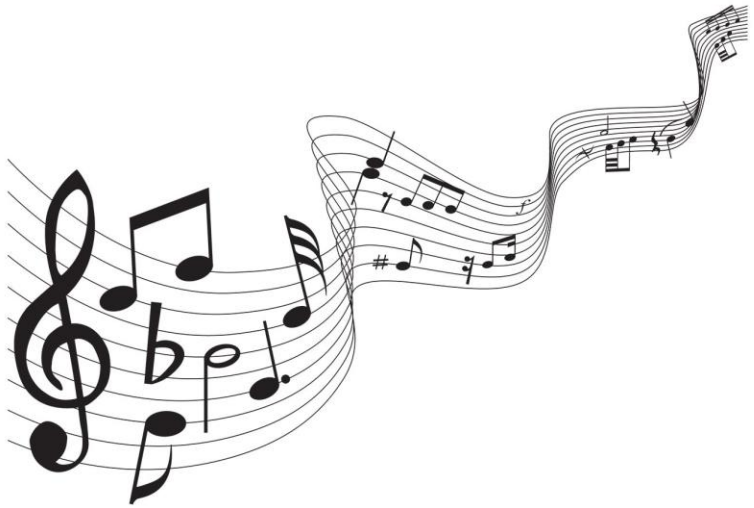
- Show gadgets or decorations from provider's office/home; asking if the person has ever seen it before and what he/she likes about it
- Observe communication by watching the person play games with others
- Use a partner at the remote site to help translate, model behaviors, reward behaviors, or do things in the room to help engage the person

# Games

- Scavenger hunt - Find these 5 objects in your house; hold them up to the camera for me
- Play Battleship with a real board and pegs at each location
- Free online games, including checkers, tic-tac-toe, or Monopoly, as introductions to the provider or to VCP
- Orient to camera - guess therapist's feelings through facial expressions

# Games, cont.

- Play "Name That Tune," and play the person a few songs that you've prepared on your phone or your computer. Try to choose songs that you think they are likely to know. Have them say the name of the song or the artist as quickly as they can.



# Games, cont.

- Write down emotion words (or draw emotion faces or find emojis); use a prompt for each:
  1. What are 3 words to describe how this feels?
  2. If you feel like this, how would you look?
  3. Tell a story about a time when you felt this
  4. When did you feel this with your family?
  5. What are 3 things you can tell yourself to feel better when you feel this way?
  6. How can others help you when you feel like this?
  7. Where can you go when you feel like this?

# Grounding Exercise

- **5 - LOOK:** Tell me 5 things that you can see.
- **4 - FEEL:** Pay attention to your body and tell me 4 things that you can feel.
- **3 - LISTEN:** Tell me 3 sounds you can hear.
- **2 - SMELL:** Tell me two things you can smell. You can move to do it or tell me your favorite smells.
- **1 - TASTE:** Tell me one thing you can taste or your favorite treat.

# Breathing Exercises

- Longest fingertips touching on belly; watching fingertips move apart with each breath; cool breath in – warm breath out.
- Inhale/exhale tracing fingers up and down
- Stuffed animals to demonstrate breathing or progressive muscle relaxation
- Hoberman sphere for breathing