



Central East (HHS Region 3)

MHTTC

## Tip Sheet: Teletherapy for Individual Services

Best Practices, Skills, and Strategies for Providing Virtual Behavioral Health Services

### Choosing Teletherapy

Teletherapy brings the principles of therapeutic practice to a virtual format—via videoconference (e.g., Zoom, Skype), by phone, or using other online or electronic means, such as a patient portal, email, or text-based messaging. This tip sheet focuses primarily on video and phone-based services, and offers:

- Best practices for providing teletherapy
- Common challenges in teletherapy and strategies for solving them
- Recommendations for setting up systems and processes
- Resources to learn more

### An Equal Counterpart

Teletherapy is having its moment. The COVID-19 crisis brought telemedicine to the forefront as many people have been unable to see their healthcare providers for routine or emergency care. Payers quickly came on board, with Medicare, Medicaid, and many private payers now covering teletherapy, and billing codes expanding to include many more virtual options.

But, in fact, teletherapy has always offered many advantages compared with traditional face-to-face therapy, including ease of access and reduction of barriers to care. With the growing recognition and acceptance of teletherapy as a legitimate treatment modality—and the growing demand for remote options—there has never been a better time to give it a try.

### Advantages of Teletherapy

Teletherapy is not a subpar substitute for in-person sessions while we wait out physical distancing and state shutdowns; it is a viable and effective alternative to traditional in-person practice. By virtue of allowing clients to receive services at home, teletherapy **reduces many barriers that keep people from accessing behavioral health care**. These include:

- Transportation issues, such as cost, access, availability, and time required for travel
- Issues related to employment, such as missed work for appointments
- Lack of access to childcare
- Disability, illness, injury, mobility issues, or other concerns that makes office visits difficult
- Privacy concerns (e.g., fear of being seen at a therapist's office)
- Visual or hearing challenges

In addition, teletherapy can reduce concerns about personal space for individuals who are uncomfortable in close physical proximity with others, reduce barriers for people with agoraphobia or related concerns, provide relief for those with environmental allergies or sensitivities, and provide you with insight about your clients' home environment that you never would have gained in an office setting.

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**Your attitude about teletherapy will influence your client's experience with it. If you believe that teletherapy can be as effective and meaningful as in-person treatment, this will show in your practice. The move toward teletherapy is an opportunity, not an obstacle.**

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### Best Practices in Teletherapy

The key to succeeding in teletherapy lies in creating an experience that feels as welcoming, open, and therapeutic as in your office, and engaging your clients in sharing this belief with you. Following are some best practices for your environment and approach.

#### Work Environment Best Practices

- **Sit with a solid background** (e.g., wall, bookcase) if possible. At a minimum, limit distractions, such as dishes and stacks of papers. Use a virtual background if needed.
- **Place light in front of you.** Windows or bright lights behind you will shadow your face.
- **Rest your device on a solid surface.** Balancing it on your lap creates constant, distracting, and possibly nausea-inducing movement.
- **Look straight at your camera.** This may mean putting your laptop on a stack of books to raise it. You might want to practice how this looks and feels with someone else before seeing clients virtually if you're new to videoconferencing.
- **Minimize internet usage** by closing all other websites and apps and asking others in your home to limit or avoid streaming (e.g., Netflix) or other high-bandwidth activities (e.g., gaming). This will help ensure a solid internet connection.
- **Minimize unnecessary noise** such as tapping, clicking, paper shuffling, and typing. If you need to cough or sneeze, mute your line. Close doors and windows to prevent interruptions and background noise.
- **Exile pets, children, and housemates.** Provide your clients with the same degree of privacy and respect that you would in your office.
- **Take care of yourself.** Have a drink, lozenge, or hard candy available if you will need it. Use a cup or bottle with a lid to avoid spills; unwrap candies before each meeting to avoid broadcasting loud cellophane crinkling noise.
- **Turn off the ringer** on your cell and desk phones and keep them away from your microphone and speakers. Cell phones can cause interference with microphones.

### Clinical Best Practices

- **Remember that the process of providing counseling online is very similar to that of meeting with a client in person.** It is essential to complete a thorough assessment, develop a diagnosis, and create a treatment plan. Building a therapeutic relationship and developing rapport remain key factors to a successful intervention. Whether you're working with a new client or an existing client who's now moving to virtual sessions, this can be fostered through warm and supportive communication through the initial steps of setting up the online connection with your client and brief, pleasant social engagement.
- **Work with your clients to plan ahead and problem solve any issues.** Before you decide to set up teletherapy appointments, ask your client: Will you be able to speak freely during sessions or will you be constrained by the presence of others? Are you comfortable on video or would you prefer to begin with phone appointments? If there is a safety or privacy concern on your client's side, start every session with a check: Is now still a good time to talk? Review privacy practices with clients, especially if they have concerns in this area. Ensure all communication is conducted on a Health Insurance Portability and Accountability Act (HIPAA)-compliant platform, including the transmission of case-related documents.
- **Support clients in completing and returning paperwork,** such as pre-admission forms, proof of identity, health insurance information, and scheduling of appointments. Ask your client: Are you able to open and electronically sign a PDF? Do you have a printer? Can you upload a document, either via a smartphone photo or a scan? Help address barriers if needed. (For example, have your client send you documents in the mail instead of by email, if needed). Remind clients to protect their privacy by deleting and/or closing out any documents they use, especially in situations where they may be sharing devices with others.
- **Recognize your limitations and strategize how to counter them.** Some assessment content is not available virtually. Factors such as poor hygiene or the odor of alcohol can't be determined. You may not be able to tell if someone's legs are bouncing, their hands are cold or sweaty, or they are fidgeting off camera. You may need to be even more attentive to audio and visual clues in the online format.

### Challenges and Solutions

Some common **challenges** in providing telemedicine include:

- Lack of technology or stable internet connection
- Competition with others over bandwidth, computer/mobile devices, or phone
- Lack of private space to use during sessions
- Concerns about online privacy
- Unfamiliarity or discomfort with technology
- Client discomfort talking with you from home
- Limited literacy or technological savvy

Some possible **solutions**:

- Provide flexibility in your scheduling, such as weekend, evening, or early morning slots, so clients don't have to compete for bandwidth during the workday, for instance, or so they can have privacy to speak freely without roommates, family, or others present.
- Provide a primer, tip sheet, or tutorial to clients who are not accustomed to or comfortable with technology.
- Require a password to enter a virtual meeting, don't publicize your meeting links, and use a "waiting room" so you can control entry when possible. Make sure to follow your agency's privacy policies, along with all relevant state and federal laws.
- Accept that there may be a learning curve as some people get used to both the logistics and the experience of virtual interaction.
- Encourage the full video experience, but offer audio-only, cell phone, or landline sessions as an alternative to videoconferencing.

### Addressing Provider Apprehension

Therapists who are accustomed to face-to-face, in-person counseling sessions may be hesitant to use virtual conferencing technology to engage in or continue a therapeutic relationship. For instance, those who are not as experienced with technology may think of it as a barrier to meaningful connection. Others may have concerns about the privacy and confidentiality of teletherapy sessions.

It may be helpful to keep the following in mind:

- Many therapists already have experience participating in an after-hours clinical on-call responsibility that involves phone call or text contact with individuals in distress. In these situations, therapists successfully respond by phone, engage with clients, assess their needs, and provide interventions ranging from basic support and planning to facilitating an emergency response.
- Lots of people find they are able to make meaningful connections with friends and family via online platforms to sustain social connections during the COVID-19 crisis or because they are geographically apart.
- Behavioral health professionals frequently use videoconferencing or phone calls to meet with colleagues at distant locations. Some may have even completed some of their education via online classes and videoconferences with professors or advisors. If you have peers who are experts in this area, ask them for pointers.

When considering the transition to providing counseling services via teletherapy, remembering how common it has become to communicate in these ways can reduce the concern for clinicians and clients.

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**Use full video and audio whenever possible. This most closely replicates the in-person experience and allows you and your client to see each other's faces and body language. Even if your client is camera shy, aim to show your own face on video unless doing so would be detrimental to working with your client.**

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### Setup and Logistics

Following are some logistical and risk-management considerations in offering teletherapy. *This is for informative purposes only and should not be construed as legal advice. This guidance should not substitute for individualized client care or treatment decisions. You should adhere to any policies or specific procedures for virtual services established by your own agency or service system.*

**Licensure.** Check with your licensing body regarding teletherapy services. (Most states have policies, many of which have been updated in the time of

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COVID-19.) Make sure you know in what state your teletherapy client has permanent residency before providing services.

**Teletherapy platform.** If you work for an agency, they likely will have chosen a platform for all staff to use. If you are an independent practitioner, make sure you choose a videoconferencing platform that is HIPAA compliant.

**Teletherapy is not for everyone or for every situation. Teletherapy should be just one of the tools in your toolbox.**

**Billing and Coding.** The Centers for Medicare & Medicaid Services (CMS) has waived many restrictions for Medicare telehealth services, as

have many commercial payers. In fact, many states mandate coverage for telepsychotherapy.

**Scheduling.** You or your scheduling coordinator should schedule appointments similar to the way you do in person. Allow yourself a break between video calls and factor in time for documentation, if this how you manage your schedule in the office. Establish and adhere to time availability boundaries. Be cautious, in your desire to be flexible and supportive, to avoid burnout or other problems. Take advantage of your electronic health record (EHR) text and email reminders to send links for videoconferences, if this technology is available to you.

**Informed Consent.** You may consider having your clients sign a teletherapy informed consent form. Samples of these can be found online; ask your compliance officer if your agency has one.

### Helpful Resources

American Psychological Association Guidelines for the Practice of Telepsychology:  
<https://www.apa.org/practice/guidelines/telepsychology>

Association of Marital and Family Therapy Regulatory Boards Teletherapy Guidelines (PDF | 440 KB):  
<https://amfrb.org/wp-content/uploads/2017/05/Proposed-Teletherapy-Guidelines-DRAFT-as-of-09.12.16.pdf>

Clinical Innovations in Telehealth Learning Series | Mental Health Technology Transfer Center (MHTTC) Network:  
<https://mhttcnetwork.org/centers/global-mhttc/clinical-innovations-telehealth-learning-series>

Fundamentals of Telemental Health: An Introduction to Telemental Health | Northwest Addiction Technology Transfer Center (ATTC): <https://www.youtube.com/watch?v=SX1Jp23tJqc>

FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency | U.S. Department of Health and Human Services Office for Civil Rights: <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

Medicare Telemedicine Health Care Provider Fact Sheet | Centers for Medicare & Medicaid Services:  
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Introduction to Telemental Health | Office of the National Coordinator for Health Information Technology (ONC):  
<https://www.healthit.gov/resource/introduction-telemental-health>

Telemedicine | Medicaid.gov: <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

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