

Supporting Our CBT Clients During the COVID-19 Pandemic

PART 1: Best Practices in TeleCBTp

The COVID-19 outbreak has had a profound impact on our daily lives, including increased isolation as physical distancing measures have been put in place. As a result, many clinicians now rely on telehealth encounters to sustain contact, engagement, and treatment during this stressful time. To help with this transition, the [UW CBTp Implementation Team](#) has generated tips and strategies for the remote delivery of CBT for psychosis (CBTp).



What does the research say about the use of telehealth for service users with serious mental illness?

- Both via telephone and videoconferencing are feasible and acceptable to clients¹⁻³
- Emerging evidence suggests that telehealth improves client outcomes¹
- Therapeutic alliance is not affected when individuals receive CBTp via telephone vs. in-person sessions⁴
- Using telemedicine post discharge from an inpatient unit resulted in greater treatment compliance, adherence, and satisfaction than those receiving conventional discharge services⁵
- The use of videoconferencing is associated with good clinical outcomes comparable to those seen in in-person sessions.⁶

Setting up the Therapy Environment

Client space

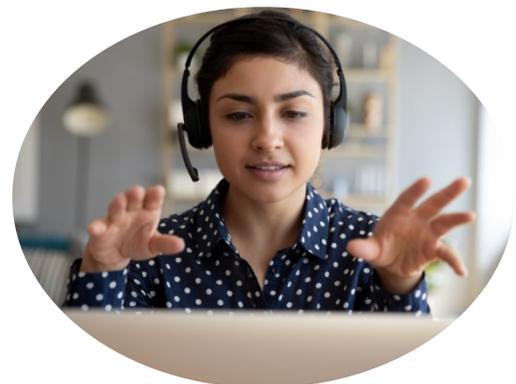
- Safe, private location (important to know where client is located in case of emergency)
- Well lit (both for client and for clinician)

Therapist space

- Secure, private, well-lit
- Visible space is tidy
- Limit interruptions
- Ensure webcam is offering quality video

Camera set-up

- If possible, cameras should be placed at the same elevation as the eye with the face clearly visible



Key Considerations for Telehealth Delivery

- Attend to nonverbal communication
 - **Do's:** lean into camera, maintain eye contact, nod, smile
 - **Don'ts:** Eat/drink, type, look down for notes for the majority of the visit
- Greet the person warmly
- Orient the person to the call (e.g., logistics, consent, pertinent features)
- Consider shorter, more frequent calls
 - Enhance opportunities for socialization and avoid client fatigue
- **Avoid frontloading** assessment
- **Frontload** befriending, keep it casual
- Careful of dominating the call
- Factors enhancing the therapeutic relationship (not specific to telehealth but important to keep in mind):
 - Increased symptom severity
 - Broader social network
 - Employment
 - Congruence of gender, age, ethnicity
- Remember to focus on: **ROUTINE, STRUCTURE, ACTIVITY, CONNECTION, CONTRIBUTION**

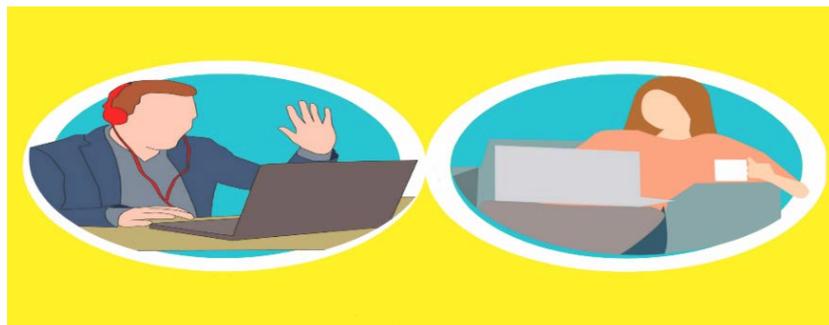


Technology Needs

- ✓ Computer
- ✓ Webcam with high-quality camera/audio
- ✓ Antivirus software and firewall
- ✓ Headphones with microphone
- ✓ Telephone
- ✓ Stable internet connection (wired connection is preferable if available)

Setting the Client Up for Success

- Hold a learning session prior to first visit
- Provide written instruction
- Have a natural support accompany client to learning session
- Understand the client's setup (e.g. equipment they are using, data allowance, internet connection, privacy, concerns about privacy/surveillance)



01

Plan for time at onset of each session to help clients navigate telehealth platform (5-10 minutes)

02

Anticipate interruptions; reorient client to discussion upon return

03

Consider brief, concrete, agendas; consider entering agenda items into chat box if you previously wrote these down for clients

04

Share screen to orient clients to worksheets; may need to fill out for clients during session and send completed/clean copies for home practice. Consider virtual whiteboard.



Telephone Considerations

- Used if client is uncomfortable with video-based platform, doesn't have access to equipment for video calls, or has active delusions about technological surveillance
- May also be used if a therapeutic relationship is already established
- When providing CBTp via telephone, remember to:
 1. Remind individual of session time and duration
 2. Encourage client to use private and quiet location
 3. Establish a brief and concrete agenda
 4. Provide materials (e.g. worksheets, handouts) in advance

References

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2. Daker-White, G., & Rogers, A. (2013). What is the potential for social networks and support to enhance future telehealth interventions for people with a diagnosis of schizophrenia: a critical interpretive synthesis. *BMC Psychiatry*, 13(1), 279.
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4. Mulligan, J., Haddock, G., Hartley, S., Davies, J., Sharp, T., Kelly, J., ... & Rivers, Z. (2014). An exploration of the therapeutic alliance within a telephone-based cognitive behaviour therapy for individuals with experience of psychosis. *Psychology and Psychotherapy: Theory, Research and Practice*, 87(4), 393-410.
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6. Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., ... & Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services*, 9(2), 11.

