

**ISU PSYCHOLOGY CLINIC**

**TELEPSYCHOLOGY**

**CLINICIAN AND SUPERVISOR MANUAL**

**Version date: 08/10/2020**

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# INTRODUCTION

This manual is useful for both student-clinicians and supervisors. In this training setting, telehealth, telemental health, or telepsychology (used variably) primarily refers to real-time video conferencing hosted service delivery. Telesupervision, text, voice mail, and other electronically mediated aspects of services are also considered telehealth. **Telehealth services (including scheduling appointments) may only occur during the ISU Psychology Clinic’s regular business hours.**

In concert with their supervisor, clinicians practicing telepsychology should:

1. Conduct a risk-benefit analysis specific to:
   1. The chronological and developmental age of the client, and the presence of any physical or mental conditions that may affect the utility of telepsychology. Section 508 of the Rehabilitation Act, 29 U.S.C 794(d) is pertinent to making technology available to a client with disabilities.
   2. Whether the client's presenting problems and apparent condition are consistent with the use of telepsychology to the client's benefit; and
   3. Whether the client and clinician has sufficient knowledge/skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.
2. Clinicians should **not** provide telepsychology services to any person when the outcome of the above analysis is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.
3. Clinicians should also consider the potential impact of multicultural issues when delivering telepsychological services to diverse clients.

Importantly, the American Telemedicine Association’s Practice Guidelines for Video-based Online Mental Health Services state: *"Evaluation of appropriateness of videoconferencing care should continue throughout the treatment including monitoring of symptoms and patient cooperativeness in assuming the responsibilities inherent in remote care. The consent process shall include discussion of conditions of participation around session management so that if a professional decides a patient can no longer be managed through distance technology, the patient is aware that services may be discontinued if no longer appropriate."*

Student-clinicians providing telehealth services in the ISU Psychology Clinic are expected to comply with all clinic practices outlined in the ISU Psychology Clinic Manual, HIPAA Compliance Manual, and the ISU Psychology Clinic Telehealth Manual.

# STUDENT AND SUPERVISOR SUPPORT: CONTACT INFORMATION

For procedural and technology-related questions and/or concerns, please contact Kathy Ocampo, Clinic Director at 812-237-2037 [kathy.ocampo@indstate.edu](mailto:kathy.ocampo@indstate.edu)

# STUDENT LIABILITY INSURANCE

Clinicians must purchase and/or maintain their student liability insurance during their practice of telepsychology. Please review the following information from the Trust Sponsored Professional Liability insurance policy: "*Please know that your Trust Sponsored Professional Liability insurance policy covers psychological and other associated professional services including such services as telehealth, provided the insured is in compliance with the appropriate state practice rules or regulations.*"

# INDIANA PSYCHOLOGICAL ASSOCIATION: A CRISIS UPDATE FOR PSYCHOLOGY

**April 1, 2020**

This crisis is certainly serious and has a dramatic impact on our IPA Members and their patients. Fortunately, the regulators have now lifted nearly all restrictions for practicing psychology and associated services. The changes for Indiana have come though emergency orders from both federal and state.

**Here is a listing of current changes affecting Psychology.**

* Telehealth is authorized for all healthcare providers, including Psychologists, practicing within the scope of their license
* Telemedicine includes all forms of audio-video communication, including telephone
* Any healthcare provider can practice from any location their office or home
* Likewise, the patient can be located anywhere their office or home Psychologist and patient can be located in any state while communicating
* Telehealth is eligible for new patients and for established patients Telehealth services will be reimbursed at the same rate as an in-person visit
* Medicare and Medicaid reimburse for all telehealth services
* Americas Health Insurance Plans (AHIP) has committed to match CMSs waivers on Medicare policies
* The Indiana Department of Insurance has directed payers in Indiana to reimburse for all telehealth services
* Payer coding requirements for telehealth may be different - some want the modifier 95, some want only location code 02, others want both or none
* Psychological and Neuropsychological Testing is eligible (CPT codes 96130- 96133; CPT codes 96136- 96139)
* Documentation, including HIPAA and consent agreements, will not be audited during the emergency

**Indiana Governors Executive Orders**

[https://www.in.gov/gov/files/EO\_20-05.pdf](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.in.gov%2Fgov%2Ffiles%2FEO_20-05.pdf&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418635790&sdata=usAuyPgSHnUNNkQQUOChkVOuPH71CcU2Nykwwtv91T8%3D&reserved=0)

Page 3; Paragraph 10.B.

[https://www.in.gov/gov/files/Executive%20Order%2020-](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.in.gov%2Fgov%2Ffiles%2FExecutive%2520Order%252020-13%2520Medical%2520Surge.pdf&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418645783&sdata=kCALn6WftEslZtOg%2BnfIvz8wrSJVgPMBNLbRSQ9W5hw%3D&reserved=0) [13%20Medical%20Surge.pdf](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.in.gov%2Fgov%2Ffiles%2FExecutive%2520Order%252020-13%2520Medical%2520Surge.pdf&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418645783&sdata=kCALn6WftEslZtOg%2BnfIvz8wrSJVgPMBNLbRSQ9W5hw%3D&reserved=0)

Page 4, Paragraph5

[https://www.in.gov/gov/files/Executive%20Order%2020-](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.in.gov%2Fgov%2Ffiles%2FExecutive%2520Order%252020-13%2520Medical%2520Surge.pdf&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418645783&sdata=kCALn6WftEslZtOg%2BnfIvz8wrSJVgPMBNLbRSQ9W5hw%3D&reserved=0) [13%20Medical%20Surge.pdf](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.in.gov%2Fgov%2Ffiles%2FExecutive%2520Order%252020-13%2520Medical%2520Surge.pdf&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418645783&sdata=kCALn6WftEslZtOg%2BnfIvz8wrSJVgPMBNLbRSQ9W5hw%3D&reserved=0)

Page 4, Paragraph 3.c.

**Federal Emergency Orders**

[Trump Administration Makes Sweeping Regulatory Changes to Help U.S.](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cms.gov%2Fnewsroom%2Fpress-releases%2Ftrump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418655778&sdata=hcIKCwUnSFYZWXLHlZW%2ByrfM77J6iiMSeYT5m%2Fegs18%3D&reserved=0) [Healthcare System Address COVID-19 Patient Surge](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cms.gov%2Fnewsroom%2Fpress-releases%2Ftrump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418655778&sdata=hcIKCwUnSFYZWXLHlZW%2ByrfM77J6iiMSeYT5m%2Fegs18%3D&reserved=0) (3/30/20)

[Trump Administration Makes Sweeping Regulatory Changes to Help U.S.](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cms.gov%2Fnewsroom%2Fpress-releases%2Ftrump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418655778&sdata=hcIKCwUnSFYZWXLHlZW%2ByrfM77J6iiMSeYT5m%2Fegs18%3D&reserved=0) [Healthcare System Address COVID-19 Patient Surge](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cms.gov%2Fnewsroom%2Fpress-releases%2Ftrump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418655778&sdata=hcIKCwUnSFYZWXLHlZW%2ByrfM77J6iiMSeYT5m%2Fegs18%3D&reserved=0) (3/30/20) [https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cms.gov%2Ffiles%2Fdocument%2Fcovid-19-physicians-and-practitioners.pdf&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418665771&sdata=2m42gzMTlH8ZQu3XPruGAkxoyTnAO50aT7A3ZIJJEZM%3D&reserved=0)

**APA**

[https://www.apa.org/practice/programs/dmhi/research-](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.apa.org%2Fpractice%2Fprograms%2Fdmhi%2Fresearch-information%2Fpandemics&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418665771&sdata=jvccbZzfKjLiJlKq%2B0LIayc38mDxSAOLIGPrjzHtVHw%3D&reserved=0) [information/pandemics](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.apa.org%2Fpractice%2Fprograms%2Fdmhi%2Fresearch-information%2Fpandemics&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418665771&sdata=jvccbZzfKjLiJlKq%2B0LIayc38mDxSAOLIGPrjzHtVHw%3D&reserved=0)

**Payers**

[https://providernews.anthem.com/indiana/article/information-from-](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprovidernews.anthem.com%2Findiana%2Farticle%2Finformation-from-anthem-for-care-providers-about-covid-19-6&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418675765&sdata=QmR5mb%2Fypzm8FevbEGw6ac3iUpKULUarByxg%2B8G4N6o%3D&reserved=0) [anthem-for-care-providers-about-covid-19-6](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprovidernews.anthem.com%2Findiana%2Farticle%2Finformation-from-anthem-for-care-providers-about-covid-19-6&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418675765&sdata=QmR5mb%2Fypzm8FevbEGw6ac3iUpKULUarByxg%2B8G4N6o%3D&reserved=0) [https://www.uhc.com/health-and-wellness/health-topics/covid-19](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.uhc.com%2Fhealth-and-wellness%2Fhealth-topics%2Fcovid-19&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C0eefc184233d4344976a08d7d680aa95%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637213720418675765&sdata=8IB%2FY6drCWajCEPGCecHsD5Gim7mM%2F6gmMRd6upleCM%3D&reserved=0)

The information contained in this message has also been posted on the IPA website. Please refer to the IPA website for updated resources.

The Governor has issued updated Executive Orders that apply to the public health disaster emergency. These orders continue the previous emergency orders that have been declared since March 6, 2020 and apply to Psychologists.

# INDIANA PSYCHOLOGICAL ASSOCIATION: RENEWAL OF EXECUTIVE ORDER

**July 1, 2020**

**Executive Order 20-34**

Paragraph 2.Renewal of Public Health Emergency Declaration *This renewal of the COVID-19 public health emergency shall become effective on July 4, 2020 and shall now expire on August 3, 2020, unless further renewed.*

**Executive Order 20-33**

Paragraph 3.Temporary Licensing of Health Care Workers Extended . . . *any individual . . . who received an initial 90-day temporary authorization to provide health care in the State of Indiana in response to this public emergency because . . . they are licensed in another state, are granted an additional 90-day authorization to continue to provide health care services during this public health emergency . . .* (to September 30, 2020)Paragraph 4.Registration Requirement for Certain Indiana or Out-of-State Health Care Providers . . . Professionals who are granted a temporary license to provide health care . . . must register with PLA . . .

All Indiana Executive Orders can be viewed at:[https://www.in.gov/gov/2384.htm](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.in.gov%2Fgov%2F2384.htm&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C202f3fd0adee4e4d9d9708d81dfb0dc8%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637292311403652888&sdata=vhqU7aTtdL0N2%2F1NtvjbxQPW806kBm125TZ%2B6BLHm1w%3D&reserved=0)

**#MaskUpHoosiers**

* Governor Holcomb and Indiana State Department of Health Commissioner Dr. Kris Box, M.D., today announced a statewide initiative to encourage Hoosiers to wear masks to limit the spread of COVID-19.

The Indiana State Department of Health COVID-19 website is:[https://www.coronavirus.in.gov/](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.coronavirus.in.gov%2F&data=02%7C01%7Ckatheryn.ocampo%40indstate.edu%7C202f3fd0adee4e4d9d9708d81dfb0dc8%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C1%7C637292311403662881&sdata=5pSO4oI7VatJcPScyntTVxigWOBKHC3lPMoNnSZmOEI%3D&reserved=0)

**INITIAL CLINIC CLOSURE**

As of 3/25/20 at noon, the clinic was closed for all face to face sessions with clients (students and faculty) following the Governor’s stay at home order, and the University’s directive that all faculty work from home (unless specifically allowed on campus with a clearance letter). Marty began work from home as well.

All scheduled clinic appointments were cancelled. Therapy sessions were replaced by a phone check-in to the client by the clinician (instructions are below). All assessments were cancelled/rescheduled until after the stay at home directive has been lifted.

Marty contacted all clients to update them on what is happening. Students and supervisors, let Marty know the clients they planned to see via video platform, and the clients they planned to check in with via phone. Marty obtained consent for telehealth services from clients AFTER she was informed that this was the client plan.

We purchased Zoom for Healthcare and piloted prior to full use. Instructions, including mandatory training, on using the Zoom platform were sent when available. The initial plan was to have Zoom available for everyone to use by the week of April 6.

# ISU PSYCHOLOGY CLINIC TELEHEALTH TRAINING REQUIREMENTS

March 2020

Student-clinicians must complete all of the following training requirements in order to provide telehealth services for the ISU Psychology Clinic. The requirements are as follows:

1. Clinicians must read the **APA Guidelines for the Practice of Telepsychology.** This can be found by following this link [https://www.apa.org/practice/guidelines/telepsychology](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.apa.org%2Fpractice%2Fguidelines%2Ftelepsychology&data=02%7C01%7CKatheryn.Ocampo%40indstate.edu%7C688c5617c9634fcffa8308d7d1a29264%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C0%7C637208368481438299&sdata=lAGAwygb7B9v9XrRem%2FJ4FWy59IGpDN7Y3apHHfKeGo%3D&reserved=0). Once completed, students must sign their acknowledgement of reading and understanding the APA Guidelines for the Practice of Telepsychology. This signature indicated understanding and agreement to comply with all outlined practices.
2. Clinicians must read the **American Telemedicine Association’s Practice Guidelines for Video-based Online Mental Health Services.** PDF of this article is located in the appendices, in addition to practice guidelines for children and adolescents. The information found within these guidelines is again, expected to be understood and practiced by the student clinician providing telehealth.
3. Clinicians must complete Modules 1, 2, and 3 (totaling 6 hours) of APA’s Telepsychology Best Practice 101 Series, as mentioned in a previous email. **You will need to provide a copy of your completion certificate for each of the three required modules.** You should upload your certificates and send to Marty. [https://apa.content.online/catalog/product.xhtml?eid=15132](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapa.content.online%2Fcatalog%2Fproduct.xhtml%3Feid%3D15132&data=02%7C01%7CKatheryn.Ocampo%40indstate.edu%7Cb9af6abf80d5450931b908d7cbfed408%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C0%7C637202167688611020&sdata=%2Bj4Hb2NY3Rc%2BYZBgdyz8mY6ORWp1dHo6brdDXmkBALc%3D&reserved=0)
4. Practice with Zoom. There is a free version that you can use to practice. The clinic version will be nearly identical. All of the trainings/webinars I have listened to state that practice is the key to helping the session be effective for your clients. Know how to use the controls in Zoom so you can direct on how to use Zoom. Please do practice sessions with other students. In addition the “waiting room” feature in Zoom is required to prevent Zoombombing where someone uninvited hacks into your Zoom meeting.

<https://support.zoom.us/hc/en-us/articles/360029527911>

1. Given the unique format of telehealth, new clinicians will complete a competency ‘check out’ with their supervisor or clinic director via a video conference in which the supervisor can see the service provision space from the vantage point of clients (i.e., supervisors should assume the role of the client via a telehealth platform). (NOTE you can upload an image that will show up in the background when using ZOOM if you’d prefer. If you elect to use this option, make sure the background upload is professional.

One advantage of this check-out is to allow the clinician to practice “eye contact” with their supervisor. The following article provides some tips for ensuring adequate eye contact during telehealth sessions: [https://personcenteredtech.com/2016/11/02/making-eye-contact-over-video-in-telemental-health-services/](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpersoncenteredtech.com%2F2016%2F11%2F02%2Fmaking-eye-contact-over-video-in-telemental-health-services%2F&data=02%7C01%7CKatheryn.Ocampo%40indstate.edu%7C688c5617c9634fcffa8308d7d1a29264%7C3eeabe396b1c4f95ae682fab18085f8d%7C0%7C0%7C637208368481448293&sdata=dX5%2F%2FigPXHNeAm6sVrbIQFwylLUy3ea98Y0f0q00bi8%3D&reserved=0)

Here are some additional tips for eye contact:

* Wear earphones and suggest that client to do the same.
* Close out all other applications and turn off notifications on your computer (so your eyes aren’t moving)
* Dress professionally, check what is behind you to ensure professional atmosphere
* Place image of client at the top of your screen (not on the side or bottom)
* May help to elevate your laptop so the camera is at eye level.

***When you are done with the training, please email Marty and your supervisor with the completion certificate from Modules 1, 2, and 3 for the Telehealth webinar. Your supervisor will then “respond all” to let Marty know if/when you are ready to start seeing clients on Zoom. This will allow individual supervisors to decide if they would like for students to complete a “check out” prior to starting Zoom session.***

Below are helpful links to give your more information as you prepare to do telehealth:

<https://www.apa.org/members/your-growth/practice-management/telepsychology>

<https://indianapsychology.org/>

<https://www.nationalregister.org/coronavirus-resources/>

<https://www.apa.org/practice/programs/dmhi/research-information/pandemics>

[Making Eye Contact Over Video in Telemental Health Services](https://personcenteredtech.com/2016/11/02/making-eye-contact-over-video-in-telemental-health-services/)

## Supervisor Requirements

Supervisors are expected to complete all of the same training as student clinicians (see section entitled “Student Training Requirements”).

Supervisors are expected to engage their clinicians in a parallel manner to that which is described for clinician and client interactions (e.g., providing alternate contact info for the clinician to reach the supervisor should the supervision session become disrupted, etc.).

Supervisors should verbally remind students of pertinent information in this manual, including, but not limited to the following:

1. A Progress Note should be sent to the supervisor via email to be entered in Titanium per directions outlined in this manual (see section entitled “Documenting Sessions”)
2. Supervision will take place remotely, via Zoom or other video platform.
3. Supervisors are expected to maintain availability for on-call supervision when their supervisees are scheduled to see clients via telehealth. The Clinic director (Kathy Ocampo) and DCT (Liz O’Laughlin) remain on call during traditional clinic open hours for consultation during or after a session.

If there is a need to consult with the a supervisor, the clinician should keep the client on video conference and, after muting the conference with the client, call or text the on-call supervisor via the contact information provided for on-call supervision. If necessary, a link to join the video conference can be sent to the supervisor.

# ISU PSYCHOLOGY CLINIC TELEHEALTH PROCEDURES 4/1/20

**Phone check in**

The procedure is as follows:

* Phone check-ins will be scheduled in Titanium. Please let Marty know when you want to schedule this for your client and she will contact the client to schedule the time and put this in Titanium. She will let the client know that the call will come through from a blocked number, so they should answer the call. She will also tell the client that this is a brief check-in, rather than a full session.
* Marty will send the client number to you via email in de-identified format (i.e. MS scheduled 3/31/20 at 2pm, 812-333-4444)
* At the scheduled time you will call your client from home. Make sure you are alone in a secure place and will not be overheard. Dial \*67 to deactivate caller ID so your number is not shown. Ask the client where they are at and make sure they are in a private space.
* This is not a full therapy session, but rather 5-15 minutes of checking with them to see how they are doing (isolation can be tough), go over coping skills, self-care skills, and other skills that you have discussed with them. This is NOT the time to discuss new items or start new treatments.
* You will write a brief note in Word documenting the phone call and send it de-identified (initials, date/time, and what happened) to your supervisor. Your supervisor will review it and put it in Titanium.
* Call or email Marty and give her the time you have scheduled with your client for the next week and she will enter the appointment in Titanium. The plan is for phone check-ins to last for just a little while as our only option.
* If your client is in crisis (danger to self or others) please put them on hold and contact me (812) 201-5544 or your supervisor and we will walk you through checking lethality and developing a plan of care.

**INITIAL TELEHEALTH INSTRUCTIONS SENT 4/1/20**

I am providing you with the following items:

1. Zoom training (30 minutes) in the link below. I attended both the 30 minute training and the 60 minute training and there were few differences. Some notes from the 60 minute training

* Do use the waiting room feature so you can add your client to the session
* Do mute audio and video upon entry and have your client start it when ready
* Share screen –use this to find the whiteboard. You can have the client use their drop down menu to “annotate” which will allow them to write on your white screen if you want to allow this
* If you share a file through chat, they will need to download it before the session is over
* You can schedule on the quarter hour, etc. Just type over the time and hit enter and you can customize the start time (if needed)

1. ISU Telehealth checklist (outlined below). Please use this for your telehealth sessions. This walks you through what you will need for sessions and the information needed in a note. You must get the client’s physical address each session in case you need to respond to a crisis.
2. List of local crisis numbers
3. Tips for working with suicidal clients via telehealth
4. Columbia Suicide Severity Rating Scale
5. Psychological Impact of Quarantine document
6. Zoom reference guide
7. A list with a couple of clinical resources that may be helpful in doing telehealth services, including information about a free webinar next week.
8. Self-care during COVID-19 guide.

### **PROCEDURES DURING STAY-AT-HOME ORDER**

### **Clients That Decline All Telehealth Services 3/23/20**

After offering both video and phone services, if clients are not interested in telehealth services explain that once the clinic is safely able to re-open for in person services, someone will contact them to schedule services again. Explain that if the client needs emergency services before the clinic re-opens they should contact 911.

Clinicians should NOT close the client’s file but they should discuss with their individual supervisor how to best manage the care of this client. Clinicians should promptly document in a Progress Note that the client was offered telehealth services, declined services, and is being placed on hold until the clinic can safely re-open in person services.

**Telehealth Intake Procedure (COVID-19) March 23, 2020-May 18, 2020**

Marty will have all of the intake sheets that have been screened by Kathy.

Clinicians:

1. Contact Marty (phone 812-237-3319 or video conference) and have her tell you about the contacts on the wait list. Choose a few that you are interested in. Alternatively, Marty can send the intake spreadsheet to your supervisor for review with you.
2. Discuss possible cases with your supervisor and choose 1 to be contacted.
3. Let Marty know who you have chosen and possible intake times to schedule.
4. Marty will call the client and receive verbal consent to email our intake paperwork to the client and schedule the intake.
5. Marty will let you know that intake paperwork was sent, and intake time confirmed.
6. Schedule the intake session and send the link to Marty and your supervisor. This will allow your supervisor to join the intake session.
7. The client will review our intake paperwork (including telehealth consent) and either sign/scan back or provide verbal consent for each form to Marty. Intakes will not occur without receiving consent for treatment. Marty will send the link to join the intake session only after receiving consent for treatment (verbal is ok).
8. Marty will send a copy of the OQ to the intake when she sends the link for the intake session. The client can complete/scan/email the OQ back to Marty and Marty will send to the intake therapist, or the therapist can ask the client to review their answers to the OQ as part of session (the client may not be able to scan/email from home).
9. Treat this session as any intake session and review limits to confidentiality, discuss that you are supervised, etc. I am including a link a webinar on how to perform telehealth intakes.
   1. Webinar on Doing Intakes Via Telepsychology, Friday April 17, 2-3 pm. Free for trainees. <https://www.nationalregister.org/education-training/upcoming-webinar/>
10. Complete the attached intake template de-identified with name, date of birth, etc. Your supervisor will review and post your intake report into Titanium.

Supervisors:

1. Review potential cases with your supervisees and help them decide on a case to schedule.
2. Decide how/if you want to monitor the intake session. You can watch the intake live via the link that your supervisee will send. You can also join via the link if you decide not to observe, but your supervisee contacts you and needs your intervention in the session. Liz is piloting how to record a session.
3. After reviewing the intake report you can attach it to a note in Titanium to post. You can attach to the intake service, or create a new note. Let me know if you would like help with this process and you can send the de-identified report to me and I can attach in Titanium.

### **Recording, Storing, and Documenting Sessions**

**Recording:**

Recording of sessions is being piloted by Liz O’Laughlin. Instructions will be sent out when completed.

**Documentation:**

Write a de-identified note in Word, and include the following:

* Zoom telehealth session conducted with clinician at home and client at due to COVID-19 conditions.
* Clinician discussed session privacy and ensured that only client was present and others were not privy to session content (this may be different for child clients).
* If Zoom not used (i.e., technical problems), note this (i.e., phone session)
* If session was less than 50 minutes include length of session in your note
* Send note to your supervisor, who review the note and upload it into Titanium.
* Once access to the clinic began 7/1/20, notes may be entered directly into Titanium.

### **Managing a Crisis with a Telehealth Client**

Should a mental health emergency arise during a telehealth appointment with a client the following steps should be taken.

1. Collect information from the client in the format of a risk assessment.
2. Safety plan with the client if appropriate. The clinician should initiate a phone consultation with the on-call supervisor, disabling their video feed and muting their sound. This will allow the clinician to watch and listen to the client while consulting with the on-call supervisor. Additionally, the case supervisor can be brought into the call via the meeting invitation. Clinicians should send a copy of the safety plan (if completed) to their supervisor for upload into Titanium. A template safety plan form was sent via email to all clinicians, along with information about how to manage danger to self issues via telehealth.
3. Furthermore, the clinician will have obtained an emergency contact from the client during informed consent. This individual can be contacted in the event of an emergency.
4. Lastly, the clinician can utilize emergency services such as 911 and/or instruct the client to contact emergency services while on the telehealth platform.

All crisis occurrences should be promptly communicated to the case supervisor and documented appropriately in the progress note.

## Use of OQ and assessment measures

Clinicians should continue to collect OQ data for all telehealth psychotherapy clients. Marty can send the OQ to clients prior to session to be completed by client and emailed back, or to be completed by the client and shared during sessions. There are also several other assessments that can be sent to clients via links (Pearson) or email.

# 

# HOW TO SET UP YOUR SPACE FOR TELEMENTAL HEALTH SESSIONS

## Environment Requirements

### Background

With telehealth sessions, your clients are only seeing a limited part of your space, which will be the background behind you during the telehealth sessions. It is important to set up a background that is coherent and not too distracting. In general, be thoughtful about your décor selection and arrangement, then consider how that background looks on-screen, before the first session.Please ensure you have a neutral background.

### Lighting

You will need to be thoughtful about having enough light behind yourself so that the background is not too dim. You will also need light ***in front of you* to brighten your face**. You might find putting a desk lamp behind your monitor works for that purpose. If you will be in a space with natural lighting, also pay attention to how different times of the day may look on screen to your clients. As much as possible, you want your clients to be able to see you clearly throughout the session. **IF YOU WEAR GLASSES**, you will need to adjust your light position to find the spot where you do not have glare. Typically, this is addressed by moving the bright light that is facing you higher up (e.g., put books under your lamp to raise it).

### Noise/Sound

While a quiet space is important for most therapy sessions, it becomes even more important during telehealth sessions. Without the total visual context, ambient sounds or noise can be quite distracting and potentially even distressing for clients. Make sure the space you will be using is quiet. You may utilize a white noise sound machine outside your office door to help block outside sounds.

### Comfort

During your telehealth sessions, you will likely be sitting at a desk, which may feel a little different from your typical style during traditional therapy. Maximize your comfort for prolonged sitting with a desk that is the right height and a comfortable, perhaps even an ergonomic desk chair.

### Isolation

Just as with other services, you are expected to be alone or with a qualified peer/supervisor when providing telehealth services. During the COVID-19 crisis, this may be challenging. Avoid verbalizing personal identifiers as much as possible (e.g., not using the client’s name unless you have to while in session).

### Technical Requirements and Access for Telehealth

To provide telehealth, clinicians must verify that they have access to, and can competently use necessary resources. This includes a computer, web camera, stable internet connection, complete privacy, and neutral surroundings in the visual field captured by the web camera. Before offering telehealth services or beginning a telehealth psychotherapy session, ensure that the above mentioned criteria are met. Should a technical issue arise, contact your client immediately to indicate a delay in services or to reschedule.

# 

**Telehealth Video Conferencing Checklist**

\*\*\***Screen Patients to determine appropriateness for telehealth.** Is their emotional condition suitable at this point for this modality or might they be at risk, currently? If teen/child, where will the parent/caretaker physically be? How will they maintain confidentiality at home?

**PRE-SESSION make sure the following is in place:**

* Get signed Informed Consent and discuss verbally, prior to initiation of treatment, including potential risks/benefits and emergency plans. Check with Marty to be sure client has agreed to telehealth.
* Make sure the client knows how to get the video conference started. Marty will have this discussion with the client when doing the reminder call.
* Discuss payment information –clients will be paying their session fee for video sessions. They will pay their balance once we open, or can send a check to our mailing address. Marty will make sure that clients understand this.
* Send Zoom link for the session to Marty, and she will forward to the client. Marty will make sure they have a webcam and speaker/phone. Clients can use Zoom with a laptop or smartphone.
* Ensure your supervisor has determined you are sufficiently trained to begin video telehealth services.

**Immediately before Session:**

* Update software as necessary. You can download the Zoom app and sign in with the email/password provided.
* Make sure you are in a secure, private setting.
* Be professionally dressed.
* Check lighting. Should have lighting to side or front, not back.
* Check background and remove distractions. Remove personal items as appropriate. You can also add a background in the Zoom meeting settings.
* Check camera and visuals. Adjust your settings (zoom, pan, tilt).
* Check audio.
* Have resource numbers at hand, including your supervisor and other supervisory support (Kathy 812-201-5544 or Liz 812-870-9356).

**Start the session:**

* If your client does not come online for video session, call client 2x/ at least 5 minutes apart leaving voicemails each time
  + Document these attempts if client does not answer at all.
  + Stay for at least 15 minutes and notify supervisor and Marty if client is a no-show

**During the telehealth sessions:**

* Discuss and verify privacy during session (i.e. anyone else in the room, sound insulation between rooms).
* Discuss distractions during session (i.e. others in the home, pets, cell phones on vibrate, clients should not be talking to or texting others during sessions.
* Discuss technical requirements, including webcam, speakers, sufficient broadband width.
* Discuss back-up plan should you lose connection/video or audio. Make sure client knows that you will call their phone if connection is lost, and they should expect and answer your call. Do not let the session end with dropped video. Get alternate phone numbers if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check their visual (e.g., lighting) and audio clarity.

Verify location of patient: (in the event that you have concern about client’s well-being and need to initiate a well-check). Get the exact address of the client each session.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Documentation:**

Write a de-identified note in Word, and include the following:

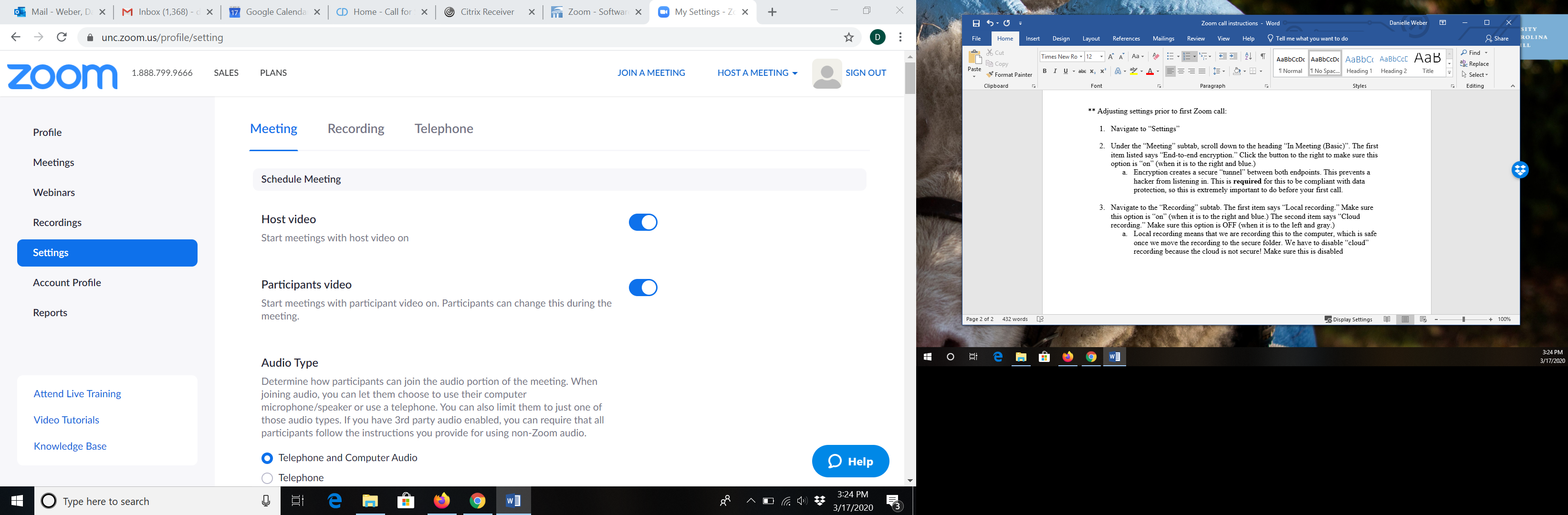
* Zoom telehealth session conducted with clinician at home and client at due to COVID-19 conditions.
* Clinician discussed session privacy and ensured that only client was present and others were not privy to session content (this may be different for child clients).
* If Zoom not used (i.e., technical problems), note this (i.e., phone session)
* If session was less than 50 minutes include length of session in your note

Send note to your supervisor, who review the note and upload it into Titanium.

**ZOOM INSTRUCTIONS SENT TO CLINICIANS**

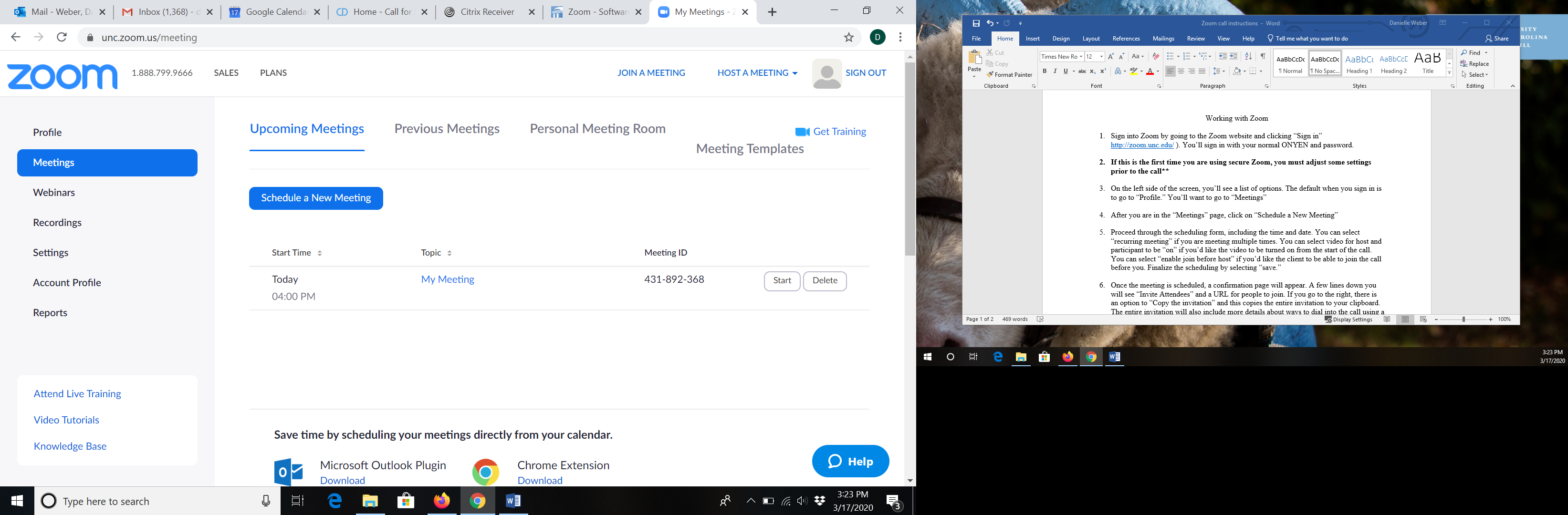
**Adjusting settings prior to first Zoom call**

1. Navigate to “Settings” on the left hand side. Some settings will be set by Kathy and locked, but other settings can be customized. One locked feature will be the use of the waiting room, so you have control of who is in the session by allowing you to select who you admit. This will prevent any unauthorized person from entering the session (Zoombombing).

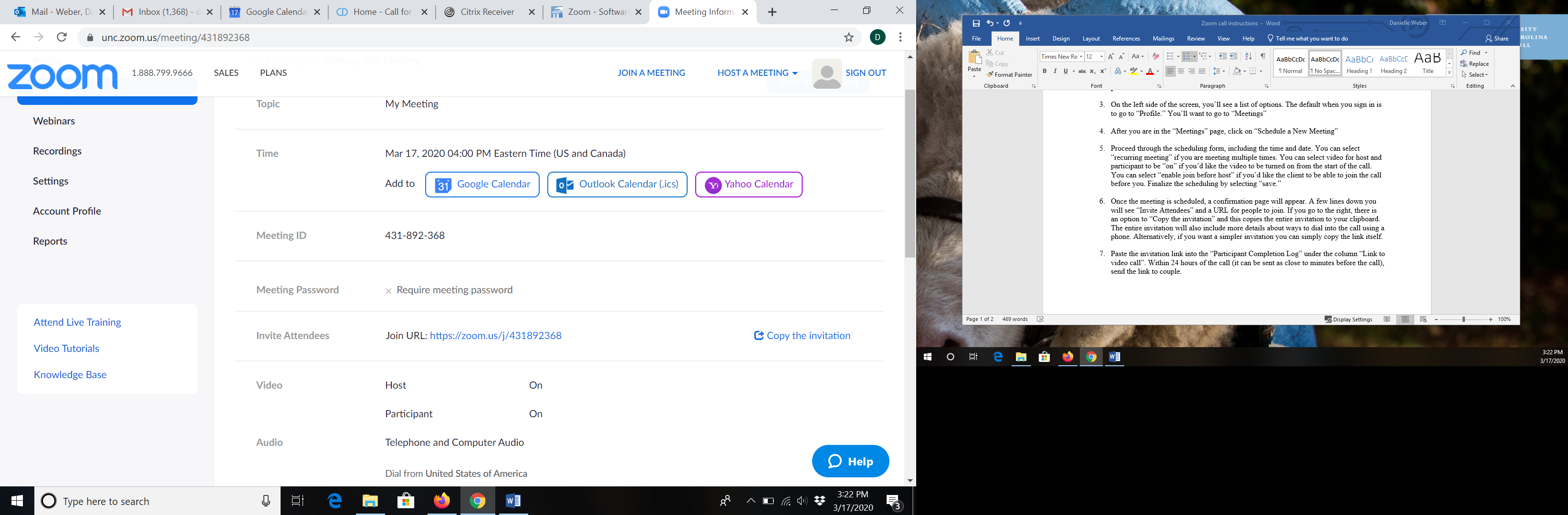


**Scheduling the call**

1. Sign into your assigned (shared) Zoom account by going to the Zoom website and clicking “Sign in”. You can download the Zoom program to your browser and create a shortcut to your taskbar—you will have a blue Zoom icon (camera) that makes it easy to sign in. You’ll sign in with your (or your partner’s) ISU email and password.
2. You can schedule meetings from your homepage, or click on “Profile”. You’ll want to go to “Meetings”.
3. After you are in the “Meetings” page, click on “Schedule a New Meeting”

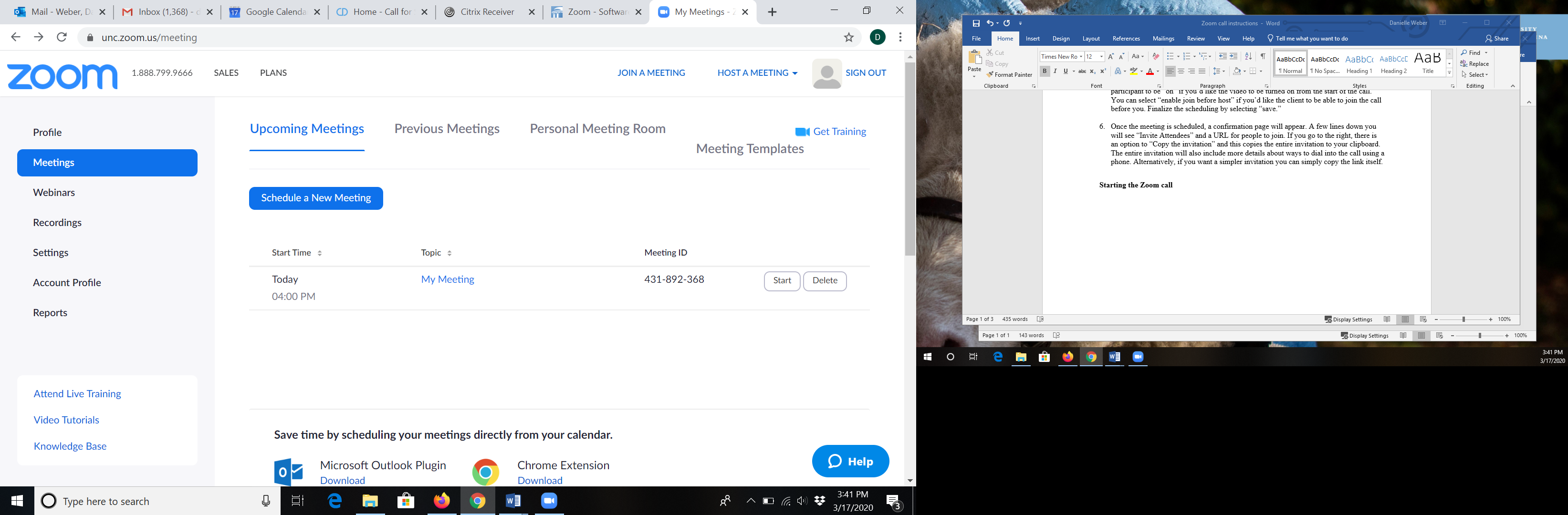


1. Proceed through the scheduling form, including the time and date. By default, video for host and participant will be set to “off,” allowing you and the client to turn both on when you are ready. Finalize the scheduling by selecting “save.”
2. Once the meeting is scheduled, a confirmation page will appear. A few lines down you will see “Invite Attendees” and a URL for people to join. If you go to the right, there is an option to “Copy the invitation” and this copies the entire invitation to your clipboard. The entire invitation will also include more details about ways to dial into the call using a phone. You will copy this link and email it to Marty, along with client initials and date/time of your session. Marty will then send the invitation to your client from her email.

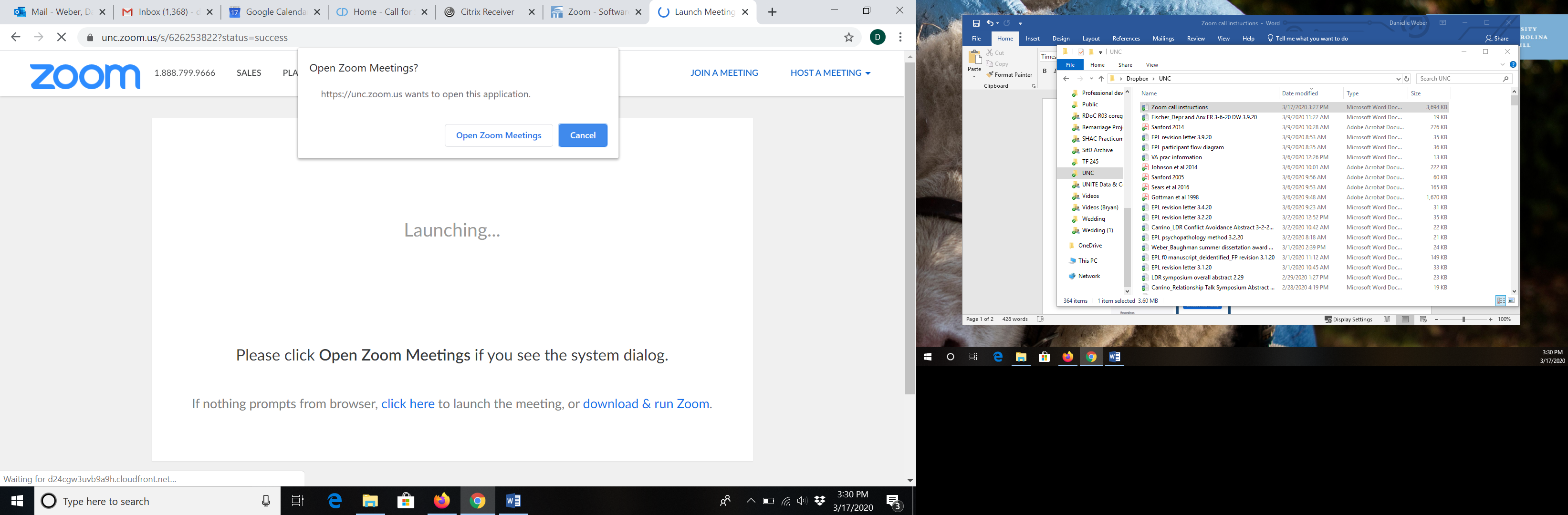


**Conducting the Zoom call**

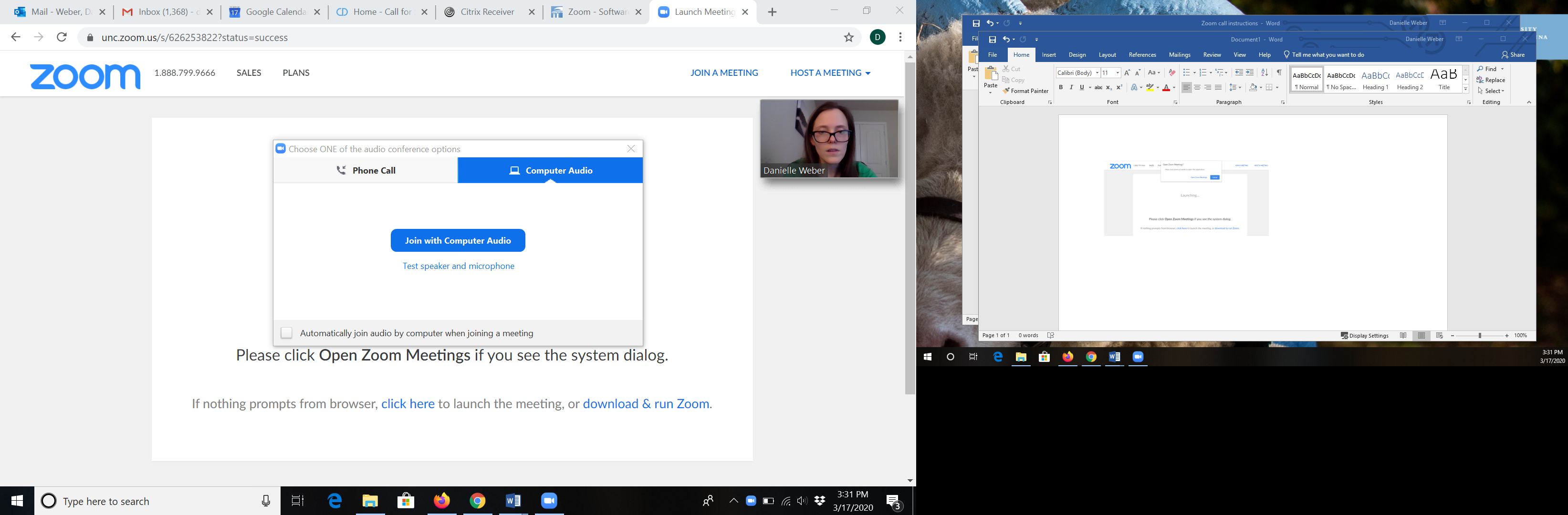
1. Go again to your “Meeting” page on Zoom and navigate to the specific meeting you want to start. Select “Start.”



1. The following should appear. When the box appears that asks “Open Zoom Meetings?” click on the option to open the meeting.



1. Next, another box will appear that asks if you want to join with computer audio. Select this option. If you are unsure whether your computer audio is working, you can first select “Test speaker in microphone” (below this option) if you’d like to confirm before joining the call.



1. Once you select to join with computer audio, the video screen will appear. You will see your own image and ensure that the lighting/background are optimal for the session. When your client “arrives” you will hear a doorbell and your client will be in the waiting room (bottom icon will state 2 participants). You will be able to admit your client to the session and they will then turn on their microphone and camera (default is to enter with those off).
2. If you have any therapy materials (e.g., worksheets) you would like to show the client, you can select the “share” option on the bottom panel of the screen in order to share your screen with the client. Confirm you are sharing the correct information before sharing. If using a whiteboard and you want your client to also draw on the whiteboard, have the client select “annotate” (top of screen, share screen, new share, drop down menu and choose annotate) and they can also access whiteboard drawing options.
3. When the session ends, select “end meeting.” Schedule the next session at this time and send the join link to Marty.

Link for additional Zoom information: Support during COVID-19: <https://zoom.us/docs/en-us/covid19.html>

**ZOOM INSTRUCTIONS SENT TO CLIENTS**

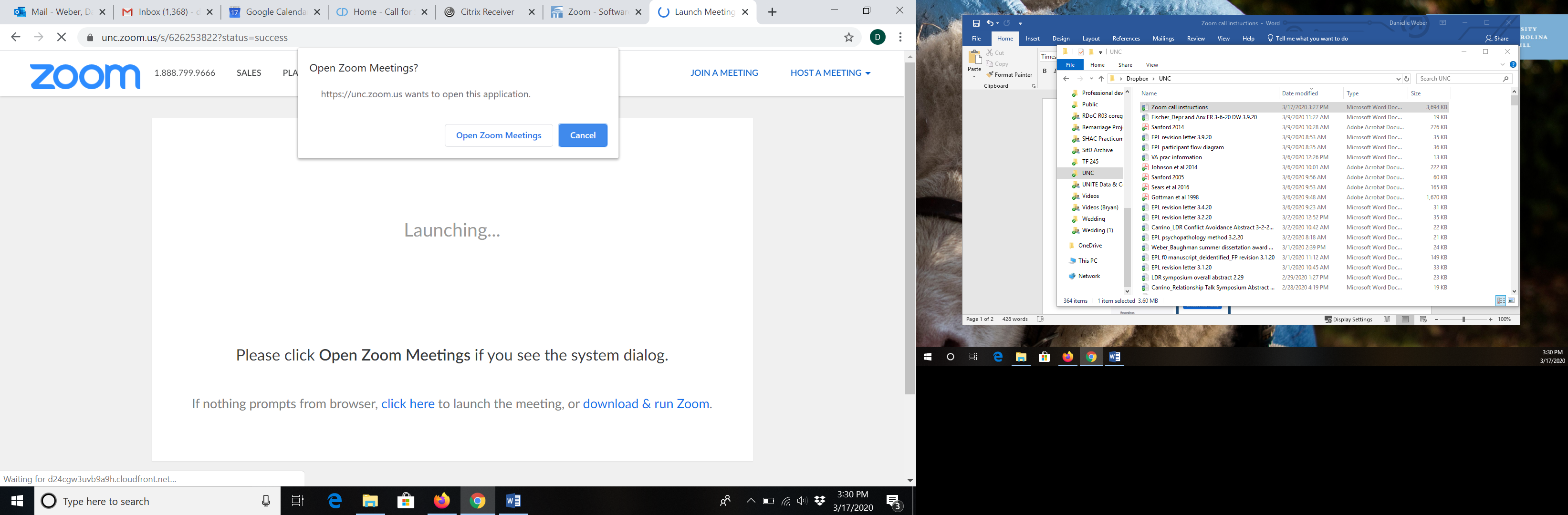
How to use Zoom

Important: You must be in a private and secure location and using a password protected smartphone, tablet, laptop or PC to access the Zoom meeting link. You will also need a secure (non-public) Wi-Fi. Using headphones can make it easier to hear and provides additional privacy.

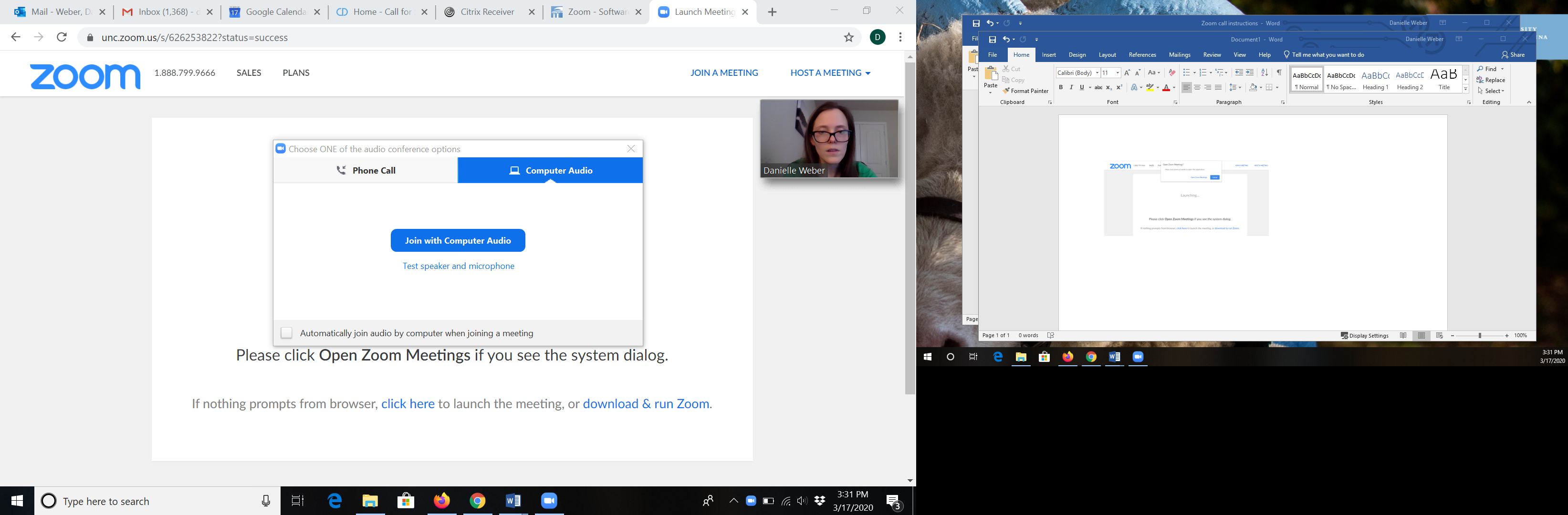
In the email you received from your Marty, you should see a link to join a Zoom meeting. The link should look something like this: <https://zoom.us/j/431892368>.

First, click on that link.

When the box appears that asks “Open Zoom Meetings?” click on the option to open the meeting.



Next, another box will appear that asks if you want to join with computer audio. Select this option. If you are unsure whether your computer audio is working, you can first select “Test speaker in microphone” (below this option) if you’d like to confirm before joining the call.



Once you select to join with computer audio, the video screen will appear. You will be placed in a virtual “waiting room”, which allows the session to remain secure, as no one can enter the session without permission. You can join a little bit early and will be secure in the waiting room. While in the waiting room, you will see a screen that states “wait for your host to invite you.” Your therapist will be notified that you are in the waiting room and will admit you to the session at your session time—you will then see your therapist.

When you join, your microphone and video will be turned off. You will turn your microphone on and video/camera on. Both controls are located at the bottom left of your screen. When off you will see a red slash.

Your therapist will end the meeting when the session is over.

**ADDITIONAL TELEHEALTH GUIDELINES SENT TO CLIENTS**

**Guidelines for Remote Sessions during Periods of Community Wide Isolation**  
  
  
We are being encouraged to stay at home unless absolutely necessary. It therefore makes sense for us to have our session via phone or screen. But a remote session is not the same things as what happens when we meet in person. Also, it is not the same as a typical phone conversation or SKYPE or FaceTime call. Listed below are some guidelines for how to get the most benefit as possible from these remote sessions while we are being encouraged not to leave the house.   
  
1. The most important thing is to have privacy. I do my best to provide that when we meet in my office. But now it’s up to you. Please do everything possible to make sure you are in a private space where it is unlikely you will be heard or interrupted. You may need to ask others in your space to respect your privacy by doing things like turning on entertainment in another room or listening to something on headphones.  
  
2. Try to make yourself comfortable, but not too comfortable. If you can, settle into a nice, comfortable chair. Avoid laying in bed or on your TV-watching couch as well as sitting on the floor or walking around. Try to arrange yourself in as session-like a position as you can.  
  
3. Put a box of tissues next to where you will be. If you want, pour yourself a glass of water. But avoid having a snack or meal even though you may be reasonably close to your kitchen. Leave that for either before or after the session.  
  
4. Please be sure to dress as you would if we were meeting in the office. Even though I may not be able to see all of what you are wearing, or any of it if the session is audio-only, the reality is that you know what you are wearing.  
  
5. Turn off all devices other than the one you are using to make the call. If using a smartphone or computer, do your best to quit from all programs other than the one we are using and turn off all notifications if you can. It is best to leave your hands free by using headphones. If we are using audio-only then be sure to put your phone screen side down. If using a computer for audio-only, please either turn off your monitor or completely darken your screen.  
  
6. Try to leave yourself an additional 15-minutes both before and after the session to wander around your place and clear your head. It is not a good idea to leave another remote meeting or end a call and then immediately call-in to start the session. You need some time to get ready for the work we are about to do. Similarly, after the session is over take some time before diving into the next activity. This will give time for the session to resonate before jumping back into whatever you have next.  
  
7. Location is important. Please do your best to always meet from the same place during this period of time, although that is not always possible. Also, when we meet in-person we share the same location. But now we do not. If you find yourself curious about where I am, please feel free to ask. I will do the same so I can imagine where you are.

[Adapted by Todd Essig from Russell, G. I. & Essig, T. (2019). “Bodies and screen relations: moving treatment from wishful thinking to informed decision-making.” In Govrin, A., & Mills, J. (eds.) *Innovations in Psychoanalysis: Originality, Development, Progress*. Routledge, London).](mailto:DIV39FORUM-unsubscribe-request@lists.apa.org?subject=unsubscribe)

**ISU PSYCHOLOGY CLINIC PLAN TO RESUME IN PERSON SERVICES**

**Phase I** (plan update 5/14/20)

The following plan has been developed in communication with other clinics on campus.

Phase I will begin on 5/18/20 and continue until it is deemed safe to have more clients and students in the clinic at one time.

Face-to-face services we will provide during Phase I

* FPP assessments
* ADHD clinic assessments

All therapy services will remain distance/telehealth

All supervision will remain distance/video

Safeguards/protections to put in place

All persons:

1. All persons (students, faculty, clients, etc) entering the clinic will report to Marty immediately to be screened for COVID-19 symptoms. Any person reporting positive responses will be asked to leave the clinic and reschedule.
2. Tape will be put on the floor to visually direct everyone to stand 6 ft away from the front desk staff. A plexiglass physical barrier will be built by Facilities at the front desk.
3. Tape will be put on the floor at the entrance of Marty’s office and Kathy’s office. Please do not enter these offices.
4. Marty will be the only person to use the copier/fax machine in her office. Any documents needing to be copied/scanned/faxed will be placed in the basket at the entrance of her office and she will take care of this work.
5. All persons will maintain 6ft distance between themselves and others. Therapy rooms are set up to allow for 6ft distance.
6. For times when 6ft distance is not possible (at the front desk, walking to/from therapy rooms, etc.) all persons will wear face masks. Disposable face masks will be available for clients if they do not have their own mask. Clients will be told this when scheduled and during the reminder call.
7. Hand sanitizer will be used by all before entering the therapy rooms. Hand sanitizer is also available inside all therapy rooms.

Clients:

1. Clients will be screened for symptoms of COVID-19 both during reminder calls and at check in. Clients will be rescheduled if they report symptoms or recent contact with a person who is COVID-19 positive.
2. Appointments will be staggered so one client will be in the clinic waiting room at any one time.
3. Clients will need to sign a special consent for face-to-face services during COVID-19 Phase I (and likely subsequent phases until all state restrictions have been lifted).
4. Adult clients will come into the clinic alone—no one will be allowed in the waiting room with the client.
5. Child clients can be accompanied by parent(s) only. No additional siblings or other persons allowed in the waiting room.
6. The playroom will remain closed to clients at this time.
7. All magazines and shared materials have been removed from the waiting room area.
8. Chairs have been removed to ensure distance between persons in the waiting room, if the timing of sessions leads to more than one person in the waiting room at a time.

Faculty, staff, students:

1. Students are only allowed in the clinic if they are seeing assessment clients or working on assessments (scoring, etc. that can be done in clinic only). All students will schedule to be in the clinic through Marty to ensure proper distancing measures.
2. One student allowed in a workroom at a time. Student will use a disinfectant to clean the computer keyboard/mouse, table, doorknob, light switch, and other surfaces touched when they leave the room.
3. All therapy room doors will remain closed until they are used for clients—then the door will be left open after session. This will allow housekeeping to know which rooms need to be cleaned.
4. Protective barriers and precautions will be in place in testing rooms to ensure that test materials remain sanitary, as recommended by Pearson.
5. Hand sanitizer is available in the assessment rooms and will be used throughout testing as needed.
6. One time use gloves will be available in assessment rooms for use by examiner while touching any item that is handled by a client (such as blocks, etc.). Gloves will be discarded after use of that item to avoid cross-contamination.

Cleaning protocols:

1. Clear keyboard covers will be used to allow disinfectant cleaning of keyboards on all clinic computers between users.
2. Surfaces that are frequently touched will be cleaned immediately after each client.
3. Test materials that are touched will be placed in a Ziploc bag to be cleaned, then after cleaning transferred to a bag labeled “clean” following recommendations outlined by Pearson.

**Phase 2** (plan date 5/27/20)

Phase 2 will begin on 6/1/20 and will continue until it is deemed safe to have more clients and students in the clinic at one time. Marty will be on vacation from June 8 through June 18, and her absence in the clinic will also factor into any decisions to expand services to phase 3.

All services and safeguards in place during Phase I will continue through Phase 2. Phase 2 will also add the following additions:

* Student clinic assistants will begin work at the front desk
* Assessments that were already started prior to the clinic closure may resume and be scheduled.

All therapy services will remain distance/telehealth

All supervision will remain distance/video

**Phase 3** (plan date 6/22/20)

Phase 3 will begin on 6/22/20 and will continue until it is deemed safe to have more clients and students in the clinic at one time.

All services and safeguards in place during Phase I will continue through Phase 3. Phase 3 will also add the following additions:

• New assessments can be scheduled by students.

All therapy services will remain distance/telehealth

All supervision will remain distance/video

No date has been set for seeing therapy clients face-to-face in the clinic.

**Phase 4** (plan date 8/7/20)

Phase 4 will begin on 8/18/20 at the beginning of the semester and will continue until it is deemed safe to have more clients and students in the clinic at one time.

All services and safeguards in place during Phase I will continue through Phase 4, with a few exceptions listed below. Phase 4 will also add the following additional services:

* Intake sessions may be held in person (second year students have priority)
* Second year students are encouraged to see 1 ongoing client face-to-face, subject to client preference, and university policy and procedures
* Third year students who feel they have a client who would be an exception to telehealth will discuss this with their supervisor. Any exceptions to telehealth for ongoing clients working with a third year student will be approved by their clinical supervisor and the clinic director.

The majority of ongoing therapy services will remain distance/telehealth. Second year students will be trained in telehealth services, following the procedures set forth in March when the clinic began telehealth services.

No date has been set for seeing all therapy clients face-to-face in the clinic.

Other face-to-face services allowed in the clinic include:

* Assessments (by faculty and students) and assessment feedback sessions
* Student clinic assistants may work at the front desk

During Phase 4:

* At the end of the intake session, second year students will have a conversation with their client and discuss their preference for ongoing therapy. Factors related with telehealth (privacy, internet connection, and comfort with technology) and in-person services (COVID-19 risk, use of a mask, less flexibility with scheduling) will be discussed and the client will be allowed to make a choice regarding session preferences.
* All telehealth services will be conducted using Zoom/video. Telephone distance services will not be provided unless the client is currently receiving telephone services and is transitioning towards termination of services. Telephone services will not be offered to new clients working with second year students.
* Second year students conducting telehealth sessions will be in a clinic therapy room to allow sessions to be recorded. Therapy rooms will be assigned to a student with enough time in between students to air out the room. Clinic rooms have HVAC units in place for air circulation. Filters were replaced in early August.
* Based on supervisor input, some 3rd year students may also conduct telehealth sessions in a clinic therapy room (i.e., to allow supervisor to view recording of client session).
* Individual Supervision may occur face-to-face if desired by both student and supervisor. Supervision sessions may also remain via distance/video. Group supervision will occur via Zoom.
* More than one student may be in a workroom at one time, but must follow the maximum capacity limit listed in the room. Face masks need to be worn when more than one student is in a workroom following the ISU face mask policy.
* IF space in the clinic is full (all workrooms at maximum capacity), students may take flash drives/clinic files to their office upstairs to work on reports, with the approval of the clinic director or office manager. A marker will be put in place to designate where the flash drive/file was taken. Flash drives/files may NOT be taken out of the psychology building or taken home. At the end of the day, the staff person locking the clinic will ensure that all flash drives are back in the library/file room.
* The playroom will remain closed. If a clinician borrows an item from the playroom, they must clean the item before returning it to the playroom. Directions for cleaning items posted next to the sink in the playroom.

Safeguards/protections in place

All persons:

1. All persons (students, faculty, clients, etc) entering the clinic will report to Marty immediately to be screened for COVID-19 symptoms. Any person reporting positive responses will be asked to leave the clinic and reschedule.
2. Face masks are required in the clinic at all times following ISU policy, unless one is alone in a private office. Disposable face masks will be available for clients if they do not have their own mask. Clients will be told this when scheduled and during the reminder call.
3. All persons will maintain 6ft distance between themselves and others. Therapy rooms are set up to allow for 6ft distance.
4. A Plexiglas physical barrier was built by Facilities for the front desk.
5. There is tape on the floor at the entrance of Marty’s office and Kathy’s office. Please do not enter these offices.
6. Marty will be the only person to use the copier/fax machine in her office. Any documents needing to be copied/scanned/faxed will be placed in the basket at the entrance of her office and she will take care of this work.
7. Hand sanitizer will be used by all before entering the therapy rooms. Hand sanitizer is also available inside all therapy rooms.

Clients:

1. Clients will be screened for symptoms of COVID-19 both during reminder calls and at check in. Clients will be rescheduled if they report symptoms or recent contact with a person who is COVID-19 positive.
2. Appointments will be staggered so no more than two clients will be in the clinic waiting room at any one time. Chairs will arranged to ensure social distancing in the waiting room.
3. Clients will need to sign a special consent for face-to-face services during COVID-19 Phase 4 (and likely subsequent phases until all state restrictions have been lifted).
4. Adult clients will come into the clinic alone—no one will be allowed in the waiting room with the client.
5. Child clients can be accompanied by parent(s) only. No additional siblings or other persons allowed in the waiting room.
6. The playroom will remain closed to clients at this time.

Faculty, staff, students:

1. Clinic Conference room will not be used for classes during the Fall 2020 semester. The conference room can be used for face to face supervision.
2. Students are only allowed in the clinic if they are seeing clients or working on client documentation or reports.
3. Workrooms have a maximum capacity listed in the room. Face masks will be required when more than one student is in a workroom. Student will use a disinfectant to clean the computer keyboard/mouse, table, doorknob, light switch, and other surfaces touched when they leave the room.
4. All therapy room doors will remain closed until they are used—then the door will be left open after use. This will allow rooms to air out and housekeeping will know which rooms need to be cleaned.
5. Therapists will wipe the chair, table, light switch, and door handles when done in a therapy room. Signs are posted in every room regarding cleaning, and disinfectant wipes are located in every room.
6. Conference room and group room doors will be left open at the end of the day if they were used and need to be cleaned at night. Surfaces touched will be cleaned by those using the rooms when they leave.
7. Protective barriers and precautions will be in place in testing rooms to ensure that test materials remain sanitary, as recommended by Pearson.
8. Hand sanitizer is available all rooms and will be used throughout testing and therapy sessions as needed.
9. One time use gloves will be available in assessment rooms for use by examiner while touching any item that is handled by a client (such as blocks, etc.). Gloves will be discarded after use of that item to avoid cross-contamination.

Cleaning protocols:

1. Clear keyboard covers will be used to allow disinfectant cleaning of keyboards on all clinic computers between users.
2. Surfaces that are frequently touched will be cleaned immediately after each client. Disinfectant wipes will be placed in all clinic rooms.
3. Test materials that are touched will be placed in a Ziploc bag to be cleaned, then after cleaning transferred to a bag labeled “clean” following recommendations outlined by Pearson.
4. Waiting room chairs will be cleaned every night by Housekeeping staff.

**7/8/20 Procedure to follow if client has recovered from COVID-19**

**CDC: Return to Work Criteria for HCP with Suspected or Confirmed COVID-19**

**Symptomatic HCP with suspected or confirmed COVID-19** (Either strategy is acceptable depending on local circumstances):

* *Symptom-based strategy*. Exclude from work until:
  + At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  + At least 10 days have passed *since symptoms first appeared*
* *Test-based strategy.* Exclude from work until:
  + Resolution of fever without the use of fever-reducing medications **and**
  + Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  + Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)[[1]](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html#f1). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV](https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html)). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

**HCP with laboratory-confirmed COVID-19 who have not had any symptoms** (Either strategy is acceptable depending on local circumstances):

* *Time-based strategy.* Exclude from work until:
  + 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used.  Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
* *Test-based strategy*. Exclude from work until:
  + Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness.  There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

**TIMELINE FOR TELEHEALTH SERVICES**

3/12/20 Online instruction mandate for campus is released, to start 3/16/20

3/17/20 Began discussion with other clinics on campus (Student Counseling Center and

Grosjean Clinic) regarding telehealth options for campus

3/18/20 Meeting with clinical faculty about telehealth options. Agreement made to

begin distance services- started telephone check in services

3/19/20 Meeting with Scott Craig (ISU consulting attorney), Student Counseling Center,

Joey Newport (HIPAA officer), and Jolyn Osborne regarding HIPAA issues,

consents needed for telehealth services. Shared consent for clinics established and approved by counsel. Sherry O’Neal checked with ISU liability insurance to

ensure faculty coverage for student telehealth services.

3/20/20 OIT approves Zoom as a telehealth option for campus

3/23/20 Ordered Zoom

3/24/20 Stay at home order = no one in the building except for Marty as of 3/25 at noon. FPP assessments suspended throughout stay at home order.

Preliminary email sent to students, faculty with update as of today

Requested BAA from Zoom

3/25/20 Clinic closed at noon today. Marty will work from home. Set up phone, voicemail, Marty

took essential information home and will keep secure

* Set up Excel sheet to keep track of telehealth consent, plans for clients
* Contact clients scheduled
* Marty work hours 8-4:30

3/26/20 Statement that we are closed put on website

4/6/20 Began video sessions with Zoom

4/20/20 Began intakes via telehealth. Update placed on webstie

5/18/20 Clinic open for Phase I –see phase I plan

6/1/20 Additional services and clinic staff added for Phase 2

6/22/20 Additional assessments added for Phase 3

7/1/20 Students may schedule time to enter their notes directly into Titanium

8/18/20 Phase 4 plan begins for the fall semester

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# DIGITAL RESOURCE TOOLKIT FOR STUDENT CLINICIANS & SUPERVISORS

## Psychoeducation

Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak

<https://store.samhsa.gov/system/files/sma14-4894.pdf>

About PTSD in Kids & Other Disorders

<https://kidshealth.org/en/parents/ptsd.html?WT.ac=ctg#catfeelings>

Age-Related Reactions to a Traumatic Event

<https://www.nctsn.org/resources/age-related-reactions-traumatic-event>

Anxiety and COVID-19 Information Sheet

<https://www.heretohelp.bc.ca/infosheet/covid-19-and-anxiety>

Adjustment Disorders in Children

<https://www.massgeneral.org/condition/adjustment-disorders>

## Treatment Resources

Disaster Distress Helpline

This is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster, including infectious disease outbreaks. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call 1-800-985-5990 (tel:1-800-985-5990) or text the phrase "TalkWithUs" to 66746 to connect with a trained crisis counselor.

Parent/Caregiver Guide to Helping Families Cope With the Coronavirus (2019)

<https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with->[the-coronavirus-disease-2019](https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019)

Talking to Children About COVID-19 (Coronavirus): A Parent Resource

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/talking-to-children-about-covid-19-(coronavirus)-a-parent-resource>

Helping Children Cope After a Traumatic Event

<https://childmind.org/guide/helping-children-cope-traumatic-event/>

12 Ways to Effectively Parent During a Crisis

<https://www.psychologytoday.com/us/blog/here-there-and-everywhere/202003/12-ways-effectively-parent-during-crisis>

Healthcare Toolbox

[https://www.healthcaretoolbox.org/patient-education-materials/download-print-patien](https://www.healthcaretoolbox.org/patient-education-materials/download-print-patient-handouts.html)

[t-handouts.html](https://www.healthcaretoolbox.org/patient-education-materials/download-print-patient-handouts.html)

Apps (Deep Breathing, Guided Meditation, Mindfulness, Yoga)

Meditation Apps for Kids

<https://www.commonsensemedia.org/lists/meditation-apps-for-kids>

Smiling Mind

<https://www.smilingmind.com.au/>

2019 Top Rated Mental Health Apps

<https://www.psycom.net/25-best-mental-health-apps>

Help for Teens and Young Adults with Anxiety

<https://www.anxietycanada.com/resources/mindshift-cbt/>

Guided Imagery Tracks from Children’s Hospital of Orange County

<https://www.choc.org/programs-services/integrative-health/guided-imagery/>

Triple P Online Parenting Program (Not COVID-19 Specific)

<https://www.triplep-parenting.com/us/triple-p/>

Creating Ways to Support Mental Health

<https://mindyourmind.ca/wellness/creative-ways-support-your-mental-health>

Coping with Stress During Infectious Disease Outbreaks (for Adults)

<https://store.samhsa.gov/system/files/sma14-4885.pdf>

## Guidance for Families

National Child Traumatic Stress Network: Parent/Caregiver Guide to Helping Families Copes with the COVID-19 (English + Spanish)

[https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-](https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019)

[the-coronavirus-disease-2019](https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019)

What to Say to Your Child About the Coronavirus – and How to Cope as a Parent

<https://www.ahaparenting.com/blog/talking-with-children-about-the-corona-virus>

Explaining the Coronavirus to a Child with Anxiety or ADHD

<https://www.additudemag.com/explain-coronavirus-covid-19-anxiety-adhd-child/>

Talking to Kids with OCD About COVID-19

<https://iocdf.org/covid19/talking-to-kids-about-covid-19/>

Talking to Children About COVID-19: A Parent Resource

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school> [climate-safety-and-crisis/health-crisis-resources/talking-to-children-about-covid-19-(coronavirus)-a-parent-resource](https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/talking-to-children-about-covid-19-(coronavirus)-a-parent-resource)

Talking with Children – Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks

<https://store.samhsa.gov/system/files/pep20-01-01-006_508_0.pdf>

Parent Tips for Helping Infants and Toddlers After Disasters

<https://www.nctsn.org/resources/pfa-parent-tips-helping-infants-and-toddlers-after-disasters>

Parent Tips for Helping Adolescents After Disasters

<https://www.nctsn.org/resources/pfa-parent-tips-helping-adolescents>

Disaster Media Intervention: Helping Students Cope with Disaster Media Coverage

<https://rems.ed.gov/docs/resources/NCTSN_Students_Coping_Media_Coverage.pdf>

[For Teens/Older Adolescents] What to Do if You’re Anxious About Coronavirus

<https://youngminds.org.uk/blog/what-to-do-if-you-re-anxious-about-coronavirus/>

Teaching Story: Talking to Children with Autism About Coronavirus

<https://m.youtube.com/watch?feature=youtu.be&v=xkZ23tDzN4c>

## Transition from Home to School

Online Learning Resources

<https://swingeducation.com/resources/20-online-learning-resources-to-help-you-get-thr>[ough-coronavirus-school-closures/](https://swingeducation.com/resources/20-online-learning-resources-to-help-you-get-through-coronavirus-school-closures/)

Family De-Stressing During Coronavirus

<https://www.pbs.org/parents/thrive/how-you-and-your-kids-can-de-stress-during-coron>[avirus](https://www.pbs.org/parents/thrive/how-you-and-your-kids-can-de-stress-during-coronavirus)

Museums/Virtual Tours

<https://www.travelandleisure.com/attractions/museums-galleries/museums-with-virtual-tours>

Scholastic Learn at Home – Day by Day

<https://classroommagazines.scholastic.com/support/learnathome.html>

Sample At-Home Schedule

<https://docs.google.com/document/d/e/2PACX-1vSZhOdEPAWjUQpqDkVAlJrFwxxZ9Sa6z>[GOq0CNRms6Z7DZNq-tQWS3OhuVCUbh\_-P-WmksHAzbsrk9d/pub](https://docs.google.com/document/d/e/2PACX-1vSZhOdEPAWjUQpqDkVAlJrFwxxZ9Sa6zGOq0CNRms6Z7DZNq-tQWS3OhuVCUbh_-P-WmksHAzbsrk9d/pub)

Coronavirus Crash Course for Parents: Keeping Kids with ADHD in ‘Study Mode’ While Home from School

<https://www.additudemag.com/webinar/coronavirus-homeschooling-parent-strategies/>[?utm\_source=eletter&utm\_medium=email&utm\_campaign=webinar\_march\_2020&utm\_content=031620&goal=0\_d9446392d6-049aae7e7a-297270053](https://www.additudemag.com/webinar/coronavirus-homeschooling-parent-strategies/?utm_source=eletter&utm_medium=email&utm_campaign=webinar_march_2020&utm_content=031620&goal=0_d9446392d6-049aae7e7a-297270053)

Extensive Compendium of Educational Resources

<http://www.amazingeducationalresources.com/>

## Practitioner Specific Resources

Seven research findings that can help people cope with COVID-19 outbreak

<https://www.apa.org/news/apa/2020/03/covid-19-research-findings>

Self-care for psychologists: A podcast via APA

<https://www.apaservices.org/practice/business/podcasts/self-care>

Coronavirus Anxiety: A Podcast via APA

<https://www.apa.org/research/action/speaking-of-psychology/coronavirus-anxiety>

Mental Health Coping Advice via the CDC

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

[Avoiding Burnout] Headspace for Healthcare Professionals

<https://www.theverge.com/2020/3/16/21181773/headspace-free-health-care-provider-public-health>

Headspace (Offering Headspace Plus for Free for Healthcare Providers, as well as Free Access to School Staff: likely a temporary price reduction due to covid-19)

<https://www.headspace.com/covid-19>

Guide to Practicing Telepsychology with Minimal Risk

<https://www.nationalpracticeconference.org/images/Slides/Session_1_-_A_Practical_Guide_to_Providing_Telepsychology_with_Minimal_Risk.pdf>

Review of Telehealth Platforms

<https://www.apaservices.org/practice/business/technology/tech-column/telehealth-solutions>

APA’s Office & Technology Checklist for Telepsychology Services

<https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist>

E-Mental Health Implementation Toolkit

<https://www.mentalhealthcommission.ca/sites/default/files/2018-09/E_Mental_Health_Implementation_Toolkit_2018_eng.pdf>

APA Recommendations for COVID-19 and Psychology Services: How to Protect Your Patients and Your Practice

<https://www.apaservices.org/practice/news/covid19-psychology-services-protection>

Support Healthcare Provider Well-Being

<https://www1.ucdenver.edu/docs/librariesprovider45/covid-19-support/health-care-provider-well-being.pdf>

OPA-COVID-19 Guidance

<https://drive.google.com/file/d/1pQ6IV6b9hQloGURxkto854hAws9vvTvT/view>

**Appendix A**

**ATA Practice Guidelines for Video-Based Online Mental Health Services**

**Appendix B**

**ATA Practice Guidelines for Telemental Health with Children and Adolescents**