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Clinical Issues to Consider in Telemental Health Therapy

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There are some clinical issues that have emerged from the CSWA Open Webinars regarding the way we work through telemental health therapy. Here is a list describing what some patients have experienced, followed by a list of how providing telemental health has affected us as clinicians. This list is not complete by any means, but it may help you think through the ways that our shift to online therapy affects the work we do clinically.

***Issues for Patients***

* **Seeing Therapist’s Home** – seeing the place we work from in our houses may cause anxiety, excitement, or other feelings in our patients. Encouraging them to talk about the thoughts and feelings that occur should be part of the work, just as it is in the office. Keeping the background relatively neutral is as important as it is in our offices.
* **Physical Interruptions** – patients who live with others should have a way of making sure that they have a private space that others do not use when they are having an online session. This applies to avoiding sounds created by others that can be heard in the session as much as possible.
* **Telephonic or Telemental Health Sessions** – there are some patients who prefer telephone or videoconferencing, some who are comfortable with either. Discussing the meaning or them is a valuable way to determine what the patient feels has been ‘lost’ by the shift out of the office or, in some cases, how the change is preferable and why.
* **Payment** –one of the issues that patients face is the change in how they pay us. Whether we use an online system with a credit card, a bank transfer system, or have patients mail checks that we collect and deposit, it is likely that this has meaning. Exploring the patient’s feelings around the new payment system may lead to ongoing issues about payment that had not been conscious before these changes.
* **Unknown Length of Therapy Changes** – many patients feel uneasy about how little we know about the length of time they will be unable to meet with us in the office. They may be also be uneasy about our not having answers about this as well. Exploring this topic may be fruitful.
* **Managing Silences** – many patients feel anxiety about silences in ways that were not a problem when meeting in the office. This should be anticipated and discussed.
* **Technological Problems** – when the technology for videoconferencing breaks down, patients may experience anxiety about possible loss of connection, and they should be anticipated. Sometimes patients see a message on their screens that says, “The system is unstable”, an evocative statement that may have emotional meaning to them. A plan should be agreed upon about reconnecting, should the connection be lost.

***Issues for Therapists***

* **Seeing Patient’s Home** – monitoring our feelings about the patient’s surroundings is an important task for us as clinicians. There is likely to be therapeutic work for us to process with this new information. It may cause us to revise the way we have seen the patient.
* **Physical Interruptions** –we need to ensure that we have a private space that others do not use or intrude on when we are working. This applies to avoiding sounds created by others that can be heard in the session as much as possible.
* **Physical Appearance** – any major change in the way we dress or present ourselves in videoconferencing should be avoided. Keeping the therapeutic frame the same as much as possible is beneficial to the treatment.
* **Telephonic or Telemental Health Sessions** – we need to work through the feelings we have about working by telephone or videoconferencing, so that we have a ‘good-enough’ level of comfort with the method we use. If we haven’t come to terms with our feelings about the virtual changes, it will be harder to help patients understand theirs.
* **Payment** – whether we use an online system with a credit card, a bank transfer system, or have patients mail checks that we collect and deposit, we need to become as comfortable as possible with the loss of the usual in-person handing the bill, followed by the patient handing us the check or credit card.
* **Unknown Length of Therapy Changes** –we all feel uneasy about how little we know about the length of time we will be unable to meet in person with our patients. Keeping an eye emotionally on how difficult this is will be helpful to managing our feelings.
* **Managing Silences** – many therapists have described how much harder it is to tolerate patient silences when using telephone or videoconferencing sessions, in ways that were not a problem when meeting in the office. This should be anticipated and examined.
* **Fatigue** – many LCSWs have expressed a feeling of fatigue after seeing patients through videoconferencing all day or week that was not present when working in-person in the office. This may lead to working fewer hours a day at least temporarily until the new treatment frame is more familiar.
* **Technological Problems** – when the technology for videoconferencing breaks down, we they often do, we should have a plan for how to deal with this. The plan for reconnecting with the patient should be agreed upon in advance, should the connection be lost. The electronic platform, with delays and pauses, lack of synchronicity with visual and audio signals, can present challenges to our staying in the moment with the patient.
* **Videoconferencing Concerns** – there may be diagnostic criteria that will make videoconferencing or telephonic sessions problematic, if not dangerous. We need to assess the level of suicidal or homicidal thoughts that a patient has and whether we can manage them successfully without being in the room with the patient. Having clear boundaries in the Informed Consent about when the patient may be referred to an emergency facility or agency is a prudent part of videoconferencing.

Again, these issues for patients and therapists are by no means exhaustive, but they can be useful in helping think through the ways to understand the clinical issues that may be present for our patients and ourselves in the shift to telemental health therapy. Please let me know if you have noticed other way that working virtually has affected your practice.