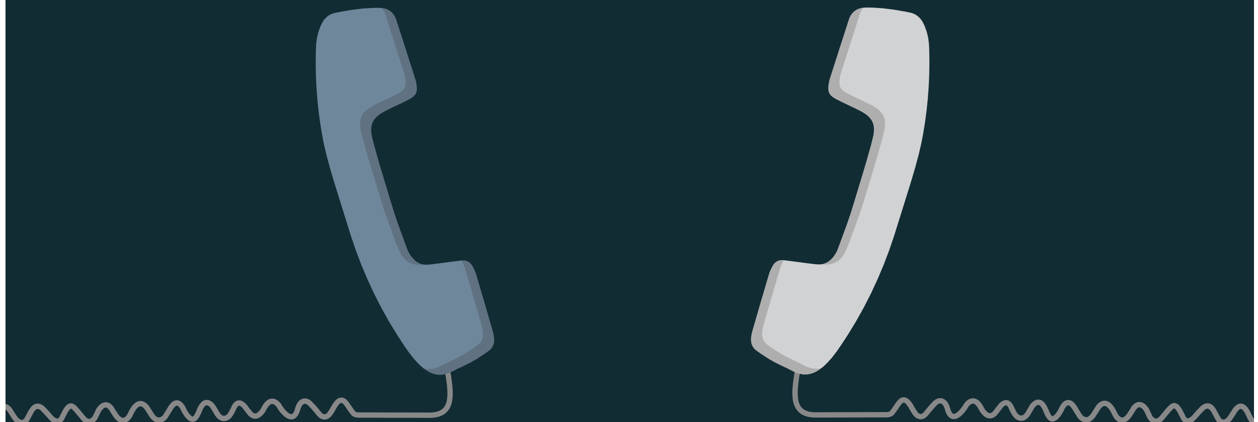
Sample Policies for the Delivery of SUD-related Services via Audio-Only Telehealth

Product Developed by: Pacific Southwest ATTC & Mountain Plains ATTC



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Overview

This document provides sample policies that behavioral health providers can use and/or adapt to help guide the delivery of Audio-Only Telehealth Services (AOTs). The term AOTs will be used throughout this document to refer to behavioral health services delivered remotely through the use of telephones (landlines or Voice over Internet Protocol (VoIP)) and/or mobile phones. AOTs have been available for several decades as behavioral health providers have used the telephone to deliver services, although these telephone-based services were typically not reimbursable which limited their use. However, due to the COVID-19 Public Health Emergency (PHE), the U.S. Government issued an Executive Order titled 'The Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government' (EO 14058) to make it easier for individuals to access healthcare services (including behavioral health) remotely. In addition, the United States Department of Health and Human Services (HHS) Office of Civil Rights (OCR) in response to the PHE, issued the Telehealth Notification to help healthcare providers expand their remote service delivery by exercising its enforcement discretion which includes audio-only telehealth. According to HHS website https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/hipaa-audio-telehealth/index.html, the Telehealth Notification remains in effect until the HHS Secretary declares that the COVID-19 PHE no longer exists or upon the expiration date of the declared PHE, whichever comes first. The OCR oversees the Health Insurance Portability and Accountability Act (HIPAA), and in June 2022 developed guidance on how the HIPAA Rules permit covered health providers and health plans to use remote communication technologies for AOTs.

A survey by the Pew Research Center (April 2021) found that 97% of the U.S. population owned cell/mobile phones. Likewise, clients/patients with substance use disorders (SUDs) reported high cell/mobile phone ownership. A study by Dahne and Lejuez (2015) revealed that almost 87% of clients/patients in pre-residential treatment had cell/mobile phones, with roughly 93% expecting to have a cell/mobile phone post-treatment. Milward and colleagues (2014) found similar results with methadone maintenance patients (e.g., 83% had cell phones). However, more recent studies found cell/mobile phone ownership rates for SUD patients to be 93%--95%, once again matching national data (Ashford et al., 2018; Winstanley et al., 2018). Finally, the Milward study found that almost three-fourths of clients/patients had pay as you go cell phones, and more than half had their phone numbers change in the last year. This information may be helpful to prompt behavioral health providers to check with clients/patients regarding their cell phone plans to ensure minutes are available for sessions and to remind clients/patients to inform clinical staff when cell/mobile phone numbers change.

Data from several recent studies demonstrate that behavioral health services delivered using the telephone have equivalent outcomes to in-person delivery. Varker et al. (2019) conducted a review of telepsychology studies and found that in ten out of eleven telephone studies, telephone delivered therapy was as effective as traditional in-person therapy or standard treatment as usual. Another systematic review conducted by Irvine and colleagues (2020) found telephone sessions tended to be shorter in duration, and demonstrated no significant differences in therapeutic alliance, client disclosure, empathy, attentiveness by the counselor, and participation by the client. Several studies included in this systematic review noted that clients gave AOTs higher ratings regarding their participation in sessions and how closely counselors listened.

Moreover, the Lin et al. (2022) analysis of studies examining remote/virtual service delivery found that clients participating in telephone therapy had lower attrition rates (dropping out of therapy) than clients participating in-person therapy. Likewise, attrition rates were lower for clients participating in telephone therapy than attending videoconferencing sessions. The authors attribute the lower attrition rates with

telephone therapy sessions to not needing to have Internet access or specialized equipment like monitors, laptops, or tablets when participating in telephone therapy sessions. This finding helps support the use of telephone for delivering behavioral health services. Another study by Zin and colleagues (2021) identified that younger or newer therapists had higher client attrition rates than more experienced therapists in both videoconferencing and telephone sessions. The authors posit that experienced therapists were more proficient in client engagement strategies and therefore utilized and relied upon these strategies frequently in virtual service delivery. This finding underscores the importance of providing training on client engagement strategies for virtual service delivery not just in-person service delivery.

Certainly, the utility of AOTs, as well as the benefits for clients and treatment providers, are notable. However, challenges still exist to the effective and ethical services delivery using AOTs requiring specific policies and practices, compliance monitoring, and ongoing training. In June 2022, the Office of Civil Rights (OCR) created a HIPAA guidance document regarding how providers can conduct services using AOTs while protecting patient privacy and security. The link to this guidance can be found at https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/hipaa-audio-telehealth/index.html . A seminal article by Brenes, Ingram, and Danhauer (2011) conducted a review that identified some of these challenges as well. Specifically, these challenges included: 1) Lack of Control Over the Environment; 2) Potential Compromises of Privacy and Security; 3) Developing Therapeutic Alliance Without Face-to-Face Contact; 4) Ethical and Legal issues in Providing Counseling by Phone; 5) Handling a Crisis at a Distance; and 6) Counselor Adjustment to Conducting Counseling in an Alternate Manner. The following sample policies will address these challenges, along with specific AOTs tips.

Patients/Clients Eligible for Audio-Only Telehealth Services (AOTs)

1. **Client/Patient Eligibility**

Behavioral health treatment providers should create eligibility criteria regarding which clients/patients, under what circumstances, will receive clinical services via telephone. For example:

- Will all patients/clients be able to receive clinical services from the initiation of service delivery?
- Will in-person services be required first before transferring to AOTs?
- Will some services only be provided online, while other services can be delivered via telephone?
- Will criteria be more client/patient focused (e.g., type/severity of diagnosis, compliance with treatment plan, length of stay in treatment, etc.) or focused on programmatic structure as noted in the above bullets?
- Individuals with a disability or that require language assistance need to be offered equivalent opportunities for service delivery (HIPAA)

Determining client/patient eligibility aligned to programmatic structure will help when writing a policy statement and associated procedures.

Sample Purpose Statement:

The XYZ Treatment Program believes that access barriers to behavioral health services should be reduced. As such, XYZ will offer behavioral health services via telephone.

Sample Policy Statement:

All XYZ clinical staff will provide behavioral health services via telephone for clients/patients receiving individual counseling sessions, excluding initial assessment services which must be done in-person.

Specific procedures would then be developed based upon this policy statement.

2. Telephone Equipment

It is important to determine what telephone equipment clinicians will utilize to deliver clinical services via telephone. For example, will the behavioral health provider allow clinicians to use cell/mobile phones? If so, will these be business or personal cell phones? There are numerous privacy and security issues regarding the use of cell/mobile phones for clinical service delivery. Landlines provide additional privacy and security, but may be less convenient for clinicians. The HIPAA Security Rule does not apply when a landline is used because the landline does not transmit information electronically regardless of what kind of phone a client/patient uses. However, the HIPAA Security Rule does apply when a provider uses mobile technologies like the Internet, intra and extranets, cellular or phones that use VoIP (Office for Civil Rights, 2022).

Clients/patients may decide to use any telephone system they choose and are not bound by the HIPAA rules. Clients/patients may change phones and, in some cases, get new phone numbers. Clinicians need to check in with clients/patients on a regular basis asking questions about use of a different phone with new phone number. Due to costs of cell phones clients/patients may use 'pay as you go' phones to help defray costs. The clinician should check in with clients/patients before sessions to determine if the client/patient is facing a minute shortage which may impact the time available for AOT sessions. In addition, a provider '*is not responsible for the privacy or security of the client/patient's health information once it has been received by the client/patient's phone or other device'* (Office for Civil Rights, 2022).

If providers decide that sessions can be conducted using cell/mobile phones, it is important that telephone sessions are never recorded and messaging services are disabled so audio messages cannot be stored.

Cell/Mobile Phones

Sample Purpose Statement:

It is important to the XYZ Treatment Program that clinical staff be able to deliver treatment services from a variety of locations (home and office). Therefore, XYZ will provide business cell/mobile phones to clinicians.

Sample Policy Statement:

All XYZ clinical staff will utilize business cell/mobile phones when delivering AOTs. Use of personal cell phones for service delivery is unallowable.

Sample Procedures Include:

- Password-protect all business cell/mobile phones, ensuring that a copy of the password is given to clinical staff and a list of assigned passwords kept in the administrative office
- Client/patients names should not be listed in the phone's address book
- Have clinicians delete information (client/patient phone number) at the end of each session
- Ensure that business cell/mobile phones can be erased remotely if stolen or lost
- Headphones/earbuds should be worn by the clinical staff during all telephone sessions
- Ensure caller ID is turned off so the clinic name does not appear on the client's/patient's phone

This list of sample procedures does not include all possible procedures, but provides examples of procedures for consideration. In addition, procedures may need to be created regarding clinicians using business cell/mobile phones to text or email clients. There are privacy, security, and confidentiality issues related to emailing and texting clients/patients, which is not part of this document.

Landlines or Other In-Office Telephones

Sample Purpose Statement: It is important to the XYZ Treatment Program that clinical staff be able to deliver treatment services via telephone in a private, secure, and confidential setting and so all AOTs will be delivered in the office.

Sample Policy Statement:

All XYZ clinical staff will utilize the business phone in the office when delivering AOTs. Use of personal cell/mobile phones for service delivery is not permitted. Note: If Internet-based phone service is utilized by the behavioral health provider to deliver AOTs, then additional information will be needed to ensure adherence to privacy, security, and confidentiality issues related to conducting treatment sessions.

Sample Procedures Include:

- With landline phones, the speaker function should not be used and the clinician should use headphones/headset/earbuds even in private offices
- Ensure that no other program staff can get on the line used for clinical service delivery (every clinician may need to be assigned a specific line for clinical services)
- Ensure caller ID is turned off so the clinic name does not appear on the client's/patient's phone

3. Informed Consent Processes for AOTs

Informed consent processes are considered essential for the client/patient to understand the risks and benefits of participating in clinical services. Clients/patients have the right to ask questions and get these questions answered before clinical service delivery begins. Behavioral health treatment programs will need to determine if the informed consent process for AOTs will be conducted at an in-person session or via telephone. No matter the format, the informed consent for AOTs should include all elements of the typical informed consent processes for in-person service delivery, with additional specifics and adaptations regarding AOTs. To facilitate the informed consent process, Murphy and Pomerantz (2016) created a template of questions clients/patients might want to ask regarding virtual service delivery in six topical areas: Clinical Services; Alternatives to Clinical Services; Appointments; Privacy, Security, Confidentiality, and Safety; Fees/Insurance; and General. The suggested questions are designed to help clients/patients better understand virtual behavioral health services. This section of sample policies and procedures includes specific recommendations from this article. For a more in-depth review, the article is listed in the references section of this document.

Initially, behavioral health programs will need to determine when and how informed consent information for AOTs will be delivered (e.g., as part of the typical informed consent process or separately and if delivered in-person or via telephone). Once behavioral health programs make these determinations, the appropriate information regarding AOTs can be added to the informed consent processes. The focus in the following sample policies and procedures is on additional content that can be added. Other typical informed consent topics unrelated to AOTs are not included here (e.g., notification of privacy and security related to HIPAA and Federal Confidentiality Rules and Regulations 42 CFR Part 2, etc.).

Sample Purpose Statement:

Informed consent is a key precursor of service delivery at the XYZ Treatment Program, with all clinical staff being able to effectively advise and answer questions for clients/patients regarding the risks and benefits of participating in behavioral health services. Specific information related to clinical service delivery via telephone will help clients/patients make informed decisions regarding participation in this mode of service delivery.

Sample Policy Statement:

All individuals seeking treatment services at XYZ Treatment Program will receive information and be given the opportunity to ask questions and have those questions answered before agreeing to engage in treatment services. If AOTs are available, clients/patients will be advised of the risks and benefits associated with this mode of service delivery.

Sample Procedures for AOT Informed Consent:

Clinical Services – All XYZ clinical staff will:

- Be trained in the delivery of clinical services via telephone and be able to describe this training and their relevant experience to clients/patients
- Discuss the risks and benefits associated with AOTs and the differences between clinical services delivered to clients/patients in-person and via telephone
- Instruct clients/patients regarding which clinical services are offered via telephone and why
- Discuss/answer questions about the equipment clients/patients will need to participate in AOTs

Alternatives – All XYZ clinical staff will:

- Provide information to clients/patients regarding switching from AOTs to in-person sessions and the processes necessary for making these changes
- Discuss XYZ's policies with clients/patients regarding how medication is prescribed without an in-person session (if that is possible)

Appointments – All XYZ clinical and administrative staff will:

- Inform clients/patients where AOTs are delivered from (office or designated off-site location)
- Instruct clients/patients how to cancel appointments and review emergency contact information if connection is lost during a session or if assistance is needed in between appointments
- Inform clients/patients how to access written instructions for emergency contact information for XYZ (downloadable pdf from XYZ website or email or hardcopy sent through standard mail)
- Discuss with clients/patients XYZ's policy regarding preferred method for contacting clinical staff between sessions, expectations for returned responses, and if calls are only returned during business hours (provide details regarding XYZ's business hours)
- Highlight for clients/patients that no clinician or provider name/number will show when clinician calls the client/patient to initiate a session and that the client/patient should always call XYZ's main number to contact the clinician or administrative staff

Privacy/Security, Confidentiality, and Safety Issues (see next section for more details). All XYZ clinical staff will:

- Discuss with clients/patients where clinical sessions via telephone will be conducted (e.g., office or designated alternative location. home office)
- Inform clients/patients that the phone speaker function will not be used by clinical staff when conducting sessions and that headphones, headsets, or earbuds will be utilized so only the clinical staff will be able to hear what the client/patient is saying
- Highlight that all privacy, security, and confidentiality rules and regulations will be in effect for clinical services delivered via telephone as they are for in-person service delivery
- Inform clients/patients that at the beginning of each telephone clinical session, clinical staff will ask the client/patient for a passcode that verifies the identity of the client/patient. No clinical sessions will be conducted if the passcode is inaccurate (HIPAA-verifying identity of client/patient)

Treatment Fees and Insurance for AOTs. All XYZ clinical staff and/or administrative staff will:

- Discuss with clients/patients the fees associated with AOTs and how/why the fees differ (if they do) with costs for in-person services
- Inform clients/patients of any additional costs associated with the delivery of clinical services via telephone, including crisis related services
- Discuss with clients/patients the state laws regarding reimbursement of AOTs through insurance, Medicare, and Medicaid

Other Issues Related to Informed Consent. All XYZ clinical staff will:

- Inform clients/patients about any state laws or regulations related to the delivery of AOTs, including components of the new law passed in 2021 regarding the use of audio-only service delivery
- Explain to clients/patients that the state board that provides licensure or certification of clinical staff does allow clinical services to be delivered via telephone

4. Privacy, Security, Confidentiality and Safety Issues

This section discusses the privacy, security, confidentiality, and safety issues regarding what the behavioral health providers and clinicians can do and what clients/patients should do.

First, behavioral health programs need to decide if clinicians will be required to be in the office to deliver AOTs (see sample policy statement above) or if clinicians can provide services from an offsite location. In both cases, privacy, security, confidentiality, and safety must be a priority. There are risks associated with both settings and must be mitigated.

Next, clinicians have more control over their own environment regarding where and how to conduct counseling sessions via telephone, but less control where the client/patient participates in the sessions. Regardless, the clinician should request the client/patient participate in sessions in private, non-public spaces as part of the informed consent process and at the beginning of each session.

HIPAA's guidance suggests that providers utilizing AOTs identify and assess potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI. Assessment of risks should include these considerations for cell/mobile phones or phones using VoIP:

- Risk that transmission could be intercepted by an unauthorized third party
- Remote communication technology (mobile device, app) support encrypted transmissions
- Risk that ePHI is that created or stored as a result of the sessions (session recordings or transcripts) could be accessed by an unauthorized third party
- Is authentication required to access the device or app?

It is advised that assessment of risk strategies for ePHI for AOTs become part of the providers' privacy and security assessment and that providers' consult with their attorney regarding AOTs. Finally, HIPAA does not require providers to enter into a Business Associate Agreement (BAA) with the telephone service provider if the provider is using the telephone to communicate with clients/patients. However, if the provider uses an app that stores PHI in recordings or transcripts or if an app is used to translate oral communication in one language to another and stores that information, then a BAA is required (HIPAA).

Sample Purpose Statement:

To effectively implement AOTs, all clinical and administrative staff will address privacy, security, confidentiality, and safety issues with clients/patients.

Sample Policy Statement:

With the goal of ensuring the privacy, security, confidentiality, and safety of clients/patients, AOTs should be provided in an environment where the sessions cannot be overheard (unintentional disclosures), interrupted, or interfered with. The clinician is responsible for setting the structure and boundaries of the sessions via telephone.

Sample Procedures:

Clinicians should conduct sessions in a designated office space (either at the office or at an approved alternate location) and wear headphones/headsets/earbuds, even when in the office. Clinicians should tell the client/patient that the speaker function on their phone will not be used. Clients/patients should be advised to not use the speaker function on their phone, as well.

- Clinicians should not conduct sessions in a parked car, while driving, or in a public place. Clinical services delivered via telephone are considered formal sessions that the client/patient will be billed for and as such should be structured like in-person clinical sessions.

- Clinicians should never record sessions without client's/patient's written permission and then only for the purposes of clinical supervision. Clinicians should ask clients/patients not to record sessions, share these recordings, and/or post recordings of sessions online.

- Clinicians should ask the client/patient at the beginning of each session their location (e.g., where they will be participating in the session), if their conversation can be overheard, and who else is in the room/space with them. In addition, at the beginning of the session, clinicians should ask the client/patient to verify their identity through a designated password created during the assessment process or at previous sessions rather than asking for the client's/patient's address, zip code, date of birth, etc. to verify identity (see safety check-in section for more details).

- If the client/patient is unable to verify their identity, the clinician should end the session immediately and re-contact the client/patient within 24 hours to re-establish clinical services. The clinician should document the identity verification problem and subsequent cancellation of the session in the client/patient record/chart, and the plan to re-contact the client/patient (see safety check-in section for more details).

- Based on the client’s/patient’s responses regarding their location and who else is at the location with them, the clinician can decide to go forward or reschedule the session.
- If the clinician determines that the client/patient is participating in the session while doing other activities (e.g., driving, shopping, attending social events, etc.), the clinician should ask the client/patient to stop their involvement, if possible, and refocus on the session. It is the responsibility of the clinician to set the structure and boundaries of the clinical sessions and ensure they are maintained.
- If the clinician determines that the client/patient is unable to fully participate in the session due to family members and/or intimate partners/spouses being present, the session should be rescheduled to protect the client’s/patient’s privacy, security, confidentiality, and safety. These actions are considered part of the clinical decision-making processes and should be documented in the client/patient record/chart.

5. Safety Check-In

Best practices in audio and visual (videoconferencing) and audio-only sessions recommend the clinician perform a safety check-in at the beginning of each session. One of the best practices in the safety check-in is verifying the identity of the client/patient using a passcode. Before starting AOTs, clients/patients should be assigned a passcode that is unique to them (see administrative section for more details), which serves as the key to continue with the safety check-in. With AOTs, it is essential the clinician verifies that the client/patient is the actual recipient of services. For clients/patients to reset or receive a new passcode, specific procedure should be established (see administrative section for more details). The following includes sample purpose, policy, and procedure statements and specific topics to consider as part of a safety check-in.

Sample Purpose Statement:

Safety check-in procedures are required and considered a standard practice to ensure the safety of all XYZ clients/patients participating in AOTs.

Sample Policy Statement:

The XYZ Treatment Program will require all clinical staff to follow and implement a safety check-in protocol at the beginning of each clinical session delivered via telephone and document its completion and the information collected.

Sample Procedures Statement: All clinical staff, as part of a safety check-in protocol, will at the beginning of each clinical session delivered via telephone:

- Ask the client/patient for the session passcode. If incorrect, stop the session and request the client/patient follow the pre-determined action steps to receive a new passcode (e.g., the client/patient goes to the XYZ Treatment Program, shows ID to an administrative assistant, and is assigned a new password/passcode; or the client/patient participates in a videoconferencing session with an administrative assistant that includes the client/patient holding their ID up to the camera, and the administrative assistant verifying the information and issuing a new passcode once the verification occurs).
- Ask the client/patient what kind of phone they are using for the call (e.g., mobile, Internet, landline, etc.)
- If the client/patient is using a mobile phone, ask if they have enough battery life and/or minutes for the session and restructure the session if necessary

- Remind the client/patient about the structure and guidelines for the session, including asking who is with the client/patient at the location
- Ask the client/patient for the address where they will be receiving clinical services (exact address when possible) and record that information in the client's/patient's electronic health record or on a white board
- Remind the client/patient not to record the session, share recordings with others, or post online
- Ask the client/patient the name and phone number of an emergency contact person and record that information in the client's/patient's electronic health record or on a white board
- Check in with the client/patient regarding the status of their symptoms (e.g., cravings and thoughts of using becoming more frequent, less critical negative thoughts occurring, etc.)
- At the end of the session, erase the client/patient information written on the white board to ensure that no client/patient identifying information is accidently disclosed (a whiteboard is used so client/patient identifying information is not left on post-a-notes or other pieces of paper when collecting information during the check-in)

6. Administrative Issues and Practices Related to Clinical Service Delivery Via Telephone

To effectively implement AOTs, behavioral health treatment providers need to develop administrative practices that will help support the delivery of clinical services via telephone. Administrative assistants, fiscal/billing, and other staff will provide support to clients/patients receiving AOTs as they do with clients/patients receiving in-person service delivery. The following statements provide guidance regarding administrative issues and practices.

Sample Purpose Statement:

Effective implementation of AOTs requires administrative support for the clinical services team and clients/patients. Therefore, administrative practices will be created and serve as the foundation for AOT.

Sample Policy Statement:

The XYZ Treatment Program believes that quality clinical services are supported by administrative practices, especially for clinical services delivered by telephone. As such, administrative practices will be created and put in place before AOTs are implemented.

Sample Procedures Statement: The following administrative procedures (creating/assigning passcodes; reassigning passcodes; assisting clients/patients when they are unable to connect to the clinical session; billing and fee issues; etc.) will assist clinical staff in implementing AOTs:

- Develop procedures for assigning passcodes to clients/patients receiving clinical services via telephone and notifying clinicians
- Should a client/patient require a replacement passcode, it is recommended they use one of the following methods: 1) go to the treatment center, show their ID, and receive a new passcode; or 2) schedule a videoconferencing session with administrative staff, show their ID, and receive a new passcode. A replacement passcode could be emailed to the client/patient. However, email has inherent privacy and security issues, and identity cannot be verified through email.
- Develop practices to assist clients/patients who are unable to connect to their telephone session, including notifying the clinician

- Ensure client/patient phone numbers are up to date, keeping in mind that client/patient cell phone numbers by may frequently change
- Create procedures for billing for clinical sessions delivered telephonically and share information (e.g., client/patient portion, costs per session, etc.) with clinical staff and clients/patients for informed consent purposes

7. Clinical Issues and Practices Related to Clinical Service Delivery Via Telephone

Clinical issues and practices have been noted earlier in several places in this document (e.g., client/patient eligibility for clinical services delivered via telephone; safety check-in practices; informed consent practices; clinical session environment for both client/patient and clinician; etc.). This section discusses essential clinical practices in AOTs. A recent review of the literature found several articles providing tips and recommendations for clinical service delivery via telephone, along with a useful webpage by the American Psychological Association. Those tips and recommendations will be summarized in this section, with full source citations listed in the references section.

Clinical service delivery via telephone requires both an adaptation and an enhancement of therapeutic skills (e.g., engagement, alliance building, presence, etc.). Several experts have said that performing counseling over the phone is the same as in-person, except when it is not. A better description comes from Fiaja and colleagues (2020), who stated that counseling via telephone requires a different kind of listening. The following includes purpose, policy, and procedure statements related to clinical issues and practices.

Sample Purpose Statement:

To increase access to XYZ treatment services, AOTs will be offered. As with in-person clinical service delivery, clinicians will deliver quality clinical services telephonically to produce positive treatment outcomes.

Sample Policy Statement:

XYZ clinical staff will deliver designated clinical services telephonically, ensuring that best practices are utilized to guide service delivery to achieve similar treatment outcomes to in-person care.

Sample Procedures Statement:

XYZ clinical staff will build effective therapeutic alliances with clients/patients using engagement strategies and clinical relationship building activities designed for telephone service delivery informed by the current literature. The following bulleted lists can be used in training exercises with clinical staff.

Engagement Strategies

- Demonstrate empathy by using the client’s/patient’s name more often than during in-person sessions
- Ask more questions
- Use more reflections and metaphors
- Use more energetic and upbeat tone
- Use a more empathic warmer tone
- Let the client/patient set the pace of the session, with the clinician providing strategic reminders of the time/structure of the session

Relationship Building Activities

- Validate client's/patient's experiences by identifying/reflecting feelings, paraphrasing, agreeing, and making encouraging comments
- Refer to information from previous sessions
- Be aware of the client's/patient's tone of voice, pitch, and breath quality; be aware of the clinician's tone of voice, pitch, and breath quality as well

Avoid:

- Distractions like texting, reading emails, having other conversations, etc.
- Tapping, humming, or making other noises
- Use of jargon
- Talking too much or interrupting the client/patient
- Setting a fast pace for the session
- Having an impatient tone or giving off a sense of being in a hurry
- Acting too casual (e.g., 'chatting with a friend on the phone')

Learn how to:

- Be comfortable with client's/patient's silence
- Interpret silences (sometimes called skillful silence)

Clinical Decision-Making

- Create and implement criteria to move a client/patient from clinical service delivery via telephone to in-person care
- Create and implement criteria to move a client/patient from in-person to telephone-based care
- Create and implement criteria to discharge clients/patients from telephone-based care

Defining Clinical Sessions Delivered by Telephone

- Set a standard for the length of clinical sessions delivered by phone for all clinical staff
- Create a structure regarding when clinical sessions can be delivered by phone (e.g., 8am-5pm, weekends, holidays, etc.)
- Differentiate and create specific definitions for telephone check-ins, telephone crisis calls, and clinical sessions delivered by telephone
- Determine how clinical sessions by phone are documented in the client's/patient's record if different than in-person sessions
- Create procedures for conducting treatment planning during clinical sessions delivered by phone

8. Crisis Situations

Crisis situations occur on a somewhat regular basis when providing behavioral health treatment services. For clinical services delivered via telephone, precautions need to be put in place to better manage crisis situations. First, the Safety Check-In section of this document recommends collecting information at the start of each session related to effective management of crisis situations. Specifically,

securing the client's/patient's current address when participating in services affords the clinician the opportunity to send emergency personnel (first responders) and police officers to the location, if necessary. In addition, asking for and receiving the name and contact information of a person who knows the client/patient well also allows the clinician to contact this person in case the client/patient discontinues the session and will not answer their phone. It is recommended that the clinician always screens for suicidal intent (risk of harm to self), homicidal intent (risk of harm to others), and worsening of symptoms (e.g., depression, anxiety, return to alcohol and/or drug use, etc.). Nationally, more emphasis has been placed on crisis intervention training for behavioral health professionals so additional trainings and workshops are currently available.

The following are purpose, policy, and procedures statements related to managing crisis situations.

Purpose Statement: Effective management of crisis situations for clients/patients is a priority for the XYZ Treatment Program. Likewise, effective management of crisis situations for clients/patients receiving services by telephone is even more crucial due to the lack of in-person contact.

Policy Statement: A safety check-in protocol and other screening activities will be implemented for all clients/patients receiving telephone-based services to prevent and effectively manage crisis situations.

Procedures Statement: A safety check-in protocol will be implemented at the beginning of all telephone-based sessions to: 1) collect information on the client's/patient's location and emergency contact person in case first-responders need to be dispatched; and assess symptoms to determine if they are worsening and require more intensive care.

Implementation of Safety Check-in Protocol and Symptom Assessment

- Collect information regarding client's/patient's location, including address, at the beginning of each telephone-based session
- Confirm name and phone number of the client's/patient's emergency contact person
- If the client/patient disclosed information regarding feelings/thoughts of self-harm, or harm of others, or if symptoms (depression, anxiety, cravings, return to drug/alcohol use) is worsening, the clinician needs to collect additional data and make an assessment regarding getting the client to a higher level of care
- Follow existing program policies and procedures for clients/patients expressing suicidal and/or homicidal intent, or reporting continuing drug and alcohol use
- Consult with a clinical supervisor to determine if the client/patient needs to be seen in-person and the session conducted ASAP, or if first responders should be contacted

9. Ethical and Legal Issues

Ethical and legal issues have been addressed in other sections in this document (client eligibility, informed consent, and safety check-in). However, additional information will be reviewed here. It is essential that when providing AOTs, clinicians are operating within their scope of practice and expertise as it relates to their licensure or certification.

Sample Purpose Statement:

The XYZ Treatment Program is committed to providing ethical and legal clinical services, which includes AOTs.

Sample Policy Statement:

All XYZ clinical staff will adhere to the ethical codes of their profession, as well as to the state's ethical code where they are licensed and/or certified. Most professional associations now provide guidance regarding services delivered virtually or by phone, whereas states tend to lag behind professional associations. All XYZ clinicians should follow the ethical codes that are most stringent and aligned with XYZ's policies/procedures regarding clinical services delivered via telephone.

Sample Procedures Statement:

All XYZ clinical staff will, as part of the informed consent process, disclose their training and expertise regarding AOTs to clients and patients, and will conduct sessions in accordance with the scope of practice designated by their state license/certification, their professional association, and XYZ's policies and procedures.

Informed Consent

- Disclose training and expertise to clients/patients as part of the informed consent process
- Disclose how the licensing/certification in your state permits/structures AOTs
- Disclose how the clinician adheres to the state and professional association's ethical codes
- Determine if clients/patients reside in another state and, if so, advise clients/patients that the clinician may not be able to provide services by telephone based upon state licensing/ethical codes unless the state has accepted federal emergency exceptions.

10. Training in Clinical Service Delivery Via Telephone

It is important that all clinical staff receive training on how to adapt clinical services to telephone delivery and that this training is documented in the clinician's personnel record, especially if licensing/certification boards require proof of training to deliver services telephonically. In addition, clinicians need to be able to share their training information with clients/patients as part of the informed consent process. Training activities should focus on administrative issues and practices for both clinical and administrative staff. Finally, clinical supervision for clinicians conducting sessions via telephone should be a priority and have a dual focus on clinical issues, as well as clinical adaptations and skills for telephone delivery.

Purpose, policy, and procedure statements appear below and include the need/importance of clinician training, clinical supervision, tips, and recommendations.

Need for Training in AOTs

Sample Purpose Statement:

The XYZ Treatment Program is committed to increasing access to clinical services for individuals with behavioral health conditions. As such, clinical services delivered via telephone will be implemented, which includes training for both clinical and administrative staff.

Sample Policy Statement:

All XYZ clinical and administrative staff will participate in training sponsored by the XYZ Treatment Program on delivering clinical services via telephone, with booster sessions provided on a regular basis (e.g., quarterly, biannually, annually, etc.).

Sample Procedure Statement:

Training sessions for telephone-based clinical services should be divided into administrative and clinical topics, with clinicians needing training in both areas. The following describes the training topics with an administrative focus:

Administrative – Review procedures for how:

- Initial passcodes will be assigned to clients/patients, stored, and how clinical staff will access passcodes
- Clients/patients will secure a new passcode from administrative staff, ensuring that clinicians are able to communicate these procedures to clients/patients during the informed consent process
- Administrative staff will help clients/patients get connected to their telephone sessions if they are experiencing difficulties accessing the session
- Clinicians will be contacted by administrative staff if the client/patient is having difficulty accessing the sessions
- Billing and costs are broken down related to clinical sessions delivered via telephone
- Changes or additions since the last training in administrative practices will be communicated

Clinical – Provide Training on:

- Therapeutic Alliance Building via telephone including engagement strategies and clinical relationship building activities
- Opportunities in the training to practice engagement and clinical relationship building activities
- Strategies to effectively manage silence during sessions
- Clinical criteria for moving clients/patients to in-person and moving a client/patient from in-person care to telephone-based care
- Criteria for discharging client/patient from telephone-based care

Discuss During Training Sessions

- What connotates quality telephone based clinical sessions?
- Differences between telephone check-ins and crisis calls versus telephone clinical sessions

It is recommended that clinical supervisors help facilitate these in-service training sessions for both clinical and administrative staff. In addition, clinical staff members may want to attend external training events on this topic to help build/maintain clinical service delivery via telephone.

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