Opening a Teletherapy Drop-In Session

(or other first time meeting)

Developed by University of Washington Tacoma Counseling & Psychological Services (CAPS)

1. Verify client’s identity
2. Introduce yourself
3. Request or verify backup phone number and ask, “Is it okay that I contact you at this number if we get cut off?”
4. “For my notes and for your safety, where are you located right now?” Obtain their address (or if they are “at home,” verify the address you have on Titanium). Ensure they are in state.
	1. If out of state, explain that at this time, Washington licensure laws prohibit us from conducting therapy in states where we are not licensed, and this includes teletherapy.
		1. Conduct risk assessment and ensure their safety.
		2. Check on whether they need help finding therapy resources in their area.
		3. Offer Drop-in services when they return to campus/WA or if state laws change due to COVID-19, as things are changing daily.
		4. Close Zoom session.
5. “Today, I am not recording. Can you please verify that you are not recording either?”
6. Verify the emergency contact they listed in Titanium forms and discuss the conditions under which you would contact that person.
7. Comment on how different/weird/awkward using Zoom might feel when meeting for the first time, including the questions above that would not ordinarily be asked. Check in about how they feel about using Zoom today.
8. “Can you tell me what’s going on around you? Is anyone else in the room with you today?” “During our session today, I would like to let you know if I’m distracted by something on your screen or in my office, or by something you’re doing, and I’d like to ask you to do the same for me.” E.g., my eye contact is weird, the lighting is off, you can’t hear me well, I have something in my teeth – joke a little.
9. Prepare for interruptions
	1. “I do not expect any interruptions during our session, and I have silenced my phone. If somebody does come in or an emergency comes up on my end, I’ll put the session on hold by stopping your video and muting audio to protect your confidentiality.”
	2. “Just as with in-person visits, I expect that you will silence your phone and that you are not expecting any interruptions. Is that right?” “In case somebody does come in where you are, do you want to give me a code word or hand signal for me to pause or stop the session?”
10. Continue with usual protocol – what to expect today, confidentiality, our services…
11. In your note, remember to document that you conducted the Drop-In via teletherapy and why (COVID-19 operating procedures).

Opening a Teletherapy Ongoing Session

(or other repeated meeting)

1. Greet per usual. Verify address and backup phone number where they consent to be contacted if the Zoom link fails. Verify their emergency contact person, that they are not recording the session, their phone is silenced, and they are not expecting any interruptions. Remind them to interrupt you if something distracting is happening, they can’t hear you, etc.
2. “As you may recall, for my notes and for your safety, I need to document where you are located right now.” Obtain or verify their address. Ensure they are in state.
	1. If out of state, explain that at this time, Washington licensure laws prohibit us from conducting therapy in states where we are not licensed, and this includes teletherapy.
		1. Conduct risk assessment.
		2. Check on whether they need help finding therapy resources in their area.
		3. Offer Drop-in services when they return to campus or if state laws change due to COVID-19, as things are changing daily.
		4. Close Zoom session.
3. “What’s going on around you? Is anyone else in the room with you today?”
4. Check in about how using Zoom felt last session, ask about anything you can do to make things more comfortable today. Ask about volume, picture.
5. Prepare for interruptions – verify the code word or signal that tells you to end the Zoom session for their confidentiality.
6. If relevant, comment about the strangeness of how using teletherapy means we have to ask a lot of unusual questions.
7. Continue as usual with the session.
8. In your note, remember to document that you conducted the session via teletherapy and why (COVID-19 operating procedures).

Teletherapy Risk Procedure for Trainees

When risk has been identified and you become aware of the need to consult:

1. Tell the client that you need to consult with your supervisor, which involves pausing the video and muting the audio while you do so. Let them know you’ll be right back.
2. Mute audio and pause video
3. Check Titanium for supervisor availability
4. Call supervisor on their cell phone. If no answer, try text, Microsoft Teams, and/or email. Then move on to the next staff member. If you have difficulty getting in touch with someone, call or text the Program Coordinator to let her know you need help. She can take over finding someone while you get back to your client.
5. Inform the supervisor of the situation and consult as you would in-person. If needed, keep the phone line open while you return to your client to collect additional information. You can always mute and pause video again if needed for additional consultation.
6. If you or your supervisor get to a point where they need to step in (i.e., if you were at the office, they would come into the room with you and your client), tell your client that your supervisor is going to join the Zoom session in a moment to ensure their safety. Supervisor will find the link to your Zoom session in Titanium, copy it, and paste it into a search engine outside of VPN access in order to join the session.
7. If at any time the client is at imminent risk of harming self or others, keep the Zoom link open while dialing 9-1-1 on your phone to get help. Give the dispatcher the client’s address.
8. For involuntary hospitalization when the client is NOT at imminent risk, keep the Zoom link open while calling the appropriate county’s Designated Crisis Responder (DCR). The phone number is listed on the shared drive in the Resources Campus Closure file in the document *designated-crisis-responders-contact-list*. For **Pierce County**, the **Crisis Line** for DCR [Good Samaritan Mobile Outreach Crisis Team (M.O.C.T.)] is **(800) 626-8137**. If appropriate, you may mute the microphone while you speak with the DCR. You may wish to keep the video on if it comforts the client to know you are still there.
9. For voluntary hospitalization when the client is NOT at imminent risk, proceed as you normally would, checking on whether someone else is present who could accompany the client to the emergency department (ED). If the client is not sure of the hospital’s location, look online to find the information. Instruct the client to call the CAPS main phone number, 253-692-4522 once they arrive at the ED, and leave a message with their name, phone number, and the time they arrived at the hospital. The Program Coordinator will pass the message along to you.

A note about risk: If your client is speaking in a vague manner or you cannot read the client’s body language, you may need to tell them that you need to hear them say specific words about their safety, e.g., “I need you to tell me that you can keep yourself safe.”