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Using telehealth effectively in mental healthcare

A practice toolkit for mental health
practitioners working in regional and
rural areas

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Who is this toolkit for?

The following resource is designed for mental health practitioners working in rural or regional NSW who use telehealth in treatment and are interested in learning about the evidence and practical considerations for telehealth therapy.

What does this toolkit include?

This is an introduction to working with telehealth and is not exhaustive nor designed as a manual. It is not designed to replace clinical decision making or specialised training. We encourage all practitioners who are working in this space to seek training and engage in professional supervision and reflective practice.

Let's start with some definitions...

Telehealth, also termed videoconferencing psychotherapy, telepsychology, virtual health and telemental health, refers to the *synchronous delivery of mental health services via technological platforms*.

Telehealth services increased significantly in the context of COVID-19, and many services continue to offer telehealth options. Despite this, many practitioners report only using telehealth out of necessity, and feel ambivalent about utilising telehealth.

This resource provides an update of the evidence and practical considerations for telehealth.

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Common concerns about telehealth

Treatment is just not as effective via telehealth

I won't be able to develop an effective therapeutic relationship with my clients over telehealth

I can't pick up on non-verbal cues as well as I can in person

The technology will be unreliable



So, what does the evidence say?

- Satisfaction of treatment is as high as in-person treatment¹⁻³
- There are no significant differences in drop-out rates for telehealth compared to face-to-face treatment¹

Treatment Effectiveness

Importantly, no specific client population or presentation has been deemed as completely inappropriate for telehealth.

Telehealth has shown results comparable to face-to-face for¹:

- Depression
- Anxiety
- PTSD
- Insomnia
- Post-partum concerns
- Health anxiety

Emerging positive evidence for similar outcomes compared to face-to-face treatment for:

- Panic disorder & agoraphobia
- Social anxiety
- GAD
- OCD
- Hoarding
- Trichotillomania
- Anorexia Nervosa
- Bulimia Nervosa
*reduction in frequency of binge eating has been found to be better for face-to-face treatment provision.

- Cognitive behavioural therapy (CBT), exposure-based therapies, problem solving therapy and behavioural activation have all been **delivered effectively via telehealth**.
- It is worth noting that research has looked primarily at **behaviourally-focused treatment** models, and less focus has been paid to more reflective or psychodynamically-oriented treatment modalities. This is not to say these modalities may not be effective for telehealth, but there has been less research in this area. A recent qualitative analysis identified both advantages and disadvantages from clinician perspectives of psychodynamic therapy via telehealth⁴.

Who does telehealth work – and not work – for?

- Prior experience of talk therapy or medication does not predict uptake, but does predict completion of treatment via telehealth, suggesting experience of mental healthcare services may be beneficial¹.
- There are indications that male clients might benefit from in-person services more, though this finding is preliminary and specific to veterans².

Therapeutic Relationship



- High levels of therapeutic bond can be established using telehealth services⁵.
- Interestingly, when clients and clinicians both rated the therapeutic alliance:
 - Clients rated their alliance in telehealth as *stronger* than in-person.
 - Clinicians rated their alliance in telehealth as *weaker* than in-person clients.
- This suggests there can be a discrepancy between how clients and clinicians experience telehealth, and while therapists may perceive the therapeutic alliance as weaker, this is often not reflected in the client's experience^{1,6,7}.

Technology

Minor disruptions and technical issues are considered frustrating, but have not been found to impact client engagement¹.



What about the benefits of telehealth?

There are multiple benefits to using telehealth, particularly in regional and rural areas. This can include:

- **Facilitating access to treatment** for people who live in rural or remote areas who cannot feasibly access consistent face-to-face treatment.
- **Increased opportunity for access for people in isolated groups**, for example those with comorbid medical conditions, older adults or those with reduced mobility, people with caring responsibilities, victims of domestic violence or trauma, those without access to public transport.
- Opportunity to provide specific services to people over a **broad geographical area**.
- **Continuity of treatment** irrespective of location.
- Increased **access for people who may not attend traditional services** due to shame or anxiety. Some people find they feel less intimidated or pressured by telehealth services compared to in-person.
- **Increased privacy and anonymity** for those in rural areas with small communities.
- Some clients report a **greater sense of control** and a **more tolerable** therapeutic environment that feels less confronting.
- Clients who have different accommodation needs might find it easier to manage these in their own environment and this may **reduce distraction and over- or under-stimulation**, allowing focus on therapeutic content.
- **Access to family members** who may be unable to attend in-person sessions.
- There may be a **change in the power balance**, with each person coming from their own spaces, and co-creation of the therapeutic space.
- Increased capacity to **manage countertransference reactions**, for some practitioners.

Who might telehealth not be appropriate for?

It is important to consider each client's suitability for telehealth from a formulation-driven perspective, taking into account their presenting concerns, current needs, their circumstances, wider support network and the level and type of care your service can offer.

Some presentations that might warrant further consideration when offering telehealth services might be:

- Clients with acute levels of risk to themselves or other people, or very changeable risk profiles.
- People with experiences that others do not share, such as psychotic experiences or paranoia, or people with severe dissociative experiences.
- Clients who may be at risk if therapy content is not private within their home such as in domestic violence relationships.

Addressing client concerns



Of course, clients also might have concerns about using an unfamiliar treatment modality. Some of the most common concerns service users have with telehealth are⁸:

- Technical issues (e.g., internet service and reliability).
- Safety, privacy and confidentiality (e.g., lack of private space at home, security).
- Therapy delivery and relationship (e.g., concern about establishing a relationship).
- Lack of sense of community (e.g., loss of interactions with clinic staff/people).

These concerns will require different responses that might include:

- **Providing more information.** For instance, you should ensure you are utilising platforms that are secure and abide by the relevant privacy legislations, and share these details with your clients, empowering them to make their own informed decision. Check the [Australian Commission on Safety and Quality in Health Care National Safety and Quality Digital Mental Health Standards](#) to make sure you're abiding by data privacy and security standards.
- **Problem solving.** For instance, discussing where a client might feel most comfortable to join the session – a parked car close to home has been a handy solution for many.
- Discussing a **back-up method of communication** prior to any technical interruptions – for instance, an alternate telehealth platform or a phone call.
- Agreeing to **“giving it a go”** while monitoring the therapeutic relationship. You might want to use a rating scale to monitor how you and the client feel about the therapeutic alliance – try the [Session Rating Scale](#), which pairs well with the [Outcome Rating Scale](#).
- **Providing information on the process and outcomes of telehealth:**
 - Research has found there can be an early period of discomfort as both client and clinician adapt to telehealth, however for most people this discomfort reduces over time¹.
 - Many studies show no difference in development of a therapeutic relationship on both outcome measures and client reports¹, and some studies have found clients using telehealth increase in their ratings of therapeutic alliance as treatment progresses.

Ok, my client is on board for using telehealth.
What now?

Preparing a client for a telehealth session

Depending on their knowledge of technology, preferences and presentation, some clients may need additional assistance with preparing for telehealth sessions. This might include:

- Additional assistance from administration with completion of forms.
- Creating a document to send clients that outlines the process of joining a telehealth session. Social stories can be a great resource for navigating change and helping clients know what to expect.
- Brief practice sessions for those unfamiliar with telehealth.

How do I set a therapeutic frame using telehealth?

The therapeutic frame refers to the contextual aspects of therapy, including aspects like the nature of the service, treatment setting, frequency, boundaries and limits, and structure of therapy. The frame is considered essential to developing a consistent and predictable environment within which therapeutic gains can be made.

It is important to set a therapeutic frame when working with telehealth. It is helpful for this to occur as early as possible in the commencement or transition to telehealth services.

Some aspects of therapeutic frame-setting particular to telehealth to consider are:

- **Nature of telehealth service** - consider differences to face-to-face services and talk about these explicitly. For example, does communication between sessions change if you are practicing via telehealth as a client now has access to your email address?
- **Client location and privacy** - are they in a private space where they can speak freely? Will they always be in that space? Ensure you check where your client is at the beginning of each session. Talk about the importance of a private space and what will occur if these conditions aren't able to be met, dependent on your service.
- **Expectation setting** - as you would do in face-to-face settings, it's important to outline the expectations the client can have of you, and the expectations you or your service has of the client. It might be useful to discuss how to manage external distractions like phones or other noises where the client is located.
- **Changes to treatment** - some treatments may require modification when being completed via telehealth, and this is important to discuss as soon as it arises.

Facilitating a strong working alliance via telehealth



Recommendations from the literature to develop the therapeutic relationship include:

- Using a warm, conversational tone⁹.
- Intentional self-disclosure that humanises a clinician and provides a chance for connection⁹. This self-disclosure might include sharing of interests or self-disclosure when providing psychoeducation.
- Validating the client's experience of using telehealth^{9,10}.
- Reflecting together on a client's strength to share their inner world with someone they may not have met in person⁹.
- Focusing on visual and auditory cues rather than body-language to provide empathy¹⁰.
- Maintaining eye contact with the computer's camera when possible.

Creating a therapeutic space via telehealth

Try to create a consistent "therapy space" that the client can identify - this might include consideration of your virtual or physical background. This can help with the predictability of telehealth sessions.



Be mindful of the importance of **transitional periods** around treatment sessions. For many people, the process of preparing for a session, attending an office and then returning to regular responsibilities after a session can be a time for processing and regulation. When clients may be attending from home or during work or school hours, they may lose that time to reflect and consolidate. Consider creating routines to help transition in and out of therapy¹¹.

For instance, starting session with a grounding or mindfulness exercise to help clients tune into themselves, a regular end of session activity completed together, or a consistent set of actions directly after session such as skill practice or reflective writing that help them transition out of the treatment setting.

Adapting Treatment Content

Some aspects of treatment might need to be modified when using telehealth. This can include:

- Altering exposure exercises or assisting clients to complete these between sessions.
- Managing silence therapeutically: Silence is often used as a therapeutic tool to give time for processing and reflection. In telehealth settings, it can be difficult for clients to determine if silence is a treatment intervention or technical glitch. If using silence, it may be useful to consider overt non-verbal gestures such as nodding, or verbalising the process e.g. "thank you for sharing that with me" "let's sit with that for a minute".
- Using multiple methods of communication for experiential exercises, such as using whiteboard or shared screen features, sending written information or videos⁹.
- Encourage clients to prepare emotion regulation tools or strategies in advance for session - for example bring with them fidget toy, weighted blankets or other sensory items that help them remain present and regulated during the session.

Using Technology to your Advantage

Telehealth opens up a wide range of options to foster collaboration. Try the following:



Utilise in-program technology, such as digital whiteboards and screen sharing



Share documents such as psychoeducational material or worksheets



Consider use of headphones as an additional privacy measure with your client

Addressing risk of harm to self

Whilst risk of harm to self can be managed via telehealth, it is worth considering additional factors in risk management:



Client location should be clarified in each session.

Emergency contacts and preferred contact should be checked regularly.



Develop a plan of what will occur if a client does not attend a virtual treatment session, informed by their risk formulation and treatment plan. This might include a phone call to an emergency contact.

Increased contact between members of the treatment team may be helpful when managing risk remotely.



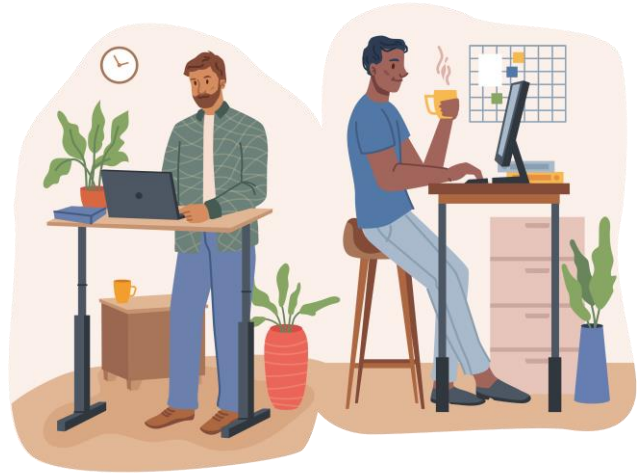
Orygen have a helpful tip sheet on managing risk in telehealth when working with young people, with many of the suggestions generalisable to other ages.

Troubleshooting common questions

My client is attending session in a public space... what do I do?

Some clients may perceive telehealth sessions as less formal, and display behaviours that would not occur in person. This could range from behaviours such as attending from bed, smoking during session, or attending session in a public space.

It will be important to consider your service model in these instances – perhaps some of these behaviours are appropriate within the model you provide.



If these behaviours are not appropriate to your service, it is important to remember it is the practitioner's responsibility to maintain the therapeutic frame, not the client's.

- **Start by being curious about the behaviour.** For instance, if your client is attending session from a public space – where are they right now? Did they remember your session was scheduled? Do they have any concerns about having a session in a public space? What do they think might be the benefits and disadvantages to having sessions in this space?
- **Outline your concerns** – for instance this might be an issue of confidentiality, privacy, or safety.
- **See if there is a way to problem solve based on their reasoning** – for instance, if they are in a public space as they don't feel comfortable with people overhearing at home, can they relocate to a space that is private but not at home, such as a bookable library room that is soundproof? Can they do a phone session while in a park with no one else in earshot? This will require consideration of what is appropriate based on the client's formulation, and an exploration of what you are comfortable with as a practitioner.
- **Set boundaries if required** – depending on your service and the client's context, it may not be ethical to proceed with the session if they are in a public space. You may need to have a discussion with the client about rescheduling session. Remember, boundary setting can feel uncomfortable *and* is important, necessary and can model effective relationship interactions.

How can I work with children and adolescents via telehealth?

Working with children and adolescents via telehealth will require some additional considerations based on the client's developmental stage, clinical presentation and support system.

Note: Families come in many different forms, and “parent” is used in this guide to encompass biological, adoptive, and foster carers of a child, in addition to carers who have taken on responsibility of raising a child.

Setting up treatment effectively

- **Help orient families and children to telehealth treatment.** [Here](#) is a great factsheet that can be provided to families. Emerging Minds also have a resource for [working with children and families using telehealth](#).
- Similar to working face-to-face with families, **use your formulation to inform who should attend the session.** For some families therapy may include a mix of support with the parents, child directly and parent and child together. Different presentations may benefit from various combinations of support.
- For example, if a child is feeling anxious, they may begin sessions with the parent present and move towards attending alone if beneficial.
- Telehealth offers an **opportunity to work with the whole family system**, often more easily than face-to-face as different family members can take turns and easily join online when they may not have been able to in an in-person context.
- If a child is attending alone, it is important to **ensure there is a parent nearby to support in the case of distress or risk.** Plan with the parent in advance how to contact them (e.g. their mobile number) in case it is not appropriate to ask the young person to get them or they don't want to get them.



Have a conversation with parents about involvement in telehealth sessions. For younger children, parents might play a more active role as a co-therapist. Some useful ways to include parents:

- Parents can help to set up a therapeutic space for a child client, such as in a particular room, rolling out a particular rug/blanket or using a specific set of toys.
- Sending resources to caregivers prior to session can help facilitate the session, such as printed-off worksheets.
- For children who may leave the room or session, the therapist can work with the parent to coach them about how they might bring the child back into the room.
- Parents can help to facilitate breaks when needed during session, including physical breaks like dancing, stretching or singing. Parents can also be helpful in facilitating therapy activities, for instance if you are building a distress tolerance box or practising mindfulness of objects, parents can help the child find relevant items.



Using telehealth with children and young people can allow you access to their system which you may not have had before. Telehealth can give you more information about their environment and interactions with other household members.

It can give you access to other important people in their system like grandparents or siblings who may not have been able to attend face-to-face sessions. It can also allow for all carers to attend and for sessions to be a mix of parent and child support.



Troubleshooting Challenges



- If a child engages in behaviour such as moving away from the screen or not wanting to engage, parent sessions may be most appropriate to support the family.
 - Focusing on rapport and exploring a range of engagement options e.g., movement, video, activities and offering choice may help engagement. However, if a child is struggling to engage it may be most beneficial to work directly with the parents around supporting them with the child's behaviour to help whole family engagement.
- Some children may find it distracting to see themselves on-screen, most telehealth platforms allow a "hide self" view.
- Consider how long your client can sustain attention for, which might be different for telehealth compared to face-to-face sessions. Explore with parents and the client what will be most effective, and if possible, **allow for shorter sessions or create multiple 'breaks' during the therapy session.** This might require additional planning with multiple activities and a focus on being flexible depending on your client's needs. Some children may benefit from engaging in an activity while speaking, just as you would in person. Ideas include mindful colouring together, a craft activity or engaging in movement together.
- **Social stories** can be helpful to provide for clients who might find change difficult and who would benefit from increased certainty about the process of telehealth. Raising Children has a helpful [visual guide](#) for telehealth.
- Raising Children also have a [guide for parents](#) on helping prepare children with disability or neurodiversity for telehealth. It is likely that many of these strategies will be helpful for all children.

Using telehealth to your advantage

- **Maximise choice and control for young people.** This is already an important component of working with children and adolescents, and if they are engaging in telehealth due to necessity rather than choice, focusing on allowing as much choice as possible will likely help to build therapeutic alliance.
- **Focus on building rapport** and understanding how best to engage each child to begin e.g., do they prefer to engage in activities on the screen, physically or a mix, do they need movement breaks, will they benefit from different forms of engagement such as video, drawing, activities.
- **You can use technology to support rapport.** For example, listening to music together, watching a video, getting the child to give you a virtual "tour" of their space. Just as you might use a range of different approaches face-to-face to engage children and young people, this can also be done online.
- **Think creatively** around how you might engage in therapeutic activities online like you would in person. For example, many drawing/writing activities or psychoeducation could be conducted interactively using PowerPoint. This could include activities such as strengths card sort, an exposure stepladder or a whole range of activities. Some children may engage well with using technology whereas others may prefer to physically draw or write. In these cases, you and the child could both complete an activity and then hold things up to the screen to share.
- **Explore how you can use the client's environment** to help generalise therapeutic learning. For instance, this might include completing activities that would normally be between session tasks together, like creating external reminders for tasks in behavioural activation, or collecting resources to use when distressed.

Make therapy playful!

Just as you would use activities as a way to engage, build rapport and practice therapeutically in face-to-face sessions, play is important when using telehealth. There's plenty of online games that you can play with clients that can be relevant to their treatment, with some options below:

- [Online sand tray](#)
- [Battleship](#)
- [Connect4](#)
- [Pairs](#)
- [UNO](#)
- [Baamboozle](#), to create your own games
- Creating a book together (e.g., PowerPoint) to engage in therapeutic activities such as animal strengths cards or any written/drawing activities you might complete in-person. Use share screen and allow participant control so the child can engage with this activity as well by moving items, typing and drawing.
- Youtube has a range of children's books read aloud, these can be a good option for reading a book together like [The Invisible String](#), [When Sadness is at Your Door](#).

Self-care when using telehealth

For practitioners who primarily use telehealth services, they may experience increased fatigue¹². Practitioners who are working via telehealth in isolation might find that with less social interaction with peers compared to an office environment they are more impacted by the emotional content of treatment sessions. Anecdotally, practitioners can also experience higher levels of perceived responsibility for clients when practicing via telehealth, given there is less overt collaboration. All of these factors are helpful to consider when exploring whether telehealth is the right fit for you as a practitioner, and accessing reflective supervision in this space is important.

Strategies that can help you maintain healthy practice when using telehealth include:

Scheduling regular breaks from screens

Debriefing regularly with peers

Some practitioners find it useful to **create mindfulness or sensory anchors** to use during telehealth sessions to keep them engaged and regulated during session, such as a sensory toys or calming smells

Consider what type of rest helps most after telehealth sessions. Some people find 'passive' rest (more relaxing activities like watching television, reading or resting) helpful, while others find 'active' rest (more energising activities like exercise or socialising) more beneficial after telehealth sessions.

Symbolic containment of work – for practitioners the transition into and out of work can be as important as it is for clients. Many people work using telehealth from home, and this can mean the breaks between work and the rest of your world can be minimised. Some suggestions are:

- Storing professional work in a separate place in your home if possible, and packing up at the end of each day or week
- Maintaining boundaries for contact outside of work hours, relevant to your role
- Setting a beginning and ending transition for your workday, which might include changing into different clothes, playing music, being in different areas of your home.



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