



TERM Therapy Provider Checklist for Telehealth Services

If telehealth service delivery is being considered for this client, please confirm the following eight (8) components of a client's current circumstances are present along with the provider's resources and knowledge (all boxes checked in both client and provider domains) for telehealth service delivery to be considered appropriate. This document is for informational purposes only and does not constitute legal or treatment advice. Questions of this nature should be deferred to a provider's associated licensing board and professional organizations of membership.

| Client Domain | | Provider Domain | |
|--|--------------------------|--|--------------------------|
| 1) The client has access to the necessary technological resources to engage meaningfully in telehealth service delivery. If not, CFWB or members of the client's support system can assist with providing the resources. | <input type="checkbox"/> | As the provider, I have the necessary technological resources to conduct sessions effectively and securely. | <input type="checkbox"/> |
| 2) The client has consistent access to a safe, secure, and confidential setting by which they can engage in telehealth services. If not, CFWB or members of the client's support system can assist in providing the space. | <input type="checkbox"/> | As the provider, I have access to a safe, confidential, and secure location from which I will be conducting telehealth sessions. | <input type="checkbox"/> |
| 3) The client is willing to be physically located in the same state in which the provider is licensed for each telehealth session. | <input type="checkbox"/> | As the provider, I am aware of the laws that regulate telehealth practice. I have ensured that I am implementing all necessary legal and ethical procedures as in onsite practice. | <input type="checkbox"/> |
| 4) The client or caregiver, when appropriate, is willing to provide the client's full name and current address to the provider at the beginning of each telehealth session. | <input type="checkbox"/> | As the provider, I am aware of the ethical standards outlined for providers offering telehealth services. | <input type="checkbox"/> |
| 5) The client can provide reasonable informed consent for telehealth services. | <input type="checkbox"/> | As the provider, I have a plan to gather client informed consent specific to telehealth services. | <input type="checkbox"/> |
| 6) The client is considered reasonably able to engage meaningfully in telehealth sessions. | <input type="checkbox"/> | As the provider, I have the training and knowledge necessary to determine a client's appropriateness for telehealth services. | <input type="checkbox"/> |
| 7) The client's current biopsychosocial circumstances indicate the client can safely and effectively engage in telehealth services. (See Clinical Considerations below) | <input type="checkbox"/> | As the provider, I have the training and knowledge necessary to ensure client safety needs and risk factors and clinical presentation can be adequately addressed in a telehealth setting. | <input type="checkbox"/> |
| 8) The client's individualized needs can be appropriately supported through telehealth services. | <input type="checkbox"/> | As the provider, I have the training and knowledge necessary to ensure a client's individual needs will be suited for telehealth services. | <input type="checkbox"/> |

Clinical Considerations: Below are some examples of clinical considerations that MAY indicate in-person service delivery should at least be considered and, potentially, even prioritized. Each client's holistic psychosocial circumstances should be taken into consideration at the beginning of and throughout treatment when considering potential appropriateness of telehealth service delivery.

- Active suicidal ideation with plan, means, and intent
- Recent suicide attempts and/or gestures
- Un/Poorly treated symptoms of serious mental illness (SMI)
- Psychotic symptoms – especially paranoia and delusions
- High risk IPV dynamics (i.e., stalking, strangulation, intimidation with a firearm, threatened death)
- Clients at risk for requiring medically managed detoxification services related to substance use withdrawal management
- Medical complications or complex comorbidities (i.e., Seizure Disorders)
- Dissociative reactions to trauma triggering that interfere with treatment
- History of poor impulse control and/or behavioral dysregulation that could impede treatment delivered virtually
- Un/Poorly managed symptoms of eating disorders

Clinical Considerations Related to Telehealth Treatment with Children and Youth:

- Client age, cognitive capacity, developmental level and/or delays, literacy, cooperativeness with treatment, motor functioning, and/or speech and language capacities cannot be confidently supported through telehealth service delivery
- Client clinical presentation suggests in-person care may be more effective (e.g., attentional difficulties that may impede telehealth service delivery, dissociative reactions that may impede assessment and treatment delivered virtually, significant anger outbursts, anxiety symptoms associated with Selective Mutism and/or significant functional impairment due to Social Anxiety)
- Client preference for in-person service delivery
- Client is uncomfortable with technology and/or has had limited previous exposure to technology
- Proposed environment in which the child/youth would receive telehealth services is not conducive to telehealth service delivery (e.g., privacy concerns, inadequate lighting, inadequate space for all parties to be on camera, lack of access to cooperative and capable adult caregiver to aid with technology and enact emergency response plan, etc.)
- Lack of access to appropriate implements to effectively engage a child/youth in telehealth services (e.g., toys, drawing materials, play therapy objects when this modality is appropriate, etc.)
- Barriers exist to coordinating care for a child/youth that has multiple agencies involved in their lives
- A child/youth and/or the adult caregiver(s) they rely on are reluctant to discuss emergency procedures for telehealth services as part of the Informed Consent process
- Family and/or Conjoint treatment in which there is a history of interpersonal violence in the family and/or a volatile caregiver/parent. This is documented in the literature as a clear contraindication for telehealth service delivery

In keeping with best practices, please be aware that clients who are considered for telehealth for TERM therapy services should be continually monitored and assessed by their provider for appropriateness of service type. Providers should document the efficacy of all mental health interventions, any complications or barriers to treatment progress, and the decision-making and any actions taken to attempt to improve treatment response and minimize adverse effects. When barriers to effective engagement in telehealth cannot be resolved, a referral for in-person services should be pursued in consultation with the assigned Protective Services Worker (PSW).