

# Videoconferencing Psychotherapy

## A Telehealth Approach to Behavioral Health Services



### Introduction

On March 19, 2020, in response to the rapid spread of COVID-19 -in the state of California, Governor Gavin Newsom issued an Executive Order alongside the Public Health Order issued by the State Public Health Officer Dr. Sonia Angell, directing all Californians to stay home except to go to an essential job or to shop for essential needs. Locally in San Diego County, Public Health Orders have been in effect since mid-March prohibiting public and private gatherings of 10 or more individuals, where social distancing cannot be observed. Furthermore, businesses have been encouraged to make every effort to utilize telecommuting for the non-essential workforce.

This worldwide pandemic has forced industries to pivot, and shift operations without warning. Indeed, the way in which we deliver our services here at the Academy for Professional Excellence has drastically changed. As a workforce development organization, we are currently operating with a fully remote staff and all training and workforce development products are delivered virtually. This call to re-tool, innovate and re-imagine excellence in service delivery has been challenging and thrilling.

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The impact these demands have had on our stakeholders is not lost on us. The Responsive Integrated Health Solutions (RIHS) Training Academy provides workforce development for San Diego County's Behavioral Health Services System of Care. Many of the organizations, mental healthcare providers, and providers of substance use disorders treatment, have had to innovate around the way they engage with and deliver services to the San Diego community. Whether they are providing services through Telehealth for the first time or not, it is likely that these organizations have undergone major shifts in operations and infrastructure to continue providing crucial support to a community, whose needs have been exacerbated by the current crisis. Telehealth is gaining more attention than ever. In this article, we will review some high-level best practices being adopted by our local behavioral health community.

### What is Telehealth?

*“Telehealth is designed to enable access to services for everyone, regardless of their physical location. It involves the use of electronic communications and information technology to support health care when distance separates two or more parties.” - Field, 1996*

**Telemental health** (TMH) and **Telebehavioral health** use communication technology to improve behavioral health services. The terms Telepsychiatry, in the management of psychotropic medications, or Telepsychology, when providing psychotherapy, are sometimes used when speaking about using communications technology to deliver services in those professions. (Thorp, 2020).

A telehealth encounter between a behavioral health provider and someone receiving services can encompass an assessment, psychoeducation, or psychotherapy using various technologies.

- Synchronous Technologies involve streaming communication, in real time, continuously, among all parties. Typically, these would be telephones, online chat/instant messaging, live webinars, and video teleconferencing. These are best used for accountability, social engagement, and immediate feedback, but the need for scheduling can sometimes act as a barrier. (Thorp, 2020).
- Asynchronous Technologies involve intermittent transmission of information and include electronic platforms such as websites, recorded webinars, online training, social media, mobile apps, email, and text messaging. These technologies provide greater flexibility. Users can access information on their own schedule. There is the risk however, that users may feel more isolated.
- “Store-and-forward” involves health information, such as clinical notes or images, that are electronically available to practitioners at any time of day. (Thorp, 2020).

## **Videoconferencing Psychotherapy**

Steven R. Thorp, PhD, ABPP, an Associate Professor of Psychiatry at the University of California, San Diego (UCSD), and Program Director of the Posttraumatic Stress Disorders Clinical Team at the VA San Diego Healthcare System, coined the term “Videoconferencing Psychotherapy (VCP)” to describe using video teleconferencing platforms for psychotherapy with individuals, couples, groups, and families. (Backhaus et al., 2012).

In *Videoconferencing Psychotherapy: A Systematic Review (2012)*, he and colleagues revealed that there is strong evidence that VCP is efficacious. Specifically, he and colleagues found that there were no significant differences between in-person treatment and VCP outcomes for PTSD, anxiety and depression, eating disorders, anger, addictions, and physical health concerns. (Backhaus et al., 2012). He also studied Veterans receiving outpatient care for PTSD and discovered that they have adequate access to and an interest in using mobile health applications in the treatment of anxiety, anger management, sleep hygiene, PTSD symptoms and other mental health concerns. (Thorp et al., 2012).

## Best practices for Applying VCP in Behavioral Health Treatment

Dr. Thorp and colleagues have identified the following best practices for utilizing VCP in behavioral health treatment:

### Framing VCP Positively and Setting Expectations

#### Talk Positively

- Reassure people receiving services in the efficacy of VCP by having clinicians and staff talking positively about it.
- Highlight the advantages of VCP over in-person care (e.g., allows people to get services without travel, without parking, without waiting rooms, and without risk of contagious diseases like COVID-19).
  - It may be advantageous for assessors and therapists to meet with the people they serve in person initially, but it is not necessary to do so.

#### Set Expectations

- If you are starting work with a new person, explain what Telehealth will involve and have them sign a new (or supplementary) consent form with Telehealth information (more on that later).
- If you are transitioning an existing person you serve to Telehealth, explain that the mode of treatment will be slightly different.
  - Explain that treatment through Telehealth works as well as in-person treatment, and since most of your work together involves talking and seeing each other, relatively little will change.
  - Describe the new modality as “state-of-the-art” and “cutting edge”: Convey excitement.
  - Explain that you will be learning the nuances together, and that you’re on the same team.
- State expectations clearly before the first VCP session: They should arrive on time, dressed as they would for an in-office session, and should (typically) not eat or allow distractions.

### Getting Started

#### Provider Preparation

- Providers should dress professionally, not eat on camera, not allow interruptions, and be aware of what the person can see through the camera (e.g., messiness, photos, other rooms or people).
- Choose solid shirt/blouses (“telemedicine blue”) rather than patterns, if possible.
- Allow some distance from the camera, if possible (to enhance “eye contact”), aiming for a “head and shoulders” view.
- Have lighting on one’s face; avoid windows or lights behind the speakers.

## Environment and Equipment Preparation

- If there is a lot of external noise, headsets help.
- Have comfortable (but heavy) chairs that won't roll off screen if possible.
- Have something to write on (and with) at each location; clipboards will suffice.
- Have headsets (not all devices have mics).
- Consider storing blank forms, questionnaires, and information sheets at the remote site (if it's an office) or mailing them (if it's a home).
- Consider having a fax machine (with clearly marked cover sheet) or digital camera at each site, if possible, to exchange completed documents.

## Consider Privacy

- Use software for signing digital documents securely (e.g., Adobe; SmallPDF.com; SignNow.com; DocuSign).
- Consider privacy, especially because people tend to speak more loudly during VCP, and walls in homes are thinner than businesses.
- A white noise machine muffles sounds well, and costs about \$40.

## In-Session Tips

- Always prepare a plan for dropped connections.
- Provide breaks (especially if meeting more than an hour or with young children).
  - Give yourself regular breaks to stretch your legs, hydrate, and eat (have snacks nearby).
  - Try to avoid watching more screens during breaks (beware the daily routine: little screen, medium screen, big screen).
  - During planned breaks in a meeting, remind everyone to mute mics and turn off cameras.
- If working with older adults who need support with hearing impairments be sure the provider's lips are clearly visible and orient them to the volume controls on their device.
- Avoid using smartphones for VCP:
  - The screen size is too small to detect subtle facial cues.
  - Their portability means that people may use them in poor (e.g., public) locations and that the screen may shake.
  - Privacy may be compromised.
  - Phones may overheat when using video.
  - Phone "minutes" may be used if not on WiFi.
  - Smartphones limit options for accessing other apps during the call and watching videos.
  - Battery life is used very quickly by video.
  - Finally, if the phone battery dies, the person may not be able to reach the therapist for a phone call as a backup.

- Chat or messaging features can typically be made available during VCP, but it's best to use it sparingly.
  - It can be a temporary backup if audio or video features are not working correctly.
  - Bear in mind that if sessions are recorded, chats (even private chats) may be shared with the host of the meeting.
- If exchanging video while teleconferencing, be sure that the audio is also shared, and be mindful of the strength of the device and connection from the person sharing it; ask the other party(ies) about the quality of the video soon after starting it.
  - A backup is to point the camera at another screen that plays the video.
  - If recording sessions, get permission from people first, add to consent, and provide the rationale.
  - One hour of video recording takes about 200 MB – consider secure cloud storage.
  - The person on the remote side could take photographs or video of sessions, and even post those to social media, so be clear about your policy in writing (I suggest prohibiting it).
  - Virtual backgrounds may be an option if your computer is powerful enough; even video backgrounds are available, and could be used to aid relaxation, although they may be distracting for standard sessions.
  - Virtual backgrounds provide flexibility for physical locations; choose professional backgrounds and be aware that the camera may not display the speaker or objects as well if a virtual background is used.

(Thorp, 2020)

## Common Barriers to the Success of VCP

- Visual artifacts: frozen image, “ghost” images, tracer images, poor resolution (especially with regard to facial features).
- Audio artifacts: delay, echo, mechanical voices.
- “Dropped calls” or lapses in internet connectivity.
- Challenges exchanging paperwork.
- Heavy Internet traffic on holidays.
- Apparent poor eye contact: + sitting close to cameras and monitors.
- There is software that can correct the “gaze mismatch”; it can also be solved by sitting far away and zooming in if camera has zoom feature.

(Thorp, 2020)

## Pros and Cons of Using VSP

### Potential Pros of using VSP

- Separation from contagious diseases.
- Separation from intimidating people.
- Easier to stop sessions on time.
- Implied authority of “being on TV.”
- An advantage of VCP over simply providing treatment over the phone is that providers and those they serve can see and hear each other nearly as clearly as in person using this state-of-the-art, yet simple technology.
- Some people getting services prefer “therapeutic distance” of VCP (e.g., when sharing embarrassing/upsetting information); can serve as a “foot in the door” to other treatment.
- Older adults can successfully complete treatment; can utilize technology (such as raising volume on the computer or using headphones).

### Potential Cons of VCP

- Harder to read emotions (e.g., sniffing due to sadness or cold symptoms).
- Can't see all of the person (e.g., fidgeting hands; bouncing legs; wheelchair).
- Cannot touch (e.g., shake hands) or smell the person (e.g., alcohol or body odor) or offer them a tissue.
- The people served may see the provider from their home, and they may not dress or groom like they normally would; they may eat during session or be interrupted by other people.
  - Providers may also see into their home, which can feel more personal than professional.
  - People may arrive to VCP wearing pajamas or little clothing.
  - People may call in from the bathroom, or in bed, or while driving, or while in Starbucks.
  - It is well established that VCP can lead to fatigue, due to:
    - Discomfort due to “constant gaze.”
    - A scarceness of information from nonverbal language.
    - A need to be more physically expressive.
    - Headaches due to intense light on face.
    - Distractions from devices (e.g., texts or emails popping up).
    - Blur of “work time” and “personal time.”

## Telehealth is Here to Stay

As new vaccines become available and we begin to lay the groundwork for returning to greater in-person interactions, it will be important to keep in mind the benefits of Telebehavioral Health for some populations of people seeking services. Many agencies may choose to retain Telehealth options in addition to traditional approaches to treatment in an effort to make services accessible to a broader cross-section of the community. Telehealth, as a pervasive approach to behavioral health treatment is likely here to stay, in some form, across our system of care. This article provided background information on the use of Telehealth in behavioral health service delivery and highlighted the Video-Conferencing Psychotherapy framework. We discussed the pros and cons as they relate to traditional in-person clinical interventions, as well as some barriers to providing VCP and best practices to assist readers in their continued learning and skill development in this approach.

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