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2026 Course 4TASDP
Technology Assisted Services for Distict Populations

This is Study Guide 1 of '2026 Course 4TASDP - Technology Assisted Services for Distinct Populations' - sponsored online for CE Credit by CEU By Net. There are two Study Guides in this course and a quiz for each. The course is a compendium of publications authored by US Government departments dedicated to mental health and addiction treatment and education.

LMFTs in Texas receive credit for Technology Assisted Services. Texas LPC, LCSW, and Psychologists receive credit for Distinct Populations. The Telehealth course is registered on CE Broker for Texas and Florida, and is approved by NBCC, NAADAC, IC&RC, and most other states for Telehealth or other relevant categories.

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You must pass the quiz for Study Guide 1 and the quiz for Study Guide 2, and complete the Feedback Form, in order to earn your CE Certificate.

This Study Guide 1 presents the new, current June 2026 final update of the HIPAA Rules pertaining to Telehealth, including the Telehealth treatment of SUD and OUD.

Course 4TASDP - Telemental Health Treatment of PTSD

FORWARD from CEU By Net: This Course 4TASDP, 'Technology Assisted Services for Special Populations' is sponsored online for Continuing Education credit by *CEU By Net.* The course is a compendium of material authored and published by multiple US Government entities: The US Department of Veteran Affairs' National Center for PTSD, the US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), the federal Agency for Healthcare Research and Quality (AHRQ), the National Center for PTSD, and the Addiction Technology Transfer Center Network (ATTC) - with special credit given to the South South west ATTC located at the University of Texas School of Social Work, and the National Frontier Rural ATTC.

The phrase "telemental health services" refers to behavioral health services that are provided using electronic communication technology in which the client is not in the same location as the service provider. The publications in this course present evidence-based direction in the following areas:

- PTSD Treatment via Clinical Video Teleconferencing (CVT) -- which is one type of Telemental Health -- including clinical assessment, individual and group psychotherapy, psychoeducational interventions, cognitive testing, and general psychiatry and medication management
- Outcomes of PTSD Treatment
- Alliance, Dropout, and Patient Preferences in Telehealth Treatment
- Clinical and Practical Considerations for Telehealth in treatment of SUD, OUD, and SMI
- Pros and Cons of Telemental Health for PTSD
- Considerations for Risk Assessment
- Resources

Study Guide 1 contains the **NEW, 2026 REVISED HIPPA RULES** for Telehealth and Protected Health Information for persons with SUD and Opioid Use Disorder (OUD), and detailed clinical guidance for Telehealth for people with PTSD. **Study Guide 2** contains instructions for planning, setting up, and operating Telehealth programs regardless of diagnosis, including documentation checklists for use with individuals, families, and groups, and preparation for crisis during Telehealth sessions. Topics also covered in these Study Guides include:

- The use and monitoring of of the AHRQ Teach-Back method to promote and ensure the client's understanding of information, homework assignments, and medication protocols which have been given during the tele-session, including checklists for documentation and satisfaction
- Guidelines, formats, and checklists for assessing the organization's capacity to deliver Telemental Health services from a technical and manpower perspective.

NOTE: This course has two (2) Study Guides and a quiz for each Study Guide. You must pass both quizzes and complete the Feedback Form in order to download your certificate.

Cheers,

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Study Guide 1 of Course 4TASDP - Sponsored by CEU By Net, LLC

EVIDENCE-BASED RESOURCE GUIDE SERIES

Telehealth for the Treatment of Serious Mental Illness (SMI) and Substance and Opioid Use Disorders (SUD, OUD)

SAMHSA
Substance Abuse and Mental Health Services Administration

This part of Course 4TASDP contains the most recent 2026 release of SAMHSA's 42CFR - Part 2 Rule 'HIPAA Rules for Telehealth Treatment and Confidentiality of Protected Health Information (PHI) of persons with SUD or OUD.'

The material in this section of Course 4TASDP is assimilated by CEU By Net, LLC from current online publications by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the US Department of Health and Human Services

NOTE: THIS MATERIAL HAS BEEN EXTRACTED FROM 2026 FEDERAL ONLINE CONTINUING EDUCATION MATERIALS FOR THIS CE COURSE SPONSORED BY CEU BY NET, LLC

HHS.gov. 42CFR – Part 2 Rules content last reviewed January 30, 2026

WHAT BEHAVIORAL HEALTH SERVICES ARE AVAILABLE VIA TELEHEALTH?

https://telehealth.hhs.gov/

Telehealth for behavioral health provides access in a private and safe space. Many services can be accessed virtually:

- **One-on-one therapy. You can have a private therapy session with a counselor online.**
- **Group therapy. Join therapy sessions with a group of people from different places.**
- **Text therapy. You can communicate with a mental health provider in writing.**
- **Addiction counseling. Telehealth can be used to get support for substance use issues.**
- **Medication prescribing. Providers can prescribe medications for mental health conditions during the telehealth session.**
- **Medication-assisted treatment. Telehealth may be used to provide medications to help people with substance use disorders.**
- **Medication monitoring. Your provider can keep track of side effects and your concerns with medication.**
- **Mental health screening. A provider can use telehealth to check for conditions like depression and anxiety.**
- **Referrals. Providers can recommend that you see a specialist.**
- **Anxiety and depression monitoring. Telehealth can be used to monitor and manage symptoms of anxiety and depression.**

CONFIDENTIALITY RULES FOR TELEHEALTH

Key Provisions of Confidentiality: Two key provisions within HIPAA Confidentiality Rules apply to Telehealth, just as for face-to-face treatment: The Privacy Rule and the Security Rule. Essentially, the **Privacy Rule** is about who can access patient information and under what circumstances. The **Security Rule** is about how patient data is protected *in electronic systems, through technological safeguards*.

Together, they provide a comprehensive framework for healthcare data protection, helping organizations maintain compliance while fostering trust.

- **The Privacy Rule protects patient rights and the privacy of Protected Health Information (PHI)**
- **The Security Rule ensures that technological safeguards keep digital Protected Health Inforamtion safe.**

DETAILS OF THE SECURITY RULE: The Security Rule applies to the safety and security of *'electronic'* telehealth sessions using mobile phones, PC apps, video, recordings, etc., *and thus DOES NOT APPLY to sessions conducted using traditional analog landline telephones,* because the information transmitted is not "electronic" as defined under HIPAA. The transmission on landlines does not create Electronic Protected Health Information (ePHI) in the ordinary course of the landline call.

Security Safeguards Required:

- **Administrative safeguards** – policies, procedures, and workforce training.
- **Physical safeguards** – securing servers, devices, and workstations.
- **Technical safeguards** – encryption, access controls, audit logs, and authentication.
- In short, the Security Rule is about how patient data is protected in electronic systems.

DETAILS OF THE PRIVACY RULE: The HIPAA Privacy Rule **DOES APPLY** to use and disclosure of **all electronic Protected Health Information (PHI) regardless of format – including telehealth**. This means the Privacy Rule applies whether information is transmitted in writing, verbally, electronically using a mobile phone or a PC app, or in any other form.

When a provider conducts an audio-only telehealth session — regardless of whether they use an analog landline, a VoIP system, or a smartphone app — the Privacy Rule applies. There are no exceptions for technology type, session format, or geographic location. The Privacy Rule requires covered entities to:

- Use and disclose PHI only as permitted or required by law
- Apply reasonable safeguards to protect PHI from impermissible uses or disclosures
- Provide patients with notice of privacy practices
- Honor patient rights regarding their health information

What has not changed in Part 2?

As has always been the case under Part 2, patients' SUD treatment records cannot be used to investigate or prosecute the patient without written patient consent or a court order.

Records obtained in an audit or evaluation of a Part 2 program cannot be used to investigate or prosecute patients, absent written consent of the patients or a court order that meets Part 2 requirements.

OVERVIEW OF THE 42CFR PART 2 RULE FOR OPIOID TREATMENT INCLUDING TELEHEALTH

Content produced by SAMHSA January 30, 2026, reviewed June 2026.

On February 8, 2024, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced a 'final rule' for public comment that updated the regulations governing Opioid Treatment Programs (OTPs). It then incrementally refined the final 42CFR Part 2 Rule – particularly for SUD Telehealth Services and Opioid Use Disorder (OUD). The 2024 Rule was publicly reviewed in a 2025 60-day comment period. ***HHS analyzed and carefully considered all comments submitted from the public and made appropriate modifications before finalizing the Rule on January 30, 2026.***

These rules aim to improve access to treatment and medications for opioid use disorder (OUD), including telehealth treatment, while ensuring patient confidentiality and rights.

Implications: These changes are expected to reduce stigma and barriers to treatment, encouraging more individuals to seek help for substance use disorders. By aligning with HIPAA regulations, the final rule aims to protect patient confidentiality while facilitating better access to necessary treatments. HIPAA's recognition of TELEHEALTH supports enhanced access. 42 CFR Part 2 adds compliance layers for SUD treatment programs.

What Is the Rule About? The 42 CFR Part 2 rule is a federal regulation that protects the ***confidentiality of substance use disorder treatment records***, ensuring that patient information is not disclosed without consent, except in specific circumstances. This regulation aims to encourage individuals to seek SUD treatment, **including Telehealth for Opioid Use Disorder (OUD),** without fear of stigma or legal repercussions by safeguarding patient privacy in both telehealth and face-to-face treatment.

- Confidentiality Protection — 42 CFR Part 2 restricts the disclosure of substance use disorder treatment records without patient consent, promoting privacy.
- Patient Rights — Patients have the right to request restrictions on disclosures and obtain an accounting of disclosures made.
- Applicability — The rule applies to various treatment settings, including opioid treatment programs and integrated care facilities.
- Legal Framework — It establishes a legal framework that limits the use of treatment records in civil and criminal proceedings without consent.

Treatment Through Telehealth for SUD

SUD-Specific 2026 Final HIPAA Rules Including Telehealth

Current Fact Sheet, Key Questions, Policies, and Answers

The 2024 Final HIPAA Rules published by SAMHSA – *with the 2026 modification of the rules for opioid treatment programs (OTPs) including TELEHEALTH* – enhance patient access to SUD treatment and align confidentiality standards with HIPAA. These *additional modifications, updated January 30, 2026, include these:*

Q: Can SAMHSA-covered addiction treatment be delivered via telehealth?
A: Yes. Under the 2024 SAMHSA rule and joint DEA/HHS regulations, intake, treatment initiation, and dosing for **medication-assisted treatment (MAT) can occur remotely via audio-video or audio-only telehealth, *without requiring an initial in-person visit*. SAMHSA now permanently allows certain addiction treatment services — including buprenorphine prescribing — to be delivered via *telehealth*, with expanded access and reduced in-person requirements**.

Q: What are the rules for prescribing buprenorphine via telehealth?
A: A DEA-registered provider may prescribe an **initial six-month supply** of buprenorphine through telehealth (audio-video or audio-only) after checking the state Prescription Drug Monitoring Program and confirming patient identity with a pharmacist. After six months, further prescriptions are allowed under other federal rules or with DEA registration for controlled substances www.pew.org.

Q: Are there limits on who can provide these services?
A: The 2024 rule expands eligibility so **nurse practitioners and physician assistants** can initiate and manage MAT, including via telehealth .

Q: What types of telehealth are supported?
A: SAMHSA defines telehealth to include telemedicine (audio/video), text/messaging, email, and "store-and-forward" data transfer, provided both provider and patient have a device and internet access library.samhsa.gov.

Q: How does this differ from pre-pandemic rules?
A: Before COVID-19, most MAT services required in-person evaluations and dosing observation. The new rules make pandemic-era flexibilities permanent, reducing barriers for rural, mobile-limited, or remote patients

Q: Are there safety or monitoring requirements?
A: Providers must verify patient identity, check state PDMP data, and follow Controlled Substances Act requirements. SAMHSA notes that both audio-video and audio-only prescribing are safe and effective when these safeguards are in place news.ashp.org**+1**.

Q: Where can I find SAMHSA's official telehealth resources?
A: SAMHSA's website offers guidance, treatment locators, and links to state Medicaid/CHIP telehealth coverage, plus the **Technology-Based Therapeutic Tools** advisory for behavioral health.

In summary: SAMHSA's current telehealth policy permanently expands access to addiction treatment, including medication-assisted treatment (MAT), through flexible, **remote prescribing and service delivery**, with clear federal safeguards an expanded provider eligibility.

New Changes in the 2026 Revision of the Part 2 Rule

Some significant changes in the 2026 HIPAA rule include the following modifications to Part 2 that were proposed in the NPRM – also applying to Telehealth:

- **Patient Consent**
    - Allows a single consent for all future uses and disclosures for treatment, payment, and health care operations.
    - Allows HIPAA covered entities and business associates that receive records under this consent to redisclose the records in accordance with the HIPAA regulations.[1]
- **Other Uses and Disclosures Permitted**
    - Permits disclosure of records **without patient consent to public health authorities, provided that the records disclosed are de-identified** according to the standards established in the HIPAA Privacy Rule.
    - **Restricts the use of records and testimony** in civil, criminal, administrative, and legislative proceedings against patients, **absent patient consent or a court order.**
- **Penalties**: Aligns Part 2 penalties with HIPAA by replacing criminal penalties currently in Part 2 with civil and criminal enforcement authorities that also apply to HIPAA violations.[2]
- **Breach Notification**: Applies the same requirements of the HIPAA Breach Notification Rule[3] to breaches of records under Part 2.
- **Patient Rights**: Provides new rights for patients under Part 2 to **obtain an accounting of disclosures and to request restrictions on certain disclosures**, as also granted by the HIPAA Privacy Rule.
- **Patient Notice**: Aligns Part 2 Patient Notice requirements with the requirements of the HIPAA Notice of Privacy Practices.
- **Safe Harbor**: Creates a limit on civil or criminal liability for investigative agencies that act with reasonable diligence to determine whether a provider is subject to Part 2 before making a demand for records in the course of an investigation. **The safe harbor requires investigative agencies to take certain steps in the event they discover they received Part 2 records without having first obtained the requisite court order.**

Benefits of Telehealth for MOUD (Medication for Opioid Use Disorder) Treatment

The use of telehealth for MOUD is associated with a number of benefits:

- Increased treatment retention.
- Improved access to treatment.
- Reduced barriers to care such as childcare, work, and transportation.
- Decreased stigma.

Tip: You must act in the best interests of your patient and use your clinical judgment when deciding if telehealth is appropriate.

Successful elements of a telehealth MOUD practice

The success of a telehealth MOUD practice requires collaboration and coordination. This includes:

- Training of staff. It is critically important that the staff managing the telehealth encounter, coordinating care, and delivering follow-up services are appropriately trained.

- Establish patient eligibility. Before MOUD services can be delivered, the patient must meet the criteria for eligibility so that the services are effective. This also ensures that the provider is appropriately reimbursed.

- Establish a care pathway. The use of MOUD is a comprehensive and holistic approach to treatment of OUD. It is important that a treatment plan developed for the individual patient's needs is established to appropriately coordinate and deliver care virtually.

Rules for Counseling Notes for SUD and OUD

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established specific rules regarding Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) counseling notes, *including those taken during telehealth sessions*, emphasizing confidentiality and the handling of these records under 42 CFR Part 2. These rules are analogous to protections in HIPAA for psychotherapy notes. The regulations ensure that SUD counseling notes are kept separate from other medical records and require patient consent for disclosure.

Overview of SAMHSA Rules on SUD Counseling Notes

Understanding the key aspects of SAMHSA's regulations for maintaining counseling notes is crucial.

- **Confidentiality** — SUD counseling notes are protected under 42 CFR Part 2, which mandates strict confidentiality for these records.
- **Patient Consent** — Disclosure of SUD counseling notes requires explicit patient consent, ensuring privacy.
    - Requires a separate patient consent for the use and disclosure of SUD counseling notes.
    - Requires that each disclosure made with patient consent include a copy of the consent or a clear explanation of the scope of the consent.
- **Separation from Other Records** — SUD counseling notes must be kept separate from general medical records to maintain confidentiality.
- **Compliance Burdens — Recent updates aim to ease compliance burdens for providers while maintaining patient protections**

What has not changed in Part 2?

As has always been the case under Part 2, patients' SUD treatment records cannot be used to investigate or prosecute the patient without written patient consent or a court order.

Records obtained in an audit or evaluation of a Part 2 program cannot be used to investigate or prosecute patients, absent written consent of the patients or a court order that meets Part 2 requirements. *These records cannot be used in legal proceedings against the patient without specific consent or a court order, which is more stringent than the HIPAA standard*.

When is compliance with the final rule required?

Persons subject to the regulation must comply with the applicable requirements of the final rule by February 16, 2026.

PTSD: National Center for PTSD

PTSD and Telemental Health

Leslie Morland, PsyD, Stephanie Wells, PhD and Craig Rosen, PhD

Although there are effective evidence-based treatments for posttraumatic stress disorder (PTSD), various challenges prevent individuals from seeking or engaging in in-person treatment. The most obvious challenge is geographical. Many people experiencing PTSD reside in rural areas or on tribal reservations where local mental health care is limited. People living in these under-served areas may need to travel great distances to a clinic that can provide specialized, effective care for PTSD.

Alternatively, it may be while the individual can access face-to-face care, there is not a trained therapist locally available. Another barrier individuals face attending in-person appointments involves transportation difficulties or physical disabilities which limit their mobility. Finally, barriers such as natural disasters or pandemics can make it more difficult for patients and providers to travel to receive or provide care in-person. Telehealth may also be preferred because it is more convenient and is more confidential in the sense that no one will see the person coming in for treatment.

One promising solution to aid in bridging these gaps is the advent of electronic communications and information technology also known as **telemental health (TMH)**. Several types of telehealth exist; however, the most widely utilized and studied TMH modality is **clinical video teleconferencing (CVT)**, which allows a therapist and patient in separate locations to see each other and engage in a real-time two-way interaction.

The use of Telemental Health (TMH) video Clinical Practice Guidelines (CPG) are recommended for treatment of PTSD, to deliver trauma-focused psychotherapies that have demonstrated efficacy, such as Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Therapy for Insomnia (CBT-I). TMH may also be used with other types of treatment, but there is not enough evidence yet for its effectiveness for a specific treatment recommendation.

What Is Telemental Health? (TMH)

Telemedicine, also known as telehealth, uses electronic communications and information technology to provide and support healthcare when distance separates patients from the clinician. Telemedicine uses various communication methods to connect clinicians and patients in lieu of their meeting in person.

The phrase "telemental health services" typically refers to behavioral health services that are provided using communication technology. These services include clinical assessment, individual and group psychotherapy, psychoeducational interventions, cognitive testing, and general psychiatry.

The major benefit of TMH is that it eliminates travel that may be disruptive to treatment engagement or costly. In addition, TMH is a useful tool in situations, such as correctional and forensic settings, where it is difficult to transport the patient to a clinician.

TMH also allows mental health providers to consult with or provide supervision to one another. Providers may also utilize TMH when patients are traveling out-of-town and would like to attend appointments from wherever they are located. Telemental health can also enable continued delivery of care when unexpected circumstances, such as a disaster or pandemics, limit patients' ability to travel to a clinic.

PTSD Treatment via Clinical Video Teleconferencing (CVT)

With the increase in demand for mental health services, the limited availability of PTSD specialty services in many geographic areas, and the rapid growth in technology, TMH modalities are dramatically altering the mental health landscape in general and specifically for trauma survivors.

Although TMH may utilize a variety of technologies, the most widely used and best studied technology is clinical video teleconferencing technology. Using CVT, a patient (or group of patients) in one location and a clinician in a different location each utilize a computer monitor or television screen to see and hear each other in real time.

Originally, TMH providers delivered PTSD treatments via CVT through a "hub and spoke model," whereby a provider physically located in a large healthcare facility would meet remotely through CVT with a patient physically located in a smaller clinic or healthcare facility office (office-based CVT).

In recent years, technology has further evolved, and, with the dramatic growth of broadband internet access, providers and health care systems have adopted home-based CVT. **Home-based CVT allows providers to meet virtually through CVT with patients located in their homes or another private location (e.g., library, a hotel during work-related travel, their car during lunch break) often using their personal laptop, tablet, or smartphone and increasing flexibility.**

Additionally, in many cases, this home-based model allows for providers to also be in their own home, which further broadens the scope of specialty care and after-hours access.

Outcomes of PTSD Treatment via Video Teleconferencing (CVT)

Research has found that both office-based and home-based CVT are feasible and clinically effective for the delivery of individual and group PTSD treatments. Most of the research examining the efficacy of PTSD treatments delivered via CVT has been conducted with Veteran populations.

Dropout rates are similar in CVT and traditional office-based care (12). Recent studies (7,8) found that when compared to traveling to the clinic, delivering PTSD evidence-based practices (EBPs) into the Veteran's home either through home-based CVT or in-person had lower dropout rates. Thus, clinicians can feel confident that if they choose to use CVT, they can still form a strong therapeutic alliance, maintain good fidelity, and keep patients
engaged virtually.

- **Patient-centered care emphasizes the importance of considering patients' preferences when providing care. Studies have also found that most individuals are willing to use CVT, and, even when they do not originally prefer it, they often grow to like it throughout therapy.**

- Additionally, U.S. Veterans with PTSD are not only willing to engage in care through CVT, but two recent projects (7,13) have found that **about half prefer to receive individual or couples-based PTSD treatments through home-based CVT.**

- Providers can utilize shared decision- making to work with patients to choose both their preferred treatment type and delivery modality. In sum, if providers decide to implement home-based CVT within their clinical practice, they may be able to fulfill more individuals' preferences for how they receive their care.

- These findings are promising and forces the health care system to rethink where, how, and when it delivers care which would ultimately afford more options for providers and more choices for individuals with PTSD.

Alliance, Dropout, and Patient Preferences in CVT Treatment

A common concern that comes up with providing virtual care through CVT is whether therapy "process" factors such as satisfaction, therapeutic alliance, attendance and treatment compliance are impacted when the patient and the provider are not in the same room.

- When CVT has been used to treat PTSD, most studies report "as good as" effects on process variables, and in some cases better effects.

- **A recent review (not limited to treatment of PTSD) concluded that working alliance may be weaker in CVT than with in-person treatment; however, despite this loss in alliance, CVT produced as much improvement in symptoms as in-person treatment.**

- Clinicians should be aware that it may be more difficult to read or convey non-verbal responses in therapy via CVT, and they may need to take extra steps to verbalize responses to ensure that rapport is established and maintained.

- Use of CVT does not affect clinician's adherence or fidelity in delivering manualized treatments, i.e., treatment delivered via a structured training manual (10,11).

Veterans' Preferences

Patient-centered care emphasizes the importance of considering patients' preferences when providing care. Studies have also found that most individuals are willing to use CVT, and, even when they do not originally prefer it, they often grow to like it throughout therapy.

- **Additionally, U.S. Veterans with PTSD are not only willing to engage in care through CVT, but two recent projects (7,13) have found that about half prefer to receive individual or couples-based PTSD treatments through home-based CVT.**

- Providers can utilize shared decision- making to work with patients to choose both their preferred treatment type and delivery modality. In sum, if providers decide to implement home-based CVT within their clinical practice, they may be able to fulfill more individuals' preferences for how they receive their care.

Clinical and Practical Considerations for CVT

Below are suggestions to address unique clinical and logistical considerations in providing care through CVT.

Patient safety

Risk management and assessment is always of utmost importance but is even more paramount when providing care through CVT. If possible, providing an initial in-person session to evaluate risk level (e.g., suicidality, level of substance use) is helpful to determine if a patient is appropriate for care through CVT. However, there are no current absolute contraindications for patients being assessed or treated through home-based CVT.

Engaging in PTSD treatments can be distressing for patients and individuals with PTSD may have suicidal ideations. **Thus, when conducting home-based CVT, providers should implement clinical emergency protocols. *For example*:**

Providers should have the patient sign a **release of information (ROI) for an identified personal emergency contact** (e.g., a spouse) prior to the start of treatment. However, obtaining an ROI may delay care if sent via mail so providers may utilize fax, secure email, or obtaining a screenshot of the ROI.

- Providers should also confirm the patient's location at the start of every visit in case the provider needs to contact local emergency personnel.
- Providers can also have a **suicide safety plan in place** if a client is determined to be high risk, and ensure the client is aware of other emergency resources if they become necessary, such as the location of the nearest emergency room or clinic.

Creating an appropriate therapy setting

Setting appropriate boundaries and expectations is also important. For example, providers may inform patients prior the first appointment to treat CVT appointments as they would traditional care, such as wearing appropriate clothing, minimizing disruptions (e.g., pets in the room), and having a private location to meet.

Additionally, assessing for any mobility concerns or physical disabilities during the initial session may give providers important information that may otherwise be missed. For example, providers may not be able to see in the camera's field of view, if a patient is in a wheelchair, which may be important for practice assignments (e.g., feasibility of specific in-vivo exposures).

One essential key to working with PTSD patients is to establish a sense of safety, comfort, and trust. This may seem like an added challenge when the clinician is not physically in the room; however, *there are tools and techniques that can be used to achieve these goals. Some helpful tips:*

1. Administering Evidence Base Practices (EBP) for PTSD via TMH is not much different from face-to-face therapy. **Very few modifications to treatment protocols are necessary.** Enhancements to virtual PTSD therapy often include the use of mobile apps, such as PTSD Coach, PE Coach, and CPT Coach

2. A pre-treatment phone screen allows for gauging patient understanding of the treatment, introducing the technology, and determining a patient's capacity to connect to therapy through video.

3. Both Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) require an established electronic exchange protocol for written materials, homework, and questionnaires. Fax machines are preferable, but patients can simple do a screen shot to share information.

   Cognitive Processing Therapy (CPT) employs several key techniques to help individuals process traumatic experiences and reduce symptoms of PTSD. These techniques focus on challenging maladaptive beliefs and enhancing cognitive restructuring to foster healthier thought patterns.

   Prolonged Exposure (PE) therapy employs several key techniques to help individuals confront and process traumatic memories, ultimately reducing PTSD symptoms. These techniques include gradual exposure to trauma-related stimuli, emotional processing, and the use of a detailed narrative to recount the traumatic event.

4. For CPT, therapists should have copies of patient materials during the session to assist when reviewing or explaining worksheets and handouts.

5. For group CPT sessions, a brief, structured check-in at the start of the session assists with containment of the group and orients the therapist to the emotional state of the clients.

6. For PE, the client must know how to record the session in the location where they sit. Having a backup recorder in your office is helpful, for in-office work.

7. In-session avoidance and hypervigilance can be more difficult to manage via telemental health, but telehealth appears to pose additional clinical difficulties only for patients with very severe presentations.

Beyond evidence-based treatments, TMH can also be used successfully to provide clinically significant interventions such as basic PTSD education, symptom management, coping-skills training, stress management.

Practical and logistical considerations

Aside from clinical considerations, there are also practical and logistical considerations to reflect upon and plan for when conducting care via TMH.

- When conducting services through CVT, clinicians need to ensure there is a **support phone number that either client or therapist can utilize if the CVT equipment fails.**
- With regards to the clinical environment on the part of the therapist, it is helpful to consider appropriate lighting and the **position of the camera so patients can clearly see the provider.**
- The client's environment is also necessary to take into consideration; slow internet speeds, poor audio, or pets in the home may disrupt the flow of therapy. In some cases, health care systems may be able to lend equipment (e.g., a tablet) to patients to circumvent these challenges.
- Providers may encourage patients in individual or group CVT to **send the provider copies of their completed homework assignments in advance through secure platforms** (e.g., My HealtheVet in VA).

Pros and Cons of Telemental Health for PTSD

Before deciding to provide a clinical intervention utilizing TMH, it is important to carefully consider the patient's clinical needs and the potential benefits and costs. As with other remote services, these considerations include what clinical support is available at the patient's site and what availability there may be for follow-up care. A thorough evaluation of needs at a particular site is the first step.

Pros

- Significantly reduces the costs, both in time and money, of having patients or clinicians travel to in- person sessions.
- Allows small community clinics to offer access to specialized interventions or PTSD specialists.
- Provides access to those who may not otherwise have access to care (e.g., rural Veterans, individuals with mobility issues, individual in recovery from a medical procedure, clients with limited financial resources).
- Increases flexibility to provide care wherever a patient is located (e.g., out of town for work) and at more times throughout the day.
- Promotes physical health by allowing providers to provide care remotely to individuals who may have a contagious illness and may otherwise not be seen in-person to contain the spread of illness.

Cons

- Equipment, maintenance, and fees for CVT, for example, can be costly for health care systems, providers, and patients. If patients do not have the financial resources to support CVT, such as a smartphone, tablet, or computer, then healthcare systems or providers may be able to temporarily lend equipment, but this may not always be feasible.
- The quality of the equipment ranges widely, with lower-end equipment or poor internet connectivity being quite unreliable.
- Clinicians may require additional training to ensure that they can maximize the benefits of the technology and minimize technical malfunctions.
- Additional resources may be required to support an available backup technician or means of communication (e.g., telephone).

- **Laws, regulations, and licensure requirement can evolve rapidly so clinicians must also be careful to follow guidelines and interstate licensing rules when applicable.**

Considerations for Risk Assessment

There can be clinical challenges when using TMH for PTSD. Perhaps the biggest clinical challenge is that the clinician is not physically present to address crises such as suicidal thoughts and aggression, which are commonly associated with chronic PTSD. However, providers can still conduct risk assessments and safety planning via CVT.

- Having a backup clinician on-site with the patient is strongly suggested for office-based CVT and an **emergency contact and information for local emergency personnel is necessary for home-based CVT.**
- It is critical that the provider always have the **patient's address or location** during virtual therapy in case medical or psychiatric emergencies occur and require emergency personnel to be deployed.
- Although quality CVT equipment and connections can render extremely clear images, **clinicians may find it somewhat challenging to pick up on nonverbal cues, such as psychomotor agitation or poor hygiene.**
- There is also concern that the patient may not pick up on the clinician's **warmth and empathy** and will perceive the interaction as impersonal; however, studies have found that the therapeutic alliance is still strong through CVT.

Summary

The use of TMH has expanded the populations that we can serve and allows us to provide care to more individuals in need. The current literature suggests that TMH, particularly CVT, is effective, feasible, and acceptable, and can increase trauma survivors' access to effective PTSD care.

- American Telemedicine Association offers news, information and resources for telehealth delivery, including updates related to coronavirus (COVID-19)
- VA providers can access information at: vaww.telehealth.va.gov
- Providers working with Veterans can ask questions or receive consultation about PTSD-related issues through our PTSD Consultation Program

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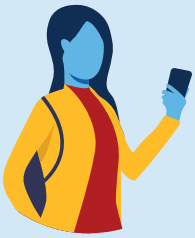
The following page may be a handout for your clients about Telemental Health.

Tips for Using Telehealth for Behavioral Health

What are the benefits of telebehavioral health?

Private communication with provider in safe space



Care can be scheduled by appointment or on demand

Provides a range of services including medications, counseling, assessments, screening, and evaluations

Video and audio-only care may be covered by Medicare, Medicaid and private insurance plans

What types of professionals offer telebehavioral health?

Psychiatrist

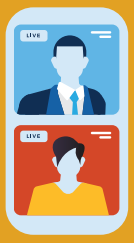
Psychologist

Social Worker

Substance Use Professional

Licensed Counselor

What are different ways telebehavioral health can be used?



One-on-one therapy

Substance use disorder treatment

Suicide prevention

School-based screening & counseling

How do I schedule a telehealth appointment for behavioral health?

Use your patient portal to view available appointments and select the time that is best for you

Call your providers' office

Find telehealth care through your health insurance

Visit Telehealth.HHS.gov

HRSA
Health Resources & Services Administration

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Planning your telehealth workflow

Delivering care using telehealth requires changes to your workflow for delivering care in person. Several processes may be impacted, including scheduling, billing, check-in, appointment structure, triage, consent, and documentation. Establishing a telehealth workflow will increase efficiency and satisfaction for you and your patients.

Telehealth HHS.gov
A trusted hub of information you can use to power up your telehealth experience.

On this page:

Changes to your workflow will depend on the telehealth vendor you choose, your practice size and setting, your patient population, and the services you provide. Electronic health records (EHR) should be easy to merge with your telehealth woflow.

Preparing for telehealth visits

Before offering telehealth services, the following factors should be considered:

Staffing

- Will you need additional staff or new roles, such as a telehealth coordinator and IT lead?
- How will staff roles change, such as with front desk personnel and patient intake?
- Are staff comfortable using technology?
- Are staff ready and committed to providing care with telehealth?
- How will you prepare and train your current health care team?

Technology

- Is your technology platform easy to use? Does it integrate with the EHR?
- Does the technology platform provide any training for providers?
- What are some challenges that should be considered in advance?
- How will patients access a telehealth appointment (for example, through a patient portal)? Will they receive an email or text reminder?
- What are some of the technology barriers patients are likely to encounter? How will you assist them?

Scheduling

- When will you offer telehealth appointments (for example, specific days of the week or daily)?
- Will patients schedule online or by calling your office?
- How will you determine if a telehealth appointment is appropriate?
- How and when will you send appointment reminders?

Meeting patient needs

- How will you determine what accommodations the patient might need?
- How and when will you send appointment reminders to patients?
- How will you support patients with disabilities, such as hearing loss or visual impairment?

- How will you support a caregiver or other people who will assist a patient during the telehealth visit?

Tip: Do a telehealth practice run with a co-worker first.

Conducting telehealth visits

A telehealth visit may feel very different to a patient, especially patients with limited experience using technology. The following steps will improve the experience for both you and the patient.

Before the Visit

- **Reminder**: Send your patient an appointment reminder (for example, email, text, phone call).
- **Information**: Provide the patient with guidance on how to use the technology (for example, handout or pre-recorded video link).
- **Paperwork**: Ask the patient to fill out forms online (for example, the reason for the visit, insurance information, symptoms, medical history).
  Note: if the patient is not comfortable entering this information electronically, a staff member can collect this information before the visit starts.
- **Technology**: Have a staff member walk the patient through the technology and logistics (for example, speakers and audio volume, camera, lighting).
- **Troubleshooting**: Make sure the patient has information on how to address possible technical issues and what to do if the technology issues continue (for example, using audio only).
- **Legal Considerations** Make sure the patient consents to have a telehealth visit and answer any questions about the privacy and security of their data including HIPAA.
- **Privacy**: Ask the patient to find a place that is quiet and private.

Conducting the Visit

- **Confirmation**: Verify the patient's identity and the reason for the visit.
- **Intake**: Have a staff member review and collect information, such as identity verification, symptoms, medical history, and vitals (if appropriate).
- **Engage the patient** Keep the visit similar to an in-person visit using friendly body language, interactive dialogue, and eye contact.
- **View the patient and information at the same time** Consider using a split screen with a view of the patient on one side and medical information on the other side.

Follow up after telehealth visits

- **Documentation**: Document that this was a telehealth visit. Use telehealth-specific billing codes or a modfier to the billing code when submitting for reimbursement.
- **Evaluation**: Collect information from the patient on their experience using telehealth and suggestions for improving future telehealth visits.

Telehealth can be used as a bridge between in-person appointments Some care requires an in person visit; however, integrating in-office visits with telehealth can support care management

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Tips for expanding your telehealth program

As you increase your use of telehealth, consider other ways that technology can be used help improve the care you provide.

- Remote patient monitoring
- Additional services offered through telehealth
- Improvements based on an evaluation of your telehealth services

Telehealth for behavioral health care

Individual teletherapy

Telehealth is an effective way to deliver individual therapy.

On this page:

Benefits of using telehealth for individual therapy

More than half of people in the U.S. live in areas that do not have enough behavioral health providers to meet patient need. Telebehavioral health can help increase access to care. Other benefits include:

- Privacy for the patient.
- Reduced stigma.
- Convenience, including reduced travel and disruption to daily activities like work and childcare.
- Improved accessibility for patients who may have difficulty leaving home.

Ways to use telehealth to provide individual therapy

Telebehavioral health care can be used in many ways to provide individual therapy. This includes:

- **Virtual talk therapy:** Telehealth talk therapy is used to address emotional and psychological issues. Providers typically conduct online counseling with a patient through video, phone calls, or online apps.
- **Telepsychiatry:** Telepsychiatry can offer a range of services including online counseling and psychiatric evaluation and diagnosis. The provider may also prescribe and manage medications.
- **Online apps:** Apps can be useful for tracking and monitoring mood.
- **Chatbots:** Mental health chatbots use software programmed to mimic human conversation. They are designed to provide real-time encouragement, advice, and tips for emotionally challenging situations. Chatbots offer 24/7 support.
- **Text therapy:** Text therapy offers the convenience and relative anonymity of text messaging. Text therapy offers the assurance and support of a real person at the other end of the line.

Considerations when using telehealth to provide individual therapy

You may need to make adjustments when using telehealth to provide individual therapy. Some considerations include:

- **Building trust:** Telebehavioral health requires establishing a good relationship with the patient so they feel comfortable and safe sharing their feelings. It is important to discuss any concerns and fears and reassure them that their information will continue to be private and secure.

- **Confirming privacy:** Reassure the patient that the session is private, no one else is in the room with you, and the door is closed. Remind the patient to make sure they are in a place where they will not be disturbed or overheard.
- **Engaging with your patient:** It is important to make sure the patient knows that you are listening and engaged. Always make sure you are looking into the camera and making eye contact.

Last updated: September 18, 2024

Next . . .

- Benefits of group tele-behavioral health therapy
- Ways to conduct group therapy using telehealth
- Considerations when using telehealth to provide group therapy

Telehealth for behavioral health care

Group teletherapy

Group teletherapy involves a small number of people who meet virtually with a behavioral health therapist.

On this page:

Benefits of group telebehavioral health therapy

Group teletherapy can increase access to a support group for patients. Other benefits include:

- Building a sense of community.
- Reducing feelings of isolation.
- Encouraging the sharing of different perspectives.

Ways to conduct group therapy using telehealth

Group teletherapy can be used in many ways. This includes:

- **Live talk therapy:** Group telehealth involves virtual interactions among several individuals. It is often conducted through video or phone calls where all members of the group are interacting at the same time.
- **Asynchronous communication:** Some groups may elect to interact by group chat or email. This allows individuals to share their thoughts and respond to other group members at a time that is convenient for them.
- **Online applications:** Some applications support the creation of groups that interact online.

> ### Did you know?
>
> Group therapy using telehealth can be used for a number of behavioral and mental health conditions, including substance use disorder, eating disorders, anxiety, and depression.

Considerations when using telehealth to provide group therapy

You may need to make adjustments when using telehealth to provide group teletherapy. Some considerations include:

- **Pre-screen group members:** Group members may have various needs, experiences, or personalities. It is helpful to screen each potential patient to make sure every member can benefit from group teletherapy and that their needs match the goals of the group.
- **Choose a group size that fits the therapy goals:** Consider therapy goals, treatment approach, and individual personalities when deciding on which individuals to include in the group.

- **Group members should complement each other.** Make sure the members of the group can relate to one another and support each other.
- **Create detailed consent forms:** Group telebehavioral health sessions involve multiple people. Patient consent forms should outline any associated risks, benefits, and limits to confidentiality.
- **Develop group guidelines:** Make clear ground rules covering what is acceptable and what is not. Some common ground rules include requiring all participants to have their camera on, attend from a room where they can be alone during the session, and use the digital "raise hand" feature when they want to speak.
- **Select your settings and technology:** Choose the telehealth video platform that best suits your needs. Review the settings ahead of time to make sure participants know how to use the technology. Think about any tools that will help you and the group communicate effectively such as screen sharing options or a virtual whiteboard.
- **Be engaging:** When you are on screen instead of in person, it is even more important to be conscious of the group dynamic and take steps to keep group members interested, energized, and engaged. Start with introductions and greetings using first names only for privacy. Make eye contact with group members by looking into the camera and using body language and hand gestures to help express your ideas. Build in moments for patients to interact and contribute to the conversation. You may want to try using break out rooms or paired discussions.
- **Group participation:** Some group members might be more willing to talk than others. Make sure to pause so that everyone has a chance to contribute to the discussion. Let participants know that they can always decide to pass if they do not want to talk when they are called upon.

Spotlight

University of California, Davis Center for Health and Technology

University of California, Davis Center for Health and Technology researchers, in partnership with five rural Indian Health Services clinics, are studying the impact of tele-behavioral health consultations on both adults and children within tribal communities. The study, called Tele-Behavioral Health for American Indians Affected by Mental Illness, also examines the financial side of tele-behavioral health care and potential funding sources to bring more tele-behavioral services to these communities.

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Creating an emergency plan

Planning can go a long way to prepare you for an emergency situation during a telemedicine or telehealth appointment and set expectations with your patients. With telehealth, you're seeing patients outside of the safety and control of your office. An emergency situation may arise from a wide range of causes, including a mental health crisis, stroke/heart attack, overdose, etc.

Answer the following questions with your patient before or during their first appointment.

- **What is your current location?** Confirm the patient's exact location at the beginning of each telemedicine appointment and get their full address.
- **What are the emergency numbers for that location?** 911 only works if you are in the same location as the person needing help, and calls cannot usually be forwarded to a different location. Search online and note numbers for local police, fire department, mobile crisis unit, crisis hotline, and the nearest urgent care or emergency room.
- **What is the emergency contact information for your provider or other health care professional(s)?**
- **Who is your local emergency contact or support person?** A family member, friend, neighbor — someone nearby who can offer help in the event of a crisis.
    - Get patient authorization to release information to their emergency contact if needed.

- **What happens if the call is disconnected during an emergency?** Who will call whom and at what number? Plan for alternate ways to reconnect to your patient via phone or an alternate video platform.
- **What situations will lead to putting the emergency plan into action?**
- **What will happen in the event of an emergency?** For example, when to call an emergency contact to help check on the patient, transport the patient, or call 911 from the patient's location.
- **What happens if you miss an appointment, and it is possible you may be in a crisis?**
- **What circumstances will require a referral to in-person treatment or care?**

Last updated: August 18, 2023

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If you do not see the name of this course on your My Home Page, this means that you have not yet ENROLLED in the course. If you still need to enroll in the course, be sure that you are logged in to your account and go to the course catalog HERE. Click the blue and orange SIGN UP NOW button to the left of the course description.