Student Counseling
Tele-mental health Handbook

Existing Clients
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**Existing Clients:**

- You can reach out to your client to see if they’d like to do tele-mental health counseling
- Create ZOOM Invitation and send this via email to your client
- Send client the consent via email, ask them to read/review and send you an email back that they consent. Review with them at beginning of session and document that they have read, understand and consented and that due to a technology issue the signed consent will be added to the file later. File the email in Point and Click
- Start Zoom session- and client will join when they are ready
- Ensure client has reviewed, read and understands tele-mental health consent to treatment form
- Ensure client understands and was able to access ZOOM appropriately
- Ask client if they are located in the state of Minnesota- document this in note in Point and Click
- Document the address of the client’s location at time of session both to ensure they are in Minnesota, but so you have an address should there be an emergency.
- Ensure client has identified 2 parties which you have permission to contact if there are crisis or other concerns on the form and that you have their contact information
- Ensure the client knows what to do should an interruption to the session occur.
  - In this case, they will contact the office phone- 218-755-2053, leave a message and we will work to get back in touch with them
- Ensure you are in a confidential space with no interruptions
- Ensure you have sound, appropriate lighting, and dress as you would for in-office sessions
- Ensure psychological and scene safety
  - Have the client show you the room
  - Make safe words with clients whose home environment may not be so safe
- Tell the client what their role is
  - Client needs to make their space appropriate, and set up equipment for clinical effectiveness
  - Online relationships are different. Coach clients to stay aware that you are real and you are really doing therapy
- Make a safety plan
  - Where will they go if they decompensate?
  - Remember: they are not in your room-They may not even be in your area.

**Review with clients at all sessions:**

- Where are you at this moment?
- Is there anyone in the room with you?
- Can anyone hear our conversation?
- Is there background noise that will be a problem?
- Emergency information review
- Discuss what will happen if service is disconnected

**Potential Email Template for Reach Outs to Current Clients:**

Hi __________,

I’m reaching out to all of my clients to see whether you’d like to continue with ZOOM tele-counseling sessions or have me help find something in your area?

If you’re in the state of Minnesota and want to proceed- I will arrange a ZOOM meeting for our time which is scheduled for __________.-.

Our website now has some of the information on this whole process but to start, we would just schedule the meeting, you would review the consent for we send you via email and email back stating you have read, understood and agree.
TELEMENTAL HEALTH CONSENT:

Student Center for Health and Counseling
Counseling Services
Telehealth Informed Consent Form

I, consent to engage in telehealth with the Student Center for Health and Counseling as a part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, and therapy. Telehealth will occur primarily through interactive audio, video, telephone and/or other audio/video communications.

I understand I have the following rights with respect to telehealth:

1. I have the right to withhold or remove consent at any time without affecting my right to future care or treatment.

2. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.

3. I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of The Student Center for Health and Counseling that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons. In addition, I understand that telehealth based services and care may not be as complete as in-person services. I understand that if my therapist believes I would be better served by other interventions I will be referred to a mental health professional who can provide those services in my area. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my therapist, my condition may not improve, or may have the potential to get worse.

4. I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured. I understand that the use of audio/video systems are not 100% secure and may have issues with wifi connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. Signing this form shows an awareness of these issues and a decision by this client to use these systems for telehealth services. I will not hold the Student Center for Health and Counseling or its staff liable for gathering or use of client information by these service providers.

5. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.

6. We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

7. We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.

8. I have read and understand the information provided above. I have discussed these points with my counselor, and all of my questions regarding the above matters have been answered to my approval.

9. By signing this document I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer based psychotherapy services. If I am in crisis or in an emergency I should immediately call 911 or go to the nearest hospital or crisis facility. By signing this document I understand that an emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening/emergency situation, and/or if I am abusing drugs or alcohol and are not safe. By signing this document, I acknowledge I have been told that if I feel suicidal I am to call 911, local county crisis agencies or the National Suicide Hotline at 1-800-784-2433.

10. Providing verbal consent to information reviewed will act as written consent and my therapist will document verbal consent in lieu of a signature.

__________________________________________  ________________________________
Signature of Client                                Date of 1st Telehealth Appointment

__________________________________________  ________________________________
Signature of Mental Health Professional          Printed Name of Mental Health Professional
**New Clients:**

- All new clients will first have a telephone call or zoom meeting with a counselor to ensure the appropriateness of tele-mental health counseling for their needs and situation. See and assess for criteria below. Also assess their capacity to utilize and have access to the technology needed for tele-mental health services and that they will be in the state of Minnesota. Refer to in-person services as appropriate. See phone call instructions page 14.

**Eligibility for Distance Counseling Services**

- Students must be physically present in the state of Minnesota during the distance counseling appointment. Students are required to verify identity and location at each tele-mental health session.
- Students must meet the usual eligibility criteria for receiving counseling services in SCHC (currently enrolled student).

**Exclusionary criteria**

- Recent suicide attempts or psychiatric hospitalization (within past 3 years), or psychotic processing
- Moderate to severe major depression or bipolar disorder symptoms
- Moderate to severe alcohol or drug abuse
- Severe eating disorders
- Repeated “acute” crisis (occurring once a month or more frequently)
- Moderate or High Risk for harm to self or others
- Moderate to severe substance use impairment
- Recurrent, persistent acute crisis requiring use of additional services and supports.
Screening for fit for telemental health/distance counseling form- this is also a form in Point and Click

Date of Phone Consultation: _________________
Time of Phone Consultation: _________________

Student Name and ID: _________________

Brief Report of Presenting Problem:

Mental Health History:

Recent hospitalizations:

History of Suicide Attempts:

Previous Diagnosis:

Substance Use concerns:

Eating Disorder Concerns:

Recommendations:
General Information

General Protocols for counselors for tele-mental health including Documentation and Scheduling

1. Counselors will contact the clients to get consent signed prior to session and ensure they will be doing a tele-mental health appointment
2. Set up a ZOOM meeting for your session date/time and email your client with the information for the ZOOM session
   a. Click on Meetings
   b. Click on “Schedule a New Meeting”
   c. Topic: Counseling Session
   d. Enter Date/Time
   e. Click Save
   f. Copy meeting information and send in email to student
3. Log into your computer and prepare for session 5-10 minutes prior to session time
4. Review with clients at all session:
   a. Where are you at this moment?
   b. Is there anyone in the room with you?
   c. Can anyone hear our conversation?
   d. Is there background noise that will be a problem?
   e. Emergency information review
   f. Discuss what will happen if service is disconnected
5. Do not go over session times so there is no disruption in new appointments logging in to your next session
6. Do not record meeting
7. End sessions on time
8. Schedule your client’s next session and enter into Point and Click
9. Document your note in Point and Click- choose tele-mental health progress note (created recently)
10. Document client’s location in state of MN in progress note
11. Dress in work attire
12. Ensure proper lighting
13. Ensure video and audio are functional
14. Ensure you are in a confidential space with no potential for interruptions
15. Ensure you have sound, appropriate lighting, and dress as you would for in-office sessions
16. Ensure psychological and scene safety
   ○ Have the client show you the room
   ○ Make safe words with clients whose home environment may not be so safe
17. Tell the client what their role is
   ○ Client needs to make their space appropriate, and set up equipment for clinical effectiveness
   ○ Online relationships are different. Coach clients to stay aware that you are real and you are really doing therapy
18. Make a safety plan
   ○ Where will they go if they decompensate?
   ○ Remember: they are not in your room-They may not even be in your area.
19. If you need a release of information signed at any point- they will obtain the Release via SCHC website.
**ZOOM help for clinicians:**

Bemidji state University Zoom website: [https://www.bemidjistate.edu/offices/its/knowledge-base/zoom-web-conferencing/](https://www.bemidjistate.edu/offices/its/knowledge-base/zoom-web-conferencing/)

**Zoom Website** - This option will give you access to everything you can do in Zoom, including functions that are not available through the Zoom desktop or mobile app:

- schedule a webinar
- adjust your default meeting or webinar settings
- access and manage your Zoom cloud recordings
- adjust your profile settings such as your Personal Meeting ID, Personal Link, Photo, and Host Key

**Zoom for Meetings Desktop App** - This option allows you to adjust your application settings. For instance, you can adjust your camera settings, audio settings, or dual monitor settings; you can also add virtual backgrounds and test your audio and video before a meeting.

Logging into the Zoom app on your computer also gives you more convenient access to the following Zoom functions:

- start an instant meeting
- start an upcoming scheduled meeting or webinar
- play any local meeting or webinar recordings that are stored on your computer

**Zoom Mobile App** - Sign into the Zoom mobile app if you need to host a meeting or webinar on the go. You can also schedule a meeting directly in the app.
**ZOOM help for students:**
If students need help with Zoom, you can send them this:

**ZOOM Instructions for Students: Tele-Mental Health**

1. Prior to your scheduled appointment date/time you will receive an email from your counselor with your zoom session information
2. Open the Zoom desktop client.
3. Join a meeting using one of these methods:
   a. Click Join a Meeting if you want to join without signing in.
   b. Sign in to Zoom then click Join.
4. Enter the meeting ID number and your display name.
   a. If you're signed in, change your name if you don't want your default name to appear.
   b. If you're not signed in, enter a display name.
5. Select if you would like to connect audio and/or video and click Join.
Training:

Counselors have completed the PESI "Telehealth for Mental Health Professionals" course

https://catalog.pesi.com/item/telehealth-mental-health-professionals-2day-distance-therapy-training-52191

ZOOM Types and training in HCC ZOOM:

From website:
As a tool, Zoom is HIPAA-compliant; but your responsible usage is the most important factor in keeping data secure. Here are some important privacy considerations when using Zoom.

Protected Health Information (PHI) is any health information that can identify an individual or is derived from identifiable information. If you interact with PHI as part of your University role, you will be using a specific "Health Care Component" (HCC) version of Zoom.

The HCC, or Health Care Component, is a group of faculty, students, or staff who work within the BSU community. Because they have access to Protected Health Information (PHI) or HIPAA data, they are required to use a slightly different instance of Zoom.

Phone Call Instructions with Hangouts:
1. Download the Google Hangouts App on your smartphone
2. When making the call it comes through on the other line as No Caller ID. Which this could cause individuals to not answer due to not knowing who is calling, but then would not expose our personal numbers.
3. Make sure that if you download the app that it is the Hangouts and not the Google Hangout, as the Google Hangout is just the chat portion.
4. Once in the app- click on the phone icon in the lower right hand side of your screen
5. Press the keypad (green circular icon) and dial number
6. Calls in US and Canada are free
7. Accept terms
8. Allow microphone access but not camera access so that it’s only an audio call

Phone Call Instructions with ZOOM:
1. Sign in to the Zoom client.
2. Click Phone.
3. **Call** a number using one of these methods: Dial a number using the on-screen or keyboard number pad, then click the **phone** icon. ...
4. Click the Caller ID drop-down menu to change the outbound caller ID number. Note: ...
5. Click the **phone** icon.
6. Use the in-call controls.