

Telecounseling 101: Providing services to survivors FAQ

On Friday, March 27, 2020, the Colorado Coalition Against Sexual Assault (CCASA) and Violence Free Colorado hosted a webinar about telecounseling. There were many questions sent via the chat that the presenters did not have time to answer during the webinar. The presenters, Erika Brosig from Victim Services, Inc. and Jackie Strohm from the Pennsylvania Coalition Against Rape (PCAR), answered these questions to the best of their ability. Some questions have been combined or condensed. Please note that the answers provided are based on best practices -- though, during a pandemic, we need to be flexible and adaptable to meet the needs of survivors.

General

What is telecounseling?

Telecounseling offers counseling and support services using interactive video conferencing via the internet. If discussed in advance with clients, telecounseling can be used in the event of inclement weather or during other unprecedented times (like a pandemic!). Telecounseling should be used for scheduled sessions only – not for emergencies. If a client needs to talk outside a scheduled session, they should call the hotline or 911, or follow your agency's protocols.

Can we do telecounseling over the phone?

Yes. We recommend using video conferencing if possible because it more closely resembles an in-person session. But if the client prefers to use the phone, or the technology stops working, using the phone is a great alternative.

Why would we want to use telecounseling?

Telecounseling is a tool that can help improve access and continuity of care for survivors. Engaging in counseling services from a distance can reduce travel costs for both clients and centers and provide an alternative option for clients who have scheduling challenges or are unable to travel. If discussed in advance with clients, telecounseling can be used in the event of inclement weather or during other emergencies.

Who can use telecounseling?

We recommend using telecounseling for clients or significant others ages 14 and above (check with your state coalition for further guidance). As long as clients have access to the required technology, they can use it. We recommend doing a test session with a client to make sure the technology works. Telecounseling could work well with clients who are incarcerated, but you'll need to make arrangements with the correctional facility.

Can we utilize telecounseling with children?

PCAR is working on developing a resource that addresses considerations for working with child clients. Any platform that you use, check the terms of service for the age of consent to utilize the platform without parental consent.

In the webinar we referenced age 14, which is the age in PA that an individual can consent to services without parent involvement. The ability for a child to consent to services without parental involvement varies by state; if you need more guidance, check with your state coalition.

Do our funders support this option from our home during this health crisis?

You should check with your funders to determine if they support the decision for telecounseling. Remember, telecounseling has been used in agency offices before; follow the same guidelines at home to maintain confidentiality and privacy during each session.

What are the drawbacks to using telecounseling?

There are definitely some challenges to using telecounseling. Technology can malfunction or connectivity can be lost during sessions and that can be frustrating or disruptive for both the counselor and survivor. Go-to practices that work well in-person may be less effective or impossible when providing services remotely. The good news is that with creativity, transparency, and planning, many of these challenges can be overcome. For example, be honest with survivors about the limitations of telecounseling, and work together to identify solutions. Create a plan for when technology or connectivity fail. Identify new and creative ways to engage with survivors. If using essential oils to help ground someone is not an option, try new grounding techniques or figure out if there is a way to supply the survivor with the oils to have with them during the session. To guard against misunderstandings, practice your best reflective listening skills, and make the effort to check in more frequently with survivors to confirm understanding.

Telecounseling may require you to think about and integrate new self-care strategies into your practice. For example, sitting in front of a screen for longer periods of time may increase eye strain, headaches, or fatigue. Consider ways to incorporate more breaks into your day, adjust your screen settings or your lighting, or make conscious efforts to get up and move your body. Reduce screen time by having phone calls with colleagues, instead of videoconferencing meetings, if necessary.

Platforms & Technology

How do we choose a platform?

You want to choose a platform where no identifying data is recorded, the vendor cannot see or access personally identifiable information, the survivor doesn't need to download anything, and the platform doesn't require an account, profile, or username. PCAR recommends doxy.me. The National Network to End Domestic Violence (NNEDV) also recommends [Gruveo](https://gruveo.com) and [Cyph](https://cyph.com), and you can learn more about how to choose a platform using [NNEDV's Vendor Checklist](#).

Why shouldn't we use Skype, Zoom, Facetime, or social media apps and chat features?

We do not recommend these platforms at this time due to privacy concerns. They are not HIPAA or VAWA compliant. Secondly, these platforms keep record of the calls, making it easier for abusers or others to access this information (especially on shared devices, like family computers). The same is true for texting or chat apps that store this data (for the same reason we wouldn't put confidential information in an email). Zoom has a HIPAA compliant version but it's much more expensive (\$200/month). Skype for Business is not HIPAA compliant and not more secure than the free version of Skype from our standpoint. [Here is an article](#) that describes more about the dangers of using Zoom when sharing confidential information.

In terms of devices (computers and phones) should staff use personal or agency devices?

Ideally, staff should not use their personal devices to communicate with survivors; it is best to use agency devices because the proper security features should be installed. However, during this pandemic, some staff might have to use their personal computers as there may not be enough agency laptops for everyone. If this is a device you share with others (i.e. family computer), take extra security precautions by setting a password to access your profile and making sure you have logged out of the platform you use to communicate with survivors. If you are using a personal phone, you can dial *67 before you dial the survivor's number; this will block your number so that they do not have access to your personal phone number.

What should we use for group sessions or peer support groups?

Doxy.me has the group option on the paid, clinic version. Gruveo has a group calling feature for up to 12 people. Cyph also has group functionality on a paid plan. Survivors participating in group sessions must understand the limitations of the platform's security, as well as how confidentiality might be compromised when members are participating in the group remotely.

Can we use Google Voice? Are there alternatives?

The free version of Google Voice is not confidential. The paid G-Suite Version of Google Voice is HIPAA compliant, and you will need to sign a BAA with G-Suite. If you have any concerns with using Google, an alternative to consider is [iPlum](#). There is an option for a lower cost version of G-Suite through Tech Soup.

Are there any programs that you recommend that have the appropriate privacy features for scheduling clients, i.e., an online calendar like Google calendar to have appointments listed/scheduled on?

There are [scheduling/calendar platforms](#) that are designed to protect privacy; however, if what you're looking for is a confidential way to maintain your own calendar and keep track of appointments, a solution may be as simple as using client numbers, instead of names, when you list appointments on your calendar.

Can you share strategies we can use when discussing these considerations regarding systems that are not secure (like Zoom) to our organizational leaders?

We have an obligation to the people we serve to provide them with secure and confidential services; it is required by VAWA. If grantees put personally identifying victim information into databases and the identifying information is readable by people outside of the victim services unit (including outside tech companies), the grantees are disclosing the victim information and risk both the safety of survivors and the program's funding (NNEDV, 2016). [Here is an article](#) that describes more about the dangers of using Zoom when sharing confidential information.

Do these platforms have an easy escape button for victims of DV and not be recorded in the browser history to safeguard them from the abuser?

I don't believe any of these platforms have a built-in easy escape button like some of our agency websites do, and you would have to reach out to the platforms to get your question answered about not being recorded in browser history.

What should we do if the technology stops working mid-session?

You should prepare a back-up plan with clients in advance. Make sure you have the client's phone number and confirm that it is okay to call that number if you lose connection.

How do you use doxy.me?

For more information about how to use doxy.me, check out their website and [help center](#). There is no cancellation fee. The free version is HIPAA compliant. There is no software to download, and it works via an internet browser and is available on desktops, tablets, and smartphones; a client should have a webcam and microphone.

Does each counselor have to have their own doxy.me account?

While everyone having their own account would make it more convenient, when looking at doxy.me's [terms of service](#), they state "If you have more than one (1) person, employee, or independent contractor in your organization that has accounts with us, you must be on a Clinic plan... You are taking advantage of our system. If we think you are doing this, we'll probably warn you. If you don't respond or change behavior, we'll delete your account and prevent you from using our service again. On the FAQ section of doxy.me, it says that there are discounts available for non-profits, so you could reach out to them directly to see about pricing.

Confidentiality

What is being done to address confidentiality issues?

First, use a secure platform (see [NNEDV's Vendor Checklist](#)). A platform that is Health Insurance Portability and Accountability Act (HIPAA) compliant will likely also meet additional Violence Against Women Act (VAWA) regulations. VAWA regulations clarify that grantees must not disclose, reveal, or release any personally identifying information regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected. Additionally, VAWA

regulations require grantees to make reasonable efforts to prevent the inadvertent disclosure of identifying and individual information, especially when making use of any third-party database, or internal database managed by an outside company (NNEDV, 2016). For more clarity on what confidentiality regulations to follow, check out the [Safety Net Project's Confidentiality Toolkit](#).

Do we need to follow HIPAA regulations, too?

To figure out if you need to follow HIPAA regulations, check out [this resource about Covered Entities and Business Associates](#).

How do you explain or reassure clients about the confidentiality of the platform?

Talking through the benefits and drawbacks of telecounseling is essential before trying it with clients for the first time. While there will always be privacy concerns, assure the client that there are additional steps you can take. For example, they can choose a fictitious name to use on the platform when asked to enter their information to join the session, as an extra layer of keeping their information confidential. Clients, counselors, and group members will be asked to not record the session via audio or video, or take screenshots with their cameras.

What are best practices for maintaining confidentiality while working from home?

Maintaining confidentiality at home looks similar to when you are in your office. You want to have a private space to hold the session. At home, that might mean locking your door so that other people and pets don't disrupt the session. Using headphones and setting a sound machine outside your door can help maintain privacy of what is being shared.

Counselors should ask clients at the beginning of each session to inform them of their location and if anyone else is nearby that may be able to hear their conversation. If clients are worried about partners or family members sitting in the room off camera without the client's consent, counselors will be advised to create a code phrase that informs the counselor to end the session in a discreet way.

Obtaining Consent

How do I obtain consent from a client to use telecounseling if we cannot meet in-person?

Ideally, during intake or a previous in-person session you would have discussed telecounseling as an option and obtained written consent. If you cannot meet in person, you can utilize an electronic signature service. You can also email the informed consent page to the client to review if there are no concerns about safety or computer privacy. The client can print and sign the form and send it back to you (via email, mail, or fax), or reply to the email indicating their consent. If you cannot obtain written permission, the client can provide verbal permission – though, you must document this in their file with the date and time. At the start of telecounseling sessions you should secure verbal consent, even if you have a signed document.

What needs to be included in an informed consent form for telecounseling?

You can find an example of an informed consent form for telecounseling [here](#) with talking points.

What electronic signature platforms are HIPAA compliant?

You can read more about HIPAA's rules around electronic signatures [here](#). You can read about DocuSign's HIPAA compliance [here](#). To be HIPAA compliant, you need to enter into a Business Associate Agreement (BAA) with the company, which usually requires a paid subscription. Please read all terms of service before using a platform.

Can you share information about FERPA (campus-based confidentiality) compliance with any of these tools?

The Family Educational Rights and Privacy Act (FERPA) only applies to school employees. Unless you are being employed by a federally-funded educational institution, FERPA does not apply to you. For example, campus-based advocates who are paid by rape crisis centers do not fall under FERPA. [This webpage](#) explains the difference. For more information about telecounseling in college settings by campus employees and various privacy considerations, check out this resource from [Higher Education Mental Health Alliance](#).

What if a client doesn't want to participate in telecounseling? What if they won't sign a consent form?

VAWA states that consent to release personal information cannot be a condition for services. Therefore, if a client does not want to participate in telecounseling due to concerns about the technology or platform, you still must provide them services in another format (i.e. the phone or in-person). If they will not sign a consent form, you cannot proceed with services.

Licensure

Do I have to have a certain license to use telecounseling?

No. But if you are licensed or working towards licensure, you should check your state licensing laws to make sure you are practicing legally and ethically.

Can we provide telecounseling services to a client in another state?

No. It is illegal for licensed professionals (i.e. LSW, LCP) to practice when a client is in another state (without advanced permission from the licensing board of that state). The laws are unclear if unlicensed counseling professionals are able to do so. Due to mandated reporting laws varying in each state, and sexual assault counselor's confidentiality statute, it is not in a client's best interest to receive services while they are in another state. If you are licensed, or working toward licensure, reach out to your licensing board or the board in the other state for more guidance (many restrictions have been lifted for those with licenses due to COVID-19).

What if the client has temporarily gone to a different state because of the outbreak? What if the therapist temporarily goes to the other state? What if the therapist is licensed in the other state as well? Should we be referring out in these cases?

If you are licensed, or working toward licensure, reach out to your licensing board for more guidance (many restrictions have been lifted for those with licenses due to COVID-19). There are no laws around unlicensed counselors, but if they are supervised by someone with a license, they may have to follow the same rules. Again, check with your licensing board. These are unprecedented times and unfortunately there aren't guidelines around how to do this. Use your best judgement and do what is in the best interest of the survivor. You can always refer out.

Safety Issues

What is done to address liability and safety issues (i.e., a client says they are going to self-harm and then disconnects the call, or actually does self-harm in front of the counselor)?

Before clients can use telecounseling, they should meet with their counselor to discuss this method of counseling in-depth and sign an informed consent form. Part of the informed consent form states that if a life threatening medical emergency were to occur, a counselor has the right to disclose information related to the medical emergency. In this situation, a counselor would call 911 and give the address of the client's location. In regards to self-harming behaviors, the informed consent form also explains that the center is governed by laws of the state with regard to counseling, mandated reporting, and confidentiality. Each center should already be explaining the limits to confidentiality during intake, including exceptions to confidentiality being made if a client is a threat to themselves or others. If self-harming behaviors were to occur during the session, counselors would follow the same protocol they have at their centers by contacting the appropriate authorities. During intake, or over the course of the counseling relationship, if the counselor feels telecounseling is not in the client's best interests (due to self-harming behaviors or for other reasons), they may make the decision for the client to continue in-person services.

Besides checking their location, having the right address, phone numbers, what are other things to think about to best respond to crisis situations?

While this may not be an exhaustive list, and you'll always want to consider each client's unique situation, here are some suggestions:

- *Confirm/obtain the client's geographical location, in case of emergency, so that you can provide an address to first responders.*
- *For clients ages 13 and under, arrange for an adult caregiver to be "on call" during the session in case of emergency or crisis. This person does not need to be in the room, but should be on site. Obtain this person's phone number so that you can call them or text them, if needed, during the session. While this may be a good practice in some cases with other clients, as well, it is important to consider and explain the impact to the client's confidentiality.*

- *Make sure you have your list of crisis numbers handy - if you're working remotely this may not be something that's as easily accessible to you right now. Write them down and keep them handy.*
- *Use the skills you would use in any other crisis situation, follow your protocols, but be flexible and adaptable.*

How do I best safety-plan using tele-counseling?

This is another area where I would encourage you to use the skills you already have and be creative. If you would typically write something and give it to the client, encourage the client to write it down or use a screen share option to type something and send it to them. Most of our skills can be transferable with some creativity - which we tend to be really good at!

You mentioned that you chose not to complete this program with DV survivors due to safety in their home. Have there been situations with safety concerns with your SA survivors that you had to address or felt that tele-counseling may not be appropriate? Our center is currently having trouble in cases where clients live in a home with teens or survivors are living with unsupportive or concerning parents/partners or even perpetrators, and during a time like this it's hard to feel as though they are in a safe space to complete a session.

That's definitely a situation that comes up from time to time and you have to weigh the options with your client. Under the current conditions, we don't have many other options, but maybe a phone call is easier than telecounseling. I (Erika) did a session a few days ago where my client was in a closet - not for safety reasons but for privacy...so there are certainly things to take into consideration. Under normal circumstances, telehealth wouldn't be the best option for those clients. Today, we're doing the best we can though. This is a situation where a code word/phrase would be important...if someone else is in the room, what can your client say to you to indicate that? Maybe they're not in a space where they can complete a session focused on their trauma but could they stay connected with their counselor and work on coping skills through this time? Again, getting creative right now feels really important so we can keep supporting our clients through this uncertainty.

Accessibility

How does interpretation work with these platforms?

Some of these platforms will have built-in services to easily add an interpreter. doxy.me offers the ability to change the language of your virtual waiting room to increase language access. Globo suggests sticking to using phone interpretation if possible. When using video counseling, if the platform has a mute option you can mute the video and use phone interpretation. If you have questions about this, the interpretation company you utilize should be able to help navigate this with you.

What about use of closed captions?

Each platform will be different. If you have questions about this, the platform and closed captioning company you utilize should be able to help navigate this with you.

You mentioned that some hospitals have a laptop or tablet set up for you to speak with SA survivors. During this time, are they still willing to do that? Is it an agency device or did the hospital designate one?

This is being handled in different ways depending on the capacity of the center and the hospital. In some jurisdictions, the rape crisis center has provided tablets with videoconferencing apps downloaded on them to their local SANE programs that can be used to contact advocates. In other jurisdictions, hospitals or nurses are using their own devices to access videoconferencing apps. It largely depends on the resources available in that organization, institution, or community. While face-to-face contact, even via screen, might seem like the ideal, connecting by phone is also a viable option.

While it is not recommended that anyone use their personal devices or non-compliant platforms, we recognize the current challenges responders are facing, and always encourage hospital employees and advocates to be survivor-centered and mindful of the importance of maintaining confidentiality in their approaches. It is also important to use secure wi-fi connections. For example, logging on to the hospital's public or free wi-fi compromises confidentiality.

What recommendations do you have for folks who do not have phones, and are only able to use WiFi and Facebook?

If the person has access to a secure wifi connection, they should be able to utilize the device used to access wifi to participate in these sessions. If they do not have access to a phone, use whatever method they are typically communicating with the center. Ideally, we would not recommend using Facebook as a form of communication with clients due to privacy concerns. It is important to remember that using public wi-fi puts confidentiality at risk.

Intakes

Prior to scheduling a telecounseling session, is there usually an initial in-person session to sign consent and to complete paperwork?

Ideally, yes. But during this time, you should first get the consent form signed (see other questions about obtaining consent), and then you can conduct your first session via telecounseling.

What are your thoughts around doing initial intakes and starting with new clients using this platform? Especially for those that are currently required to take place in person.

This is definitely not the ideal but it has to be done right now. There are some practices that exist entirely online, so it is being done on a regular basis. That being said, once we get back to our (new) normal, this is something that centers and coalitions will likely have to determine for themselves. There may be some clients who are unable to come in for an intake or would prefer to do it via telecounseling - how can your center accommodate that? Or is that something you'd prefer not to do?

Has there been any guidance on doing assessments or screeners via telehealth?

In an ideal situation, initial intakes and assessments would be done in-person to determine if telehealth options would be the best way to meet the client's needs. Recognizing that may not be possible all of the time, conducting the initial assessment remotely is the next best option. In some cases, this can be done via teleconferencing. In other cases, it may need to be done over the phone, depending on the client's access to technology and connectivity, or their comfort level with using the videoconferencing platform. As you would during any intake or assessment, be prepared to make appropriate referrals if the client's needs extend beyond your expertise or area of practice. Making a referral may relate to the extent of the client's needs or your comfort in effectively addressing their needs remotely. Always be honest with clients about their options and your reasons for recommending a referral.

If you haven't already, contact local providers to assess their ability to serve as a referral source, particularly during high-stress times, such as we're experiencing right now with the pandemic. Create a referral list of counselors and therapists in your area that can help to meet clients' complex needs. Be sure to include professionals who are competent at providing remote services.

Techniques and Additional Considerations

Any thoughts on sharing documents or activities with clients? Should they be emailed?

If there are no privacy concerns with email, you can share them via email. Some platforms have the ability to upload and share files during the session. Another option would be to mail the handouts, or send a secure link of the document during the session via chat for the client to access.

Would you suggest reminder calls, and if so, what are you using to make the reminder calls?

If it is your agency's practice to do appointment reminders, continue using whatever method you currently use. It is not recommended that you do something different for remote sessions vs. in-person sessions.

Did you require any certification process for telecounseling?

For our pilot project PCAR did in 2017, we did not require a certification process. Instead, we provided some upfront training about how to use the platform and talk through considerations and best practices when using telecounseling. We worked with Dr. Martha Ireland, co-founder of [Virtual Therapy Connect](#) for initial training, though there are many online training options available, including [Telebehavioral Health Institute](#), and [Telehealth Certification Institute](#).

What are your thoughts on telecounseling without ever having met the client in person?

This is certainly not the ideal, but at this point in time may be the only option we have. When we are back in our offices, it would likely be best practice to have at least one in person session with someone when possible.

Resources

NNEDV Checklist: <https://www.techsafety.org/digital-services-vendor-checklist>

NNEDV Confidentiality Toolkit: <https://www.techsafety.org/confidentiality>

NNEDV COVID-19 Response Updates: https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/

HIPAA Covered Entities: <https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html>