UNT PSYCHOLOGY CLINIC

TELEPSYCHOLOGY
CLINICIAN AND SUPERVISOR MANUAL

Version date: 03-26-2020

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INTRODUCTION

This manual is to be used to deliver telemental health in the format of psychotherapy and psychological assessment. This manual is useful for both student-clinicians and supervisors. In this training setting, telehealth, telemental health, or telepsychology (used variably) primarily refers to real-time video conferencing hosted service delivery. Telesupervision, text, voice mail, and other electronically mediated aspects of services are also considered telehealth. **Telehealth services (including scheduling appointments) may only occur during the UNT Psychology Clinic's regular business hours and *only* when on-call supervisors are available.** Any telehealth needs that fall outside of normal business hours must be conducted in accordance with clinic policy, which requires **pre-approval** from the direct supervisor and the clinic director. Approval will only be given under extenuating circumstances and with clear documentation of agreement from an on-call supervisor to provide consultation coverage, if needed.

In concert with their supervisor, clinicians practicing telepsychology should:
1. Conduct a risk-benefit analysis specific to:
    a. The chronological and developmental age of the client, and the presence of any physical or mental conditions that may affect the utility of telepsychology. Section 508 of the Rehabilitation Act, 29 U.S.C 794(d) is pertinent to making technology available to a client with disabilities.
    b. Whether the client's presenting problems and apparent condition are consistent with the use of telepsychology to the client's benefit; and
    c. Whether the client and clinician has sufficient knowledge/skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.
2. Clinicians should **not** provide telepsychology services to any person when the outcome of the above analysis is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.
3. Clinicians should also consider the potential impact of multicultural issues when delivering telepsychological services to diverse clients.

Importantly, the American Telemedicine Association's Practice Guidelines for Video-based Online Mental Health Services state: *"Evaluation of appropriateness of videoconferencing care should continue throughout the treatment including monitoring of symptoms and patient cooperativeness in assuming the responsibilities inherent in remote care. The consent process shall include discussion of conditions of participation around session management so that if a professional decides a patient can no longer be managed through distance technology, the patient is aware that services may be discontinued if no longer appropriate."*

Student-clinicians providing telehealth services in the UNT Psychology Clinic are expected to comply with all clinic practices outlined in the UNT Psychology Clinic Manual and the UNT Psychology Clinic Telehealth Manual. **Failure to comply with these practices will result in disciplinary action and/or revocation of privileges.**

STUDENT AND SUPERVISOR SUPPORT: CONTACT INFORMATION

For <u>procedural</u> questions and/or concerns, please contact clinic GSA Alexa DeLisle at
alexadelisle@my.unt.edu

For <u>technology-related</u> questions and/or concerns please contact clinic GSA Steven Coomes at
stevencoomes@my.unt.edu

STUDENT LIABILITY INSURANCE

Clinicians must purchase and/or maintain their student liability insurance during their practice of telepsychology. Please review the following information from the Trust Sponsored Professional Liability insurance policy: "*Please know that your Trust Sponsored Professional Liability insurance policy covers psychological and other associated professional services including such services as telehealth, provided the insured is in compliance with the appropriate state practice rules or regulations.*"

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS: HIGHLIGHTS[1]

Clinicians should be familiar with the Texas State Board of Examiners of Psychologist rules and regulations; however, the following are of particular importance to the practice of telepsychology and should be **fully reviewed and adhered to**:

1. The Psychologists' Licensing Act and all other laws affecting the delivery of psychological services apply to all psychological services delivered anywhere within the state of Texas, regardless of how they are delivered.

2. An individual who is physically located in another state shall be considered to be practicing psychology in Texas and therefore, subject to the Act, if a recipient of psychological services provided by the individual is physically located in the state of Texas. See Board rule 461.10. Licensees should also be aware that services they offer to consumers in other states may similarly be regulated by the laws of the state in which the consumers are located.

3. The Board currently considers the use of remote or electronic means to deliver psychological services as an "emerging area" as set forth in Board rule 465.9(e). That rule states: "*in those emerging areas in which generally recognized standards for preparatory training do not exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and other affected individuals from the*

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[1] Please note that during the COVID-19 crisis, supervisors will have discretion to determine whether continued care for a client out-of-state is temporarily merited (e.g., a student who moved in with out-of-state parents). When possible, for those clients a supervisor believes could be safely discontinued, step-down resources may be recommended from the list of resources compiled for public distribution in the "Digital Resource Tool Kit" section of this guide.

potential for harm." Board rule 465.9(d) requires that licensees who provide services in new areas or involving new techniques do so only after undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.

4. Board rule 465.7 requires licensees who provide psychological services through the internet or other remote or electronic means to provide written notification of their license number and instructions on how to verify the status of a license when obtaining informed consent.

5. Additionally, Board rule 469.2 requires licensees providing psychological services through the internet to display an image of the Board's complaint notice in a prominent and easily accessible location on the licensee's website.

HOW TO SET UP YOUR SPACE FOR TELEMENTAL HEALTH SESSIONS[2]

Environment Requirements

Background
With telemental health sessions, your clients are only seeing a limited part of your space, which will be the background behind you during the telehealth sessions. It is important to set up a background that is coherent and not too distracting. In general, be thoughtful about your décor selection and arrangement, then consider how that background looks on-screen, before the first session. **For our clinic specifically, you must either create a "virtual background" in the settings of your zoom account or have a completely neutral background**.

Lighting
You will need to be thoughtful about having enough light behind yourself so that the background is not too dim. You will also need light *in front of you* **to brighten your face**. You might find putting a desk lamp behind your monitor works for that purpose. If you will be in a space with natural lighting, also pay attention to how different times of the day may look on screen to your clients. As much as possible, you want your clients to be able to see you clearly throughout the session. **IF YOU WEAR GLASSES**, you will need to adjust your light position to find the spot where you do not have glare. Typically, this is addressed by moving the bright light that is facing you higher up (e.g., put books under your lamp to raise it).

Noise/Sound
While a quiet space is important for most therapy sessions, it becomes even more important during telemental health sessions. Without the total visual context, ambient sounds or noise can be quite distracting and potentially even distressing for clients. Make sure the space you will be using is quiet. Utilize a white noise sound machine outside your office door to help block outside sounds. You can download white noise apps on any smartphone. Be sure you plug your

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[2] Much of this information is from: https://www.theraplatform.com/blog/255/how-to-set-up-your-office-for-teletherapy-sessions

phone in so the battery doesn't die while you are in session and end your white noise app protection.

Comfort
During your teletherapy sessions, you will likely be sitting at a desk, which may feel a little different from your typical style during traditional therapy. Maximize your comfort for prolonged sitting with a desk that is the right height and a comfortable, perhaps even an ergonomic desk chair.

Isolation
Just as with other services, you are expected to be alone or with a qualified peer/supervisor when providing telepsychology services. During the COVID-19 crisis, this may be challenging. You may need to get creative (e.g., restroom, closet) in finding alone space. The virtual background and white noise app will go a good distance to creating visual and sound screening but they are not foolproof. Avoid verbalizing personal identifiers as much as possible (e.g., not using the client's name unless you have to while in session).

Technical Requirements and Access for Telemental Health
To provide telehealth, clinicians must verify that they have access to, and can competently use necessary resources. This includes a computer, web camera, stable internet connection, complete privacy, and neutral surroundings in the visual field captured by the web camera. Before offering telehealth services or beginning a telehealth psychotherapy session, ensure that the above mentioned criteria are met. Should a technical issue arise, contact your client immediately to indicate a delay in services or to reschedule.

TELEMENTAL HEALTH TRAINING REQUIREMENTS

Student Training Requirements

Student-clinicians must complete all of the following training requirements in order to provide telemental health services for the UNT Psychology Clinic. The requirements are as follows:

1. Clinicians must read the **APA Guidelines for the Practice of Telepsychology.** This can be found by following this link https://www.apa.org/practice/guidelines/telepsychology. Once completed, students must sign their acknowledgement of reading and understanding the APA Guidelines for the Practice of Telepsychology. This signature indicated understanding and agreement to comply with all outlined practices.
2. Clinicians must read the **American Telemedicine Association's Practice Guidelines for Video-based Online Mental Health Services.** This can be found by following this link https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf. The information found within these guidelines is again, expected to be understood and practiced by the student clinician providing telemental health.

a. Once the clinician has completed steps 1 and 2 they are required to sign an **Attestation Form** verifying that they have read, understand, and will abide by the guidelines. This Attestation Form is then to be uploaded into the following Dropbox location https://www.dropbox.com/request/Zo7NJv8dsPmpV5hMPqNe

3. Clinicians must complete Modules 1, 2, and 3 (totaling 6 hours) of APA's Telepsychology Best Practice 101 Series. This can be found at the following link https://apa.content.online/catalog/product.xhtml?eid=15132). **You will need to provide a copy of your completion certificate for each of the three required modules.** You should upload your certificates via the same link: https://www.dropbox.com/request/Zo7NJv8dsPmpV5hMPqNe

4. Given the unique format of telemental health, clinicians must complete a competency 'check out' with their supervisor via a video conference in which the supervisor can see the service provision space from the vantage point of clients (i.e., supervisors should assume the role of the client via a telehealth platform). During this 'check out', clinicians must practice "eye contact" with their supervisor until the point of competency is attained. Clinicians should read the following article about making eye contact via video platforms and practice before scheduling a 'check out' with their respective supervisor. https://personcenteredtech.com/2016/11/02/making-eye-contact-over-video-in-telemental-health-services/

Supervisor Training Requirements

Supervisors are expected to complete all of the same training as student clinicians (see section entitled "Student Training Requirements").

Supervisors must "check out" each student via a video conference meeting on the Zoom Healthcare platform prior to any clinician being authorized to schedule telepsychology appointments. Please attend carefully to the environment and simulate technical disruptions that may occur so that the clinician can demonstrate appropriate management of such experiences.

Supervisors are expected to engage their clinicians in a parallel manner to that which is described for clinician and client interactions (e.g., providing alternate contact info for the clinician to reach the supervisor should the supervision session become disrupted, etc.).

Supervisors should verbally remind students of pertinent information in this manual, including, but not limited to the following:

1. Clinicians should be instructed to only download their recorded sessions per directions outlined in this manual (see section entitled "Recording, Storing, and Documenting Sessions"). While logged into the VPN, clinicians should save each recorded session to their designated secure "filestore" for their supervisor to review.

2. A Progress Note should be entered in Titanium per directions outlined in this manual (see section entitled "Recording, Storing, and Documenting Sessions") after the video is saved so that the supervisor can review the video and note in concert with one another. All clinician notes must be accomplished within 24 hours of service delivery.

3. Each supervisor has a designated folder on the secure file share drive for storage of recordings needing review. Supervisors and clinicians will have access to their respective treatment teams' saved files for 30 days (similar to Riverstick function).

After verifying that the copy of session recordings was successful, clinicians should:

1. Enter a progress note in Titanium.
2. Verify payment was received in the appointment "comments" field in Titanium (if no notation of payment is indicated in comments field, send a Hushmail to the UNT Psychology Clinic administrative assistant (Carla.Houser@untclinic.hush.com) to document the date, time, and need for billing of the services rendered.
3. Disconnect from the VPN.

Supervision may take place in person or remotely, as appropriate.

On-call Supervisors

Supervisors are expected to maintain availability for on-call supervision according to the schedule distributed by the Clinic Director. **This schedule can also be found in the UNT Telehealth Resources Dropbox with supervisor contact information**.

If there is a need to consult with the on-call supervisor, the clinician should keep the client on video conference and, after muting the conference with the client, call or text the on-call supervisor via the contact information provided for on-call supervision. If necessary, a link to join the video conference can be sent to the on-call supervisor via Hushmail. If the on-call supervisor cannot be reached, the clinic director should be contacted via the same procedures. Supervisors should expect that clinicians are calling them from a variety of phone numbers and should therefore answer all calls received during their on-call block.

UNT PSYCHOLOGY CLINIC TELEMENTAL HEALTH PROCEDURES

Procedures Specific to Therapy AND Assessment Clinicians

New Case Assignments
Clinicians must complete a digital version of the **Case Request Form**, attach it to an email, and send it to **Carla.Houser@untclinic.hush.com** and clinic staff will then assign cases. The **Case Request Form** is located in the UNT Telehealth Resources Dropbox. Once a case has been assigned, clinicians will receive this information in an email via Hushmail.

Standards for Contacting Clients
This section is highly important. Please read entirely
Clinicians should all download the Google Voice app and create a free account. This account allows clinicians to select a de-identified phone number to contact clients. Clients can also contact clinicians via this phone number. Clinicians are only allowed to contact/communicate with clients during regular UNT Psychology Clinic hours when an on-call supervisor is available. Clinicians should instruct their clients that the Google Voice number is only to be used for scheduling purposes unless otherwise discussed and that it is ABSOLUTELY not to be used in the event of an emergency. Clinicians should also instruct clients that they are not to use the texting feature and that clinicians will not respond to any text messages received from clients. Clinicians **CANNOT** use their Google phone number, personal phone, or any other platform to conduct telehealth sessions.

Note: the informed consent document asks clients to consent to receiving text messages. While we are currently not providing this service, clients are asked to consent to this in the event that we provide text message communication at a future time.

First Contact to Discuss Telemental Health Services
A phone script is available in the UNT Telehealth Resources Dropbox that is intended to be used with clients during the clinician's first contact to inquire about services. There is a script for therapy clients and a script for assessment clients. **Follow these scripts**. Please review the below questions and information to discuss with clients in addition to using the phone script.

1. Inquire if the client has the capability to make the decided method of contact happen
   a. Do they have a data plan that allows for this communication to happen weekly?
   b. Do they have capabilities to download apps?
   c. Do they have a private space to have these meetings?
   d. Do they have access to a stable internet connection?
   e. Do they have a device that will work for Zoom?
2. Prepare the client for what communication from you might look like (e.g., calling from an unknown number; sending them emails via Hushmail).
3. Explain to the client how the clinician will communicate with the client. The clinician should explain that they will only be able to contact/communicate with the client during regular UNT Psychology Clinic hours when an on-call supervisor is available. (See "Standards for Contacting Clients" section above)
4. Ensure/verify client's phone number and email address are up-to-date so they may receive telecommunication (i.e., phone calls and emails) from the clinic and/or their clinician.
5. Discuss how sessions may feel different from in-person meetings. Importantly, ask clients to treat these sessions similarly to an in-person office session (i.e., they should attend in a similar state as they would an in-person appointment; they should be dressed appropriately and groomed as they typically would be for an appointment).

6. Anticipate that there will be questions and concerns about the pandemic. Please review trusted sources and/or direct your clients to them in addition to making space for what they are experiencing.
7. Prepare them for the possibility of technical issues (especially in the beginning). Everything should be explained in simple, clear language.
8. Discuss the potential limitations and/or reservations your client may have about the use of videoconferencing software. There is a breadth of research that indicates that telemental health treatment can be effective and that clients are typically satisfied with this method of delivery. Nonetheless, it is important to invite clients to share their thoughts, feelings, and potential reservations about working with you remotely especially given the unique circumstances of the current situation.
9. Discuss and emphasize the importance of privacy. Affirm your efforts to conduct sessions from a private space on your end, engage in conversation about how they can ensure privacy on their end, and set boundaries that require ongoing commitment to privacy.
    a. For example, it may be important to discuss a "safe-word" to be used in some cases where privacy has been interrupted on the client's end. Although very rare, it may be the case that another individual (e.g., abuser) may have entered the room and the client might fear discussing it directly. It would be important for the client to be able to safely inform the clinician of the break in privacy.
10. Explain that using the telemental health platform may be awkward at first. It is okay to discuss this with your client.
11. Discuss how fees/payments will be handled to minimize the potential for misunderstandings. (See section entitled "Payment Processing" below)

Clients That Decline All Telehealth Services
After offering both video and phone services, if clients are not interested in telehealth services explain that once the clinic is safely able to re-open for in person services, someone will contact them to schedule services again. Explain that this contact may come from a different clinician as we cannot guarantee that their current clinician will still be working in the UNT Psychology Clinic at that time. Explain that if the client needs emergency services before the clinic re-opens they should contact 911.

Clinicians should NOT close the client's file but they should discuss with their individual supervisor how to best manage the care of this client. Clinicians should promptly document in a **Progress Note** in Titanium that the client was offered telehealth services, declined services, and is being placed on hold until the clinic can safely re-open in person services.

Scheduling Telemental Health Clients
Clinicians must send links to clients with their scheduled video sessions via Hushmail, with their supervisor cc'd each time. Supervisors will use the link to join the session if a need for consultation arises. Clinicians should not use any other platform to send Zoom Healthcare session links... **only use Hushmail**. This email should also include a reminder of the amount that

the client owes for their session (this can be found under the billing tab for the client in Titanium) and the client's **File Number** from Titanium.

Scheduling Appointments in Titanium
Due to the new use of telehealth services, telehealth appointment options have now been made in Titanium for both psychotherapy and assessment services. Clinicians should appropriately schedule appointments in Titanium using telehealth appointment codes for both psychotherapy and assessment sessions.

For **ALL** (psychotherapy and assessment) first telehealth appointments (returning and new clients), clinicians should select the **Telehealth Initial Appointment** as their appointment type in Titanium. This appointment type will automatically generate the note type for the appointment as a **Telehealth Initial Appointment Note.** This note will have auto-populated text that reads:

> *Informed Consent Document was comprehensively reviewed with the client prior to beginning telemental health services. Client provided their verbal consent that they understood the contents of the consent document and consented to begin telehealth services. The informed consent document is attached to this note. Written consent will be obtained as soon as is safely and physically possible. Additionally, client contact information was obtained, an emergency contact* [insert contact name, phone number, and relationship to client] *was identified, and a call back number for the client was obtained* [insert call back number]. *The informed consent document was provided to the client via email for their records.*

The above auto-populated note text is to **REMAIN** in the note. Following this auto-populated text, the clinician should write the contents of the session in the format of a typical progress note or assessment note. Please note, OQ and progress note language will also auto-populate into this note. Enter OQ data if appropriate or delete if it is not applicable.
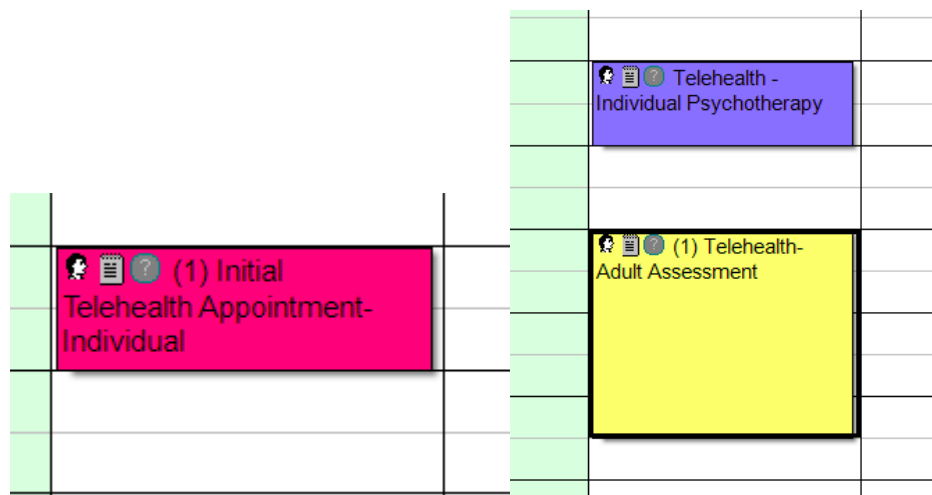
The above screenshots depict the new telehealth appointment codes for Titanium and their associated colors.

Importantly, clinicians must mark the client's attendance within the <u>SAME DAY</u> as the client's appointment. Marking attendance means selecting if the client has attended their appointment, canceled, no showed, ect.

<u>CFT Appointment Codes in Titanium</u>
Clinicians seeing clients via telehealth for Couples and Family Therapy should use the separate CFT appointment codes within Titanium to schedule an appointment. For ALL first telehealth CFT appointments use the code CFT Initial Telehealth Appointment. Then select the appropriate CFT code for all subsequent appointments. The following options are available: CFT Telehealth Therapy, CFT Telehealth Assessment, CFT Telehealth Assessment Feedback. CFT appointments should show in the color **orange** on Titanium.

<u>Rural Outreach Appointment Codes in Titanium</u>
Clinicians completing external practicum hours through the internal UNT Psychology Clinic's Rural Outreach Telehealth Initiative or students providing additional hours through the Rural Outreach Telehealth Initiative should use the separate Rural Outreach Telehealth appointment codes within Titanium to schedule an appointment. For all first appointments please use the Rural Outreach Initial Telehealth Appointment Code. For all following appointments select the appropriate option from the following list: Rural Outreach Telehealth Individual Therapy, Rural Outreach Telehealth Child/Adolescent Therapy, Rural Outreach Telehealth Adult Assessment, Rural Outreach Telehealth Child/Adolescent Assessment, and Rural Outreach Telehealth Assessment Feedback. Rural Outreach appointments should show in the color **green** in Titanium.

<u>Intake Process for **New** Telehealth Clients</u>
Clinicians should follow typical clinic practices and processes for intakes conducted via telehealth for both assessment and therapy clients. This should be scheduled in Titanium as an **Initial Telehealth Appointment** type. This means that both the traditional UNT Psychology Clinic Informed Consent should be verbally explained to all clients in addition to the Telehealth Informed Consent. Consent for both forms should be verbally gathered from clients and documented. Both unsigned consent forms should be uploaded to the Intake Note in Titanium as a PDF. Both consent forms should also be emailed to clients for their records via Hushmail. **Importantly, clinicians should fill out the informed consent forms with the relevant client information (i.e., name, DOB, emergency contact, ect.); however, the forms should remain unsigned by the client. Clinicians should put their electronic signature on the consent forms.** Clinicians should document that they have emailed these forms to clients. Further, a **Fee Agreement Form** should be verbally consented to with all clients and uploaded as a PDF to their Intake Note in Titanium unsigned with the fee amount indicated in the document. Please attach this document to the **Initial Telehealth Appointment Note**. All forms are located in UNT Telehealth Resources Dropbox. Following intake, clinicians must complete an **Intake Report** for therapy clients and upload it to the **Initial Telehealth Appointment Note** according to current

clinic procedures (i.e., signed PDF by clinician and supervisor). Additionally, **Treatment Plans** must still be completed for all psychotherapy clients.

Intake paperwork should be administered using links leading to the web component forms that route directly into Titanium. To initiate this process, clinicians will send a direct URL link to their client via Hushmail. Clinicians must select the link for the paperwork that they want the client to complete. For intake paperwork, please remind your client that they should allot approximately 1 hour to complete this paperwork. Importantly, the paperwork form that your client completes requires them to enter their name exactly as their name appears in Titanium. As such, please verify how your client's name is entered in Titanium, provide this to your client, and instruct your client to enter their name on the paperwork exactly as you have provided it to them.

Note: Assessment and Psychotherapy Intake Forms can be found within the UNT Telehealth Resources Dropbox. Additionally, all links to paperwork can be found on the UNT Telehealth Resources Dropbox.

Opening a New Client File
Once you have completed an intake with a new client, the file must be opened. Please ensure that the Initial Telehealth Appointment Note is complete with your attached consent forms, fee agreement form, and intake report (if application. Then, complete the **Open File Request Form**, located on the UNT Telehealth Dropbox. Email this form to Carla's Hushmail email. If you have taken notes during the intake, please save them ONLY to your Filestore folder.

Obtaining Informed Consent for Telehealth Treatment from **Existing** Clients
Existing clients must specifically consent to telepsychology services. Given that in-person consent is not possible and many clients will not have the digital resources to provide written consent via signature, clinicians should review the entire telehealth informed consent document with their clients and obtain their verbal consent. Clinicians should review this document via screen share (with video clients) and verbally with phone clients. Obtaining verbal consent should be documented within the **Initial Telehealth Appointment Note**. Language for this documentation will auto-populate in the note and can be seen in the section above titled "Scheduling Appointments in Titanium."

As part of the consent paperwork, clients will be required to provide an emergency contact and a call back number should video conferencing encounter technical difficulties. If the client is a minor, informed consent must be conducted with their legal parent or guardian and verbal consent should be obtained. Verbal assent should be obtained from minor clients. The unsigned consent form must be attached (using same procedures as reports, etc.) to the **Initial Telehealth Appointment Note** in Titanium. **Importantly, clinicians should fill out the informed consent form with the relevant client information (i.e., name, DOB, emergency contact, ect.); however, it should remain unsigned by the client. Clinicians should put their electronic signature on the consent forms.** Then, the consent form should also be emailed to clients for

their records via Hushmail. Clinicians should document that they have emailed this form to client.

Before Each Telehealth Session, Review and Complete this Checklist:
1. Ensure HIPAA compliant Zoom Healthcare is the only application open on your computer before beginning sessions and encourage clients to do the same to increase security.
2. Turn off all notifications on your computer to reduce distractions and ask the client to do the same.
3. Clinicians should *ensure the session is set to record* before beginning.
4. For new clients, be sure to confirm the client's identity. Ask to see a photo ID.
5. Ensure clients are **physically located in Texas (we cannot provide services if they are in another state)**. Obtain the client's physical address where they are participating in the telehealth session and record this in case it is needed during the session (e.g., a crisis emerges and a welfare check is needed). Please see Footnote 1 for variances on this policy if services are being provided during the COVID-19 outbreak).
6. Know crisis/emergency resources in the client's area before beginning the session (e.g., nearest hospital). During the COVID-19 outbreak, clients should not be directed to emergency rooms. Please contact the on-call supervisor to develop a plan. You can mute the client but do not disconnect from the session while you reach out to the on-call supervisor.
7. Verify that emergency contact information is on file (part of Telehealth Consent Form) and accessible to you should you need that information during the session.
8. Verify with the client that payment was made before the session begins.
9. Ensure you are in a quiet, private space free of distractions and other people. Verify similar sufficient privacy on the client's end. If needed, clients may relocate to their restroom for greater privacy. Be prepared to step-by-step explain how to set a virtual background on their end to increase comfort for all.
   a. Please note that a virtual background will NOT eliminate other people from view. If their child, or someone else, walks into view of the client's webcam, they will be visible to you as the clinician. Also, the client should be informed of the importance of reducing light from windows or light emanating from behind them. Share tips for lighting from above if they wear glasses, so you can see their eyes and nonverbal facial expressions more fully.
10. Encourage the client to use a secure internet connection, rather than free/public WiFi, when possible. Reassure them that data via Zoom Healthcare is encrypted if that is not possible.
11. Verify client's call back phone number should videoconferencing encounter technical difficulties and the remainder of the session needs to be completed via phone. Do not share your personal phone number with clients under any circumstances. Only use your Google Voice phone number to contact clients via telephone.
12. Remind the client of the plan for contact should technical difficulties arise during a telehealth session. See "Contact Plan for Technical Difficulties" section below.

Contact Plan for Technical Difficulties
If technical difficulties or disruptions occur during a video session, clients should be instructed to call the clinician back using the Zoom Healthcare phone number provided to them via email prior to their scheduled session. If this service does not work or you do not hear back from your client, call them via Google Voice to problem solve the difficulty or reschedule services. If technical difficulties arise during a Zoom Healthcare phone session, clinicians should plan to call their clients via Google Voice to problem-solve the difficulty or reschedule services. Sessions are prohibited to occur using Google Voice.

Please comprehensively review this plan with all clients at the outset of services*

Payment Processing
The client will need to go to the Psychology Clinic webpage (https://psychology.unt.edu/clinics-and-centers/psychology-clinic/about-clinic) to submit payment prior to each session (or for initial and feedback sessions for assessment). Psychotherapy clients will be required to pay weekly and assessment clients will be required to pay ½ of their fee at the outset of testing and the remaining ½ over subsequent testing sessions or in full before feedback. Client's must have their File Number from Titanium and the amount that they are required to pay in order to process payment. This information should be emailed to the client via Hushmail when their Zoom Healthcare link is sent for their appointment.

The payment platform is called "Commerce Manager" which is administered through a vendor platform called "Nelnet Checkout." Please ask them to complete this process on the day of their appointment as far ahead of their appointment time as possible (no less than 1-hour prior) to allow for payment to be processed and notated in Titanium appointment "Comments" field. This is how clinicians will know that payment has been received. If payment has not been received the clinician should continue with the session and email the clinic administrative assistant with the file number of the client and indicating that they have not paid.

See above screenshots for the client's view of the payment portal.

Fee Reduction Process
If a client would like to complete a fee reduction application the clinician will email the Financial Application for Reduction of Fee From (located on the UNT Telehealth Resources Dropbox) from their Hushmail to the client's email address. Next, the client will email their completed form and necessary financial documentation to psychologyclinic@unt.edu. It is imperative that the client be instructed to password protect their documentation using the password **668420.** The clinic staff will process the client's application and notify the clinician via their Hushmail that the process has been completed and to please review the change in billing amount in a Titanium Fee Forms Note. The clinician will then notify their client of the change in billing amount.

Recording, Storing, and Documenting Sessions
All video sessions with clients must be recorded for supervisory purposes. While logged into the VPN, clinicians should IMMEDIATELY (after file processing) save each recorded session to their designated "filestore" folder for their supervisor to review. **No session should ever, under any circumstances, be saved anywhere except the clinician's authorized/designated filestore folder**. A Progress Note should be entered in Titanium at the time the video is saved so that the supervisor can review the video and note in concert with one another. All clinician notes **must** be accomplished within 24 hours of service delivery**.**

Supervisors and clinicians will have access to their respective treatment teams' saved files for **30 days** (similar to Riverstick function).

> After verifying that the copy of session recordings was successful, clinicians should

1. Enter a progress note in Titanium.
2. Verify payment was received in the appointment "Comments" field in Titanium (if no notation of payment is indicated in notes field, send a Hushmail email to the UNT Psychology Clinic administrative assistant (carla.houser@untclinic.hushmail.com) to document the date, time, and need for billing of the services rendered.
3. Disconnect from the VPN.

Managing a Crisis with a Telehealth Client
Should a mental health emergency arise during a telehealth appointment with a client the following steps should be taken.
1. Collect information from the client in the format of a risk assessment.
2. Safety plan with the client if appropriate. The clinician should initiate a phone consultation with the on-call supervisor, disabling their video feed and muting their sound. This will allow the clinician to watch and listen to the client while consulting with the on-call supervisor. Additionally, the case supervisor can be brought into the call via the meeting invitation. Clinicians should upload a copy of the safety plan (if completed)

into the client's **Progress Note** in Titanium. A template safety plan form can be located within the UNT Telehealth Resources Dropbox. If a safety plan is created, please email a copy to the client via Hushmail.

3. Furthermore, the clinician will have obtained an emergency contact from the client during informed consent. This individual can be contacted in the event of an emergency.
4. Lastly, the clinician can utilize emergency services such as 911 and/or instruct the client to contact emergency services while on the telehealth platform.

All crisis occurrences should be promptly communicated to the case supervisor and documented appropriately in a **Crisis Intervention Note** in Titanium.

Telehealth Transfer of Supervision

In the telehealth climate, there is a slightly different process to follow for transferring supervisors across semesters. As such, each clinician Go into Titanium and select each client that you are continuing with. Create a Transfer of Supervision Note. Fill in the file number in the auto-populated text in the body of the note. Next, click data form and complete the Transfer of Supervisor data form. Select your **current supervisor** as the **FROM** supervisor and your **assuming supervisor** as the **TO** supervisor. Once the data form is complete, sign the note on line 1 and forward to your **current supervisor**. Your **current supervisor** should sign on **line 2** and then forward the note to your **assuming supervisor**. Your **assuming supervisor** will sign on **line 3**. Once your **assuming supervisor's** signature is on the Transfer of Supervision Note, please email the file number to Alexa at alexa.delisle@untclinic.hush.com. Please indicate that this email is for the purpose of transferring supervision. This will then allow me to make changes in the system to allow the new supervisor to take over. Additionally, if your current supervisor is requesting that you complete a Treatment Summary, this report should be attached to the final Progress Note of the semester for each client.

Telehealth File Closing

Files will be managed and closed in the same manner for telehealth clients as is done for in-person clients. Thus, to close a file, clinicians must ensure all elements are completed before submitting for closure. If you are **transferring** a client please complete the transferring care form (green sheet) located in the UNT Telehealth Resources Dropbox and email it to the clinic administrative assistance (Carla.houser@hushmail.com). File closing checklists for therapy and assessment clients can be found within the UNT Telehealth Resources Dropbox. Existing clinic manuals can also be located within this Dropbox.

Procedures Specific to Therapy Clinicians

OQ Scores and Data Collection with Telepsychology Therapy Clients

Clinicians should continue to collect **weekly OQ data** for all telehealth psychotherapy clients. Every three weeks, clinicians should administer data week measures (OQ, WAI, ASC). The Clinic GSA will notify clinicians when it is data week. Clinicians will be held accountable for capturing

this important data; the data is more important than ever in managing risk and making good clinical care decisions. Additionally, PDSQ must be administered to all clients at intake and then two additional times during the school calendar year. The clinic GSA will notify clinicians when it is time to administer the PDSQ to clients.

Administration of these tests will be done prior to each psychotherapy session and will require you, as the clinician, to send your client a link for weekly OQ and a separate link for Data Week. The links will *not* be sent by clinic staff. These links can be found within the UNT Telehealth Resources Dropbox under the Paperwork Links folder. Please select the appropriate link.

Clinicians must send the links for weekly psychotherapy paperwork as early as possible the day of the client's scheduled appointment time (no less than 1-hour before). Clinicians will send the link via Hushmail. Importantly, the paperwork form that your client completes requires them to enter their name exactly as their name appears in Titanium. As such, please verify how your client's name is entered in Titanium, provide this to your client, and instruct your client to enter their name on the paperwork exactly as you have provided it to them. Clinic GSA staff will continue to score OQ and data week data to upload into client's Titanium electronic records.

Weekly data will be securely collected and saved within the Titanium platform. It will be saved according to the client's unique name.

Procedures Specific to Assessment Clinicians

Clinicians who offer assessment services via telepsychology are expected to have considered and addressed, in concert with their supervisor, the following broad concerns for any and all tests used with technology:
1. Preservation of the acceptable psychometric properties (e.g., reliability, validity, normative reference group comparisons).
2. Maintenance of any expected standardization guidelines in test administration to allow prior psychometric research to remain applicable.
3. Full disclosure of the unique risks to clients within a consent to the telehealth assessment process.

Accessing Assessment Measures via the Virtual Test Storeroom
Clinicians conducting assessment sessions via telehealth will do so using the Virtual Test Storeroom. The Virtual Test Storeroom can be accessed via the following path on Dropbox: *UNT Telehealth Resources > Virtual Test Storeroom.* All assessment measures and scoring schemes are password-protected with the UNT Psychology Clinic door code.

Please review the Virtual Test Storeroom Instruction Manual, which outlines **all** specific instructions and procedures for checking-out, accessing, scoring, and saving assessment measures electronically. The Virtual Test Storeroom Instruction Manual can be accessed via the UNT Telehealth Resources Dropbox.

In order to manage the use of assessment measures, clinicians must indicate their use of ALL assessment measures administered in a telehealth format. Clinicians can access this check-out sheet within the Virtual Test Storeroom. On the sheet, clinicians must enter their first and last name, the measure they administered, the date of administration, and the number of each measure administered.

Assessment Documentation

Clinicians should maintain assessment documentation in compliance with the UNT Psychology Clinic's training manual guidelines. This includes an Assessment Note for all assessment contacts, File Activity Notes, and Assessment Close Notes to terminate a file. All documentation should occur in the client's electronic medical record within Titanium.

Once a clinician has administered a measure and captured client data, that file must be password-protected and stored securely in the clinician's designated "filestore" folder (only accessible while VPN is connected). Additionally, clinicians should convert this data into a PDF file and attach it to their Assessment Note for that assessment session. NO TEST DATA MAY BE SAVED TO A CLINICIAN'S PERSONAL COMPUTER.

Test Security

Due to the unprecedented COVID-19 outbreak, the UNT Psychology Clinic has taken many strides to ensure assessment services can still be available in some capacity (e.g., psychodiagnostic evaluations) in a telehealth format. Though we are making assessment measures electronically available to clinicians in the UNT Psychology Clinic, know that all normal test security protocols set in place in the UNT Psychology Clinic are still in effect.

Any type of reproduction or distribution of test content is forbidden beyond the uses described in the Virtual Test Storeroom Instruction Manual. If clinic or TSR staff, supervisors, or other student clinicians report that you have broken test security, the suspected clinician's supervisor will be notified and appropriate action taken. Potential consequences may include suspension of clinic privileges as well as formal program and/or departmental disciplinary action.

Obtaining External Records Relevant to Assessment

Clinicians conducting assessment that would benefit from the addition of external records (i.e., school records, previous evaluations) can be sent directly from a client to Carla's Hushmail account, carla.houser@untclinic.hush.com. At this time, the clinic cannot access any information mailed or faxed to the UNT Psychology Clinic.

Providing a Report to an Assessment Client

When clinicians are ready to provide assessment feedback to clients, they should do so via Zoom Healthcare only. Clinicians may pull up the assessment report on their own screen and share their screen with the client as they conduct the feedback. Additionally, a hardcopy of the report can be mailed to the client, once the clinic re-opens for in-person services, and/or a password protected report can be sent to clients through the clinic's administrative assistant

only. If an emailed report is requested, the clinician must send an email to carla.houser@untclinic.hush.com stating the desire for a report to be sent. Please include only the client's file number in this email request.

**Note: Zoom Healthcare, UNT VPN, Filestore, Titanium, and Virtual Test Storeroom access instructions can be located within their own respective manuals.

DIGITAL RESOURCE TOOLKIT FOR STUDENT CLINICIANS & SUPERVISORS

Psychoeducation

Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak
https://store.samhsa.gov/system/files/sma14-4894.pdf

About PTSD in Kids & Other Disorders
 https://kidshealth.org/en/parents/ptsd.html?WT.ac=ctg#catfeelings

Age-Related Reactions to a Traumatic Event
https://www.nctsn.org/resources/age-related-reactions-traumatic-event

Anxiety and COVID-19 Information Sheet
 https://www.heretohelp.bc.ca/infosheet/covid-19-and-anxiety

Adjustment Disorders in Children
 https://www.massgeneral.org/condition/adjustment-disorders

Treatment Resources[3]

Disaster Distress Helpline
        This is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster, including infectious disease outbreaks. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories. Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call 1-800-985-5990 (tel:1-800-985-5990) or text the phrase "TalkWithUs" to 66746 to connect with a trained crisis counselor.

Parent/Caregiver Guide to Helping Families Cope With the Coronavirus (2019)
https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019

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[3] You may need to copy/paste addresses. Some are quite long and may suffer from line breaks.

Talking to Children About COVID-19 (Coronavirus): A Parent Resource
https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/talking-to-children-about-covid-19-(coronavirus)-a-parent-resource

Helping Children Cope After a Traumatic Event
https://childmind.org/guide/helping-children-cope-traumatic-event/

12 Ways to Effectively Parent During a Crisis
https://www.psychologytoday.com/us/blog/here-there-and-everywhere/202003/12-ways-effectively-parent-during-crisis

Healthcare Toolbox
https://www.healthcaretoolbox.org/patient-education-materials/download-print-patient-handouts.html

Apps (Deep Breathing, Guided Meditation, Mindfulness, Yoga)
    Meditation Apps for Kids
    https://www.commonsensemedia.org/lists/meditation-apps-for-kids

    Smiling Mind
    https://www.smilingmind.com.au/

    2019 Top Rated Mental Health Apps
    https://www.psycom.net/25-best-mental-health-apps

Help for Teens and Young Adults with Anxiety
https://www.anxietycanada.com/resources/mindshift-cbt/

Guided Imagery Tracks from Children's Hospital of Orange County
https://www.choc.org/programs-services/integrative-health/guided-imagery/

Triple P Online Parenting Program (Not COVID-19 Specific)
https://www.triplep-parenting.com/us/triple-p/

Creating Ways to Support Mental Health
https://mindyourmind.ca/wellness/creative-ways-support-your-mental-health

Coping with Stress During Infectious Disease Outbreaks (for Adults)
https://store.samhsa.gov/system/files/sma14-4885.pdf

Guidance for Families

National Child Traumatic Stress Network: Parent/Caregiver Guide to Helping Families Copes with the COVID-19 (English + Spanish)
https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019

What to Say to Your Child About the Coronavirus – and How to Cope as a Parent
https://www.ahaparenting.com/blog/talking-with-children-about-the-corona-virus

Explaining the Coronavirus to a Child with Anxiety or ADHD
https://www.additudemag.com/explain-coronavirus-covid-19-anxiety-adhd-child/

Talking to Kids with OCD About COVID-19
https://iocdf.org/covid19/talking-to-kids-about-covid-19/

Talking to Children About COVID-19: A Parent Resource
https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school climate-safety-and-crisis/health-crisis-resources/talking-to-children-about-covid-19-(coronavirus)-a-parent-resource

Talking with Children – Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks
https://store.samhsa.gov/system/files/pep20-01-01-006_508_0.pdf

Parent Tips for Helping Infants and Toddlers After Disasters
https://www.nctsn.org/resources/pfa-parent-tips-helping-infants-and-toddlers-after-disasters

Parent Tips for Helping Adolescents After Disasters
https://www.nctsn.org/resources/pfa-parent-tips-helping-adolescents

Disaster Media Intervention: Helping Students Cope with Disaster Media Coverage
https://rems.ed.gov/docs/resources/NCTSN_Students_Coping_Media_Coverage.pdf

[For Teens/Older Adolescents] What to Do if You're Anxious About Coronavirus
https://youngminds.org.uk/blog/what-to-do-if-you-re-anxious-about-coronavirus/

Teaching Story: Talking to Children with Autism About Coronavirus
https://m.youtube.com/watch?feature=youtu.be&v=xkZ23tDzN4c

Transition from Home to School

Online Learning Resources
https://swingeducation.com/resources/20-online-learning-resources-to-help-you-get-through-coronavirus-school-closures/

Family De-Stressing During Coronavirus
https://www.pbs.org/parents/thrive/how-you-and-your-kids-can-de-stress-during-coronavirus

Museums/Virtual Tours
https://www.travelandleisure.com/attractions/museums-galleries/museums-with-virtual-tours

Scholastic Learn at Home – Day by Day
https://classroommagazines.scholastic.com/support/learnathome.html

Sample At-Home Schedule
https://docs.google.com/document/d/e/2PACX-1vSZhOdEPAWjUQpqDkVAlJrFwxxZ9Sa6zGOq0CNRms6Z7DZNq-tQWS3OhuVCUbh_-P-WmksHAzbsrk9d/pub

Coronavirus Crash Course for Parents: Keeping Kids with ADHD in 'Study Mode' While Home from School
https://www.additudemag.com/webinar/coronavirus-homeschooling-parent-strategies/?utm_source=eletter&utm_medium=email&utm_campaign=webinar_march_2020&utm_content=031620&goal=0_d9446392d6-049aae7e7a-297270053

Extensive Compendium of Educational Resources
http://www.amazingeducationalresources.com/

Practitioner Specific Resources

Seven research findings that can help people cope with COVID-19 outbreak
https://www.apa.org/news/apa/2020/03/covid-19-research-findings

Self-care for psychologists: A podcast via APA
https://www.apaservices.org/practice/business/podcasts/self-care

Coronavirus Anxiety: A Podcast via APA
https://www.apa.org/research/action/speaking-of-psychology/coronavirus-anxiety

Mental Health Coping Advice via the CDC
https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html

[Avoiding Burnout] Headspace for Healthcare Professionals
https://www.theverge.com/2020/3/16/21181773/headspace-free-health-care-provider-public-health

Headspace (Offering Headspace Plus for Free for Healthcare Providers, as well as Free Access to School Staff: likely a temporary price reduction due to covid-19)

https://www.headspace.com/covid-19

Guide to Practicing Telepsychology with Minimal Risk
https://www.nationalpracticeconference.org/images/Slides/Session_1_-
_A_Practical_Guide_to_Providing_Telepsychology_with_Minimal_Risk.pdf

Review of Telehealth Platforms
https://www.apaservices.org/practice/business/technology/tech-column/telehealth-solutions

APA's Office & Technology Checklist for Telepsychology Services
https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-
services-checklist

E-Mental Health Implementation Toolkit
https://www.mentalhealthcommission.ca/sites/default/files/2018-
09/E_Mental_Health_Implementation_Toolkit_2018_eng.pdf

APA Recommendations for COVID-19 and Psychology Services: How to Protect Your Patients
and Your Practice
https://www.apaservices.org/practice/news/covid19-psychology-services-protection

Support Healthcare Provider Well-Being
https://www1.ucdenver.edu/docs/librariesprovider45/covid-19-support/health-care-provider-
well-being.pdf

OPA-COVID-19 Guidance
https://drive.google.com/file/d/1pQ6IV6b9hQloGURxkto854hAws9vvTvT/view

Assessment Practitioner Resources

Reviews, Guidelines, Meta-Analyses:

Brearly, T. W., Shura, R. D., Martindale, S. L., Lazowski, R. A., Luxton, D. D., Shenal, B. V., &
Rowland, J. A. (2017). Neuropsychological test administration by videoconference: a systematic
review and meta-analysis. *Neuropsychology review, 27(2),* 174-186.
https://www.ncbi.nlm.nih.gov/pubmed/28623461

Grosch, M. C., Gottlieb, M. C., & Cullum, C. M. (2011). Initial practice recommendations for
teleneuropsychology. *The Clinical Neuropsychologist, 25(7),* 1119-1133.
https://www.tandfonline.com/doi/abs/10.1080/13854046.2011.609840

Miller, J. B., & Barr, W. B. (2017). The technology crisis in neuropsychology.

Archives of Clinical Neuropsychology, 32(5), 541-554.
https://academic.oup.com/acn/article/32/5/541/3852214

Individual Studies:

Barcellos, L. F., Bellesis, K. H., Shen, L., Shao, X., Chinn, T., Frndak, S., ... & Benedict, R. H. (2018). Remote assessment of verbal memory in MS patients using the California Verbal Learning Test. *Multiple Sclerosis Journal,24(3),* 354-357.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5538936/

Barton, C., Morris, R., Rothlind, J., & Yaffe, K. (2011). Video-telemedicine in a memory disorders clinic: evaluation and management of rural elders with cognitive impairment. *Telemedicine and e-Health, 17(10),* 789–793. https://www.ncbi.nlm.nih.gov/pubmed/22023458

Cullum, C., Weiner, M., Gehrmann, H., & Hynan, L. (2006). Feasibility of telecognitive assessment in dementia. *Assessment, 13(4),* 385–390.
https://www.ncbi.nlm.nih.gov/pubmed/17050908

Cullum, C., Hynan, L., Grosch, M., Parikh, M., & Weiner, M. (2014). Teleneuropsychology: evidence for video teleconference-based neuropsychological assessment. *Journal of the International Neuropsychological Society, 20(10),* 1028–1033.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410096/

de Jager, C. A., Budge, M. M., & Clarke, R. (2003). Utility of TICS-M for the assessment of cognitive function in older adults. *International journal of geriatric psychiatry, 18(4),* 318-324. https://onlinelibrary.wiley.com/doi/abs/10.1002/gps.830

DeYoung, N., & Shenal, B. V. (2019). The reliability of the Montreal Cognitive Assessment using telehealth in a rural setting with veterans. *Journal of telemedicine and telecare, 25(4),* 197-203. https://journals.sagepub.com/doi/abs/10.1177/1357633X17752030

Galusha-Glasscock, J. M., Horton, D. K., Weiner, M. F., & Cullum, C. M. (2015). Video teleconference administration of the Repeatable Battery for the assessment of neuropsychological status. *Archives of Clinical Neuropsychology.*
https://www.ncbi.nlm.nih.gov/pubmed/26446834

Grosch, M. C., Weiner, M. F., Hynan, L. S., Shore, J., & Cullum, C. M. (2015). Video teleconference-based neurocognitive screening in geropsychiatry. *Psychiatry Research, 225(3),* 734-735. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4410696/

Gurnani, A. S., John, S. E., & Gavett, B. E. (2015). Regression-based norms for a bi-factor model for scoring the Brief Test of Adult Cognition by Telephone (BTACT). *Archives of Clinical Neuropsychology, 30(3),* 280-291.
https://academic.oup.com/acn/article/30/3/280/5335

Harrell, K. M., Wilkins, S. S., Connor, M. K., & Chodosh, J. (2014). Telemedicine and the evaluation of cognitive impairment: the additive value of neuropsychological assessment. *Journal of the American Medical Directors Association, 15(8),* 600–606. https://www.sciencedirect.com/science/article/abs/pii/S152586101400259X

Hildebrand, R., Chow, H., Williams, C., Nelson, M., & Wass, P. (2004). Feasibility of neuropsychological testing of older adults via videoconference: implications for assessing the capacity for independent living. *Journal of Telemedicine and Telecare, 10(3),* 130-134. https://journals.sagepub.com/doi/abs/10.1258/135763304323070751

Jacobsen, S. E., Sprenger, T., Andersson, S., & Krogstad, J. M. (2003). Neuropsychological assessment and telemedicine: a preliminary study examining the reliability of neuropsychology services performed via telecommunication. *Journal of the International Neuropsychological Society, 9(3),* 472-478. https://www.cambridge.org/core/journals/journal-of-the-international-neuropsychological-society/article/neuropsychological-assessment-and-telemedicine-a-preliminary-study-examining-the-reliability-of-neuropsychology-services-performed-via-telecommunication/D2729DB678382952737A493871BA8C92

Kirkwood, K. T., Peck, D. F., & Bennie, L. (2000). The consistency of neuropsychological assessments performed via telecommunication and face to face. *Journal of Telemedicine and Telecare, 6(3),* 147-151. https://journals.sagepub.com/doi/abs/10.1258/1357633001935239

Lachman, M. E., Agrigoroaei, S., Tun, P. A., & Weaver, S. L. (2014). Monitoring cognitive functioning: Psychometric properties of the Brief Test of Adult Cognition by Telephone. *Assessment, 21(4),* 404-417. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4050038/

Loh, P. K., Ramesh, P., Maher, S., Saligari, J., Flicker, L., & Goldswain, P. (2004). Can patients with dementia be assessed at a distance? The use of Telehealth and standardised assessments. *Internal Medicine Journal, 34(5),* 239-242. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1444-0903.2004.00531.x

Loh, P. K., Donaldson, M., Flicker, L., Maher, S., & Goldswain, P. (2007). Development of a telemedicine protocol for the diagnosis of Alzheimer's disease. *Journal of Telemedicine and Telecare, 13(2),* 90-94. https://journals.sagepub.com/doi/abs/10.1258/135763307780096159

Montani, C., Billaud, N., Tyrrell, J., Fluchaire, I., Malterre, C., Lauvernay, N., ... & Franco, A. (1997). Psychological impact of a remote psychometric consultation with hospitalized elderly people. *Journal of Telemedicine and Telecare, 3(3),* 140-145. https://journals.sagepub.com/doi/abs/10.1258/1357633971931048

Parikh, M., Grosch, M. C., Graham, L. L., Hynan, L. S., Weiner, M., Shore, J. H., & Cullum, C. M. (2013). Consumer acceptability of brief videoconference-based neuropsychological assessment

in older individuals with and without cognitive impairment. *The Clinical Neuropsychologist, 27(5),* 808–817. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3692573/

Tun, P. A., & Lachman, M. E. (2006). Telephone assessment of cognitive function in adulthood: the Brief Test of Adult Cognition by Telephone. *Age and Ageing, 35(6),* 629-632. https://academic.oup.com/ageing/article/35/6/629/14743

Unverzagt, F. W., Monahan, P. O., Moser, L. R., Zhao, Q., Carpenter, J. S., Sledge, G. W., & Champion, V. L. (2007). The Indiana University telephone-based assessment of neuropsychological status: a new method for large scale neuropsychological assessment. *Journal of the International Neuropsychological Society, 13(5),* 799-806. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2747375/

Vestal, L., Smith-Olinde, L., Hicks, G., Hutton, T., & Hart, J. (2006). Efficacy of language assessment in Alzheimer's disease: comparing in-person examination and telemedicine. *Clinical Interventions in Aging, 1(4),* 467-471. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699639/

Wadsworth, H. E., Galusha-Glasscock, J. M., Womack, K. B., Quiceno, M., Weiner, M. F., Hynan, L. S., et al. (2016). Remote neuropsychological assessment in rural American Indians with and without cognitive impairment. https://academic.oup.com/acn/article/31/5/420/2726825