



## **The Bouverie Centre Guidelines for Family Therapists using remote communication technologies**

These guidelines are intended for use by family therapists, including family therapy training program supervisors and their students. It covers all aspects of providing clinical services to families when methods other than face to face contact are employed.

The Bouverie Centre strives to deliver the highest quality service to clients and in response to the circumstances created by the COVID 19 epidemic which has prevented face to face contact, we have developed these guidelines to enable supportive contact and family therapy sessions to take place using Telehealth technologies.

This includes, but is not limited to, phone calls to individual family members, phone conference calls with multiple members of a family present, and video conferencing which may include but not be limited to Zoom and Skype. Telehealth methods must be employed in a way that preserves privacy and enables, as much as possible, the replication of the processes and outcomes of face to face family therapy.

### **Definitions**

There is an array of definitions which can be confused, and some used interchangeably, such as:

- Remote counselling: Counselling by video, phone or online chat
- Telehealth: Provision of healthcare remotely by means of telecommunications technology
- Rural and remote counselling: Telephone and online counselling for people in living in rural or remote areas.
- Video conferencing: Telecommunication in the form of a videoconference
- Telephone counselling: Any type of psychological service performed over the telephone. Telephone counselling ranges from individual, couple or group psychotherapy with a professional therapist to psychological first aid provided by para-professional counsellors.

This document adopts the term Telehealth for work with families using remote communication technology.

These guidelines must be used in conjunction with relevant organisational policies and procedures particularly those concerned with

- Working with vulnerable clients
- Privacy
- Video recording
- Supervision

The guidelines address considerations for both therapists and families covering the following:

1. Assessment of the appropriateness of providing Telehealth family therapy
2. Setting up Telehealth contact
3. Technical considerations for the Telehealth family therapy session
4. Consent to conduct sessions
5. Privacy
6. The therapist's setting
7. Clinical engagement of families in Telehealth sessions
8. The engagement and inclusion of children and young people in Telehealth family sessions
9. Co therapy
10. Individual supervision and debriefing for therapists conducting Telehealth sessions
11. Recording family information and session contacts for administrative and funding purposes
12. Useful references

**1. Assessment of the appropriateness of providing Telehealth family therapy must take place prior to this being offered for both existing client families and new families.**

- For new families, assessment of safety will occur at Intake by the intake worker and/or prior to the first session via a phone or video call from the allocated therapist to the referrer or family member requesting therapy.
- Following intake, the family therapist must assess the level of complexity of family circumstances and likely affect dysregulation of family member(s) during and following sessions, to determine whether Telehealth can be provided safely.
- In this assessment, there must be consideration of capability, comfort, culture and risk:
  - a. capability and comfort for families using video conferencing e.g. comfort of all family members with the technology; trauma/affect activation related to previous unhelpful online experiences; suspicion about technology/privacy to the extent that it impedes the process.
  - b. issues of culture and diversity, including the use of interpreters for languages other than English and for the deaf community (including TTY 'teletypewriter' or 'text telephone').
  - c. continuous assessment of significant risk e.g. current family violence, child abuse, suicidality, self-harm. It should be considered as to whether it is safer and more productive to conduct separate Telehealth sessions and work systemically with individuals. The pros and cons should be discussed with family members if possible.

**2. Setting up Telehealth contact**

Assess the Telehealth option for family therapy with the family

- When a family has not previously been seen face to face i.e. a new family, they may have the option of remaining on a waiting list and deferring the first appointment until face to face sessions resume, or having a phone call or Telehealth meeting with the allocated therapist to establish if and how Telehealth family sessions can proceed.

- Where possible each family member's views should be elicited about meeting via Telehealth, and consensus sought.
- Phone contact details of all family members must be obtained and recorded to ensure that the therapist can contact family members, before or during the session if there are technical difficulties, and after a session e.g. if it becomes unsafe to continue or for some other reason the therapist concludes the session prematurely. The therapist should also ensure that the family members also have their contact details and should check in with the family for any concerns that might have arisen in connection with delivering the service via Telehealth.
- During the COVID 19 pandemic period clients should be given a telephone number by which they can call the therapist directly.

Issues to discuss with family members prior to Telehealth family sessions

- The reason for suggesting Telehealth should be made clear e.g. it enables family to engage in therapy when face to face contact is not possible, with careful planning and in collaboration with families our aim is to replicate face to face sessions as much as possible and to be helpful.
- The option should be provided if a family believes it would be more beneficial to them to have supportive contact and defer therapeutic work until face to face meetings can resume.
- Confidentiality and information sharing must be discussed if individual sessions with multiple family members are suggested.
- Ask family members to ensure they will not be interrupted during the session by turning off phones and making sure that visitors, pets etc will not interrupt.

### **3. Technical considerations for the Telehealth family therapy session**

The following should be established:

- Does the family have the technology set up to enable Telehealth sessions, including hardware, software and internet connectivity that is reliable for the duration of sessions?
- Can the family access the online platform that you use?
- If individual sessions are to take place, is there a safe and private space in the home where the person can engage in this?
- Optimally there would be two cameras operating to show all family members at one time, or one camera well positioned to capture everyone in one shot. For the former, two family members would dial into the meeting from different devices.
- Discuss how to optimise communication to overcome problems such as people speaking at the same time e.g. each person raises their actual hand, or a virtual hand (usually provided by the platform) when they wish to speak.

### **4. Consent to conduct and record sessions**

- Consent to conduct sessions via phone or video conferencing must be recorded. At the first session verbal consent can initially be recorded by video with all family member's verbal permission. Written permission must also be obtained by the therapist.
- Verbal consent must be recorded in the case notes by the therapist, and the written consent must be retained and added to the case file. This ideally would be via a consent form signed by

family members, scanned or photographed and emailed to the therapist. In the absence of a consent form, it is suggested that the family send an email to the therapist stating that family members are consenting. A copy of this email can then be placed in the case file.

- Video recording of sessions is possible on some online platforms. If sessions are recorded, the same procedures must be adhered to as per the existing policies on video recording. Written consent must be sought by posting or emailing a consent form to the family and they return it to be included in their case file.
- The Bouverie Centre currently uses Zoom to record family therapy sessions if the following directions are agreed to and followed:
  - Video recordings are not saved to 'the Cloud' option offered by Zoom due to security concerns
  - Video recordings are to be saved to the therapist's (or training supervisor's) computer/device
  - Once the session is completed and you have checked that the recording has been saved to the therapist's computer/device, it is then to be saved to the therapist's secure Cloud location i.e One Drive. Family therapy trainees could have access to a shared One Drive folder set up by their supervisor.
  - Once the video is saved to a One Drive folder, it must be deleted from the computer/device it was saved on AND it must also be deleted from the 'Recycle Bin' on the computer/device.
  - Once the video has been used for the purpose for which consent was obtained, the video must be deleted from the One Drive folder.
- Video recording and storage using other online platforms may only occur when the privacy and security provided by that platform have been established and verified e.g. MS Teams is deemed to be more secure but currently does not have the functionality required to record sessions.

## 5. Privacy

### Privacy for family members

- Discuss with family the need for them to be responsible for the privacy of the session in the space where they are participating e.g. at their home.
- Family members should ensure sessions will not be interrupted e.g. locking doors, putting a 'Do not disturb' sign up, or switching off phones.

### Privacy for family therapists

- Therapists need to be responsible for the family's privacy in the space that the therapist is working from i.e. when working remotely from home the therapist must be alone in a room without interruptions.
- A password for all Telehealth sessions using Zoom to increase security must be used
- Therapist should ensure sessions will not be interrupted e.g. locking doors, putting a 'Do not disturb' sign up, or switching off phones.

Privacy regarding the writing and storage of clinical notes

- All information about the family must always be kept private and secure. Any paper copies must be kept in a locked cabinet that only the therapist can access. It is recommended that session notes be written in a Word document and kept in a 'Clinical' folder on One Drive. If necessary, these notes can be printed and placed in the client's file.

## **6. The therapist's setting**

When working from home the therapist must:

- be alone in a room without interruptions.
- consider the background that the family will see and ensure this is free of overly personal items or those that infringe others' rights to privacy e.g. photographs of family members. Background screens might be utilised if the actual background is considered unsuitable
- explain their own working context to the family e.g. 'I am working from home/in or out of the office, and I am in a private space where no-one can see or hear my meeting with you.'

To maximise the quality of the digital meeting the therapist must ensure that:

- the camera is situated to have the therapist in the middle of the screen with the eyes approximately 1/3 of the way down the screen.
- they look directly at the camera as much as possible as this gives the family the experience of the therapist looking more directly at them
- if notes are taken during sessions, eye contact is not broken too often with family members. Facial expression, body language and attunement are not as obvious as in person to person contact. As non-verbal cues are less obvious using Telehealth, it should be discussed with family members that the therapist may need to be more direct (whilst maintaining warmth and sensitivity) and you also welcome them being more direct.

## **7. Clinical engagement of families in Telehealth sessions**

- It is suggested that the first Telehealth session be framed as a 'meeting' rather than therapy, with individual family members or with family members together. This gives the opportunity and time for therapist and family to consider which is the best option, how it might work in terms of equipment required, and what might be any safety and privacy issues that need to be considered. This applies to new families and families who have already attended face to face sessions
- It may be useful to conduct an individual session with each person first, to discuss goals, and any concerns they might have with using Telehealth as well as establish engagement as this may be more challenging in the Telehealth environment.
- Families must agree that it is safe to go ahead with family sessions, and if it is assessed that there is any risk, a safety plan must be established before any therapeutic remote contact is undertaken. A safety plan will include how to manage a situation that may become unsafe for any member of the family and what actions will be taken to ensure safety is maintained.
- It must be ensured that family members understand their responsibility for safety and privacy in the space where they are participating in the session e.g. at home.

- It should be discussed as to whether all family members will be in the same room, or whether some family members may join the session from a different device and location. In some situations, joining the session from a different location/device may be beneficial e.g. where there is conflict or where all family members cannot be seen on the one screen.
- It is recommended that the therapist offer a 'reflection' at the conclusion of each session whether they are working in co-therapy or as sole therapist, as a way of concluding the session with the attention of all family members.
- It is also recommended that the therapist orient the session towards a strength-based approach to enhance engagement and to offset some of the possible limitations in relational connection due to the technology.
- Homework tasks/family communication 'experiments' may be useful (especially during the period of families being confined at home together due to the COVID 19 pandemic).
- Single Session principles may be useful in this setting when discussing how to make the most of each session.
- Plans should be made for the possibility of an escalation in emotional reactions or affect for individuals and/or escalation in interactions between family members during the session. If it is assessed beforehand that this is a possibility, there might be a need to do more individual preparation before joint sessions are conducted. At the very least, scheduled breaks or short sessions should be considered.
- The possibility of needing to engage in some self-regulation type activities should be discussed with the family and permission be given for any member to call for a break, or to use whatever strategies they find helpful. In addition, the therapist needs to be equipped with several strategies to de-escalate situations that do not appear to be improving. This could consist of staying oriented or swapping to strength-based talk, engaging the family in grounding and/or co-regulating activities, and so on.
- The therapist should also discuss what the family will give permission for the therapist to do if the session cannot be brought back to an appropriate level of activation. This might even consist of closing the session if all else fails. It is important to stress that the family's prior consent for this strategy should have been sought, along with permission to follow up, if it is assessed that this strategy might be required.

## **8. Engagement and inclusion of children and young people in Telehealth family sessions**

- Children might be more easily engaged as they are in their own environment. However, it is important that the therapist see all family members on the screen as much as possible and negotiate with the parents if children want to leave the session.
- The therapeutic context may not provide the same physical resources available for engagement and play e.g. toys, bears, cards, puppets, whiteboard etc, as families will likely not have these available at home. Possible resources might be explored with parents and features such as the whiteboard function available on some platforms could be utilised. It is important however, to consider the ages and number of children in the family and plan for their inclusion given the resources and limitations that may apply.

- As with face to face sessions, children should not be present when adult issues are being discussed, especially if the remote session is being conducted in a family's common living area. Consider suggesting separate time with each parent while the other parent cares for the child(ren) in a different room/space.

## **9. Co-therapy**

- Discussion should be had with co-therapists on how to conduct the session when operating together but from separate rooms e.g. one might be designated as the 'primary' therapist and agreement made that they will 'consult' with the co therapist and /or make space for the co-therapist's input.

## **10. Individual supervision and debriefing for therapists conducting Telehealth sessions**

- Regular supervision must continue for any Telehealth family work. It is essential that family therapists arrange for regular supervision and consider an increase in frequency to discuss issues related to and arising from Telehealth family work.
- When working from home therapists continue to have occasions where they need to debrief after a session. It is important for the family's privacy not to debrief with partners or family/household members. Instead contact supervisors, your clinical manager or a colleague for this purpose should the need arise.

## **11. Recording family information and session contacts**

- Consider whether you need to make special arrangements to record the attendance of families - in some organisations administration staff perform this function.

## **12. Useful References**

- American Association for Marriage and Family Therapy (AAMFT)

Best Practices in the Online Practice of Couple and Family Therapy

[https://www.aamft.org/Documents/Products/AAMFT\\_Best\\_Practices\\_for\\_Online\\_MFT.pdf](https://www.aamft.org/Documents/Products/AAMFT_Best_Practices_for_Online_MFT.pdf)

- Journal of Marital and Family Therapy (JMFT)

Clinical and Ethical Considerations for Delivering Couple And Family Therapy Via Telehealth (Wrape & McGinn, 2019, Journal of Marital and Family Therapy)

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jmft.12319>

- Australian Psychological Society (APS)

Telehealth-services-provided-by-psychologists

<https://www.psychology.org.au/for-the-public/Medicare-rebates-psychological-services/Medicare-FAQs-for-the-public/Telehealth-services-provided-by-psychologists>

Principles-choosing-videoconferencing-technology

<https://www.psychology.org.au/for-the-public/Medicare-rebates-psychological-services/Medicare-FAQs-for-the-public/Telehealth-services-provided-by-psychologists/Principles-choosing-videoconferencing-technology>

Telehealth-considerations-for-providers

<https://www.psychology.org.au/for-the-public/Medicare-rebates-psychological-services/Medicare-FAQs-for-the-public/Telehealth-services-provided-by-psychologists/Telehealth-considerations-for-providers>

Telehealth-Consumers

<https://www.psychology.org.au/getmedia/fd748495-90e7-40d8-bedb-c3d7999cbb2d/18APS-Telehealth-Consumers.pdf>

- Journal of Telemedicine and Telecare

Videoconferencing in family therapy: a review (Kuulasmaa, Wahlberg & Kuusimaki, 2004, Journal of Telemedicine and Telecare)

<https://journals.sagepub.com/doi/10.1258/135763304323070742>

- Federal Department of Health

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-telehealth>

- Privacy Act

<https://www.legislation.gov.au/Details/C2020C00025>