

## Checklist for Trauma Informed Telehealth: Technical, Clinical & Ethical Considerations

**\*\*\*\*Important notes regarding this checklist\*\*\*\***

- 1) This checklist of potential considerations is not intended to replace ethical or legal guidance. Please always consult your professional body, professional liability insurance, and legal advice as needed.
- 2) This checklist serves as a general overview of possible considerations; it is not an exhaustive list of considerations for delivering trauma informed telehealth. Please take what fits for your practice and adapt as is clinically indicated for your own therapeutic practice and leave the rest.

**Cyber and Internet Security**

- Consider internet connection: a wired connection to your home/office or through cellular networks. Based on your service area which is provider more reliable with sufficient bandwidth?
- Consider back up connectivity: to ensure guaranteed connectivity, it may be worthwhile to have two different internet connections; there are routers which can handle both connections at the same time and switch seamlessly between them if one connection goes out.
- Consider computer connection: wifi is convenient but a wired ethernet cable will often given better speed and more reliability.
- What are therapist's downtime procedures for internet outages? Is there a phone number to let the client know that you're offline? How does this fit in your emergency procedures?
- In what circumstances and what specific encryption is needed for your cyber insurance and for ensuring client confidentiality?

**Phone**

- Does therapist have a dedicated phone line for business?
- What is the downtime procedure for phone outage for either therapist or client outage?
- How does therapist verify the phone number of emergency contact of client?

### Email

- Privacy secured email sever and access: what level of privacy and security is required by your cyber insurance and licensing body?
- Email services: free servies such (eg: gmail) are reliable, secure, and easy to setup. However, setting up your own paid email service gives your more control over your email account name, and knowledge of/control over how your email is encrypted/secured and where the service is located (within Canada or not). Consider requirements set out by cyber insurance to determine best fit
- What is the downtime procedure if therapist or client has email has outage?
- What information to include in your email signature (eg: title, registration bodies, contact information, reminding clients of important information such as where they are physically located, etc)
- How do you ensure clients know that email is not a crisis line and will be responded to within business hours?
- What information is included in automatic reply emails?

### Website

- Consider if you want your own custom URL for your website (yourcompany.ca) or are you content having it as part of a larger website (e.g., yourcompany.wordpress.com).
- You will need a webserver. Do you have the knowledge to do so yourself or do you need to pay a company to do this for you?
- Many possibilities exist for the software the supports the webpage. Two common examples are squarespace and wordpress. Server software requires security updates as they are exposed to all the badies on the internet, this must be either done by you, or whoever you hire to maintain the webserver.
- How customized do you want your webpage's design to be? The more you want it to look unique, likely the more expensive the design will be. Expect to have to refresh the design and potentially move it to new webserver every 5-10 years.
- If your clients are submitting any identifying information, ensure your website is secured by a valid https certificate.
- When creating your website content be sure consider ethical obligations with marketing.
- If you want your website to appear in search result, be sure to link to other websites and have them link to you; this helps your website appear higher in google's (and other) search results.

### **Consent, Intake, and Clinical Forms**

- How to ensure informed consent and intake forms that clearly lay out the risk and benefits of engaging in telehealth compared to in person appointments?
- How are intake forms sent electronically? Are they sent through encrypted email, EMR, google forms, or other formats?
- How is the therapist notified when intake and/or other necessary consent forms are signed?
- What is the impact of digital signatures on intake forms for insurance, legal purposes, ethical codes, etc?
- How are forms stored in a privacy secured manner on an EMR or some other format?
- What needs to be included in intake/informed consents regarding audio or video recording of session?
- What needs to be included in informed consent regarding the client's capacity to access and utilize technology necessary for telehealth sessions? How does this change informed consent and/or client capacity if the client's ability to engage with telehealth changes (eg: brain injury)?
- How are clinical assessment/measures distributed, scored, and stored in a confidential manner?

### **Telehealth Video Conferencing with EMR or Alternative Platforms**

- Where should the video link for any sessions, groups, courses, or other therapeutic sessions be published? (eg: public online or in an email)
- Is there a waiting room for the video conferencing to allow for permission to enter the video conferencing room?
- Do you and your client have the most up to date software to access the telehealth session?
- What browser and other requirements are needed to access the video conferencing?
- Where is the location of servers for the program and where/how is the data routed?

### **Electronic Medical Records (EMR)**

- What EMR system best meets the needs and flow of your practice based on features provided?
- Ability to test audio and video for both client and therapist?
- Is therapist able to trouble shoot common issues clients may experience with EMR?
- Where is the EMR's data and your charting stored? How/where is the data routed?
- Does the EMR store data with encryption?
- Does the EMR sell your or your client's information? Is there a clause to sell information in the future should the EMR be sold to another provider?
- Who can access the data entered into the EMR?
- Does the EMR have 2 factor authentication?

- Does the EMR have an online booking tool? Can this be privacy protected by password if required?
- How does the EMR back up data? What frequency is the data backed up? Is it backed up in multiple locations? If multiple backups exist how often and in what manner are they synced up?
- Does the EMR have the ability to batch client records for importing and exporting data?
- What are your downtime procedures for EMR outages?
- Who owns the data stored in the EMR?
- Is the data stored or deleted once the therapist cancels subscription of EMR?
- What type of help desk/customer support does the EMR offer? Does the hours of the support match your hours as a therapist when you are accessing the EMR?
- How is chart accessed tracked in the EMR?
- What is the process for the executor of your professional will for accessing records and record retention after your death to comply with college guidelines for record storage?
- What is the process to export and release client records when requested? What is the process for batch export of client records if ending the EMR subscription?

#### **General Clinical Considerations**

- How to ensure ideal positioning on screen for both client and therapist to maximize client engagement and safety?
- How to ensure that client has closed all other applications that were open on their computer for the duration of session to ensure client not distracted and optimization of EMR for session?
- What is the impact of lighting and/or other visible items in the screen on the therapeutic relationships and sense of safety for the client? Consider what is visible in the screen to be as important as if you were in person in your office and waiting room.
- What considerations does the therapist need to explore to ensure that virtual care similar to in-person care (eg: illness policy, dress code, therapist has secure private space with no interruptions, cancellation policy, etc).
- What should be the timing of payment given that you are not in the same room as the client? Is pre-payment more effective so as to not impede effective logging off at the end of the session and ensure that you do indeed get paid by the client? Does this vary depending on if payment by credit card on file or via e transfer?
- What are key communication items that must be discussed upfront from informed consent forms? How, when, and in what detail to discuss verbally with the client before proceeding with first session (eg: confirming client's physical location, ensuring client is safe, orienting client to therapists physical space in the virtual screen, confirming phone number to call in case of emergency, ensuring all other applications closed on their device, how to handle unexpected interruptions, limits to confidentiality, and unique elements within telehealth setting, plan for if disconnected from session unexpectedly, etc).

- How to support the client to set up their screen/technology space and allow for movement/breaks as needed to ensure productivity throughout the session?
- Consider ethics of social media and marketing (eg: soliciting clients from Facebook discussion groups, sharing confidential information on social media groups dedicated to therapists, etc).
- Consider your therapeutic presence on the internet. If clients are searching for therapists electronically, what else are they finding on internet related to your name/profile both personally and professionally?
- How to create and communicate a social media policy with all clients? How to communicate the difference between virtual telehealth session and other social media (eg: friend request on Facebook would not be accepted as that is very different from virtual sessions).
- What is the process to create a safe word a client can use if someone enters their space that is unsafe?
- How does the therapist proceed if they suspect another person is in the room but the client denies any one else is present?
- Does the therapist allow pets to be present in the same room as the client? How does the therapist discuss with client if the pet is impeding the flow of the therapy session?

#### **Unique Clinical/Ethical Considerations**

- How does the therapist ensure that the client is only individual in the room? How does the therapist query if they suspect another individual is in the room while at the same time keeping the client grounded/within their window of tolerance?
- How does the therapist confirm the client's physical location?
- How does the therapist know how to get emergency services to the client in their own area as when therapist calls 911 it will only get emergency services local to the therapist?
- How does the therapist ensure the client is aware they must be in a safe, confidential location and must be physically present in a province that the client is located for each and every session?
- How does the therapist communicate that sessions can not take place in public spaces, outdoors, or in vehicles as they are not safe, secure location?
- How does the therapist communicate and include in informed consent that the client can not attend sessions while traveling in location outside of where therapist is registered?
- What are the considerations for cruise ships the related inability to ensure appropriate telehealth safety (eg: often jurisdiction can change based on weather, different jurisdiction at sea and at each ports, inability to quickly get necessary emergency services to client, uncertainty of higher level of service availability should client need it, difficulties in determining and accessing duty to report with changing jurisdictions, etc).
- What are the therapists go-to strategies to co-regulate the client in a virtual format?
- How is the therapist ensuring privacy and confidentiality in their own physical space during session (eg: use of headphone, white noise machines, do not disturb on close door, etc).

**Cross Province Registration (Registration different than where therapist physically located**

- How to ensure that the client knows your unique registration number for the province that the client is physically located?
- What is the registration process for the province?
- How to ensure knowledge of nuances of mandated reporting laws across each jurisdiction registered in?
- Does the province have a registration process for telehealth practice separate from regular registration class?
- What are the laws of each province/jurisdiction and how does that interface with the ethics in each jurisdiction?
- Are there specific laws in each province related to marketing, taxes, and other business-related considerations?
- How does your scope of practice/competencies align with the legislation in the province the client is physically located and where you are registered?
- How to ensure the client is physically present in the province you are registered in? How to handle if client is traveling outside of where registered?
- How does cross province registration affect cyber security and cyber insurance?
- What precautions are required by the insurance company for cyber insurance?
- If the province does not have a licensing body what are the risks associated with seeing clients in this physical location?
- What are the professional development requirements specific to each provincial registration?
- Do you know resources and higher level of care to refer clients to local to where they are located?
- If there is no higher level of care available where the client is located (eg: in rural areas with no inpatient psychiatric units) how does the therapist consider the risk in seeing the client from such a distance with no immediate access to higher level of care?
- What are the policies and nuances of accessing emergency services in each province you are registered in (eg: police, fire, ambulance, child protective services, elder abuse, etc).
- What are the policies and nuances in each province for duty to report (eg: child services, elder abuse, etc).

**Specific Trauma Informed Clinical Considerations**

- What are the options for engaging in Bilateral Stimulation (BLS) for trauma therapy?
- What are the risks with any form of BLS (eye movements, tapping, audio) with internet connection difficulties/unexpected disconnection?
- What is the plan with the client if disconnection occurs in the middle of any type of BLS (resourcing or trauma processing). How is the plan communicated and agreed upon with the client in detail before beginning the BLS?

- How to ensure that you can reach the client by alternative means with unexpected internet disconnection issues (eg: phone, access emergency contact).
- What are the risk of BLS with eye movements over the screen?
- If you using online BLS platforms for eye movement (eg: remote EMDR, Activate EMDR, Bilateral Stimulation) what is the cyber security like with each platform? What technology does the client require to use them? What is the downtime procedure if client has scheduled session and platform is down?
- How you are ensuring effective use of BLS if you can not visibly see all parts of the client in the telehealth screen? How are you communicating this to the client?
- What are specific grounding strategies that work for dissociation specific for each unique client? For example, is the client willing to keep hot/cold drink and hard candy near by? Are they willing to have a phone near by with either a ringer turned up or in their pocket with high vibrate to answer phone if needed? Does the client have access to fidget tools and/or other grounding tools near by where they are accessing the session? How are you accessing grounding tools and practicing using them early on in session? How are you exploring and determining what works best for each unique client to sure ground strategies are readily available?
- How does the therapist transfer competencies from specific trauma frameworks from in person to virtual format?

#### **Clinical Considerations for Text Based Communications**

- How to make email and text privacy compliant based on ethical standards and cyber insurance?
- How to set and communicate boundaries around texts/email and timelines for therapist to read and respond? How to communicate extent content in text/emails.
- Does your EMR have secure text-based messaging? How does this fit with your cyber security insurance and ethical codes? How is it communicated with clients about what they are able to send through this messaging?
- How are you working to ensure therapeutic elements in all text-based communication to ensure client is regulated while reading all text based communication. For example, what is your way of ensuring therapeutic immediacy, descriptive imagery, time presence, or emotional bracketing to convey empathy and importance even if text base communication is simply scheduling related?

### **Emergency Situations and High Risk Clients**

- How are emergency contacts collected and contacted for client no-shows and/or unexpected disconnection from session?
- When are emergency services (police, fire, etc) contacted for no-shows in virtual contexts? How does the therapist collect the necessary emergency numbers for contacts given that 911 will get emergency calls in local to therapist but not client.
- What is the safety plan if 911 type services can not show up for the client in a timely manner? For example, extremely rural client is having heart attack or actively suicidal gesture right in session but rural EMS could take a lengthy time to get to the client that would be passed your scheduled session time with the client and no one else is physically present with the client? How does the therapist notify the next scheduled client that their session is cancelled/delayed due to an emergency?
- How and where does the therapist state they are not an emergency crisis line and list possible local crisis resources local to the client? For example, is it listed on an automatic reply email, on email signature, on website, on voicemail, in EMR reminder emails, etc.
- How often does the therapist review their emergency contacts in each area they are registered in to ensure they are up to date?
- How would the therapist handle an emergency in their physical space but not on the end of the client? For example, a burst pipe in the therapist's space but there is no emergency in the client physical location?

### **Employee Assistance Programs (EAP) /Partner or Contracted Therapist Programs**

- What province is the EAP physically located in and how does the licensing body in that province view privacy sharing between therapist and EAP as an agency/company?
- Does the EAP follow all ethical standards the therapist employees?
- How is confidential information shared between client and therapist?
- Does the EAP sell any confidential information?
- Does the EAP provide any professional development/training? Does this follow the same ethical standards as provincial registration?
- What EMR is the EAP using and do they allow the therapist to use their own EMR or require therapist to use the EAP EMR? Where is the EAP server storing data/intake forms/communications with therapist?



### **Unique Implications for Professional/Clinical Wills**

- The therapist, the professional executor, and clients may likely all be in different provinces. Therefore, how is the information of therapist's death delivered in an ethical, sensitive manner for clients to ensure news of death is communicated and client is in safe location to hear the news?
- Does the professional executor needs to be registered in all the same jurisdiction as the therapist is located? How does the nature of therapist's caseload impact where the executor needs to be registered?
- How does the therapist leave specific directions for professional executor that allow for transfer of clients in the location that the client is physically located?
- What considerations are needed to be in place in the professional will that allow a trauma informed process for the executor to minimize vicarious trauma?

### **Professional Development, Self-Care/ Survival Care, and Isolation**

- What self-care is needed between sessions in a virtual format that might look different than in person session? What timing is best for self-care in the day when on a screen all day?
- What are the considerations for adaptability of professional development trainings to the virtual format? Is it possible to discuss the training prior to taking the training to ensure that it can be adapted virtually?
- After taking a training how does the therapist ensure they have competence in both the training modality and to adapt it deliver it virtually via telehealth?
- How to gain networking/support/consultation/supervision across provinces that therapist is registered in?
- In each province registered, what are the requirement for consultation/supervision for each professional development cycle?
- How to combat isolation when working in an entirely virtual format?
- How to access consultation/supervision in an immediate timeframe when necessary for high-risk situations?

### **A Final Thought to Each Amazing Trauma Informed Telehealth Therapist**

Sending much gentleness to each therapist in the unique world of trauma informed telehealth.  
At its core this work is still a front row seat on life!