TELEPSYCHOLOGY MANUAL

A Guide for the Remote Treatment & Rehabilitation of Torture and Trauma Survivors

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restart
center for rehabilitation of victims of violence and torture
مركز ريستارت لتأهيل ضحايا العنف والتعذيب

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I. HISTORY AND BACKGROUND

A. History of Telepsychology

The need for mental health services proliferates in environments characterized by high levels of poverty, socio-economic distress and security instability. What happens when you add a pandemic to all of these chronic problems? A pandemic does not only affect populations that are at risk of poverty, socio-economic distress and security instability, but also elevates the vulnerability of front-liners. This includes health and mental health specialists ranging from social workers, psychologists and psychiatrists, as well as the administrative team that works in the health and mental healthcare sectors. In this section we will display how 'telehealth' – specifically 'telepsychology' – came to existence and adoption. The first reported use of telecommunication technology for the provision of healthcare was in 1920 at Hauekeland Hospital in Norway, where the medical team used radio links to provide healthcare support to ships at sea distance.[1] The history of emergence of telepsychology is outlined in the figure below.

1 Henry A. Smith, & Ronald A. Allison, (1998) TELEMENTAL HEALTH: Delivering Mental Health Care at a Distance 1998, Center for Mental Health Services, 1-29.

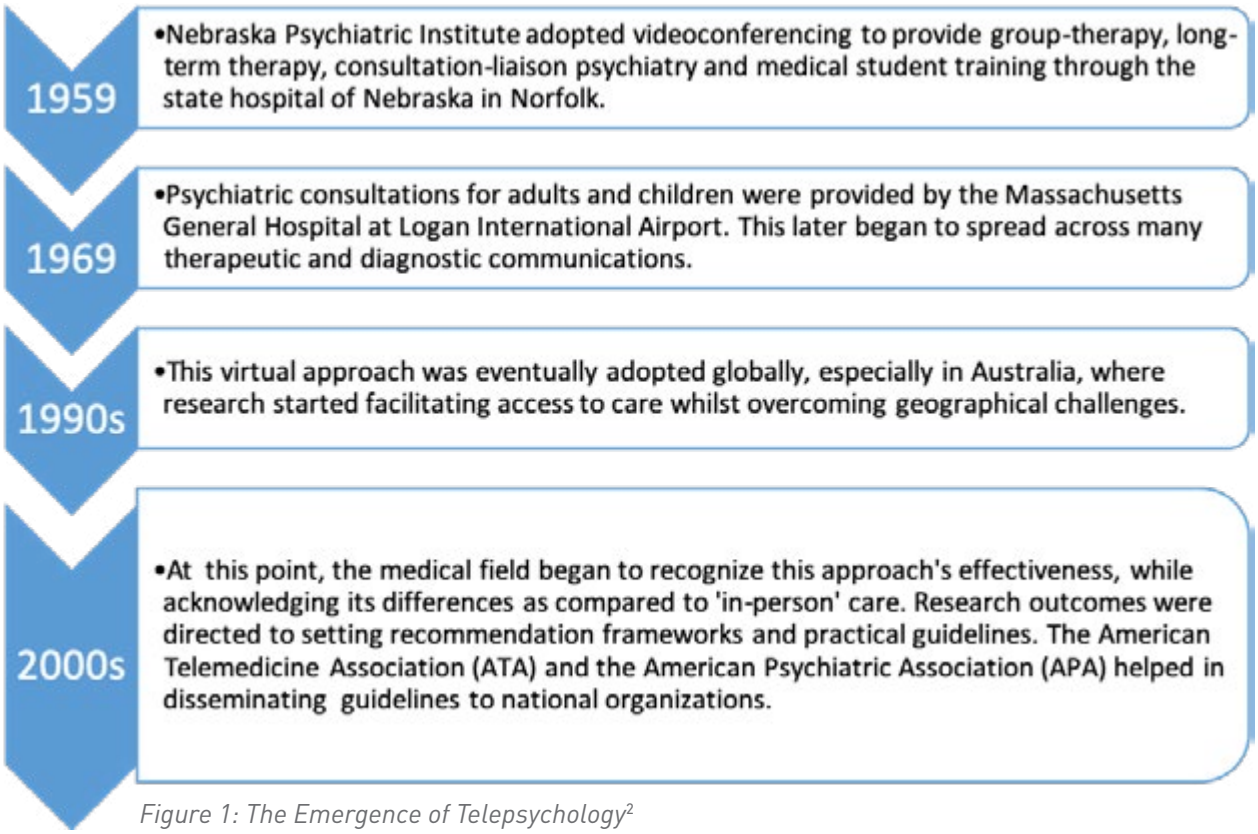

Figure 1: The Emergence of Telepsychology[2]

B. Evidence Base

Examining the effectiveness and efficiency of this approach is critical in sustaining a positive impact on the lives of beneficiaries on the one hand, and the lives of front-liners on the other.

i. Access to Healthcare

Under normal circumstances, being physically capable of seeing a psychologist is usually taken for granted. People who are in need of psychotherapy, counselling, or any form of psycho-social support can be hosted in a private clinical space which allows them to freely talk about their distress and about any external stressors or traumas. However, this is not always feasible in the face of critical events, such as during pandemics, road blockages, or unanticipated events that may lock persons in their households. Telepsychology can effectively make it easier for beneficiaries, especially in an isolated context, to access expert mental health care in a cost-efficient manner.[3]

2 American Psychiatric Association, 'Telepsychiatry Toolkit'. 2017 Retrieved from https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit

3 Hubley, S., Lynch, S. B., Schneck, C., Thomas, M., & Shore, J. (2016). Review of key telepsychiatry outcomes. World journal of psychiatry, 6(2), 269.

ii. Comparison to 'In-Person' Care

Several reports have noted that telepsychology is associated with a reduction in the duration of hospitalization, enhanced medication adherence and a reduction in symptoms associated with the relevant disorder.[4] More specific studies addressing the needs of adults and children indicated that telepsychology is a highly credible and successful approach in areas focused on depression, anxiety, panic disorders, posttraumatic stress, substance abuse, eating disorders and smoking prevention.[5] In addition, telepsychology was found to be effective in reducing symptoms related to dementia and schizophrenia.[5] Additionally, according to a study where 534 tele-consultations and 522 in-person consultations were compared, significant improvements were realized on the Clinical Global Impression (CGI) and Symptom Checklist 90, Revised (SCL-90-R) global Index scales.[6] Moreover, no significant differences were found when comparing the effectiveness of telepsychology with the effectiveness of in-person consultations.[6]

C. Feasibility at Restart Center

Restart Center ('RESTART') has a multi-disciplinary team and two centers covering different governorates across Lebanon (North, Beirut and Mount-Lebanon). RESTART has the ability to respond to the mental health needs of highly vulnerable populations due to the diversity of backgrounds its team members acquire. Regardless of the current COVID-19 pandemic, RESTART's management and clinical teams (including project coordinators, social workers, psychologists and psychiatrists) will remain available to respond to the urgent needs of beneficiaries through telepsychology. Our psychologists on the one hand are trained in areas such as Cognitive Behavioral Therapy (CBT), Common Elements Treatment Approach (CETA) and Narrative Exposure Therapy (NET). On the other hand, our specialists will tailor their availability and the approaches according to beneficiaries' needs. In this regard, RESTART's specialists will operate at the same rate they were operating in

4 Hilty, D.M., Ferrer, D.C., Parish, M.B., Johnston, B., Callahan, E.J., & Yellowlees, P.M. (2013). The effectiveness of telemental health: a 2013 Review. Telemedicine and e-Health, 19(6): 444-454.

5 Hailey, D., Roine, R., & Ohinmaa, A. (2008). The effectiveness of telemental health applications: a review. The Canadian Journal of Psychiatry, 53(11), 769-778.

6 Cuevas, C. D. L., Arredondo, M. T., Cabrera, M. F., Sulzenbacher, H., & Meise, U. (2006). Randomized clinical trial of telepsychiatry through videoconference versus face-to-face conventional psychiatric treatment. Telemedicine Journal & e-Health, 12(3), 341-350.

during 'in-person' care, making sure that the mental health needs on the national level are still being accommodated despite the lockdown associated with the COVID-19 pandemic.

Just like 'in-person' care, monitoring the effectiveness of the sessions provided through the phone is critical. Several personnel are involved in the process of collecting data, analyzing this data and carrying out the proper adjustments. The following figure portrays the process of monitoring and evaluating telepsychology services.

Figure 2: Process of Monitoring and Evaluation of Telepyschology Services

II. TECHNICAL CONSIDERATIONS

A. Platform and Connectivity Requirements

Providing mental health services through audio or video technology can be challenging, especially in a country like Lebanon with weak infrastructure and Internet connections. Nonetheless, the following guidelines can help you deal with these limitations without jeopardizing the quality of service delivered:

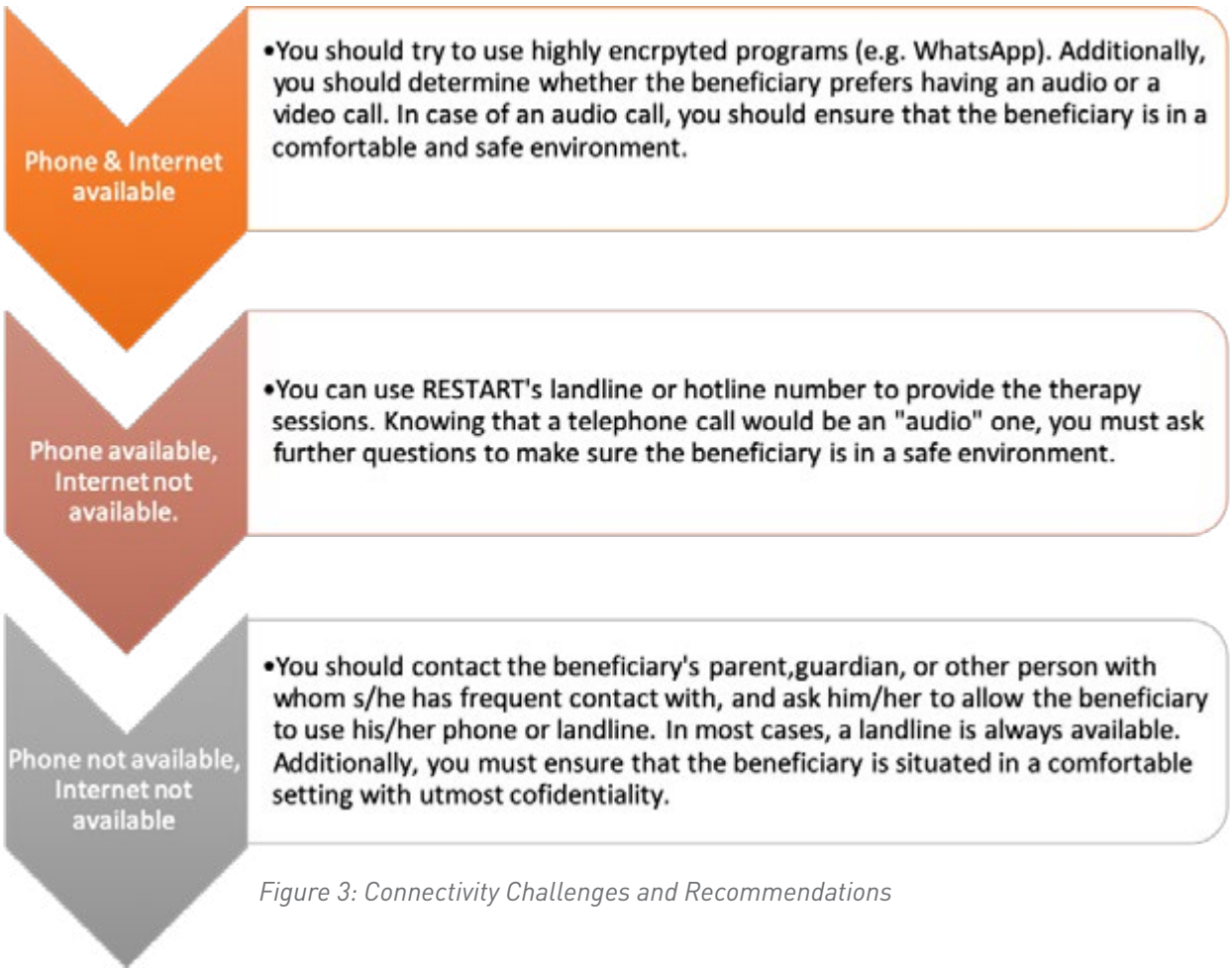

Figure 3: Connectivity Challenges and Recommendations

B. Security Issues

Therapy usually involves a heavy circulation of personal data. This data, if jeopardized, can lead to significant harm for both the beneficiary and yourself, as his/her therapist. Knowing that some therapy approaches involve the exchange of written material (such as homework and written exercises), security risks may become more prevalent. All record sheets that you will be completing for each

session shall be stored in the center, under lock and key in the office of the social worker involved.

In the case of telepsychology, there is minimal control over the collection, use and sharing of the data.[7] For this reason, the following recommendations must be taken into consideration when providing counselling or psychotherapy over the phone:

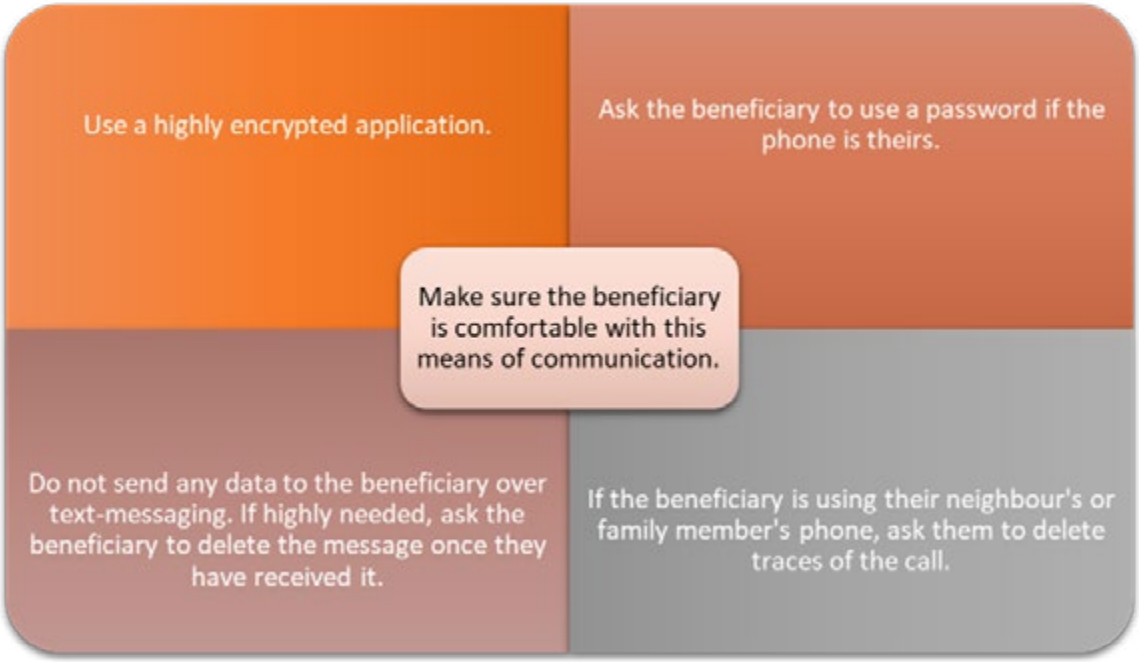

Figure 4: Security Recommendations

III. TRAINING

A. Adapting Therapy Practice & Style

Being a "good" telepsychologist starts with being a good clinician. The skills involved are similar to those used in public speaking, acting and broadcasting. Your attitude and approach necessitate adjusting your communication to the setting, audience and objectives of the session.[2]

7 Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. (2013). Guidelines for the practice of telepsychology. American Psychologist, 68(9), 791–800. https://doi.org/10.1037/a0035001

As a telepsychologist, you shall try to avoid using a flat, unemotional, or monotonous voice. Instead, try to emphasize your words or beliefs with changes in tone, manner, or movement. Present yourself with 120% of the energy and style that you would typically use in your daily conversations.[2]

We recommend that you do the following basic exercise to enhance your communication skills:

> *Turn off the sound of your TV and study a number of anchors. Notice how active they are, as they use facial expressions and movements much more than they would in an in-person conversation. Now, turn on the sound and listen to how they accentuate their language with extra emphasis on tone to make their points.*[2]

In addition to the communication considerations highlighted above, it is important to incorporate the below American Psychiatric Association (APA) Guidelines in your efforts to ensure safe and effective delivery of psychology services using technology.[2]

General considerations:

- Keep your focus on the beneficiary by being respectful, actively listening and expressing empathy.[2]
- In the case of video calls, focus on non-verbal behaviors (such as eye contact) and replace things like handshakes with chit chat.[2]
- Consider your overall message, presentation style and the content of the session.[2]
- In the case of video calls, make sure to dress appropriately (e.g. no stripes that could cause dizziness).[2]
- In the case of video calls, decide on what background you want the beneficiary to see (better to go for something neutral).
- Always use a head set in order to protect confidentiality and minimize external noise.
- Consider the beneficiary's familiarity with and competency for using the specific technologies involved in telepsychology service (e.g. video teleconference, texts, audio calls, etc.)[3]

Clinical considerations:

- Obtain informed consent from the beneficiary (or from a parent/guardian in the case of minors).[2] Make sure to offer a complete and clear description of the telepsychology services that you

will be providing (audio or video), in addition to potential confidentiality and security concerns.[7] Make sure to ask the beneficiary if s/he is okay with recording the session for verification and evaluation purposes only, while clarifying that all information will remain strictly confidential and that this recording will only be used in case you needed to further analyze something related to what was said.

- Identify all persons present at both sites of the telepsychology session at the beginning of the session. Permission from the beneficiary should not be required if safety concerns mandate the presence of another individual.[8]
- Collect information on pre-session events (e.g. the beneficiary's cognitive capacity, level of interaction, hearing limitations, history of cooperativeness in sessions previously conducted and attitudes/complaints).[2,8]
- Project your voice about 15% greater than you would in an in-person session.[2]
- Monitor and assess beneficiary progress consistently in order to determine if the provision of telepsychology services is still appropriate and beneficial. Where it is believed that continuing to provide such services is no longer beneficial or presents a risk to the beneficiary's emotional or physical well-being, you are encouraged to thoroughly discuss these concerns with the beneficiary, appropriately terminate his/her remote services with adequate notice and refer (or offer) any needed alternative services to the beneficiary.[7]
- **Time allocation:** Although it has been found that video interviewing takes longer than face-to face interviewing, and requires more concentration,[2] you shall try to pace your session as you would in a typical face-to-face session (i.e. approximately 45 minutes). In the case of children – who may have a shorter attention span – you may need to limit the duration of your remote session to 30 minutes.
- **The setting/room:** Both ends should be private/secure;[2] announce anyone who is unseen to the beneficiary;[2] assess risk of distractions;[7] and ask about availability of emergency or technical supports at home.[7]

8 Shore, J. H., Yellowlees, P., Caudill, R., Johnston, B., Turvey, C., Mishkind, M., ... & Hilty, D. (2018). Best practices in videoconferencing-based telemental health April 2018. Telemedicine and e-Health, 24(11), 827-832.

Accordingly, we recommend that you share the following set of rules during the first telepsychology session with the beneficiary:

- Ask the beneficiary to use headphones/earphones (if possible) for privacy purposes and to reduce background noise.
- Ask the beneficiary to sit in a quiet room with nobody around. If this is not possible, agree on a plan on how to find an adequate space (e.g. by going to a neighbor's house for that call, only if the COVID-19 crisis has subsided).
- Agree on whether s/he prefers having audio or video calls.
- Clarify the importance of confidentiality.
- Inform the beneficiary about how RESTART will compensate for the cost of the call (e.g. RESTART will send the beneficiary dollars directly to his phone).
- Ask the beneficiary how s/he feels about this new situation (corona virus situation and our need to do remote sessions). Take note of any doubts or uncertainties that s/he may have.

IV. ADDITIONAL ISSUES TO CONSIDER

A. Ethical Considerations

You shall maintain the same level of professional and ethical discipline, and clinical practice principles and guidelines as you would in an 'in-person' session. Moreover, you shall pay attention to intricacies stemming from the remote nature of these interventions, such as: consent processes, beneficiary autonomy, safety and privacy.[8] The "Do no harm" principle shall be strictly endorsed by every specialist and staff member at RESTART, regardless of the mode of communication that is agreed upon with the beneficiary.

B. Cultural Considerations

You should familiarize yourself with the culture that you are working with. Cultural differences may appear to be more pronounced during remote sessions (whereby the home setting may become more tangible – and possibly visible or 'hearable' – to you), as compared to face-to-face sessions that are conducted at the center. In addition, you should assess the beneficiary's previous exposure,

experience and comfort with technology, audio, or video conferencing. Ask the beneficiary how s/he feels about this new situation (corona virus situation and your need to do remote sessions). Take note of any doubts or uncertainties that s/he may have.

C. Child and Adolescent Telepsychology

Telepsychology procedures for the evaluation and treatment of children and adolescents shall follow the same guidelines presented for adults, with some modifications related to developmental status (i.e. motor functioning, speech and language capabilities, relatedness and relevant regulatory issues): [8]

- It is often important to engage a parent/guardian during (or at the end of) each session, depending on the nature of the session and the child's developmental status. This is important because it can help foster a positive, healthy relationship between the parent/guardian and the child. In addition, it is important because it allows the parent/guardian learn the skills that you will be teaching the child in order for him/her to apply them as well.
- When working with younger children, it is sometimes important to ensure that the room where the child is located is spacious enough for him/her to engage in play activities with the accompanying parent/guardian.[8] Knowing that the extended participation of family members or other relevant adults is typical of in-person practices with children and adolescents, similar procedures should be applied with remote practices.[8]
- It is also important for you to determine whether the setting in which the child/adolescent is situated is safe, private and adequate. Optimally, the child/adolescent should be situated in a place where s/he is surrounded by at least one supportive adult who is able to respond to any urgent or emergent situation.[8]
- You will need to put in extra effort to keep the child/adolescent engaged in session. In addition, the session duration may need to be reduced to 30 minutes in order to make sure that s/he does not lose focus in session.

D. Geriatric Telepsychology

Telepsychology has seen an increase in popularity for use with geriatric patients and their extended families, with a broadening growth of services throughout the past decade. Since the late 1990's, a

variety of disorders among the geriatric population have been effectively treated with telepsychology, including depression and anxiety.[2]

Telepsychology for geriatric beneficiaries is very similar to that for younger adult beneficiaries; however, please make sure to consider the following:

- Take note of any olfactory, hearing and/or vision limitations, as well as gait/balance problems from the start.[2]
- Assess if the beneficiary needs assistance during the session (particularly if s/he is delirious, combative, agitated, or is demented or suffers from aphasia, poor hearing, or visual impairment).[2]
- It is oftentimes useful for family members to be present in a telepsychology session. In the case of video calls, you can use the camera to subtly observe family members and observe their expressions when the beneficiary is being interviewed (e.g. asking the beneficiary if his/her behaviors are disturbing to others may lead to a "no" response, whereas the concerned family member(s) may nod "yes").[2]
- Family, particularly caregivers, may be important to include in session; they are often extremely appreciative of services for their loved ones, which can help decrease some aspects of caregiver burden.[2]

E. Session Documentation

A telepsychology encounter shall be documented similarly to any clinical encounter for the purpose of communicating and recording the nature of the beneficiary's condition and concerns.
Documentation of the first session would typically include: [2]

- Examination results;
- Risk assessment;
- Diagnosis and treatment planning;
- Services being provided.

Telepsychology involves an encounter of at least two sites: the originating site (i.e. where the

beneficiary is located) and the remote site (i.e. where the telepsychologist is located). These locations should additionally be documented in a record sheet.[2]

The following points should be verified and documented for all sessions: [2]

- Name of the provider & Name of the beneficiary;
- Date, duration and location of the session;
- Chief complaint (or the reason for encounter);
- Session objectives;
- Session summary;
- Scheduled date & Plan for next session.

F. Beneficiary Safety and Emergency Management

If the beneficiary recurrently experiences crises/emergencies, in-person services may be more appropriate in that case. Accordingly, you must take reasonable steps to refer the beneficiary to a local mental health resource, or begin providing in-person services[7] (after consulting with the social worker, Clinical Advisor and any other concerned specialists).

The first and foremost step to evaluate the beneficiary's safety is to ask the following four yes/no questions:

1. "Do you think about killing yourself?"
    - "When? How often?"
2. "Do you have a plan for killing yourself?"
    - "What is the plan?"
3. "Do you have a way to complete that plan, access to what you would need?"
    - "What do you have? Where is it?"
4. "Have you ever tried to kill yourself before?"
    - "When? How many times? What did you do?"

Based on the beneficiary's responses, you would identify if s/he is high-risk, medium-risk, or low-risk:

- **High Risk:** Answers "yes" to three (out of four) of the safety questions.

During the session, contact the Clinical Advisor and/or social worker, and prepare a safety plan. Make sure that the beneficiary has access to the safety plan after the session (e.g. email it to him/her, or send it to him/her via WhatsApp).

- **Medium Risk:** Answers "yes" to two (out of four) of the safety questions.

During the session, prepare a safety plan. After the session, contact the Clinical Advisor and social worker.

- **Low Risk:** Answers "yes" to one (out of four) of the safety questions.

During the session, prepare a safety plan. After the session, contact the social worker and update the Clinical Advisor (during clinical supervision).

Whether the beneficiary is considered to be at 'high', 'medium', or 'low' risk, it is important for you to check-in on safety in every session and to do the necessary adjustments in the safety plan (if needed).

In addition, it is important for you to assess the beneficiary's level of agitation (which can be derived by manipulating the image and sound quality of the video, or deciphering the tone of the voice in an audio call), as well as any safety hazards that might be accessible to the beneficiary during the session.[8] You should also familiarize yourself with the originating site (including whether there are any immediate family members or friends available in case of a clinical crisis).[8] By following these procedures, you would be prepared to address several clinical issues that may arise during the course of therapy, including the need for higher level of acute care (such as involuntary hospitalization), as well as reassessment of the need of a "safety watch".[8]

G. Visual and Non-Verbal Considerations

The engagement of a beneficiary during a telepsychology encounter can be challenging given the nature of technology. It is important to communicate interests, professionalism and empathy through the proper nonverbal cues.[2]

Below are some recommendations to keep in mind: [2]

- In the case of video calls, look into the camera (instead of the person's eyes). This will give the beneficiary the impression of direct eye contact.
- In the case of video calls, adjust your position on screen before the encounter. Make sure to use a video system to see how you are appearing to the originating site.
- In the case of video calls, avoid looking away from the camera during the encounter.
- Give the beneficiary ample time to hear your question or statements.
- Similarly, give the beneficiary ample time to respond to these questions or statements.

H. Time Management for Practitioners

Due to the remote nature of telepsychology, and given the corona virus outbreak that has pushed us to self-quarantine, managing sessions while at home may be challenging. You may feel like the professional/personal life barrier is overlapping, with difficulties in finding the right balance (or compromise) between taking care of your family and caring for your beneficiaries.

Below are a few guidelines that can help you manage your "telepsychology time" at home:

- Set up a working space: This should preferably be in an isolated room in order to guarantee maximum privacy and confidentiality. If this is not possible, set up a desk and a comfortable chair in a quiet corner.
- Negotiate with other family members time for working, in order to not be disturbed during the session
- Inform your relatives (including children/spouse) about the temporary need to work from home during this time of crisis; organize your schedule with them, and set up the rules (e.g. Do not disturb while I'm on a call).

- Figure out your routine: Dedicate a specific number of hours for telepsychology services, while making sure that the remaining part of you day goes for personal chores.
- Establish work priorities on a daily basis: Staying at home for many hours or days may create the illusion you can work all day, every day. This can result in unendurable stress, potentially leading to burnout.
- Working and checking up on your children at the same time it is not a good idea. Make sure to check up on your children during 'work-free' time.
- Create a healthy routine as if you are preparing yourself to go to work. For example, do not stay in bed until the last moment before a remote session; change your clothes; and have a good breakfast.
- Organize your time in a way such that breaks are incorporated throughout the day. During the break do something totally different (e.g. physical exercise, taking care of the house, or other family members).

V. CHALLENGES, LIMITATIONS AND RECOMMENDATIONS

A. Challenges and Recommendations

As you begin to implement telepsychology services with your beneficiaries, you may face a few challenges that you may not have felt before when conducting in-person sessions. Below are a few challenges that you may face, including solution(s) that we propose:

- **Administration of screening instruments:** Although most psychological instruments and other assessment procedures currently in use have been designed and developed originally for in-person administration,[9] you are expected to complete the same instruments (that you usually apply in 'in-person' sessions) over the phone. You may need to take more time than usual in explaining the rating scales and clarifying the questions, particularly with children (and that's completely fine!)

9 Baker, D. Advocating for Telepsychology: Understanding Challenges and Opportunities to Improve Patient Access. 2019 Retrieved from https://www.apaservices.org/practice/advocacy/state/leadership/advocating-telepsychology.pdf

- **Finding an adequate location:** Finding a quiet, private space for remote sessions is not always easy, especially since refugees in Lebanon often live in crowded spaces, with many family members staying in the same room. If the space is not available, try to come up with a plan for the beneficiary to find a suitable space that is less likely to interrupt the progress of the session.

- **Connectivity:** The unstable Internet connection that is characteristic of Lebanon may intervene with the audio or video call. If the connection is lost, please call the beneficiary through a regular telephone call.

- **Establishing trust:** It may be more challenging for beneficiaries to establish trust with their therapist over a distance, especially if not enough face-to-face sessions were conducted with him/her at the center. In that case, you shall remind the beneficiary of the rules of confidentiality and give hope that the program that you will be covering over the phone has worked with many.

- **Discerning non-verbal cues:** In many cases, especially in audio calls, you may not be able to discern facial expressions, vocal signals, or body language. Nonetheless, these cues can be important and can give you a clearer picture of the beneficiary's feelings, thoughts, moods, and behaviors. In these cases, it may be better to replace audio methods with video chats to obtain a clearer picture of the situation.[10]

- **Responding to crisis situations:** Due to the remote nature of telepsychology services, it may be difficult to respond swiftly and effectively when a crisis happens.[10,11] If a beneficiary is experiencing suicidal thoughts, you are advised to follow the guidelines outlined under "Beneficiary Safety and Emergency Management".

- **Silence:** Ambiguous moments of silence are likely to occur in audio calls (whereby you cannot directly "see" what is causing that silence). If this occurs, please make sure to:

10 Cherry, K. Advantages and Disadvantages of Online Therapy. September 19, 2019 Retrieved from https://www.verywellmind.com/advantages-and-disadvantages-of-online-therapy-2795225

11 Brenes, G. A., Ingram, C. W., & Danhauer, S. C. (2011). Benefits and challenges of conducting psychotherapy by telephone. Professional Psychology: Research and Practice, 42(6), 543.

1. Engage the beneficiary as much as possible by asking him/her the following questions throughout the session:
   - "Is my voice clear?", "Can you hear me well?", "Is the Internet connection fine?", "How do you feel when I say that?", etc.

2. Clarify to the beneficiary that s/he can have as long as s/he needs to reflect on some of the ideas that were shared in session. If s/he is reflecting on something and needs time to think (resulting in silence), ask him/her to make it a point that s/he is thinking. It is important to be more direct than usual in telephone communication.

B. Limitations and Recommendations

While telepsychology can have potential benefits – especially during times of crisis whereby beneficiaries are unable to come to the center for traditional face-to-face methods (e.g. due to the corona virus outbreak) – it may not be suitable for everyone. How can you identify if a beneficiary is suitable to receive this kind of service? Who should you exclude?

The following vulnerabilities are not the optimal targets for telepsychology. However, if the case is severe and in-person methods are not an option for that individual, telepsychology can still be conducted despite these inherent limitations:

- **Children with severe intellectual or learning disabilities:** Because it is not possible to remotely give the child paper-pencil or manipulative tests (e.g. with blocks or puzzles),[12] s/he may not be able to concentrate or follow through the session. In this case, it is recommended that you engage the parent/guardian instead.

- **Children with Autism Spectrum Disorder (ASD):** Behavioral interventions and visual supports are not possible to implement remotely, especially with children who have innate difficulties in

12 Kroncke, A. What are the Advantages and Disadvantages of Telepsychology? August 7, 2018 Retrieved from https://clearchildpsychology.com/what-are-the-advantages-and-disadvantages-of-telepsychology/

behavior and communication skills. In this case, it is recommended to engage the parent/guardian in teaching the child new skills and generalizing the use of these skills across different settings, reinforcing desirable behaviors and decreasing behaviors of concern. In addition, you can provide psychosocial support to the child's family.

- **Individuals with schizophrenia spectrum and other psychotic disorders:** Although studies on the use of telepsychology with patients with schizophrenia confirmed the effectiveness of these services in improving patient outcomes,[13] psychotic symptoms may be more challenging to tackle when dealing remotely with the beneficiary. Similar to what you would do in an in-person session, you are advised to focus on concrete problem solving and principles of motivational interviewing, while incorporating video demonstrations and role playing (if possible) in the session.

- **Individuals with severe substance-related and addictive disorders:** Dealing with beneficiaries who come intoxicated to in-person sessions is inevitably challenging. In remote sessions, however, this can be even more challenging (since the beneficiary would not be immediately visible to you and you would not be in full control of his/her environment). If you are faced with such a situation, you are advised – calmly and confidently – to inquire about available supports at home. The session would typically be completed with that individual in order to come up with an emergency plan together on how to prevent intoxication from happening again with the concerned beneficiary.

- **Individuals whose primary problems are relationship-based:** Although beneficiaries whose primary problems are relationship-based (e.g. beneficiaries with discordant or dysfunctional relationships) would benefit more from in-person psychotherapy, a combination of remote and in-person methods can be effective.[11] For example, some beneficiaries who struggle with avoidance may consider the phone as a means to avoid fully confronting situations that can elicit strong emotions and result in avoidance. In these cases, remote sessions can help them enhance coping skills prior to transitioning to in-person methods.[11]

13 Kasckow, J., Felmet, K., Appelt, C., Thompson, R., Rotondi, A., & Haas, G. (2014). Telepsychiatry in the assessment and treatment of schizophrenia. Clinical schizophrenia & related psychoses, 8(1), 21-27A.

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