DEPARTMENT OF HUMAN SERVICES

Common Telehealth Challenges and Solutions: Lessons Learned from Behavioral Health Providers

One of the study recommendations is to provide additional support and resources to behavioral health providers offering telehealth services. DHS and Wilder convened a temporary telehealth advisory group to compile this behavioral health resource developed for Minnesota providers by Minnesota providers to support telehealth use.

Advisors included behavioral health providers, academic professionals, and clinical mentors from across Minnesota who have extensive telehealth and clinical decision-making experiences to identify common telehealth challenges -- particularly those that providers may not anticipate -- and various solutions. The advisory group identified and refined the telehealth-related considerations, lessons learned, and solutions, and Wilder and DHS summarized the content into this guide.

Purpose and Partnership: The purpose of this document is to elevate and disseminate a behavioral health resource constructed for Minnesota providers, by Minnesota providers, to support telehealth use. The resource content and experiences shared were led by Minnesota clinicians in collaboration with DHS and Wilder acting in a facilitation role. The role that DHS and Wilder serve in this project is to gather, summarize, and lift community provider voices to disseminate telehealth-related considerations, learned lessons, and solutions.

This tool can be used by all behavioral health providers, including new providers, providers-in-training, and as a quality assurance resource for more seasoned providers, to anticipate and address common challenges related to:

- **Client setting**
- Working with **clients who have limited access to technological resources**
- Various **delivery formats** and related processes
- **Cultural responsivity**
- Working with **interpreters** within the telehealth setting
- **Navigating state licensure requirements** when providing services via telehealth

This document also includes an overview of these challenges and their solutions by session phase (i.e., preparing for a telehealth session, during the session, after the session, and ongoing while providing telehealth services generally). This overview presents information in a user-friendly way, allowing providers to reference this information in the moment, and it can be found at the end of this document.

Scope Limitations: This resource is a general guide and is not intended to impose clinical requirements from DHS. DHS supports provider clinical judgment on an individual and contextualized basis for behavioral health decision-making. Minnesota Health Care Programs (MHCP) billing guidance is not within scope of this resource. In addition to the telehealth factors and solutions included here, providers also identified many system-level challenges that prevent telehealth from reaching its full potential regarding quality and access to care, such as limited broadband coverage, particularly in rural areas, and complicated licensure requirements that differ by state.

These challenges are out of scope for this guide, but there are advocacy opportunities providers can support through behavioral health organizations. DHS is also considering these recommendations and opportunities for addressing them.

Client setting and related safety concerns

Because telehealth involves clients accessing services outside of a clinic setting, there are unique challenges regarding the client's environment that providers should consider and anticipate. These challenges include clients accessing telehealth in public settings; accessing telehealth while driving, operating dangerous equipment, safety or domestic violence situations, or otherwise engaging in a distracting activity; caregivers not providing sufficient assistance to their child during the child's telehealth sessions; and clients who may be more likely to engage in inappropriate behavior, such as drinking alcohol or wearing inappropriate clothing. There are several ways providers can address these challenges, including:

- **Create a guidance document to share with clients before starting telehealth services** and review it with them during the first session. Expectations related to the client's environment could include:
  - Avoid driving and other distractions
  - Find a location where no one else can hear you (including children or other family members) and avoid public settings
  - Treat telehealth visits like you would any other appointment with a provider (e.g., dress appropriately, do not use alcohol or drugs before or during your appointment, secure childcare)
  - If possible, minimize the number of devices using the same internet connection during telehealth sessions to help maximize speed and communication quality
  - Include expectations regarding very young clients and their caregivers:
    - Attend initial sessions and/or ongoing check-in sessions as needed
    - Sit with the child for the entire duration of the session and participate as needed
    - Provide attention and capacity to stay attuned and engaged in the session
    - Blur the background, if possible
    - Have toys nearby and ready to use in session
    - Turn-off chat or other types of functions that may be distracting, if necessary

- **Anticipate situations in which clients do not follow expectations**, determine a process for responding to these situations, and identify the criteria you want to use to decide when to end and reschedule a session. For example, providers could choose to acknowledge the problem and remind the client of the expectation during the first instance, then end and reschedule future sessions if the same issue occurs again.
- **Ensure you have crisis resources available** for the areas in which your clients reside.
- **Be consistent with expectations** and boundaries, utilizing a collaborative approach and continued agreement confirmation on the expectations and boundaries as needed.
- **Document issues with the client's setting**, including: the details and expectations shared with the client during the informed consent process; concerns you share with the client about their environment, particularly safety concerns (e.g., driving, operating heavy equipment); and any decisions made with the client that relate to their environment (e.g., choosing to hold sessions in a car with the engine off because of a lack of private space).
- **Remember that clients have different levels of access to different types of resources**, such as flexible working hours, a reliable device and internet, and a private space to access telehealth. These factors will affect if and how clients are able to receive services via telehealth, and not all expectations will be feasible for all clients and all sessions.

Clients with limited or no access to technological resources

Many clients have limited or no access to the resources needed to use telehealth services, such as a reliable device that can connect to the internet, consistent access to high-speed internet, or technological skills required to navigate telehealth programs. There are several strategies providers can use in these situations.

- **Ask clients if they would like a caregiver, staff person, loved one, or someone else present for the first session** to help them get set up. Remember to obtain a release of information from the client beforehand.
- **When possible, consider providing technological resources** directly to clients or assisting clients to access existing resources. This could include:
  - Identifying a staff person or another way to provide technical assistance when clients are connecting to telehealth services
  - Creating device loan programs
  - Soliciting donations from companies or nonprofits to provide devices
  - Identifying creative options for private spaces clients could use to access telehealth, such as private rooms in local libraries, community centers, county offices, or Veterans services offices
  - Connecting clients to programs that offer resources, such as the Lifeline Program that offers lower cost broadband for qualifying households and the various options for obtaining low-cost laptops.
- **Check in with clients periodically** to assess their experience with using telehealth, identify any issues, and brainstorm solutions as needed.
- **Be ready to pivot and identify a backup plan**. Anticipate that technology-related issues will occur and identify a backup plan, such as switching to a phone call instead of video. Ensure clients are aware of the backup plan so they know what to expect if the connection ends abruptly.
- **Treat the first session as a telehealth "tutorial."** This may include providers or another staff member helping clients get set up, sharing expectations, and helping clients get comfortable using telehealth.

Navigating delivery formats and related processes

There are several delivery format options for providing telehealth services, but the two most common formats are video-based (with both video and audio) and audio-only (i.e., a phone call). Both formats require different processes, as services are accessed in different ways. Strategies for navigating delivery formats include:

- **Consider the needs, preferences, and characteristics of each client** when determining whether to use telehealth and the specific delivery format.
- **Stay up to date on research regarding delivery formats and communicate with clients about effectiveness** evidence. Helpful resources include:
  - Using Technology-Based Therapeutic Tools in Behavioral Health Services
  - Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders
  - Best Practices in Videoconferencing-Based Tele-Mental Health
  - Video-based Telehealth Accessibility for Deaf and Hard of Hearing Patients
  - Decision Protocols - Best Practices: In-person, Telehealth Audio/Video or Audio-Only or Other

- **Remember that audio-only services are an option,** but they may be best used with clients who face significant barriers to accessing services in person and by video. It's important to note that there are also other types of delivery formats, including video without audio (for clients who are deaf or hard of hearing) and asynchronous options such as apps and texting.
- **Develop processes specific to each delivery format,** including determining details such as:
  - The phone number the provider will call from when providing audio-only services
  - Providing clients or caregivers with a separate video link they can use to join a session at a specific time to prevent them from joining early and breaching the privacy of another client or the child
  - The process clients will use to provide consent, complete questionnaires and worksheets, and submit the information to the provider
  - The process providers will use to share psychoeducational information and materials
  - Which specific HIPAA-compliant programs should be used
- **Consider ways to leverage the shared screen** when using video-based telehealth services, such as incorporating interactive games or using the whiteboard function.
- **Be conscientious of when telehealth and/or specific formats may impede progress,** such as clients who avoid leaving the house or only want to use the audio-only format due to social anxiety, depression, or another reason.

Effectiveness of the audio-only delivery format

While video-based services may be the most commonly used delivery format for behavioral health services, research has found that audio-only services are generally comparable regarding client comfort, therapeutic alliance, levels of distraction, client outcomes, and client participation, and both formats are comparable to in-person services (Bellanti et al., 2022; Chen et al., 2022; Day & Schneider, 2002; Hatami et al., 2022; McGrath et al., 2011; Osenbach et al., 2013; Stiles-Shields et al., 2014; Thomas et al., 2021). There are also benefits specific to audio-only services, primarily regarding improving access to care and care continuity. Research indicates the audio-only format may be easier for many clients to access and/or use a telephone with reliable service than a laptop or other device with reliable internet (Bailey et al., 2021; Chang et al., 2021; Chen et al., 2022; Ganguli et. al, 2023; Karimi et al., 2022; Kleinman & Sanches, 2022). Additionally, it may reduce client concerns about privacy and anonymity (Chang et al., 2021; Watzke et al., 2017).

However, there are also challenges unique to the audio-only format, primarily the loss of visual information, which can affect communication and reduce the amount of information available to providers (e.g., substance use, hygiene concerns); challenges regarding engaging clients and promoting a sense of connectedness and rapport; and conducting activities that require physical action, such as certain assessments for autism (Chang et al., 2021; Chen et al., 2022; Nelson & Bui, 2010; Thomas et al., 2021).

Similarly, the current study found comparable levels of care quality between video-based and audio-only, but concerns were greater regarding certain aspects of communication quality among individuals who had received audio-only services.

Ensuring cultural responsivity and working with interpreters

While providers aim for cultural responsivity in all aspects of their work, there are additional unique challenges when providing services via telehealth formats often make it more difficult to clearly communicate compared to in-person services. Strategies for navigating these challenges include:

- **Consider ways to visually signal cultural responsivity** within the telehealth format. For example: list your pronouns after your username, ensure all clients are asked about needed accommodations prior to starting telehealth sessions, provide telehealth guidance documents in languages other than English, conduct client satisfaction surveys that specifically ask about cultural responsivity, and incorporate cultural imagery into backgrounds and profile pictures.
- **Consider matching clients** with providers who share the client's cultural, racial, ethnic, and/or linguistic identity, which may be more feasible via telehealth (i.e., providers and clients can be in different locations). Additionally, ensure providers are well-trained in cultural humility and proactively seek out information about the specific communities they serve (e.g., health beliefs, communication styles).
- **Establish a process for sessions with interpreters** prior to providing services (e.g., provider first connects with the interpreter, and then they both connect with the client).
- **Consider meeting with the interpreter** or the interpreter service beforehand to understand their preferences regarding how they are referred to and when to acknowledge the interpreter.
- **When possible, use the same interpreter with the same clients** to establish consistency and rapport.
- **Lengthen sessions as needed.** Longer sessions may be appropriate for establishing rapport (particularly due to mistrust of medical systems stemming from historical mistreatment and abuse of Black,

Indigenous, and people of color [BIPOC] communities), clients with communication styles that may benefit from longer sessions (e.g., storytelling), and sessions with interpreters to accommodate the extra time often needed to communicate the same amount of information.

- **Consider using closed captioning** to facilitate communication with clients who may not be fluent in English. However, remember the quality of closed captioning varies depending on the program used and it does not function perfectly. Consider testing the function prior to using it with clients.
- **Anticipate communication challenges** and remember that not all interpreters receive training specific to mental health services and many English terms related to mental health do not exist and/or are difficult to translate into other languages. Additionally, avoid figures of speech and regularly check in with clients to ensure understanding and assess client experiences. Providers should discuss challenges and any relevant limitations with clients prior to starting telehealth services.
- **Ensure a strong foundation of cultural responsivity** at the individual provider level as well as the clinic-level, consider how to adapt best practices to the telehealth format, and stay up to date on research related to cultural responsivity and telehealth, including best practices for navigating communication challenges. Helpful resources might include:
  - SAMHSA's Improving Cultural Competence guide
  - Telehealth resources for providers, including best practices guides
  - Ten Tips for Caring for Immigrant and Limited English Proficient Patients in the Age of COVID-19
  - Telehealth Resources for Patients with Limited English Proficiency

Navigating license reciprocity between states

Because providers and clients can access telehealth from different locations, it is more likely that providers who offer telehealth services will encounter licensure issues between states. Moreover, the shortage of mental health providers, particularly providers who identify as BIPOC, further increases the likelihood that providers and clients will access telehealth in different states. Providers can use the following strategies for navigating licensure reciprocity challenges:

- **Check with relevant boards in your state and the client's state** prior to providing telehealth services to understand the implications of providing services across states.
- **Consider learning about existing state compacts that the relevant board already belongs to and/or joining state compacts to increase opportunities to serve out-of-state clients. However, be aware of the limitations**, such as application requirements and billing or insurance limitations. Compacts include:
  - PSYPACT
  - Counseling Compact
- **Prioritize the client's needs and care continuity and use clinical judgment**. Client needs are the most important factor to consider when navigating situations in which the client is in another state. Providers may determine the best course of action based on licensing board requirements and their clinical judgment is to continue seeing clients while they are in another state.
- **Consult with other providers** when navigating state licensure reciprocity issues and determining how to best serve client needs in these situations. Clearly document each decision and the reasoning.
- **Do not seek out clients who live in other states you aren't licensed in.**
- **Provide transition plans when clients move across state lines even if temporary (e.g., college age)**.

- **Stay up to date on licensure requirements** regarding telehealth.
- **Confirm and document each client's location** for each session, including the reasoning for providing services if the client is in a state where the provider is not licensed.

Illustrating telehealth challenges and solutions

The vignettes below illustrate how telehealth challenges might manifest in the real world and the strategies providers can use to address these challenges.

Vignette #1 (Hogan et. al, 2019)

A 46-year-old man was receiving individual psychotherapy to address his history of complex trauma beginning in childhood. Early in treatment, he canceled or missed in-person appointments frequently due to last-minute shift changes at work. He worked a variable schedule at a part-time job, filling in shifts whenever he could to make a livable wage.

He and his provider discussed using video-based telehealth psychotherapy sessions along with appropriate boundaries and use of technology, which was expected to accommodate his variable work schedule. Agreeable to this plan, the client was easily able to set up his personal iPad to connect with his provider. However, during the second session, he ended the encounter early to take a work-related call. With the progression of sessions, more and more interruptions disturbed scheduled sessions leading to an increase in audio-only connections. For example, the client once connected via phone-only to a session while operating equipment in the warehouse and another time while driving on the highway.

This behavioral pattern concerned the provider, especially because these behaviors escalated. Not only was the client putting himself in a vulnerable and unsafe position (e.g., calling while driving and operating heavy machinery, but he was also violating the provider's boundaries in a way that could have legal implications (e.g., malpractice lawsuit). At the next session, the client answered the phone as a video call while putting on his work shirt with limited engagement in the session.

Consider the following ways to proceed:

1. Document any safety concerns, including any HIPAA implications of using FaceTime, and how the provider addressed them.
2. If possible, consult with his other providers to understand if he approaches his appointments with them in the same manner.
3. Reestablish and review boundaries and expectations of telehealth psychotherapy sessions. This could also include a comment about whether this client is making any progress toward their goals: is therapy working for him to have this high level of flexibility and/or is he receiving no or minimal benefit from it because he's not invested in the process?
4. In collaboration with the client, reassess the utility of in-person sessions for the client and/or other forms of support that might be a better fit at this time (e.g., case management).

Vignette #2 (Barnett & Kolmes, 2016)

Dr. JB is a licensed psychologist in Minnesota who identifies as Somali and practices in the Twin Cities metro area. Many Minnesota counties have a limited number of mental health providers, particularly Somali providers. Dr. JB has decided to offer mental health services via telehealth to residents throughout the state to better meet the needs of clients who live outside of the metro area, including Somali clients. Her expansion is going so well that she has begun receiving inquiries from potential clients who live in the surrounding states of North Dakota, Wisconsin, and South Dakota as well as from the neighboring Canadian provinces.

She is excited about how word of her telehealth services is spreading, and she is gratified to know that she is helping to meet the significant mental health needs of Somali and rural communities. She has just accepted a new practicum student for the year and looks forward to training them on the benefits of telehealth.

Consider the following ways to proceed:

1. Ensure you and the practicum student have a strong foundation of cultural responsivity and humility, particularly given the broad geographic service area, as there are likely differences in local and regional cultural issues and community experiences.
2. Consider the various identities of the practicum student and how they may impact the way they serve clients (e.g., matching the student with clients based on a shared identity).
3. Ensure there are crisis resources available that are tailored to each client based on geography and identity, including the languages they speak.
4. Reference and consult with relevant licensure boards, including considerations specific to not only clinical services in relevant states and Canada, but also educational institutions regarding the practicum student providing services to clients who live outside of Minnesota.
5. Confirm if the student has reciprocity if they are not fully licensed and document licensure status in client case notes accordingly.
6. Document provider and client locations in client case notes.
7. As advised above, do not seek out clients who live in states that you are not licensed to practice in.
8. Consider connecting with other providers to coordinate care across different geographies and identities, such as sharing information about waiting lists and the specific communities providers serve.

Common telehealth challenges and solutions by session phase

Clinical Challenge	Preparing for a telehealth session	During a telehealth session	After a telehealth session	On-going while providing telehealth services
Client setting and related safety concerns	Create a guidance and expectations document to share and review with clients Identify a process for responding to situations in which clients do not follow expectations Ensure you have crisis and safety resources available specific to each client's location and a plan in place	Be consistent with expectations and boundaries Check-in with client on their location and document	Document issues with the client's environment and any steps you took to respond to the issue(s)	Remember that clients have different levels of access to different types of resources, which impacts how they are able to receive telehealth services
Clients with limited or no access to technological resources	Identify a backup plan in case of technology-related issues Ask clients if they would like someone else present for the first session to help troubleshoot technology issues Consider providing technological resources directly to clients or assisting them to access existing resources	Treat the first session as a "tutorial" Be ready to pivot in case of technology issues		Check in with clients periodically to assess their experience with using telehealth, identify any issues, and brainstorm solutions as needed

Clinical Challenge	Preparing for a telehealth session	During a telehealth session	After a telehealth session	On-going while providing telehealth services
Navigating delivery formats and related processes	Consider the needs, preferences, and characteristics of each client (e.g., developmental stage) when determining whether to use telehealth and the specific delivery format Develop processes specific to each delivery format (e.g., obtaining consent)	Leverage the shared screen when using video-based programs (e.g., interactive games, white board function)	Email or otherwise distribute relevant materials to clients as needed (e.g., worksheets)	Remember that audio-only (i.e., a phone call) is an option Stay up to date regarding delivery formats and their effectiveness and communicate this information to clients Be conscientious of when telehealth and/or specific formats may be impeding progress

Clinical Challenge	Preparing for a telehealth session	During a telehealth session	After a telehealth session	On-going while providing telehealth services
Ensuring cultural responsivity and working with interpreters	Consider ways to visually signal cultural responsivity within the telehealth format Consider matching clients with providers who share a cultural, racial, ethnic, and/or linguistic preference, gender identity, and sexual orientation Ensure providers are trained in cultural responsivity and humility and proactively seek out information about the communities they serve Meet with the interpreter beforehand and use the same interpreter with the same clients Establish a process for sessions with interpreters Lengthen sessions as appropriate	Use closed captioning Anticipate communication challenges, regularly check in with clients to ensure understanding, and assess client experiences	Email or otherwise distribute translated materials to clients as needed	Ensure a strong foundation of cultural responsivity at the individual and clinical level, including best practices regarding navigating communication challenges

Clinical Challenge	Preparing for a telehealth session	During a telehealth session	After a telehealth session	On-going while providing telehealth services
Navigating license reciprocity between states	Check with relevant boards in your state and the client's state Consider learning about existing state compacts that the relevant board already belongs to and/or joining state compacts to increase opportunities; be aware of limitations	Prioritize the client's needs and care continuity Confirm and document each client's location for each session, including reasoning for providing services if the client is in a state the provider is not licensed in		Consult with other providers Do not seek out clients who live in other states Stay up to date on licensure requirements

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- Telehealth for the Treatment of Serious Mental Illness and Substance Use (https://library.samhsa.gov/sites/default/files/pep21-06-02-001.pdf)
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- [Decision Protocols - Best Practices: In-person, Telehealth Audio/Video or Audio-Only or Other (https://nrtrc.org/resources/downloads/Audio-Only.pdf)](https://nrtrc.org/resources/downloads/Audio-Only.pdf)
- [SAMHSA's Improving Cultural Competence guide (https://library.samhsa.gov/product/tip-59-improving-cultural-competence/sma15-4849)](https://library.samhsa.gov/product/tip-59-improving-cultural-competence/sma15-4849)
- [Telehealth resources for providers, including best practices guides (https://telehealth.hhs.gov/providers)](https://telehealth.hhs.gov/providers)
- [Ten Tips for Caring for Immigrant and Limited English Proficient Patients in the Age of COVID-19 (https://www.careinnovations.org/wp-content/uploads/1-Ten-Tips-for-Caring-for-Immigrant-Limited-English-Proficiency-Patients-in-the-Age-of-Covid19.pdf)](https://www.careinnovations.org/wp-content/uploads/1-Ten-Tips-for-Caring-for-Immigrant-Limited-English-Proficiency-Patients-in-the-Age-of-Covid19.pdf)
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