

The Aware Advocate

Nine Months into the Pandemic: Practical Telemental Health for LCSWs

Laura Groshong, LICSW, Director, Policy and Practice

28 December 2020

CSWA has held five “town halls” for members since the COVID-19 pandemic started in earnest last March. The last two, held on December 10th and 22nd, have illuminated a goldmine of issues that LCSWs face while working primarily through telemental health. There are courses available that specifically focus on nuts and bolts of telemental health, e.g., Dr. Marlene Maheu’s course from the Telemental Health Institute (see power points from the course Dr. Maheu offered for CSWA this past spring at Members Only section of the CSWA website). This paper drills down on more practical issues and is a summary of the creative ways that LCSWs have managed to adjust to all the changes we have faced since working through telemental health and audio only practice.

Keeping the Office

Almost all 60 attendees of the town halls from all over the country had concerns about the issue of continuing to pay rent for an office they are not using to see patients. There was an approximate 1/3 to 2/3 split between those who have given up their offices and those who have not, respectively. The primary reasons for giving up offices were the cost, the risk of infecting or being infected by patients, and the work involved in completely cleaning all surfaces between patient visits.

There is no one right answer for all LCSWs on this decision but the risk factors for us were a major concern. Many LCSWs are over 60 and have health conditions that make them more vulnerable to the severe effects of the virus. This older group has been thinking about retirement as well, but few people had actually retired as a result of the pandemic.

Several colleagues have been in offices with shared waiting rooms and had their partners leave. This creates a financial burden for those who stay in the shared space. Renegotiating leases is an unfortunate problem that many LCSWs are facing. Some have even successfully taken landlords to court to get rent reduction or to get out of leases. Check the relaxation of state regulations about rent payments in your state.

Having a Physical Address

Medicare requires a physical address for providers; post office boxes are not accepted for reimbursement. Using a home address can create a lack of privacy when patients see the EOB (Explanation of Benefits), a reasonable concern for many LCSWs. For those who have given up an office and are working from home, there may be no other address available.

Three major solutions to having a physical address separate from a home address have emerged: 1) Use the address of a post office that will collect your mail for you but allow you to use their physical address; 2) "Rent" the address of a colleague who has an office and will allow you to use their address and collect your mail; and 3) Use a 'virtual office' which can be found by googling "virtual offices near me". Davincivirtual.com and regus.com are two of these new services, but there are many more available.

Confidentiality

Having a confidential platform to provide videoconferencing services or a phone connection that is secure to provide audio only services is a major concern for LCSWs. The best way to find videoconferencing platforms that are confidential is by asking them to sign a Business Associate Agreement. This means they will not allow anyone else to have access to the sessions you give through their platform and abide by your confidentiality Policies and Procedures per HIPAA. For videoconferencing, doxy.me, Simple Practice and Zoom Pro are very reliable, though this is a field that is expanding exponentially. For audio and texting communications, doximity.com and the Spruce App are reliable services to encrypt these communications.

Becoming more Anti-Racist

Structural and implicit racism endured by people of color has always been a concern for LCSWs, highlighted by the pandemic and renewed activism. Several attendees of the town halls have used their time to become educated about these issues and to become more self-aware about their own conscious and unconscious racism. They also have looked for ways to promote activities addressing racism on a more global scale.

CSWA has offered supportive groups for Society Presidents with Kathy Rider, LCSW and Tanya Ranchigoda, LICSW, on these topics. Soon CSWA will be offering an on-going Learning Collaborative of 6 sessions, 90-minutes each which will focus on issues such as White privilege, and anti-racist psychotherapy. Other offerings will focus on self-care for BIPOC LCSWs as well as racialized trauma.

Changes to Psychotherapy Practice

Despite LCSWs' best intentions to continue working remotely as effectively as when face-to-face, many LCSWs have found this difficult. There is a strong incentive to understand the changes we face, as it appears that we will need to continue to use telemental health well into 2021. The pandemic-related problems/changes to the way we conduct psychotherapy took up much of the time in the town halls and we know LCSWS will be continuing to work on this way well into 2021. The main changes in psychotherapy practice attendees identified were:

- 1) LCSWs having difficulty sitting with silences as long as we used to in the office;
- 2) LCSWs spontaneously incorporating more self-disclosure into the work, though it is unclear whether this always has a negative impact on treatment;
- 3) LCSWs spontaneously taking a more social tone when interacting with clients than they would in the office, again without having a clear idea of whether this has a negative impact on treatment progress;
- 4) LCSWs being more fatigued if doing the number of sessions which could be handled in office practice, with many colleagues choosing to put more time between sessions and doing fewer sessions in a day and/or week;
- 5) LCSWs finding it harder to process patient's feelings in the way we had become attuned to with our in-office practice;
- 6) LCSWs feeling helpless/overwhelmed ourselves and being unable to focus as acutely on patient material;
- 7) LCSWs having difficulty starting work with new patients that have only been seen through telemental health with the same connection that had been made in-office;
- 8) LCSWs trying to decide when to return to the office and make all the decisions about keeping the space safe, including having air filters, wiping down all surfaces and bathrooms after each patient, wearing masks; having open windows, and more [see the webinar "To Be or Not To Be" on the CSWA website Members Only section on this topic];
- 9) LCSWs seeing patients who had not had problems with anger before the pandemic becoming less able to manage their anger as individuals and with their partners, changing the focus of the treatment;
- 10) LCSWs who saw patients becoming involved in the political unrest, wanting to express the anger they feel through advocacy and wondering how to make this a focus of treatment or whether it was even a perceived problem for the patient;
- 11) LCSWs who heard patients talk about meeting with others not in their safe circles or about travels planned for holiday get-togethers and wondering whether or not to break the frame and talk about the potential risks involved;

12) LCSWs had general agreement that working with couples or children was more difficult through telemental health than working with individuals;

In general, most colleagues find telemental health more fatiguing and emotionally draining than in-office work, though there were a small minority of people who did not see much difference, or even preferred telemental health, or had continued to provide in-office work. I encourage members to read “The Hidden Fourth Wave of the Pandemic”, 12/9/20, *New York Times*, by columnist Farhad Manjoo, which describes the major wave of mental health problems that will be coming in the next few months at <https://www.nytimes.com/2020/12/09/opinion/coronavirus-mental-health.html> .

Loss of Professional Community

Many attendees felt isolated by the lack of community they felt. The ability to have a quick chat with colleagues between patients, catch up at lunches or continuing education events, and in other ways that helped us feel we belonged to a supportive community has been severely lessened. Some colleagues were surprised at how much this somewhat unconscious connection to community was important to feeling grounded in our work. Many LCSWs have formed Zoom lunch or happy hour groups to stay marginally connected with some success. One creative LCSW formed a Zoom spa group (women only) where everyone engaged in some body self-care together while chatting and drinking wine online!

Continuing Education

Continuing education is a complicated issue since it is governed by state social work Boards. Some states have limits on how many hours can be accrued through distance education, and some accept “live and interactive” but not recorded sessions. Some Boards have given temporary permission for LCSWs to take a longer time to accrue needed education hours than before the pandemic. Some Boards have allowed a ‘grace’ period of a year to start accruing hours after the State of Emergency (SoE) ends. It is clear that every LCSW needs to be aware of what their Board’s response to the pandemic has been and, if necessary, advocate for some relaxation of the CE standards that are currently in place.

Insurance Coverage

One of the most anxiety provoking topics for attendees was the question of whether Medicare will continue to cover telemental health and audio only psychotherapy. The current extension of this coverage, which most private insurers have followed, is to January 23, 2021. It seems likely that another extension will take place, as long as the SoE exists. There seems to be more consensus in CMS and HHS that telemental health will continue to be covered more widely

after the SoE ends; there is less consensus about whether audio only should be covered. It seems likely that there will also need to be Congressional action to approve telemental health coverage of psychotherapy. Additionally, the sequestration that would have brought a 2% cut to reimbursement on January 1, 2021, has been 'suspended' until March 31, 2021. Stay tuned.

Safe Payment Systems

Though LCSWs have been using telemental health for the past 9 months, there is still some confusion about what payment systems will maintain patient privacy. Ones that clearly do NOT maintain patient privacy are Paypal, Venmo, and Zelle. The only electronic payment systems that guarantee billing records will remain confidential/HIPAA-compliant include Ivy Pay, the system created specifically for mental health clinicians to bill patients, and the Simple Practice billing system. Of course there is still the option of sending bills by mail which means collecting the checks from the address you want them sent to and depositing them or sending them by smart phone to the bank. Some people prefer to use this method as it is closest to the way bills were managed in the office.

Telemental Health with Patients across State lines

For LCSWs who live in areas close to other jurisdictions/states, e.g., DC/Maryland/Virginia, and have been seeing patients in the office but are not licensed in the state of the patient, the rise of telemental health has created special problems. There is no master list that is keeping up with the tsunami of rule changes, state by state, as to whether the state of the patient allows LCSWs to treat citizens without becoming licensed, with a temporary license or must become fully licensed. It is critical that you check with the patient's state. It is equally important to review the rules of the state(s) in which YOU are licensed, as there are the same sets of restrictions about whether you can *treat* people from other states that exist for patients who *live* in other states. The only way to be sure you are not violating any rules is to contact the licensure Board in any state/jurisdiction that is different from where you hold a license on what their rules are and reviewing the rules of the state(s) in which YOU are licensed, to see whether there are restrictions on treating citizens of other states/jurisdictions. This is one of the most frustrating parts of making the switch to telemental health, but is an important one to avoid possible complaints and sanctions.

Use of Vaccines

There were several attendees who had reservations about taking the vaccine when it is available. Though CSWA believes vaccines are strongly supported by epidemiologists and most of the scientific community, there are also significant historical foundations for the mistrust of medical interventions for LCSWs of color (See information on the Tuskegee experiments, which only ended in the 1970s!). And, these vaccines are still considered experimental by some,

therefore not safe to use. Some LCSWs are not sure how to address this real issue if clients ask for their opinion. Because the use of vaccines has become politicized, it may well be a point of contention if it is discussed in real terms. Even some LCSWs who intend to take the vaccine when it is available have some doubts about their effectiveness and the possible side effects, some of which may be serious. This is an issue that did not have any consensus in the town halls.

Home Office and Income Taxes

The question of whether working from home constitutes having a home office came up in the town halls and whether this means the IRS will be determining our taxes differently. Everyone should consult with their accountant or bookkeeper on how this affects our taxes for 2020. CSWA will be investigating this issue and provide information shortly.

Self-care

Self-care was one of the major themes of the town halls. There was general agreement that self-care is harder when doing telemental health psychotherapy. As noted above, there is the loss of professional community when not working in a suite or going to professional activities. There is a tendency to have fewer boundaries between personal life and professional life. Some LCSWs have to remind themselves to take vacations as they would while working in the office. Many LCSWs have felt relieved when they cut back on the number of client hours they do in a day or week. Giving ourselves more time to relax and process our feelings seems like a must for most clinicians. The ways we can use electronic communication to stay in touch with family and friends seems to be helpful. But accepting the reality of the changes in our practices, and the meaning that they have to us, is a primary goal.

CSWA will continue to hold these 'town halls' every few weeks. The next one is scheduled for January 12, 2021, at 5:30 pm ET. A registration link will go out shortly.