



ADMINISTRATIVE PROCEDURES

SUBJECT: Psychology Telepractice and Virtual Mental Health Services

Introduction:

Psychological Services are provided through the Special Education Department of the Lambton Kent District School Board (LKDSB). Members of the Psychology Department consist of Psychoeducational Clinicians who hold Master's degree in Educational and Counselling Psychology, and who are supervised by the Manager of Psychological Services, a registered member of the College of Psychologists of Ontario.

Psychology staff support schools and families through a strength-based approach to address the academic and mental wellbeing needs of all students. Working collaboratively with school teams, Psychology Staff build knowledge and skill capacity with staff, as well as work with families in a proactive approach to support healthy students. Psychological services with students follow either a direct or consultative model of delivery in all three areas of tiered supports – 1) promotion and universal, 2) prevention and early identification, and 3) intervention (assessment and treatment). Psychology staff offer comprehensive assessment and diagnosis, mental health consultation services to educators, students and families, academic and social-emotional counselling, crisis intervention, tragic events response, and mental health in-servicing for both staff and students. In the event of extenuating circumstances, such as an extended school closure (i.e. due to pandemic), the LKDSB may offer telepractice counselling services through telephone or a live interactive video conferencing software platform that meets the privacy and security standards approved by the LKDSB Information Technology Department (Google Meet).

The College of Psychologists of Ontario, adopted the Model Standards for Telepsychology Service, developed by the Association of Canadian Psychology Regulatory Organizations (ACPRO), as an Advisory for Psychological Practice. Telepsychology can be defined as “the use of information and communications technology to deliver psychological services and information over large and small distances” (adapted from Picot, 1998). Practice within psychology using this modality would include all client-centered services, consultation, supervision, and education of the public and/or other professionals. Regardless of the modality used for service delivery, psychologists are expected to practice according to the Canadian Code of Ethics for Psychologists and within the Standards of the College.

Telepractice is viewed as a mode of delivery of health care services, not a separate form of practice. There are no legal prohibitions to using technology in the practice of psychological services if the practice is done by or supervised by an Ontario licensed practitioner. The standard of care is the same whether the student is provided service in person, through telepractice or by other methods of electronically enabled health care.

Roles and Responsibilities:

LKDSB Psychology staff may use an email address or telephone number provided by the parent/guardian to schedule appointments and share psychological information regarding their child. The Psychoeducational Clinician will have a conversation with the parent/guardian about the type of information that the parent/guardian is comfortable having shared by phone or email (i.e. assessment report/graphs, completing questionnaires, asking and answering questions, scheduling appointment times, sending resources, etc.) prior to use. The result of this discussion will be documented in the student's psychology file. All LKDSB email containing confidential information will be encrypted per instructions provided by the LKDSB IT Department. It is the parent/guardian's responsibility to ensure that the email account is protected on their end as well. LKDSB cannot fully guarantee the security/confidentiality of email communication.

In addition, the LKDSB's psychology team will also make available to students and families, mental health resources and material for home use with regards to self-care, coping strategies, routine and wellness activities. The students' family will indicate their interest in these materials and will be given access to them through a secure electronic means once email correspondence has been confirmed. This programming will be based on specific, identified wellbeing goals and will be updated as required. The psychology team will be available to provide support and feedback about the materials that have been provided.

Psychology staff will address the following discussion points with the parent/guardian prior to use of email during provision of psychological services:

- Does parent/guardian wish to communicate via email
- What type of information is parent/guardian comfortable with sharing -- scheduling of meetings, initiation of telepractice counselling session, assessment reports, completing questionnaires, asking and answering questions, resources, suggestions for home activities or programming support, etc.
- LKDSB cannot fully guarantee the security of email transmission (i.e. viruses, auditing of system, hacking, loss of portable device, etc.)
- Parent/guardian must immediately inform the Psychoeducational Clinician if their email address changes.
- Parent/guardian has the right to rescind the use of email on request.
- Parent/guardian is responsible to ensure no unwanted access to email at their end by use of passwords, etc.

Procedures for Virtual Counselling / Telepractice:

1. Psychoeducational Clinician will consult with the School Team to discuss which parents/guardians/students to contact regarding feedback meetings, counselling, programming, or other supports offered by the Team.
2. Psychoeducational Clinician will initiate contact with parent/guardian/student. LKDSB staff cell phone numbers will be blocked as per LKDSB protocol if needed. The staff member’s LKDSB landline phone extension will be provided.
3. After verbal consent is received, the Psychoeducational Clinician will email the parent/guardian/student the “Email and Telepractice/Virtual Mental Health Informed Consent” document (Appendix A), the parent/guardian/student will email it back or verbal consent can be discussed with the parent/guardian/student and documented in the student’s file.
(Parent/guardian expectations are outlined on the Informed Consent for Psychology Department Use of Email and Telepractice / Virtual Mental Health Services – Appendix A)

TELE-Counselling or Virtual Mental Health Services	TELEPRACTICE
<ol style="list-style-type: none"> 4. Parent/guardian/student is emailed a schedule of date(s)/ time(s) for their session(s)/meeting(s). 5. A Google Meet link is emailed to the parent/guardian/student, using an encrypted email through Outlook. 6. Psych Clinician will sign into the meeting <i>before the parent/guardian/student</i>. 7. Psych Clinician will hold the session/meeting with the student/parent/guardian. For counselling and mental health services with students, see “<i>Keeping in Touch: Psychology Guidelines for Check-ins and Counselling with Students during the School Closures</i>” (Appendix B). As per standard practice the limits to confidentiality will also be explained. 8. LKDSB staff will wait for all attendees to leave the meeting. 9. Psych Clinician will delete the meeting after all attendees have left. 10. Psych Clinician will document the session in accordance with record keeping standards. 	<ol style="list-style-type: none"> 4. The LKDSB staff member will share appropriate documents with parents/guardians/students, via Google Drive using the approved LKDSB guidelines. 5. Parent/guardian/student can email Psych Clinician with questions about resources, home activities or about other ways to achieve the student’s identified wellbeing goals.

Date: May 11, 2020

Reference: College of Psychologists of Ontario, Model Standards for Telepsychology Service, developed by the Association of Canadian Psychology Regulatory Organizations (ACPRO), as an Advisory for Psychological Practice.



Informed Consent for Psychology Department
Use of Email and Telepractice / Virtual Mental Health Services

Due to the closure of schools as a result of the COVID-19 pandemic, LKDSB Psychology staff may be offering telepractice/virtual mental health counselling services through telephone, email or the live interactive video conferencing software platform Google Meet. Through Google Meet, the student and/or their parent/guardian may connect over the internet by a link provided through an email from the Psychoeducational Clinician. The Psych Clinician will then admit the client to the meeting when services are ready to be provided. The Psych Clinician and the student and parent/guardian will then be able to see and hear each other in real time. The Psych Clinician will be able to provide services as determined by the identified mental wellbeing goals.

Our business agreement with the Google Meet platform incorporates software security measures that meets the LKDSB security standards. Should you require more information about the privacy features of the platform, please enquire via your Psychoeducational Clinician.

Student Name: _____

School: _____

Parent/Guardian Name: _____

Prior to beginning online services, the following were discussed:

* If a signed consent form is already present in the file, skip section A and go directly to section B.

Section A

General Informed Consent for Counselling

Counselling Services are provided individually to promote student learning. Counselling gives students an opportunity to reflect on personal or interpersonal matters with a counselling professional, and to develop problem-solving strategies and/or plans or goals that will optimize student success.

I acknowledge:

- My consent is voluntary (up to me) and I can choose to stop at any point.
- Potential benefits of counselling services include an opportunity to:
 - discuss social or emotional difficulties impacting on academic success
 - develop support plans
 - provide problem solving opportunities
- Potential risks of counselling services may include:
 - feeling self-conscious about receiving service
 - experiencing emotional discomfort due to the nature of issues discussed
- Potential consequences of not consenting to counselling:
 - distress about personal issues which could interfere with academic success
 - relationships could be affected
- Alternatives for counselling in the community
- What we talk about and information gathered will be kept private and confidential, except in the following circumstances:
 - if the student may be at risk of serious harm to self or others;
 - if information is obtained that must be reported;
 - if it is learned that abuse may have occurred;
 - if it is learned that another regulated health professional may have engaged in sexual misconduct;
 - when required by court order.
- Counselling documents with personal health information will be kept in a confidential file in a secure location.
- Information obtained through counselling may be shared with the counsellor's supervisor as part of the clinical supervision process.
- With the student's consent, and at the discretion of the counsellor, information that is relevant to student learning may be shared with the appropriate School Board personnel.

Section B

Additional Considerations Specific to Virtual Mental Health

Virtual Mental Health - is real-time virtual counselling offered by a school board mental health professional through secure videoconferencing. This can be done on your smartphone, iPad/tablet, or computer with webcam and mic. It is important to be in a quiet, private space that is free of distractions during the session and use a secure internet connection (e.g., password protected home internet).

Parent/Guardian acknowledges the following when providing informed consent for telepractice or virtual mental health counselling services:

1. All components of the original informed consent signed by parent or guardian remain in place regarding protecting confidentiality, and risk and benefit of service.
2. That “telepractice” includes treatment using interactive audio, video, or data communications. I understand that telepractice also involves the communication of my health and personal information, both orally and visually.
3. That the standard of care is the same whether the student is provided service in person or through telepractice and that I will be notified immediately if it is determined that this delivery model is not appropriate for the student.
4. That I have the right to withhold or withdraw consent to participate in telepractice at any time without it affecting my child’s access to future treatment.
5. That my child’s personal and health information may be shared with other school staff involved with your child for the purposes of implementing a student’s intervention plan and that these individuals involved will at all times maintain confidentiality of the information obtained and the laws that protect privacy and confidentiality of information equally apply to telepractice.
6. That I am responsible for providing the necessary computer, telecommunications equipment (camera and microphone) and internet access for my telepractice session.
7. That I am responsible for arranging a quiet location with sufficient lighting and privacy that is free from distractions or intrusions for the telepractice session to take place in. I recognize that private health information could be discussed during the session and that I am responsible for ensuring the confidentiality of that information by having a private space.
8. That I will not record the session in either video or audio formats.
(The telepractice session will not be recorded. A record of the session will be maintained in the same way ‘in person’ sessions are documented in accordance with our policies.)
9. I am aware that the Psych Clinician is only able to provide services while my child is within the province of Ontario.
10. That I am responsible for keeping my passwords safe and limiting access to my device or computer to only those who require access.

Additional Considerations for Virtual Mental Health Counselling:

Potential risks and possible consequences associated with telepractice and virtual mental health counselling:

connectivity issues; the possibility, despite reasonable efforts on the part of LKDSB, that: the transmission of my information could be disrupted or distorted by technical failures; that there is a remote possibility that the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my health information could be accessed by unauthorized persons; miscommunication (e.g., misunderstandings due to mishearing or not being able to pick up on body language); relatively new treatment format

Potential benefits:

access to mental health support during school closures; good evidence for effectiveness of virtual mental health; support for the development of my child’s mental health and wellness

Confidentiality:

our discussions are only as private as the space we are in; please try to find a private space and use a secure internet connection

if others are in the room, they will announce their presence (so the counsellor can monitor what is being shared/disclosed)

no one will record the session without the permission from the other person

Technology and safety

if technology fails, I will try calling you on the phone at _____ number

if I have concerns about your immediate safety, your current address is (verify if at home):

_____ and

the name, phone number, and location of an emergency contact is:

An email containing this information was sent to the parent/guardian on _____ at the following email address _____ at the request of the parent/guardian.

Parent/guardian verbally agrees that they have understood the information provided and that all questions/ concerns they may have at this time have been answered to their satisfaction.

Consent is valid for the remainder of the current school year. The student or parent/guardian has permission to remove consent at any time.

Please print.

Name of student

(dd/mm/yy)
Date of Birth

School

Address

Phone Number

Consent Provided by (Student/Parent/Guardian name)

Today's Date: dd/mm/yy

Signature of Clinician

Name of Clinician