**Using the Internet for Providing Clinical Services in Programs for people with Intellectual Disabilities**

The guidelines below were put together by a clinical work group consisting of David Prescott, Greg Steelman, Kristin Rogers, Ellen Denoncour, David Schwartz, and Shelly Messenger. It is intended to help folks navigate using technology on short notice to assist clients and the disability system in connecting with others through the COVID 19 crisis. It is not intended to take the place of more comprehensive training in this area.

It is no exaggeration to say that the response to COVID 19 has turned things upside down for most of us. It is dramatically impacting the people we serve within the intellectual disability service system. During this time of “social distancing”, internet tools such as Zoom conferencing may be very helpful to reduce social isolation and provide regular clinical services such as DBT groups, individual therapy and case management.

This guide is a primer on using video technology for clients with intellectual disabilities who are unable to access the community at this time. It is not intended to be a “one size fits all” approach. Each individual will likely benefit from a concise individualized plan for the use of on-line video chat service.

Using technology like this is new for many professional human service workers. Expect to have a learning curve. Over time the bumps will level out and it will all get much easier!

**General Tips**

1. Use services, such as Zoom, that can be considered HIPPAA compliant. In the state of New Hampshire, Zoom is the preferred vehicle for meetings that involve confidential client information.
2. Have a plan for what to do if the session is unexpectedly disconnected due to technical difficulties.
3. Therapists should discuss risks and benefits of engaging in on-line therapy versus face to face therapy during the initial session. Professional engaging with clients electronically should be aware of the presence of others listening on the client end and adjust conversation accordingly.
4. Remember that you need to be licensed in the state where the client is located. If your client is outside of NH, for example, you may need to check the regulations for that state.
5. Provide earphones with mics for the client and use them yourself. This will decrease problems with audio and enhance communication.
6. Be thoughtful about your background, proximity to the camera and composition of the video shot. Many websites are available for tips on this. Search “setting up a good Video shoot” or “how to take a great picture.” A little knowledge and effort in this area can make a big difference in the client experience for your on-line interaction. Think about what your client will see when they are looking at you on the screen.
7. If you are assisting a client for a video conference, help them be as visible as possible for the person they are meeting with. As much as possible, safeguard their privacy and provide a quiet distraction free space.

**Before you start a session:**

1. Ensure that the client is in a private location where others will not unduly influence the nature of the discussion you are having.
2. Ensure that the session is not recorded unless all parties agree in writing.
3. Ensure that all parties on the call are dressed appropriately (as they would for an in-person appointment) and in an appropriate location (as they would be for an in-person appointment. For example, not in bed or in the bathroom).
4. Consider whether the client may have access to weapons or other methods of self-harm.
5. Ensure that the client is able to send you any homework or related materials for review prior to the session.

 **ITS programs**

Consider reasonable safeguards for clients with problematic backgrounds and concerns about internet access. Below are some examples of strategies to help access video sessions and minimize on-line risk:

1. If the on-line meeting is not confidential such as a DBT group, have a staff person provide visual supervision in an unobtrusive way.
2. If the session requires a level of privacy, such as a therapist or case manager visit, make a plan with the therapist or case manager in advance. The person running the session should have the phone number of a staff person who is assigned to enter the room on short notice if it appears the client is attempting to use the computer/device for something other than the meeting. Include the client in this plan so that they understand the rules and expectations. It may even be considered a way for them to develop trust with their staff.
3. Try to use a device, such as a tablet, that doesn’t have a keyboard.
4. The device may be set up out of reach of the client but close enough to see well and to be heard while speaking. Obviously, the bigger the screen, the farther away it can be and still be effective.
5. If a computer is used, wrap the keyboard in a protective cover and remove the mouse.

Using technology for the provision of therapy and other clinical services was increasing prior to the onset of COVID 19. The current situation certainly provides motivation to accelerate it’s use within our programs for our clients’ well-being.

**We advise that you consult with a therapist/clinician that you trust if you would like guidance in developing a plan like this for your client.**