The following is Dr. Kinsey’s original Facebook post with some of his additional comments and clarifications added. The post was intended as a discussion starter for how to engage in a case-by-case approach to Telehealth during the COVID-19 crisis:

Hi, everyone. I see many of us are struggling with the decision of when and how to switch to Telehealth services. I would like to offer everyone my ethical decision-making logic for consideration and discussion. I think it’s important for each of us to consider continuity of quality care and assess our risks. Here’s how I think we can do that:

+ The CDC recommends that healthcare providers continue to provide care unless they are showing symptoms. We are not medical providers, but, in most proclamations coming from the government, we are specifically named as “essential personnel”. Mental health care is essential, and it is essential we view it that way. Who will if not us?

+ Continuity of care is paramount. We must not abandon clients, and we cannot put them at unreasonable risk. For many, Telehealth is the obvious answer to this dilemma. However, Telehealth is an inferior mode of delivering services. For some, their particular method of psychotherapy cannot be transferred to Telehealth. We must consider this degradation in service or lack of possibility to transfer to Telehealth when making our decisions.

+ We are a part of the effort to “flatten the curve”; however, we are also essential service providers. The risk of transmission should be weighed with the risk of not delivering our essential service at its highest quality. It is helpful to compare ourselves to the doctors and nurses on the frontline; they don’t go home until they’re sure they’re sick.

+ The virus is deadly for some but not for most. Many of us are not at great physical risk ourselves, and we can continue to deliver in-person services to those who are also at minimal risk – as long as they also agree to “flatten the curve” themselves, eg. stay home, reduce their contact with at risk populations.

+ During this time of crisis, the need for mental health care will go up not down. And because so many are “flattening the curve” at home, alone, they will need the comfort of our work. Some of them will need to see us in person. We cannot all stay home.

+ The virus is mostly spread through droplets from the lungs - meaning you need to breath in someone else’s expulsions of the virus, or you need to have touched something they touched with their unwashed hands and then touched your face, picked your nose, etc.

+ The virus is highly infectious, meaning that if you are in the vicinity of an infected person who coughs, sneezes, or breathes on you, you are likely to become infected. However, there are many ways to protect yourself and others in a counseling setting:
  - Social distancing - Social distancing does not mean quarantine. Social distancing means maintain 6 feet of distance between you and other people. It also means don’t go into
large gatherings of people where you will be surrounded by them for long periods of
time and in close quarters. Make sure you sit 6 feet away from everyone.
• Evaluate risk for every single client and make a decision based on what is best for them
and those around them. Do they need to be seen in person? Are they at higher risk? Are
they likely to spread it to someone who is at higher risk?
• Allow clients to make their own choices regarding their risk. Offer Telehealth to
everyone.
• Ask clients to wash their hands before entering your office and recommend that they do
so after they leave as well.
• Ask symptomatic people to stay home or switch to telehealth.
• Sanitize and clean surfaces frequently touched by clients in between sessions or as often
as possible.
• Cough and sneeze into your elbow and ask that clients do the same.
• If you develop symptoms, stay home and/or switch to Telehealth.

+ The risk for clients and private practitioners who see one or two people at a time is different
for those in group settings. It becomes exponentially more likely to transmit the virus when
there are more people who can fail to follow these guidelines.

+ Not everyone will be able to follow these guidelines. For some they will be overly
burdensome or just downright impossible. For those, switching completely to Telehealth makes
sense.

+ We must also consider the risks of Telehealth services for every client. Some should not be
seen via Telehealth eg. trauma clients when living with an abuser. For the client for whom
Telehealth is a bad idea, we will then have to make a determination about how we must
continue their care and uphold our commitment to continuity of care. Some of us will have to
see them in person.

+ For most mental health providers in small settings, the risk of spread is still low in the DFW
area. That will change in the coming weeks. It is likely that, at some point, it will be more
prudent for everyone to stay home. The DFW governments may issue a mandatory “shelter
where safe” policy, asking no one to leave their homes except for essential services. At that
point, Telehealth may be mandatory, but even then, some providers must continue to deliver
their essential service and will need to continue seeing people in person.

For me, a private practice counselor who only sees one or two people at a time, I will continue
to see people in person until I know I have been exposed. I see clients at the height of their
relationship crises, after instances of rape and sexual assault, betrayal and infidelity, people
who often do not feel safe at home. I see women who still live with their abusers and need to
get out of the house to deal with their pain. I think the benefit of my ability to deliver services
in person currently outweighs the risk for most of my clients as long as I follow the guidelines I
have outlined here. That may change, but it also may not.
I am somewhat concerned that many of us are not preparing for the long term implications of this virus. It is likely that we will be dealing with this outbreak for months, not weeks. We need to make sure we are continuing to offer vital mental health care at its highest quality wherever and whenever possible. That means that some of us will have to offer services in person.

I hope this helps some, and I would love to hear everyone's thoughts.

Lee Kinsey, Ph.D., LPC, NCC

Edit 1: I would like to clarify with everyone that I am advocating for a case-by-case risk analysis instead of a blanket response move to Telehealth. I am not arguing that Telehealth is not effective. I think that most of us should move to Telehealth, but I wanted to provide my thoughts on how we might make that decision on a case-by-case basis. Thank you for all your thoughts and feedback so far; they are helpful!

Edit 2: Hello, everyone. Thank you again for your thoughtful and helpful comments and suggestions. I am so grateful that we've been able to think through this stuff together. As of today, I've decided to ask everyone who isn't “Telehealth incompatible” to move to Telehealth until at least the end of next week. In my case, all of my current “Telehealth incompatible” clients can be pushed a week or two. In a week or two, I’ll have to reassess how to handle those cases, but, for now, it seems that this approach is the most prudent. This won’t be the case for everyone out there, but it seems the right move for me. Thank you again everyone!

Edit 3: As I've continued to watch people post and to think about these issues, it seems to me that some are seeing my post as a full-throated defense of everyone seeing clients in-person right now. I meant my post to be more a of "let's think about this out loud sort of thing." When I wrote the post, I was thinking about the long-term implications of this virus. We will be dealing with this outbreak for months, not weeks. We will all need to make hard choices in the coming months, on a case-by-case basis, about what to do with clients who are best served by our in-person services. I don't have the answers, but I was hoping my thoughts would help us with a discussion of how to handle it in the long-term.

Please know that I think that almost everyone should move to Telehealth right now. I have made this move. Some providers, like those who provide life-saving addiction treatment in in-patient settings, can't move to Telehealth. My post is about them, and it is also about what we're going to have to do in the months ahead - make choices on a case-by-case basis for how to serve people who can't be moved to Telehealth long-term.