

GUIDELINES FOR TELE-PSYCHOTHERAPY SERVICES

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Department of Clinical Psychology

National Institute of Mental Health and Neuro Sciences

(An Institute of National Importance)

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GUIDELINES FOR DELIVERING TELE-PSYCHOTHERAPY SERVICES

Department of Clinical Psychology

National Institute of Mental Health and Neuro Sciences, INI

Introduction

Tele-psychotherapy refers to the provision of psychotherapy services using tele-communication technologies including email, text messaging, video conferencing, online chat, messaging, or internet phone.

These technologies may be used in various combinations, via text/images, audio, or video, both for scheduling sessions and for provision of psychotherapy. *Synchronous* tele-psychotherapy services involve live and real time interactions (e.g. video conferencing), while *asynchronous* tele-psychotherapy services involve psychotherapist client interactions that are not in real time (e.g. email). These services may be offered stand-alone or in conjunction with in-person psychotherapy. The practice of tele-psychotherapy presents both opportunities and challenges to traditional psychotherapy practice.

Tele-psychotherapy is particularly salient in times such as the Covid-19 pandemic, when access to in-person psychotherapy sessions is limited and stress levels may be high. These guidelines have been developed in response to the emergent needs of access and continuity of psychotherapy services during this time period. However, the guidelines are not restricted to this time-period and aim to assist clinical psychologists in the provision of competent and ethical tele-psychotherapy services. These tele-psychotherapy guidelines were prepared after reviewing several national and international guidelines for telepsychology and telepsychiatry.

In addition to issues addressed in these guidelines, the ethical and legal issues applicable to in-person psychotherapy are also applicable to tele-psychotherapy services. It is strongly recommended that clinical psychologists familiarise themselves with various relevant Acts and Legislations in India such as the Mental Health Care Act 2017, POCSO Act, 2012, Persons with Disability Act 2016; which address issues pertaining to in-person psychotherapy and are thus relevant to tele-psychotherapy, which is an expansion of in-person psychotherapy services.

Who can offer these services?

These guidelines have been developed for use by those qualified mental health professionals as per the Mental Health Care Act, 2017, who are recognized to practice as clinical psychologists in India, according to the Rehabilitation Council of India (RCI) guidelines.

These clinical psychologists may be employed in government or private hospitals, educational or workplace settings, non-governmental organisations etc. or engaged in private or group practice.

These guidelines are also applicable to trainee clinical psychologists, from RCI recognised training institutes, receiving documented supervision from qualified clinical psychologists.

Clinical psychologists who administer tele-psychotherapy services need to be knowledgeable and keep themselves updated in terms of technology and related confidentiality/safety issues. This is particularly relevant since technology is constantly evolving and changing.

Knowledge and skills could be developed through review of available literature, professional resources, and consultation with colleagues, and through training courses.

Who can receive these services?

A careful and thorough assessment of the suitability of clients for tele-psychotherapy services is essential in view of the scope and limitations of this service modality.

The following groups may be offered tele-psychotherapy services after assessment of need, suitability and consideration of alternate options.

- (i) Pre-registered clients, for whom detailed evaluation has been completed earlier and a provisional diagnosis already arrived at. They may have also completed a psychotherapy intake session in-person. This would ensure continuity of psychological services in situations where there is sustained disruption of in-person psychotherapy sessions (e.g. due to the Covid-19 pandemic) or when in-person sessions are not possible due to geographical relocation etc.
- (ii) Clients who have accessed helplines (e.g. those set up during the COVID-19 pandemic) and are referred for more intensive/longer-term psychotherapy services.
- (iii) Clients who are referred for psychotherapy by health professional colleagues/ organisations/ others or those who seek psychotherapy services directly.

Some factors to be considered in the decision to offer tele-psychotherapy services include:

- (i) *Client factors* such as cognitive abilities and current clinical status and their comfort with using this method. Those with severe psychopathology and/or suicide risk are not suitable for tele-psychotherapy sessions. Other appropriate options such as in-person psychiatric evaluation and treatment or other appropriate referrals would be recommended for these groups of clients.
- (ii) *Technology and Logistical factors* such as access to and comfort with technology (e.g. mobile phones, internet connectivity), and reasonable level of privacy for the client in the home setting.
- (iii) When clinical psychologists/trainees are working in multidisciplinary teams/with other professional colleagues/consultants, it is advisable to include these members in the decision about tele-psychotherapy services planned for each client.

What is the process of assessing suitability of clients for tele-psychotherapy sessions?

Figure 1: indicates the flow chart of the decision-making algorithm for assessment of suitability of new clients for tele-psychotherapy services.

Figure 2: indicates the flow chart of the decision-making algorithm for assessment of suitability of pre-registered clients for tele-psychotherapy services.

Figure 1: Flowchart to assess suitability of new clients for tele-psychotherapy services

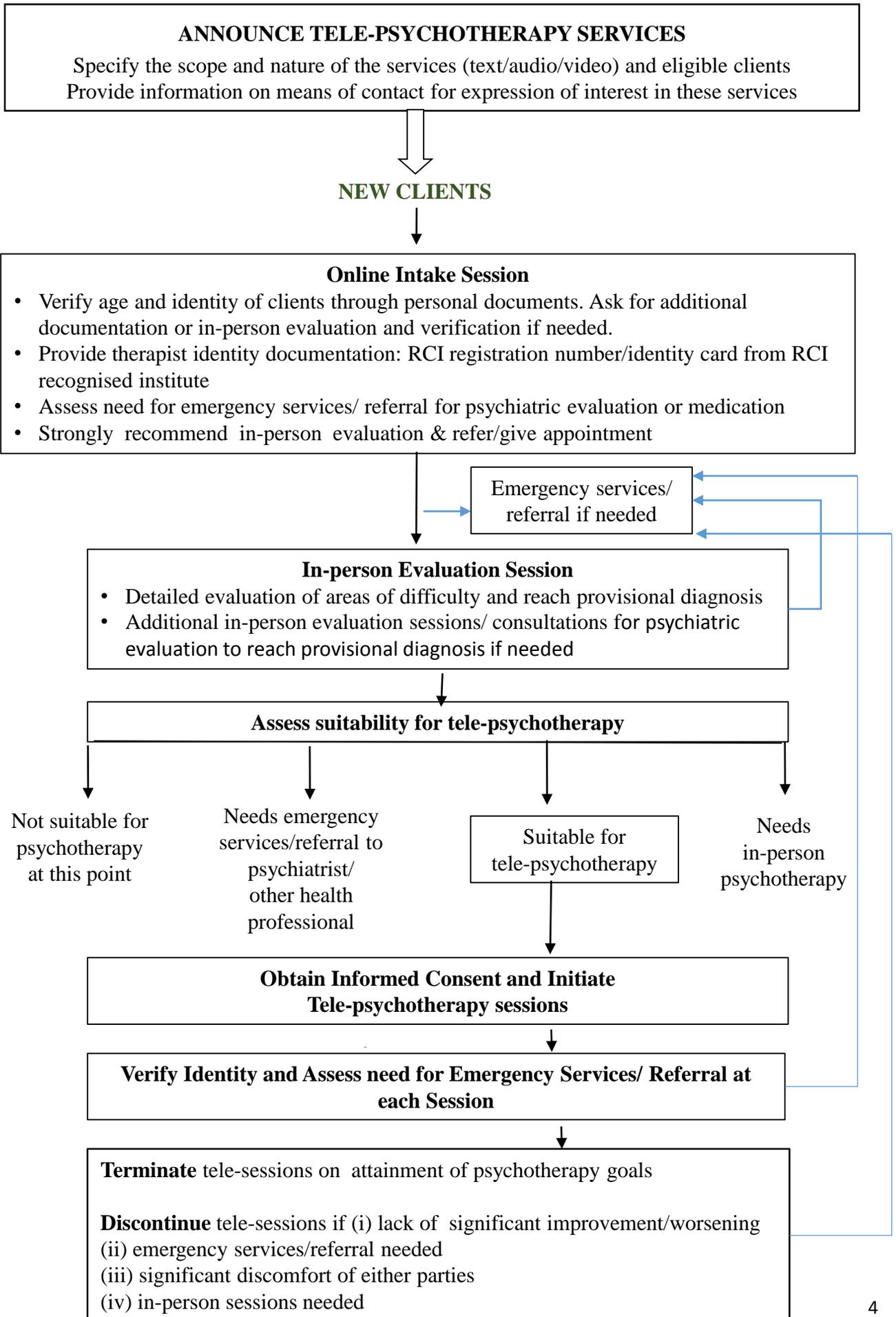
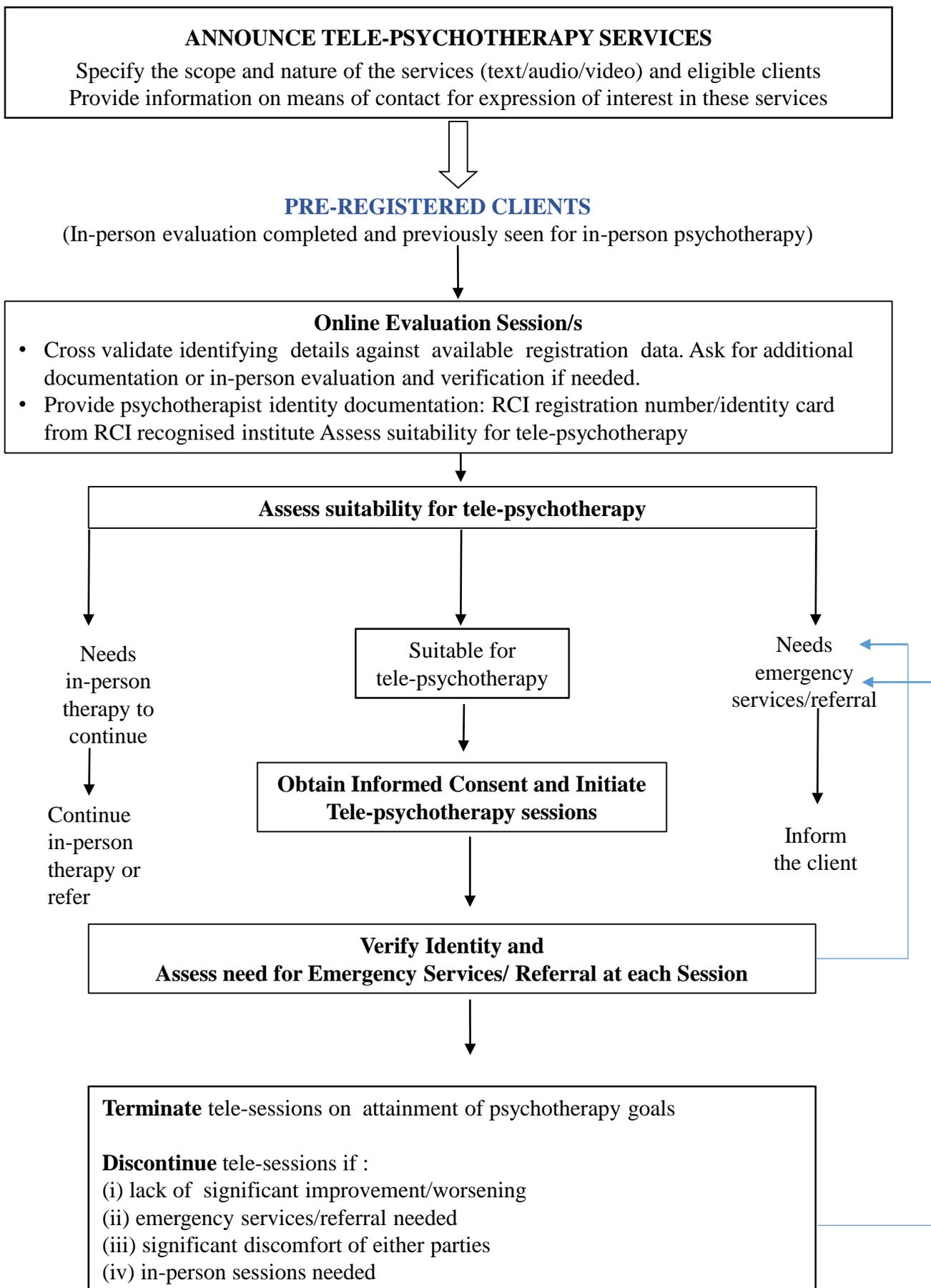


Figure 2: Flowchart to assess suitability of pre-registered clients for tele-psychotherapy services



The steps for assessment of client suitability and initiation of tele-psychotherapy sessions are outlined in Figure 1 for new clients and Figure 2 for pre-registered clients.

(i) *Intake session:*

Identity Verification: For new clients, the psychotherapist must obtain, verify and maintain documentation of age and identity of the client/s, through government recognised identity documents, during the intake session. If the psychotherapist is unsure or unable to verify identity, additional documentation may be requested or the client may be called for an in-person evaluation.

The verification of client identity is essential at the start of every session, for both new and pre-registered clients.

The psychotherapist is also required to provide documentation related to his/her identity; by sharing their RCI registration number or showing their identity card from an RCI recognised institute (as per the list on the RCI website).

Evaluation of need for emergency services/r for psychiatric evaluation/medication is to be done at intake session and appropriate referrals made.

Appointment to be given for in-person evaluation session for new clients. The in-person evaluation may have been completed for pre-registered clients.

(ii) *In-person evaluation:* For new clients, an in-person detailed evaluation is strongly recommended, to understand the areas of difficulty and provisional diagnoses. The psychotherapist must reach a provisional diagnosis before further decisions about needed services. Additional in-person evaluation sessions or consultations for psychiatric evaluation may be required to understand the areas of difficulty and reach a provisional diagnosis.

(iii) *Decision about suitability for tele-psychotherapy services:* Based on the in-person evaluation of potential clients, the therapist might decide on suitability of psychotherapy at that point, choose in-person or tele-psychotherapy or decide on appropriate referrals to emergency services or referrals for psychiatric evaluation/medical management/other health professionals.

(iv) The therapist should share information about the range of available tele-psychotherapy options (e.g. audio/video) and the therapist and client could choose between the options based on available technological support, preference and adjudged suitability for the client. The therapist would evaluate and may also

recommend specific audio/video modalities to a client suitable for tele-psychotherapy.

- (v) *Informed consent:* Informed consent must be obtained after the detailed evaluation and assessment of suitability and before commencing psychotherapy sessions.
- (vi) *Assessment at every session:* The psychotherapist needs to assess the need for emergency services or any other referral at each session. Clinical psychologists need to assess the appropriateness of tele-psychotherapy services for each client throughout the duration of the psychotherapy services and review the decision if needed. At every stage, it is the professional discretion of the therapist regarding the method of intervention suitable for the client.
- (vii) *Termination or discontinuation of sessions:* Tele-sessions or the use of a specific tele-psychotherapy medium may be temporarily halted or discontinued by the therapist for a range of reasons; if significant discomfort is experienced by client and/or therapist, if these sessions are adjudged to be unhelpful/potentially detrimental, or if in-person interventions/more intensive interventions are warranted at any point. The reasons for any change in decision, along with clear recommendations about other options for continued care, must be clearly explained to the client.
- (viii) The client can make the choice to withdraw from continuation of these sessions at any point.

What is the informed consent process?

Obtaining and documenting informed consent is an essential step before commencing tele-psychotherapy services.

It is important that the processes of interaction, the potential benefits and risks (e.g. specific confidentiality issues, data security), payment procedures etc, related to tele-psychotherapy must be understood by the client.

The relative advantages and potential limitations of tele-psychotherapy sessions vis-à-vis in-person psychotherapy sessions also need to be outlined.

If tele-psychotherapy sessions are being offered as an interim measure to clients (e.g. during the Covid-19 pandemic), this must be explicitly stated and discussed with the client.

Sample consent forms are provided in **Appendix 1**, and can be adapted for use by clinical psychologists. In case of minor clients (below 18 years), informed consent needs to be taken from a parent/guardian and assent from the minor. Both the parental informed consent and the minor assent must be obtained before initiating psychotherapy sessions.

If therapist and client are in remote locations, the informed consent form could be sent via email to the clients. They should have the opportunity to seek any clarifications from the therapist, if needed, before providing consent. Clients may respond via email that they have read the document, understood it and give consent for this method of service provision.

What to do if emergency services or additional services are needed?

The need for emergency services or psychiatric evaluation/medical management must be assessed at each tele-session. In discussion with the client, information about local emergency service (e.g. closest hospital)/psychiatric services for medical management should be provided depending on need, in the event of exacerbation of mental health symptoms or risk to self/others. This will be done for all clients, but more detailed discussions may be held with any clients with past-history of self-harm.

The therapist must also be updated on local resources, e.g. state government agencies, mental health professionals, emergency medical services, crisis helplines and other organisations that can be contacted, particularly in situations of risk or violence.

How to conduct tele-psychotherapy sessions?

- (i) Tele-psychotherapy sessions are to be conducted only on appointment basis, as emergency services do not fall within its purview.
- (ii) Appointments could be fixed via text messages or email. Email communication may be used for sending resource material to clients, if needed.
- (iii) A reasonably private and quiet space for sessions, for both therapist and client, needs to be ensured before initiation of sessions.
- (iv) For video-conferencing, ensure the positioning of camera so that both the therapist and client are visible, and clear any personal belongings in the background.

- (v) All other applications and notifications should be minimised to reduce distractions during the sessions.
- (vi) The date/time/frequency/potential duration of psychotherapy session to be discussed in advance along with the procedure for rescheduling missed sessions or those interrupted due to problems with internet or mobile connectivity/related issues.
- (vii) During the session, if there are any difficulties in communication (technical) the session will be terminated and new appointment will be scheduled.
- (viii) The turnaround time for responding to email communication should also be specified by the therapist for each specific client.
- (ix) Tele-psychotherapy sessions cannot involve use of artificial intelligence (AI) based intervention unless the same has been approved by a relevant agency in the country.

What confidentiality issues need to be addressed?

Clinical psychologists need to try and ensure confidentiality, inform clients about the limits to confidentiality and address the risks to confidentiality specific to the use of technology in service delivery.

Data sharing: During the informed consent process, both client and therapist discuss and state that neither party would record or share the session content with others via email, social messaging applications, social networking sites etc. Where possible, the clinical psychologist is recommended to use the ‘disable recording’ feature on the tele-platform. Any exceptions to discussion of session content, e.g. supervision discussions, needs to be discussed explicitly.

Data Security: The provision of tele-psychotherapy services requires selection of modalities/service providers that have adequate security systems against data breaches. The use of a password protected secure internet connection is recommended as there may be security concerns with the use of a public Wi-Fi. The client must be informed of the possibility of unintended breaches of security in technology breaches despite these safeguards, for which neither the client nor the therapist may be held responsible.

Data Storage: Adequate virus protection software and password protected access to electronic files and devices can mitigate threats to data integrity. Session details may be recorded in a standard format and safely stored in a secure physical location or online with adequate procedures for password protection and encryption.

Limits to Confidentiality: As in face-to-face sessions, concerns regarding the risk of harm to the client or others constitute the limits to confidentiality and these need to be discussed with the client.

Therapist Online Presence: Clinical psychologists who are on social networking sites need to be aware about privacy settings of these platforms, the information that is accessible in public searches, and the potential impact on the client-therapist relationship.

Additionally, clients should not be added to any virtual support group or any other online group/forums by the therapist, without discussion and explicit consent being obtained

What are the procedures for documentation?

Adequate documentation is required at different stages of the psychotherapy process.

- (i) The reasons for the choice to use tele-psychotherapy services for a particular client.
- (ii) Documentation of all tele-sessions should be maintained including details such as date, time, duration, modality of sessions, client and therapist details, and brief session notes in a uniform format. A sample *Therapy Session Recording Form* from the draft rules and regulations (main.mohfw.gov.in › files › Final Draft Rules MHC Act, 2017 (1), dated 20th September, 2017) of the Mental Health Care Act, 2017 is enclosed in **Appendix 2**.
- (iii) Details of any crisis or recommendations made for accessing emergency contact/other services.
- (iv) Supervision may be accessed where available and brief documentation of supervision discussions/ discussions with other team members (with date) to be maintained.
- (v) Any consultation or referral to another professional or service; e.g. a psychiatrist for evaluation/medication, state administration or agencies in contexts of risk/violence.

- (vi) Reasons for stopping or temporarily discontinuing tele-psychotherapy sessions if adjudged to be unhelpful to the client or any change in tele-psychotherapy medium used, along with clear recommendations about other options for continued care.
- (vii) Clinical psychologists working in hospital or organisations would need to discuss the process and schedules for documentation in official files/records.

Can clients access their session records?

An explicit request is required for clients to access their records. The session notes maintained as per the format in Appendix 2, may be shared under the conditions specified in the Mental Health Care Act, 2017.

How will payment and billing be done?

Payment may be based on the documented session dates and duration.

- (i) Brief follow-up or check-in sessions cannot be billed as psychotherapy sessions.
- (ii) The charges for tele-sessions will be the same as those for in-person sessions of the same duration.
- (iii) Individuals or organisations may make decisions to provide free, subsidised or delayed payment tele follow-up or psychotherapy sessions during situations such as the Covid-19 pandemic
- (iv) Explicit information about billing and payment methods should be provided to clients.

List of exclusion for the applicability of these guidelines

- (i) These guidelines do not cover hardware, software and/or data management issues.
- (ii) Appointments for tele-sessions should be scheduled in advance and these services are not advisable for crisis intervention.
- (iii) These guidelines/services are not applicable for emergency mental health services, which should not be provided through tele-psychotherapy.

- (iv) These guidelines are only about psychotherapy sessions and exclude psychological testing. Any psychological testing requires in-person sessions.
- (v) The guidelines do not apply to or cover issues beyond the jurisdiction of India.
- (vi) These guidelines pertain to individual psychotherapy and are not applicable for conducting couple and family therapy.
- (vii) Conduct of research activities does not come under the purview of these guidelines.

Clinical psychologists who offer tele-psychotherapy services have the responsibility to understand the guidelines, utilize their professional discretion and engage in ethical practice that is in consonance with legal frameworks in the country.

This is version 1.0 (dated 14th April 2020) of the Guidelines for Tele-psychotherapy Services for Clinical Psychologists, prepared at the Department of Clinical Psychology, NIMHANS, and may be updated. Clinical psychologists need to refer to the latest available version at any point of time.

APPENDIX 1: INFORMED CONSENT FORMS

CLIENT INFORMED CONSENT FORM

Informed consent for video/audio consultation with Clinical Psychologists¹ for psychotherapy at _____ (insert Name of the Professional/Organization/Unit providing the service)

General Information provided to me

About Psychotherapy:

Psychotherapy is a way to help people experiencing significant emotional distress that is coming in the way of them being physically well, enjoying personal relationships or working productively. Psychotherapy begins with the therapist understanding the background of the person seeking help² and the concerns that led them to seek help. Following this, the client and psychotherapist come to an agreement about the goals of treatment, treatment procedures, and a regular schedule for the time, place and duration of their treatment sessions.

About Tele-psychotherapy:

Tele-psychotherapy refers to the provision of psychotherapy services using tele-communication technologies including email, text messaging, video conferencing, online chat, messaging, or internet phone. Tele-psychotherapy would typically involve all aspects of psychotherapy, except that it would be offered using telecommunication technologies.

What I have understood about Tele-psychotherapy Services

Possible limitations to care:

I understand that video/audio consultation has its own limitations as compared to in-person sessions and some details could potentially be missed out despite the psychotherapist's best efforts.

I understand that tele-psychotherapy services are by appointment only and that these consultations are not suitable for help during a crisis or emergency. I understand that the psychotherapist contacted during a set appointment would evaluate my need and context and

1 Herewith mentioned as 'Psychotherapist' in this Informed Consent Form

2 Herewith referred to as 'Client' in this Informed Consent Form

guide me about the most suitable option for psychological intervention in that context (tele-psychotherapy/ in-person psychotherapy/ crisis intervention/ emergency services).

Responsibility for adverse events:

I understand that the psychotherapist would use their professional discretion to provide required recommendations about the type of professional service that may be required at any given point of time. At the same time, I agree to not hold my psychotherapist responsible, should any adverse events, such as lack of improvement, deterioration or situations of potential risk of harm to self or others, occur during video/ audio consultation. I understand that in such situations I may be advised to obtain treatment at the nearest available mental health or emergency service.

Confidentiality and Recording:

I understand that this audio/ video consultation is strictly confidential. I agree to use a secure line/connection for these consultations, in a relatively quiet and private space. I understand that my psychotherapist will not audio or video record the session (either on mobile, using an app or online) and will not share the proceedings of this consultation with any other individual or agency. However, with my consent, my psychotherapist could use it to have their work supervised or for training of professionals. Apart from this, the details of the consultation would be shared only with a court of law, if mandated.

Notes of the tele-psychotherapy consultation will be maintained by my psychotherapist and stored in a safe location. I understand that these session notes can be made available to me, in the standard session record format, on my explicit request.

I also undertake that the proceedings of these consultations are not to be recorded, shared or disseminated by me or my relatives / other contacts to any third person or through social media. However, despite safety measures taken, there are chances for breach in security in technology. In such instances, both client and psychotherapist will not hold the other responsible for the breach.

Payment and Billing:

I understand that these consultations will be charged at the same rate as in-person sessions or at a lower rate that would be discussed before beginning sessions. The timing and mode of payment will be discussed with me.

I understand that my consent expressed online would suffice for me to receive tele-psychotherapy services.

I understand that my psychotherapist will discuss the tele and audio options that are available and suitable and that we will decide on what to use, considering my preference as well as the suitability of an option as assessed by my psychotherapist.

I understand that if there are any difficulties in communication (technical) during the session, it will be terminated and a new appointment will be scheduled.

I understand that I have the freedom to withdraw from these sessions at any time if I wish. I understand that my therapist may also temporarily stop or discontinue these audio/video sessions/recommend any other method or line of treatment if either of us experience any difficulty in the process and in my best interest.

Consent:

I hereby provide my informed consent for video/audio consultations for tele-psychotherapy at _____ (insert Name of the Professional/Organization/Unit providing the Service).

Contact information

My current residential address and phone number:

The contents of this form have been explained to me in a language that I understand.

After reading/listening to and understanding all of the above, I am giving my consent for:

Telephone/audio sessions Yes No

Video sessions Yes No

By returning this form, I indicate consent for these sessions.

Name:

Date:

APPENDIX 1: INFORMED CONSENT FORMS

PARENT/GUARDIAN INFORMED CONSENT FORM

Parent/ Guardian Informed consent for video/audio consultation with Clinical Psychologists³ for psychotherapy with child or adolescent at _____

_____ (insert Name of the Professional/Organization/Unit providing the service)

General Information provided to me

About Psychotherapy:

Psychotherapy is a way to help people experiencing significant emotional distress that is coming in the way of them being physically well, enjoying personal relationships or working productively. Psychotherapy begins with the therapist understanding the background of the person seeking help⁴ and the concerns that led them to seek help. Following this, the client and psychotherapist come to an agreement about the goals of treatment, treatment procedures, and a regular schedule for the time, place and duration of their treatment sessions.

What I have understood about Tele-psychotherapy Services

About Tele-psychotherapy:

Tele-psychotherapy refers to the provision of psychotherapy services using tele-communication technologies including email, text messaging, video conferencing, online chat, messaging, or internet phone. Tele-psychotherapy would typically involve all aspects of psychotherapy, except that it would be offered using telecommunication technologies.

Possible limitations to care:

I understand that video/audio consultation has its own limitations as compared to in-person sessions with my child and some details could potentially be missed out despite the psychotherapist's best efforts.

I understand that tele-psychotherapy services are by appointment only and that these consultations for my child are not suitable for help during a crisis or emergency. I understand that the psychotherapist contacted during a set appointment would evaluate my child's needs and guide me about the most suitable option for psychological intervention in that context (tele-psychotherapy/ in-person psychotherapy/ crisis intervention/ emergency services).

³ Herewith mentioned as 'Psychotherapist' in this Informed Consent Form

⁴ Herewith referred to as 'Client' in this Informed Consent Form

Responsibility for adverse events:

I understand that the psychotherapist would use their professional discretion to provide required recommendations about the type of professional service that may be required at any given point of time. At the same time, I agree to not hold my child's psychotherapist responsible, should any adverse events, such as lack of improvement, deterioration or situations of potential risk of harm to self or others, occur during video/ audio consultation. I understand that in such situations I may be advised to obtain treatment for my child at the nearest available mental health or emergency service.

Confidentiality and Recording:

I understand that this audio/ video consultation is strictly confidential. I agree to provide a secure line/connection to my child for these consultations, in a relatively quiet and private space. I understand that my child's psychotherapist will not audio or video record the session (either on mobile, using an app or online) and will not share the proceedings of this consultation with any other individual or agency. However, with my consent and my child's assent, my child's psychotherapist could use it to have their work supervised or for training of professionals. Apart from this, the details of the consultation would be shared only with a court of law, if mandated.

Notes of the tele-psychotherapy consultation will be maintained by my child's psychotherapist and stored in a safe location. I understand that these session notes can be made available to me, in the standard session record format, on my explicit request.

I also undertake that the proceedings of these consultations are not to be recorded, shared or disseminated by my child, me or my relatives / other contacts to any third person or through social media. However, despite safety measures taken, there are chances for breach in security in technology. In such instances, both client and psychotherapist will not hold the other responsible for the breach.

Payment and Billing:

I understand that these consultations will be charged at the same rate as in-person sessions or at a lower rate that would be discussed before beginning sessions. The timing and mode of payment will be discussed with me.

I understand that my consent expressed online would suffice for my child to receive tele-psychotherapy services.

I understand that my child's psychotherapist will discuss the tele and audio options that are available and suitable and that we will decide on what to use, considering my preference as well as the suitability of an option as assessed by the professional.

I understand that if there are any difficulties in communication (technical) during the session, it will be terminated and a new appointment will be scheduled.

I understand that I have the freedom to withdraw from these sessions at any time if I wish. I understand that my child's wish to withdraw or continue these sessions will be considered. I understand that my child's psychotherapist may also temporarily stop or discontinue these audio/video sessions/recommend any other method or line of treatment if either of us experience any difficulty in the process and in my child's best interest.

Consent:

I hereby provide my informed consent for my child to have video/audio consultations for tele-psychotherapy at _____ (insert Name of the Professional/Organization/Unit providing the Service).

Contact information

My current residential address and phone number:

The contents of this form have been explained to me in a language that I understand.

After reading/listening to and understanding all of the above, I am giving my consent for:

Telephone/audio sessions Yes No

Video sessions Yes No

By returning this form, I indicate consent for these sessions.

Name:

Date:

APPENDIX 1: INFORMED CONSENT FORMS

MINOR ASSENT FORM (Applicable for children who are at least 7 years old)

When a person is feeling upset, or having some difficulties and wants to find ways that can help them feel better, think differently and do well, one way to help themselves is called 'Psychotherapy'. You will have a separate 'mind-doctor' or 'feelings- doctor' called a 'psychotherapist'

Your psychotherapist will first try to understand your difficulties as well as possible. Then, in discussion with you and your parents, make an agreement about what difficulties to work on. The agreement will also decide on when, for how long and how often you will need to fix a time to discuss.

For different reasons, you and your psychotherapist could talk to each other using a phone or a computer. Your parent/ guardian will be asked for their permission for this. When and how long you would talk would be discussed in advance with you and your parents, each time. In some sessions, the therapist may talk to your parent/s or both you and your parent/s together in order to help you.

Nobody - neither you, your parents or your doctor/psychotherapist - will take photographs or record anything while you and your psychotherapist are talking. No information about these talks will be shared with anyone else. Sometimes, your psychotherapist may share information about your discussions with their supervisor/teacher.

Sometimes if you are too upset, talking over phone or computer would not be possible or helpful enough. In such situations, you may need to go to a hospital for urgent help and your parents will be guided about the closest suitable places where they can take you to.

Would you be comfortable talking to your psychotherapist over phone?

Yes No

Would you be comfortable talking to your psychotherapist over video call?

Yes No

Name:

Date:

APPENDIX 2

Therapy Session Recording Form (Name of the Institute/Hospital/Centre with address)

Clinic record no. _____

THERAPIST SESSION NOTES

Patient name:

Age:

Gender:

Psychiatric diagnosis:

Session number & date:

Duration of session:

Session Participants:

Therapy method:

- Individual

Objectives of the session:

- 1.
- 2.
- 3.
- 4.

Key issues/themes discussed: (Psychosocial stressors/Interpersonal problems/Intrapsychic conflicts/Crisis situations/Conduct difficulties/Behavioural difficulties/ Emotional difficulties/ Developmental difficulties/ Adjustment issues/ Addictive behaviours/Others)

Therapy techniques used:

Therapist observations and reflections:

Plan for next session:

Date for next session:

Therapist

Name

Date

Qualification

RCI Registration Number

Signature

Supervised by (if applicable)

Name

Date

Qualification

RCI Registration Number

Signature