

Safe Start for Licensed and Certified Inpatient Behavioral Health Facilities and Agencies: Recommendations for Adapting Behavioral Health Treatment to Reduce Risk of COVID-19 Transmission

In general, stability and consistency in treatment are foundational for persons receiving treatment to build and maintain trust in their caregivers and treatment. Patients may be adversely affected by changes in staffing and routines. However, during the COVID-19 pandemic, adaptations to normal practices are necessary in order to minimize risk of infection to patients and staff.

Infection Control

The closer people physically are to each other, the longer they are together, and the more people they interact with, the more the risk of COVID-19 transmission increases. To reduce risk of COVID-19 transmission during behavioral health treatment, it is recommended to create therapeutic settings where each patient interacts with fewer people during shorter, socially distanced interactions. Assure patients that the facility is minimizing their risk of infection and their treatment will continue, even under unusual or challenging circumstances.

Infection control interventions will vary between different types of treatment, such as individual therapy, group therapy, and milieu therapy. See [Safe Start Recommendations and Requirements for Licensed and Certified Inpatient Behavioral Health Facilities and Agencies](#) for general recommendations on various types of behavioral health treatment to minimize risk of transmission during the COVID-19 pandemic. Anytime in-person therapy is provided, [screen](#) participants and staff for [COVID-19 symptoms](#). Anyone who is ill should not participate in in-person therapies or activities.

Adapting Treatment

Offering therapy remotely, such as telehealth by videoconference, can effectively meet patient needs and prevent infection of both patient and provider. The American Psychological Association provides further information on the [ethical and practice requirements of telehealth](#). For additional training tools and resources on transitioning to telehealth, refer to [CDC's Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic](#) and this [telehealth learning series](#). Considerations for substance use disorder facilities with parent-child units is provided in [Appendix A: Special Considerations for Substance Use Disorder Facilities with Parent-Child Units](#).

Appendix A: Special Considerations for Substance Use Disorder Facilities with Parent-Child Units

Treatment and therapy in substance use disorder facilities can be adapted to decrease risk of COVID-19.

One in eight children in the U.S. live with a parent who has a substance use disorder.¹ A common barrier to parents accessing care for their substance use is fear that their children will be removed from the home.² Allowing children to remain with parents in residential treatment settings decreases the risk of disruption to parent-child bonding. This also allows for wraparound services to include therapy for children in addition to parent training for parents.

Family Treatment

Family Therapy

Family therapy can be provided remotely through telehealth. If needed, loaner mobile devices can be provided to family members outside of the facility, such as extended family and older children, in order to allow them to participate in family sessions as well. Sanitize these devices between uses if they are shared outside of a single household.

Child Therapy

Young children may not adapt well to one-on-one, virtual treatment. You can modify or eliminate play therapy. While following these guidelines for infection prevention, staff can also adjust treatment to better serve their patients. This could include:

- Training and coaching young children in wearing cloth face coverings. However, face coverings should not be used by children younger than 2 years.
- Helping children gradually adapt to providers who are wearing face masks or cloth face coverings.
- Adding themes for play therapy around COVID-19.
- Developing social stories about COVID-19.

Parent Training

Parent training can be effectively delivered with a technology platform. Parenting skills can be taught using videoconferencing within an enclosed space. Doing this allows staff to remotely coach parenting skills, such as active listening, directed attention, specific praise, and positive discipline. Parent training can also include helping children older than two years adapt to wearing face coverings and become more comfortable around adults wearing face coverings.

¹ Lipari, R. and Van Horn, S. L. (2017). Children Living With Parents Who Have a Substance Use Disorder. Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

² Stone, R. (2015). Pregnant women and substance use: fear, stigma, and barriers to care. *Health and Justice*, 3(2). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5151516/>

Appendix B: Group Telehealth Privacy Considerations

Confidentiality Considerations

APA Ethics Code 10.03 states that psychologists or other licensed mental health professionals should “describe at the outset the roles and responsibilities of all parties and the limits of confidentiality” in group therapy. While the group leader must legally maintain confidentiality, a group member (in most states) does not. While effectively reducing infection risk, video platforms could also put a client’s confidentiality at greater risk.

Potential breaches to confidentiality may include, but are not limited to:

- Members attending group therapy in an unsecure location where a nonmember (such as a family member or roommate) can see or hear the group during session.
- A member recording or taking a screenshot of the group members.
- A member using recorded material to share the identity of or blackmail the group or a specific member.

Risks

When a group member’s privacy is compromised, there may be significant risks to the individual member as well as the therapeutic nature of the group. The therapist should present the potential benefits of the group and contrast them with the potential for harm.

Group leaders should use the informed consent process to warn all members in group telehealth sessions about the increased risk to confidentiality. Group leaders should have clients read and sign informed consent forms for group telehealth before the first session. This ensures that clients are aware of the risks, benefits, and limits to confidentiality. It is the group leader’s responsibility to adhere to and uphold the highest privacy standards possible for the group.

Options for Patients

During a group telehealth session, voluntary options that will help maintain patient confidentiality should be presented to group members, such as:

- Wearing masks to block their faces (using non-threatening, pre-approved masks or cloth face coverings that still convey speech).
- Using a different name or only an initial for on-screen identification.
- Leaving the group temporarily.
- Finding another method for treatment. For example, if group therapy is not possible, individual therapy may be an appropriate replacement.

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.