

FAQ Regarding Application of Telemental Health Services With Persons Who Have Substance Use Disorders



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How can I handle an emergency remotely with my SUD client?

Generally, many telehealth providers are aware of additional emergency planning and documentation practices that are recommended for telehealth (e.g., document an emergency plan, discuss it with the client, identify best options local to the client including hospitals, MHPs, police, supportive community members). There are unique challenges in the current health crisis. That is, while we might normally send clients for assessment at a local hospital, clients may be understandably reluctant to pursue hospital-based care if they live in a region hard hit by COVID-19. Some providers elect to identify a “support person” in the client’s life. In this case, the provider identifies and obtain a release of information to allow the provider to speak to someone who could help in case of emergency.

In the case of substance use disorders, emergency planning should expand to include themes of relapse and the assessment of safety due to use. Inform clients of how you will respond if you are concerned for their safety due to substance use and document this discussion. For example, if a client presented for therapy, and seemed dangerously intoxicated, the provider may wish to send emergency services to ensure client safety and, if the environment was safe for another person to join, perhaps to alert the support person of the situation.

What should I do if my client arrives to a video or telephone sessions intoxicated?

I believe that this theme is best addressed even before it occurs. In the informed consent process, providers may wish to address how they will respond to client intoxication. Many providers will not see clients, if they present as intoxicated. Discuss this policy in advance with your client, and consider adding a question regarding client’s last use of substances in your session’s initial check in. Consider conducting and documenting an assessment of safety prior to ending the session to ensure client safety.

Is there specific guidance for SUD and TMH?

Yes, SAMSHA offers diverse training resources in telehealth, including [training on telebehavioral health and SUD](#). I encourage everyone to review these trainings, in addition to reading the [American Psychological Association Telepsychology Guidelines](#), [the American Telemedicine Association’s](#) various practice guidelines, and any regulatory information provided by your state board.



Sara Smucker Barnwell, PhD is a licensed clinical psychologist who provides evidence-based psychotherapy and consultation in the greater Seattle and Eastside areas. Her research and publication interests focus on the ethical intersection of technology and evidence-based therapies. Dr. Smucker Barnwell is a partner of Seattle Psychology, PLLC. She is the former Director of Telehealth Training and Education for VA Puget Sound Health Care System. She is the former Chair of the Washington State Psychological Foundation, and consultant to the Washington State Psychological Association Telehealth Committee. Dr. Smucker Barnwell served on the Joint APA/ASPPB/APAIT Telepsychology Taskforce, writing the APA Guidelines to Telepsychology. She has consulted

How do I assess intoxication remotely?

In some SUD treatment centers, clients receive regular urinalysis, breathalyzers, or behavioral measures of use. Some treatment centers may continue to offer these services in-person, even when other care has been transitioned to telehealth. Providing these services remotely is possible, but requires an investment in remote equipment. If this assessment is critical to your practice, consider obtaining the necessary medical devices to assess use remotely. Most straightforwardly, a provider may ship a breathalyzer unit to a client, or ask a client to complete a home urinalysis test. Alternatively, several telemedicine companies offer breathalyzer apps and equipment that are compatible with most mobile devices. These measures would likely be more susceptible to tampering compared to other method, but offer one avenue to the assessment of intoxication. Many providers rely on self-report by their clients. As clinicians, we know that trust in the clinical relationship is critical. Simultaneously, we know that individual's self-reports regarding drug and alcohol use are prone to underreporting and minimization. Additionally, clients may have conflicting interests, such as requirements of parole or other potential punishments in the case of relapse.

Can I administer urinalysis or other sobriety measures remotely?

Different practitioners may address this issue differently. Some providers ask clients to attend remote monitoring centers that collect urinalysis, administer breathalyzers, or conduct other assessments of use. However, in areas significantly impacted by COVID-19, this can represent a health risk to clients. Other practitioners may ask clients to use home administered urinalysis or similar measures. I am not aware of providers conducting observed UA's remotely, and would not recommend this as a practice.

Can prescribers offer medication assisted treatment for opiate addiction via telehealth?

Yes, there is a strong evidence base for medication assisted treatment for opiate addiction via telehealth. It is notable that some additional federal regulations (e.g., Ryan Haight Online Pharmacy Act) govern the prescription of controlled substances remotely.

This FAQ is part of the Fundamentals of Telemental Health series, Presented by Sara Smucker Barnwell, PhD and sponsored by the Northwest ATTC