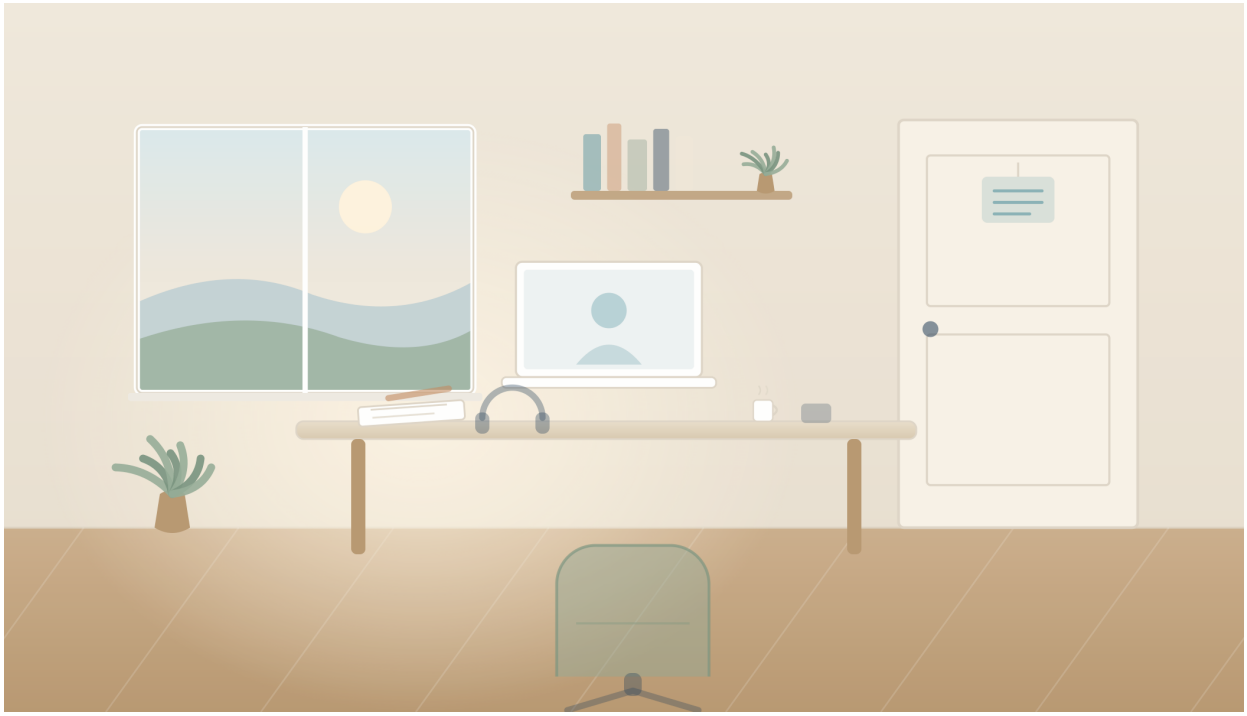
PATHWAY CLINICAL GROUP

San Diego, California

Preparing for Your Telehealth Session

A patient-friendly guide to privacy, technology, safety, and making the format work for you



Pathway Clinical Group

Educational resource — not a diagnostic tool or a substitute for medical or emergency care

IF YOU NEED HELP NOW

Do not wait for a scheduled therapy session if you are in crisis. In the United States and its territories, call or text 988 or chat at 988lifeline.org for 24/7 crisis support. You do not have to be suicidal to use 988.

If there is immediate danger or a life-threatening medical emergency, call 911 or go to the nearest emergency department. A scheduled telehealth appointment is not an emergency service.

BEFORE YOUR FIRST SESSION

A clear place to begin

In an office, the room, equipment, and physical location are already established. At home, you help create a workable setting. It does not need to look perfect. It needs to be private enough, physically safe, and reliable enough for you to speak honestly.

This guide covers six practical areas: location and emergency planning, privacy, technology, transitions, adjusting the format, and knowing when video needs to be supplemented or replaced.

CLINICIAN'S NOTE •

You may notice an urge to apologize for your space, your pet, the lighting, or an interruption. You do not need a perfect setup.

A more useful question is: What does this setup make hard for me to say? Tell me when the room, the technology, or the format is changing what you can bring to the session.

WHAT THE EVIDENCE SUPPORTS

Many people can benefit from psychotherapy delivered by live video. Meta-analytic research has found average outcomes broadly similar to in-person psychotherapy in the settings studied. Evidence is especially substantial for cognitive-behavioral approaches and for anxiety, depression, and post-traumatic stress disorder.

A 2024 systematic review and meta-analysis of 18 publications found no statistically significant difference in therapeutic-alliance ratings between video and in-person psychotherapy, whether rated by patients or therapists.

Those are group averages, not a promise about any one person. Studies vary in quality, treatment type, population, and follow-up. Video may be a poor fit when privacy, technology, physical examination, testing, acute symptoms, or safety needs cannot be addressed remotely.

HOW TO USE THIS GUIDE

Read it once before your first session. Then return to the step that fits the problem you are having. You and your clinician can adapt the plan together.

STEP 1 OF 6

Where you are, and who to reach

Your clinician may confirm your current physical location, callback number, and emergency contact at the beginning of a session or whenever they change. This is a key part of emergency planning: if the connection drops or urgent in-person help is needed, your clinician needs to know how to reach you and where help should go.

Be ready to share:

- The address or precise location where you are physically sitting — not only your home or billing address.
- A phone number where you can be reached if video disconnects.
- An emergency contact and the circumstances in which your clinician may contact that person.
- Any change in location, including travel to another state or country.

Telehealth rules usually depend on where both you and the clinician are physically located at the time of care. Tell your clinician before travel so the practice can check whether it may legally and safely continue care. PSYPACT can support cross-state psychology practice, but it is not automatic: the psychologist and locations must meet compact requirements, and the psychologist needs the required credentials and authorization.

CLINICIAN'S NOTE • WHY LOCATION MATTERS

A difficult session does not always become an emergency. But when urgent help is needed, a current location and callback number make a local response possible. Please update them whenever they change.

NOTICE

Where will I be for the whole session?

UNDERSTAND

Location and callback details support emergency and disconnection planning.

CHOOSE

Tell the practice before travel or any location change.

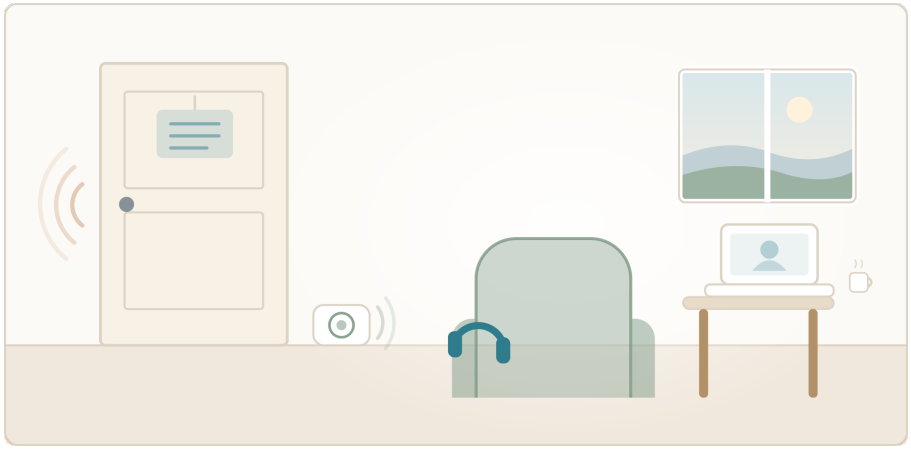
STEP 2 OF 6

Privacy that actually holds

Privacy is not only a closed door. It is whether you can speak without worrying that someone can hear, see, or access the session. If privacy is limited, tell your clinician; you do not need to explain the whole topic you are avoiding.

Options to discuss:

- A private room, a quieter time of day, headphones, a fan or sound machine outside the door, or a neutral phrase if someone enters.
- A parked car may offer privacy for some people. Use it only when you are safely parked, never while driving, and when the location and temperature are safe.
- A walk may work only if you can avoid traffic, falls, weather risks, and being overheard. Ask your clinician first.
- Silence notifications, close unrelated apps, and position the screen so others cannot see it.
- Do not record a session unless everyone has agreed and applicable laws and practice rules permit it.



IF A PRIVATE ROOM IS NOT REALISTIC

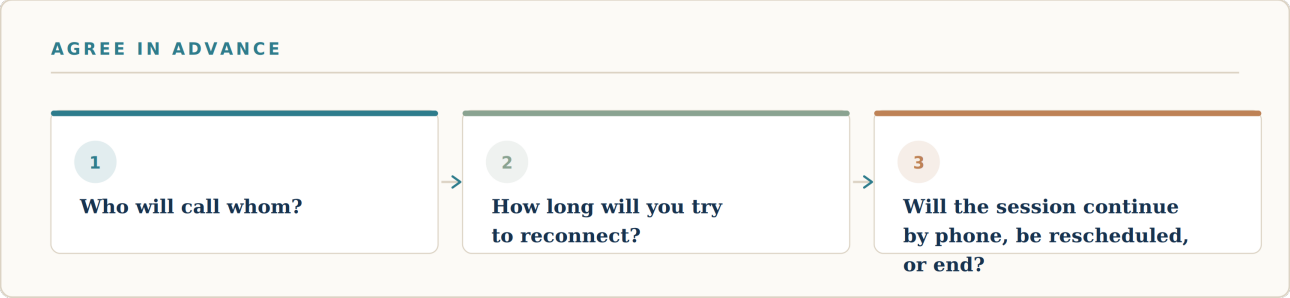
Not every household has private space. That is a practical constraint, not a measure of commitment. Ask: When and where am I least likely to be overheard or interrupted? Sometimes the best option is a different time, a different safe location, phone, or an in-person visit.

STEP 3 OF 6

Technology, and what to do when it fails

Technology can fail. A short equipment check and an agreed backup plan can reduce avoidable disruption.

- Use the link and platform provided or approved by your clinician.
- A few minutes before the session, check the camera, microphone, speakers, battery, and internet connection.
- Place the device on a stable surface and keep your phone nearby.
- Use a private network when possible; avoid public Wi-Fi for sensitive sessions.
- Lock your device, install updates, use strong passwords, and sign out of shared accounts. Do not save passwords where other people can access them.
- Agree in advance: Who will call whom? How long will you try to reconnect? Will the session continue by phone, be rescheduled, or end?



WHEN A CALL DROPS DURING SOMETHING DIFFICULT

A disconnection can feel upsetting even when it is only technical. When you reconnect, say what the interruption was like for you. Your clinician can help you settle before returning to the topic.

NOTICE

Does session time get lost to setup problems?

UNDERSTAND

A backup plan supports continuity when the main platform fails.

CHOOSE

Test the basics and agree on the phone fallback before you need it.

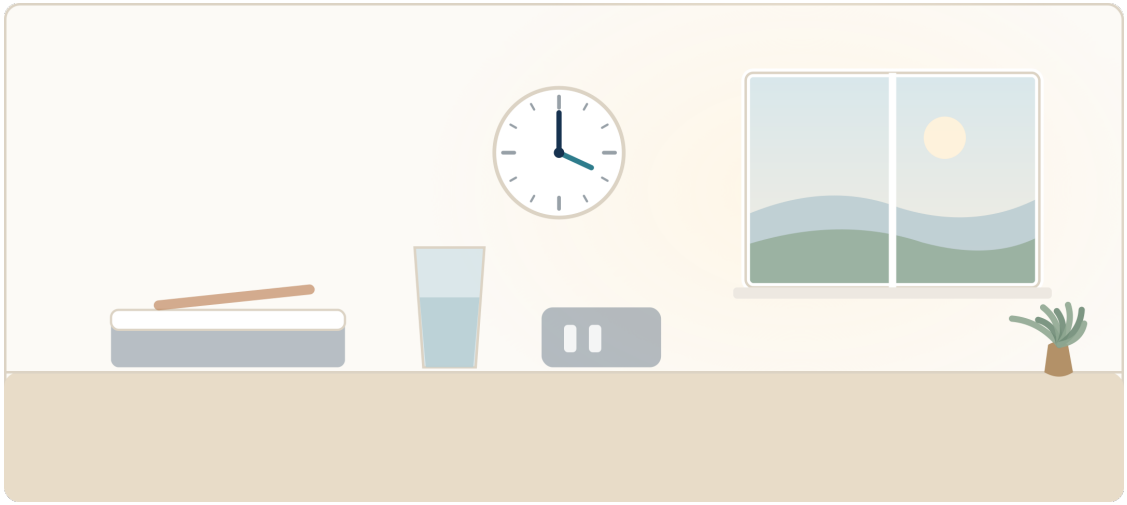
STEP 4 OF 6

Arriving, when there is no commute

Moving straight from work, caregiving, school, or household tasks into therapy can feel abrupt. A brief transition may help you shift your attention. It is an option, not a requirement, and you do not need to feel calm before therapy.

A workable transition might include:

- Pause notifications and close work a few minutes before the session.
- Write one sentence about what is most present for you.
- Get water, use the restroom, stretch, or take a few quiet breaths.
- If possible, leave a little time afterward before driving, caregiving, or another demanding task.



IF THE ONLY TIME YOU HAVE IS A LUNCH BREAK

Tell your clinician when the appointment must end on time or when you need to return immediately to work or caregiving. That information can help you plan the session, especially the final minutes.

NOTICE

How abrupt is the shift into and out of the session?

UNDERSTAND

A brief transition may help move your attention; there is no required number of minutes.

CHOOSE

Choose a realistic before-and-after routine.

STEP 5 OF 6

Shaping the format together

Some parts of telehealth may be adjustable. If the format is distracting, exposing, tiring, or hard to connect with, say so early. You do not need a complete explanation.

Ask whether one of these options is clinically appropriate and permitted by the practice, payer, and applicable rules:

- Hide your self-view or change the camera angle.
- Take a brief pause or, when appropriate, turn video off for part of a session.
- Use phone for a session or for a backup when video fails.
- Change the session time, location, or frequency.
- Use a hybrid plan that includes some in-person visits.
- Arrange accessibility support, communication accommodations, or an interpreter when needed.

A SIMPLE SENTENCE IS ENOUGH

"Something about video is getting in the way."

"I am leaving things out because someone may hear me."

"Seeing myself on screen is distracting."

"Can we talk about phone, in-person, or another arrangement?"

NOTICE

Am I becoming more reluctant to log on or less able to speak freely?

UNDERSTAND

The delivery format is one part of care and can be reviewed.

CHOOSE

Raise the vague version early: "Something about this is not working."

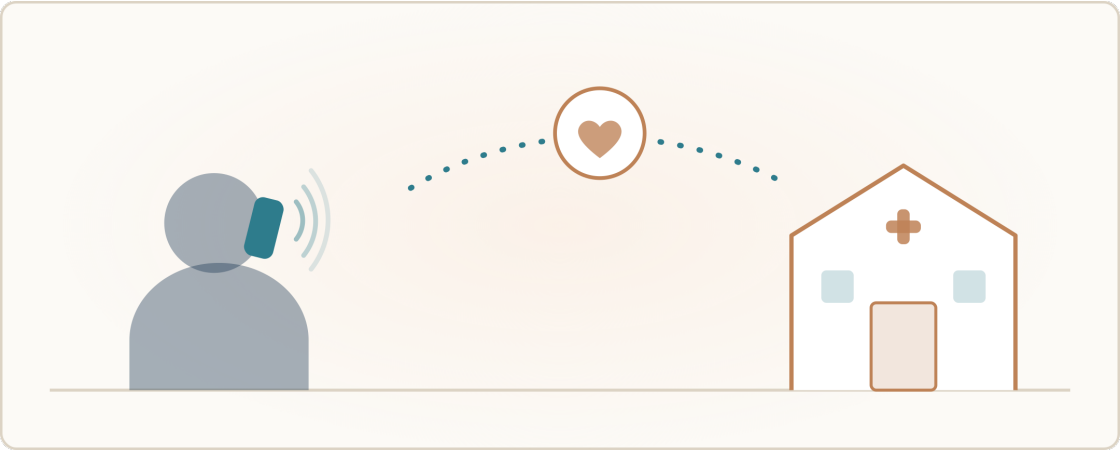
STEP 6 OF 6

When video is not enough

Telehealth may need to be supplemented, changed, or paused when remote care cannot meet a medical, safety, privacy, or clinical need. Talk with your clinician promptly rather than trying to solve the level of care by yourself.

Get additional or urgent help when:

- You cannot keep yourself or someone else safe. Do not wait for the next appointment: call or text 988 or chat at 988lifeline.org. Call 911 or go to the nearest emergency department for immediate danger or a life-threatening emergency.
- Someone nearby makes it unsafe to speak or to seek care. Use a safer way to contact your clinician or crisis support if you can do so without increasing risk.
- You have had very little sleep and your thinking, perception, energy, or behavior feels markedly different or hard to control. Contact a health professional promptly; use urgent or emergency services if there is immediate danger.
- You have severe, sudden, or worsening physical symptoms, or symptoms that may need examination or testing. Seek urgent medical care for a possible emergency.
- You may be withdrawing from alcohol, a benzodiazepine, or another sedative. Do not stop suddenly without medical guidance; withdrawal can be dangerous.



ALCOHOL AND SEDATIVE WITHDRAWAL

If you drink heavily or regularly take a benzodiazepine or another sedative, talk with a medical clinician before cutting down or stopping. Seek emergency care for a seizure, severe confusion, hallucinations, trouble breathing, or other life-threatening symptoms.

PHYSICAL SYMPTOMS DESERVE MEDICAL ATTENTION

Symptoms such as marked fatigue, weight change, a racing or irregular heartbeat, dizziness, persistent pain, or major sleep change do not have only one possible cause. Thyroid conditions, anemia, sleep problems, medication effects, and other health conditions can cause or contribute to symptoms that overlap with anxiety or depression.

Symptoms alone cannot identify the cause. Talk with a primary care or other qualified medical clinician about whether an exam or testing is appropriate. This can happen alongside therapy. Video therapy does not replace physical examination or medical testing when either is needed.

ALONGSIDE THE FORMAT

What good care involves

The setup matters, but it is not the treatment. You should be able to ask what you and your clinician are working on, how progress will be noticed, and what will change if the plan is not helping.

THREE THINGS WORTH EXPECTING

A shared plan: Ask what the goals are and what signs would suggest progress.

Room to disagree: You can say when an approach or the format is not working. Your feedback should be discussed respectfully.

A review plan: Agree early on how and when progress will be reviewed. Revisit the plan if you are not improving, feel worse, or telehealth is getting in the way.

MEDICATION

Some people use psychotherapy, medication, or both. The right plan depends on the person, condition, preferences, risks, and response.

Talk with the clinician who prescribes your medication before starting, stopping, or changing the dose. Ask about its purpose, expected benefits, common and serious side effects, interactions, monitoring, when effects might be noticed, and how it should be changed or stopped. Timing varies by medication and person.

IF COST OR AVAILABILITY IS THE OBSTACLE

Telehealth may reduce travel time and may make scheduling easier, but privacy, technology, caregiving, cost, and location can still be barriers.

- Ask your insurer whether telehealth, this clinician, and out-of-network claims are covered. Ask about deductibles, copays, visit limits, prior authorization, and superbill requirements. Benefits vary by state and plan.
- Ask the practice whether reduced-fee appointments, payment plans, or lower-cost referrals are available.
- Community clinics may offer lower-cost care. Call 211 or use 211.org to ask about local health and social services; available resources and contact options vary by area.
- Group therapy may have a lower fee than individual therapy and can be useful when it fits your goals. Ask about format, facilitator, privacy, and cost.

BEFORE YOUR NEXT SESSION

WHERE WILL I BE?

Write down the address or precise location and the phone number where you can be reached.

WHAT MIGHT I NOT SAY?

Notice anything the space, technology, or format makes harder to discuss.

ONE THING TO RAISE

Choose one practical or treatment concern to bring to your clinician.

If you need help now

988 Suicide & Crisis Lifeline: In the United States and its territories, call or text 988, or chat at 988lifeline.org, 24 hours a day. People who are Deaf or hard of hearing can use 988 Videophone for ASL. TTY users can use a preferred relay service or dial 711, then 988.

911: Call for immediate danger or a life-threatening medical emergency. Ambulance, emergency-department, or other resulting services may generate charges.

211: Call 211 or use 211.org for information about local food, housing, utilities, health care, and other community services. Resources and contact options vary by location.

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IMPORTANT NOTE

This guide is for general education. It does not diagnose a condition, recommend an individualized treatment, or create a clinician–patient relationship. Your clinician's instructions and emergency plan should reflect your needs and location.