



Form: Is telepractice a preferred and/or viable option?

This form is intended to guide practitioners in negotiating with a family or parent about whether telepractice is a preferred and/or viable option.

NOTES FOR USE

- Questions are intended as a guide only
- In general, a positive answer indicates that telepractice may be a viable option **except for** questions that are otherwise noted under “individual factors”
- The presence or absence of any particular factor does not preclude the use of telepractice.
- The importance of each factor will be different for each client. As a result, the relevance of each factor should be considered by the practitioner in collaboration with the client, rather than any meaning attached to the sum total of factors present or absent.
- When completed, the practitioner and client can discuss the potential use of telepractice and make further decisions about engagement and implementation.

01 FAMILY FACTORS

Is the client unable (or is it difficult for them) to leave home to attend in-person services for family reasons? (e.g. limited or no access to childcare, caring for a family member, other family responsibilities that are difficult to work around, e.g. managing a rural property)

Yes
No
Unknown
See notes

Is the family transient? (e.g. military families, families with unpredictable or unstable housing, Aboriginal or Torres Strait Islander families who return to Country, employment location e.g. fly-in-fly-out, long haul drivers, refugee or asylum seeker families, or migrating families)

Yes
No
Unknown
See notes

Family factors notes:

02 INDIVIDUAL FACTORS

Does the client have a preference for or feel more comfortable using telepractice?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Is there a lack of viable and/or affordable transport options to get to an in-person service?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Are there other factors that make travel difficult? (e.g. mobility or health issues)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Will a telepractice option provide welcome savings for the client? (e.g. avoiding transport or accommodation costs associated with in-person services)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Does the client experience issues that may make engaging with in-person services problematic? (e.g. social anxiety, agoraphobia, perceived stigma, unsafe neighbourhood)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Answering 'yes' to the following circumstances may make telepractice a <i>less</i> viable option:	
Does the client have limitations in their ability to interact with technology (e.g. due to mental illness or disability)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Does the client experience issues that may affect or compromise their communication via technology (e.g. cognitive issues, confusion, paranoia, hearing difficulties)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Does the client experience issues that may make them uncomfortable with video chat, if relevant (e.g. shame, low self-esteem)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Are there family violence or child safety concerns that are better assessed in person?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Are there other safety concerns, (e.g. a need to discuss matters that may place the client at risk)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Are there financial implications if the client's technology data use increases?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>

Individual factors notes:

03 PRACTITIONER FACTORS

Is the travel time associated with the type or purpose of visit excessive?

Yes
No
Unknown
See notes

Would the flexibility offered by telepractice be useful, e.g. ability to work from different locations, see more clients in one day?

Yes
No
Unknown
See notes

Are there safety concerns around visiting the client in their own home (where applicable)?

Yes
No
Unknown
See notes

Is the time for set up/pack up of consultations reduced if telepractice is used?

Yes
No
Unknown
See notes

Practitioner factors notes:

04 USE OF TECHNOLOGY

Have you received training in using telepractice as a service delivery method?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Are security, privacy and confidentiality measures in place, and do both parties understand these?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Do you AND the client have:	
a suitable device for the service or program on offer?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
sufficient data available?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
reliable connectivity?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
familiarity with the platform being used (e.g. Zoom, Skype, CoviU)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
easy to understand instructions for the platform's use? ¹	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Does the client have:	
sufficient levels of literacy (verbal, written or technical) to engage in the service/program offered via telepractice?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
a support person to help with the technology, if they don't feel comfortable?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>

¹ For instructions on using Skype, Facetime, What's App and Zoom that are suitable for clients, see: <https://beconnected.esafety.gov.au/topic-library/essentials/connecting-to-others>.

Use of technology notes:

05 SERVICE/PROGRAM FACTORS

Is the appointment a regular check-in that lends itself well to a brief telepractice option?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Is it feasible to adapt the program/service most suited to the client to telepractice?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Are there opportunities for multidisciplinary or specialist care via telepractice that may not be available in-person?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Are there relevant psychoeducation or other resources that could be incorporated into the session more effectively via telepractice (e.g. online parenting articles or videos)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Does telepractice increase your ability to offer the service or program in locations where there is a shortage of workers or services, or where low levels of in-person engagement mean a program won't go ahead?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>
Does telepractice increase your ability to offer the service or program to individuals or groups who have previously had limited or no engagement with in-person services (e.g. parents who need evening sessions, young parents)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See notes <input type="checkbox"/>

Service/program factors notes:

06 SUMMARY

Is telepractice is a preferred or viable option?

Yes
No
Unknown
See notes

Summary notes: