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# Assessment for Fit

**ASSESSMENT FOR CLIENT FIT**

**This assessment should be tailored to fit the specifics of the client and their presenting concern.**

**Level of risk:**

|  |  |
| --- | --- |
| * Is the client suicidal, or have a significant risk of becoming so? | YES / NO |
| * Is the client homicidal, or have a significant risk of becoming so? | YES / NO |
| * Does the client have delusions about technology/electronics, or have a significant risk of developing them? | YES / NO |
| * Is the client willing to identify an appropriate support person, and their own identity, location, and phone number? | YES / NO |
| * Is the clinician competent in addressing the client’s needs/goals via telemental health services? | YES / NO |
| * Is the client a victim of domestic abuse? |  |
| * + Have the risks of telemental health services in domestic abuse situations, and the options of in-person counseling been discussed with the potential client? | YES / NO |
| * + Has it been determined that telemental health counseling is the best option for the client, or is the client unwilling to seek in-person counseling? | YES / NO |

**Technology:** Questions to ask the client

**When using video conferencing, texting, chat, or secure messaging:**

|  |  |
| --- | --- |
| * Do you have a computer/device with internet access and that has the capability of using (name of video conferencing, texting, chat, or secure messaging technology)? | YES / NO |
| * Do you have a location to receive telemental counseling in a location that allows for confidentiality? | YES / NO |
| * Are you comfortable with using video conferencing, chat, or secure messaging as a means of receiving counseling? | YES / NO |
| * I use (name of video conferencing, texting, chat, or secure messaging technology) for online counseling. It requires (ex: setting up an account, downloading the program, cost…). Are you comfortable with trying to use this technology? | YES / NO |
| * I ask that you test the capability of your computer and internet access with the video conferencing, secure messaging, texting, or chat technology with either your clinician or a friend. Are you willing to do this? | YES / NO |
| * I will be sending you registration forms via the counseling website that I use and you will have to create a new password, sign off on agreement forms, and fill out a registration form.  This is something that I can walk you through, however, is this something you are comfortable with? | YES / NO |
| * There is the potential for technology breakdowns and interruptions. Do you believe that the use of technology will cause you more distress than it will help you? | YES / NO |
| * \*If using chat, texting, or secure messaging: Are you willing to have an initial session in-person or via video conferencing, in order to verify your identity? | YES / NO |

**When providing counseling via the phone:**

|  |  |
| --- | --- |
| * Do you have a location to receive telemental counseling in a location that allows for confidentiality? | YES / NO |
| * Are you comfortable with using the phone as a means of receiving counseling? | YES / NO |
| * If registration is done online: I will be sending you registration forms via the counseling website that I use, and you will have to create a new password, sign off on agreement forms and fill out a registration form.  This is something that I can walk you through, however, is this something you are comfortable with? | YES / NO |
| * There is the potential for technology breakdowns and interruptions. Do you believe that the use of technology will cause you more distress than it will help you? | YES / NO |
| * Are you willing to have an initial session in-person or via video conferencing, in order to verify your identity? | YES / NO |
| * \*If initial session is done via video conferencing, review the questions above pertaining to video conferencing. |  |

**Region/Location:**

|  |  |
| --- | --- |
| * Will you be in the state of (state) while receiving counseling? | YES / NO |
| * Are emergency services accessible? | YES / NO |

**Insurance (if applicable):**

|  |  |
| --- | --- |
| * Your insurance will not cover telemental health counseling. Are you willing to pay the cost of ($\_\_\_) per (minutes) session? | YES / NO |

If any of the answers are **RED**, the client may not be a fit for telemental health counseling at this time.