



PRIVATE BEHAVIORAL HEALTH · 2026

The Behavioral Health Interview & Vetting Playbook

Scenario-based screening prompts and a listening rubric for hiring licensed clinicians who will still be with you at month 18.

69% of psychologists practice in a hybrid format (APA, 2024)	19% of psychologists practice fully remote (APA, 2024)	Aug 2024 APA Telepsychology Guidelines revised (documentation expanded)	24 hrs Industry standard for CPT-coded progress note finalization
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Hiring a therapist or counselor for a commercial group practice requires screening for clinical adaptability, digital rapport, documentation discipline, and boundary-setting in equal measure. Generic behavioral questions do not separate candidates who will thrive from those who will burn out at month four. The two scenario-based prompts below are the ones we use to filter every behavioral health candidate we present to a private-practice client.

Prompt 1 — Telehealth Clinical Presence & Crisis Management

APA's 2024 Practitioner Pulse Survey documents 69% of psychologists practicing in hybrid format and 19% practicing fully remote. The APA's August 2024 Telepsychology Guidelines revision expanded documentation, emergency, supervision/training, and emerging-technology requirements substantially. A candidate's ability to manage clinical rapport, risk, and safety planning through a screen is now a primary clinical competency, not an edge case.

ASK THIS VERBATIM

"Telehealth comprises roughly 60% or more of our weekly session volume across our group. Imagine you're conducting a remote video session with a patient who experiences a severe panic spiral or active suicidal ideation mid-session. Walk me through how you establish clinical rapport through a screen, and what practical safety protocols you initiate in real time to manage that digital risk."

What to Listen For

- **Strong signal:** Candidate mentions verifying the patient's current physical address at the start of every call, identifying local emergency resources in that patient's zip code, and using grounding techniques adapted specifically for video delivery (visual anchoring, paced breathing on screen, third-party support contact).
- **Weak signal:** Candidate describes only verbal de-escalation without addressing physical-location verification or emergency-contact protocols.
- **Red flag:** Candidate has not thought about how their crisis protocol differs from in-person, or assumes the platform handles safety planning.

Prompt 2 — Concurrent Charting & Document Control



Administrative documentation load is the primary driver of clinician burnout in outpatient mental health. A candidate who cannot self-regulate their documentation schedule will burn out within 6–9 months — regardless of caseload size.

Cross-referenced across Medscape Burnout Report 2024, Tebra Physician Burnout 2025, and the APA 2024 Practitioner Pulse Survey

ASK THIS VERBATIM

“To protect our billing cycle and stay compliant with commercial insurance payers, our practice requires CPT-coded progress notes to be finalized within 24 hours of every session. If you have a back-to-back schedule of six clients in a day, how do you structure your session time or utilize concurrent charting models to ensure your notes are audit-proof before you log off for the day?”

What to Listen For

- **Strong signal:** Candidate explicitly uses the final 5–10 minutes of the clinical hour for collaborative documentation; references EHR templates by name; describes a daily ritual for note completion before signing off.
- **Weak signal:** Candidate says they “catch up on charts over the weekend” or in the evenings.
- **Red flag:** Candidate views documentation as a hostile imposition; cannot articulate any structural approach to keeping pace.

Prompt 3 (Optional) — Integrated Care Familiarity

If your practice participates in CMS Behavioral Health Integration (BHI) or Collaborative Care Model (CoCM), or if you bill the 2026 APCM behavioral add-ons G0568/G0569/G0570, ask:

OPTIONAL VETTING PROMPT

“Describe your experience working with a psychiatric consultant or primary care physician in a measurement-based care model. Are you familiar with PHQ-9 and GAD-7 as outcome measures? How do you handle care plan handoffs when a patient is medically complex?”

Documentation Standards to Reference in Onboarding

Once a candidate is hired, anchor their documentation training to authoritative frameworks rather than ad-hoc internal guides:

- **APA 2024 Telepsychology Guidelines** (revised August 2024)
- **NASW Standards for Social Work Practice with Clients with Substance Use Disorders**
- **CMS BHI/CoCM coding:** 99492 (initial month CoCM), 99493 (subsequent month CoCM), 99494 (add-on), 99484 (general BHI 20 min)
- **2026 APCM behavioral add-ons:** G0568, G0569, G0570



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SOURCES & FURTHER READING

Citations supporting this guide

Every statistic, regulation, and benchmark cited in this document is sourced from a primary authority — federal agencies (HRSA, NHSC, CMS), peer-reviewed journals, industry associations (AAFP, AMA, ADA, ADHA, APA, NACHC, MGMA, AAPPR), or named research reports. Links below allow you to verify any claim directly.

1. APA — Telehealth and Telepsychology (69% hybrid, 19% fully remote)
<https://www.apa.org/practice/telehealth-telepsychology>
2. APA — 2024 Telepsychology Guidelines Revision (August 2024)
<https://www.apa.org/about/policy/telepsychology-revisions>
3. Telehealth.org — APA Telepsychology Guidelines 2024 summary
<https://telehealth.org/news/the-apas-2024-telepsychology-guidelines-what-clinicians-need-to-know/>
4. NASW — Telehealth policy
<https://www.socialworkers.org/Advocacy/Policy-Issues/Telehealth>
5. Medscape Physician Burnout & Depression Report 2024
<https://www.prnewswire.com/news-releases/new-medscape-report-reveals-progress-among-physician-burnout-depression-302043454.html>
6. Tebra — Inside the Physician Burnout Crisis (documentation as top driver)
<https://www.tebra.com/theintake/healthcare-reports/inside-the-physician-burnout-crisis>
7. DLA Piper — CMS Behavioral Health Integration Add-On Codes for APCM in CY 2026 MPFS (G0568/G0569/G0570)
<https://www.dlapiper.com/en/insights/publications/2025/07/cms-proposes-new-behavioral-health-integration-codes>
8. CMS — Advanced Primary Care Management Services
<https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/advanced-primary-care-management-services>
9. HHS Telehealth.HHS.gov — Telehealth Policy Updates (BH permanent for FQHC)
<https://telehealth.hhs.gov/providers/telehealth-policy/telehealth-policy-updates>