

Wyoming Telehealth Network

October Provider Spotlight

Dr. Tess Kilwein



Dr. Kilwein is a board-certified clinical psychologist practicing in California, Colorado, North Dakota, and Wyoming. They are the founder of Tess M. Kilwein, LLC, which provides clinical services, consultation, and training in the areas of trauma/PTSD, substance use/addiction, masculinity, sexuality, transgender and gender expansive healthcare, sport and performance psychology, and diversity, equity, and inclusion. In addition to providing clinical and consultative services, they are also active in clinical research examining risk behaviors (e.g., substance use, sexual behaviors) and community activism/organizing, particularly at the intersection of mental health and physical health, identity, and policing. In Laramie, Dr. Kilwein serves on the City of Laramie Board of Health and the executive team of the Albany County Mental Health Board and Laramie Reproductive Health board of directors. Nationally, they are the Wyoming State Representative for the American Psychological Association's (APA) Council of Representatives and a member of the APA Committee on Rural Health.

1. When did you first hear about telehealth? How did you feel about it then? How do you feel about it now?

Kilwein: I had been trained in the telehealth delivery of evidence-based treatments for trauma/PTSD as a graduate student in the Clinical Psychology PhD Program at the University of Wyoming nearly a decade ago. The Trauma and Telehealth Clinic founded by Dr. Matt Gray offered these services primarily to survivors of sexual and domestic violence accessing advocacy centers and shelters in rural communities across Wyoming. At the time, I quickly recognized how crucial telehealth is for rural and other marginalized populations to access the services they need. This perspective has only been reinforced over time, as I now utilize telehealth to increase access to care for a variety of historically marginalized populations, including transgender and gender-expansive people.

2. When did you begin offering telehealth services? What prompted the need to offer these services?

Kilwein: As described above, I began personally offering telehealth services nearly a decade ago. This was prompted by the lack of access to evidence-based treatments for trauma/PTSD across the state of Wyoming, and particularly for those who had experienced sexual and domestic violence.

3. What motivates you to continue offering telehealth services?

Kilwein: My primary motivation for continuing to offer telehealth services is the same as it has always been – to increase access to quality, inclusive healthcare services to historically marginalized populations. Given my specialization in working with rural, trauma/PTSD, and transgender/gender-expansive populations, offering telehealth services is a crucial part of my practice.

4. What is your proudest accomplishment with telehealth?

Kilwein: My proudest accomplishment with telehealth is that this practice has allowed me the opportunity to support and collaborate with dozens of transgender and gender-expansive patients seeking access to gender affirming medical care, including puberty blockers, hormone therapy, and gender affirmation surgery.

5. What advice would you give patients wanting to try telehealth?

Kilwein: It works! While telehealth has been around for quite some time, the COVID-19 pandemic allowed for an opportunity to examine the efficacy of telehealth-based mental healthcare delivery. Telehealth treatment not only works but increases provider choice, so patients have the opportunity to work with providers that have expertise in their unique areas of concern rather than being limited by geography.

6. What advice would you give providers wanting to start offering telehealth?

Kilwein: I would encourage providers to examine their professional values and ask themselves if telehealth service delivery aligns with these values. If a provider values increasing access to care and/or working with diverse clientele, telehealth may be a positive professional opportunity. I would also encourage providers interested in offering telehealth to examine the research of efficacy of telehealth within their own practice areas and consult with providers who have experience with telehealth delivery if necessary.

7. What was the biggest barrier in providing telehealth services? Have you overcome it?

Kilwein: The primary barrier in providing telehealth services has been ensuring patients that effective, confidential services can be delivered through this medium. Through honest conversations and encouraging patients to keep an open mind, this barrier is easily overcome.

8. How do you think implementing telehealth now will affect how things will be done at your organization after the pandemic is over?

Kilwein: My private practice – Tess M. Kilwein, LLC – started as a telehealth-only practice and will remain so after the pandemic is over.

9. Is there anything you learned the hard way in telehealth implementation?

Kilwein: While I would not necessarily describe this as the “hard way”, telehealth delivery offers a unique perspective into patient’s lives that is not always the case when seeing patients in the office. Providers get snapshots into our patient’s lives, environments, and even families when delivering such intimate and private services via telehealth. This often requires balancing setting and maintaining clear boundaries with prioritizing interpersonal relationships and rapport with patients.

10. Do you have any telehealth hacks or tricks?

Kilwein: Be creative and patient! Technology, for all its benefits, also poses unique challenges. Telehealth delivery can occur through a variety of mediums to increase access to services, including text, phone, and video delivery. Sometimes these mediums fail and require a certain level of creativity and patience to continue effective service delivery. For example, I have found myself in situations where I utilized multiple mediums (i.e., Zoom video and phone audio) to deliver a single service