

Maximizing Clinical Use of Telehealth

WEBINAR

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Me

- ▶ Catherine Jones-Hazledine, Ph.D.
- ▶ Licensed Psychologist
- ▶ 28 years experience in mental health, 16 as a psychologist
- ▶ Western Nebraska Behavioral Health Clinics
- ▶ 14 years experience with telehealth, across multiple platforms
- ▶ Practice fully telehealth since last March
 - ▶ Individual, couple, and family therapy
 - ▶ Tele-supervision and observation of student clinicians
 - ▶ Multidisciplinary clinics via telehealth
 - ▶ Support groups for medical staff and teachers via telehealth

Telehealth in Behavioral Health

A Brief History

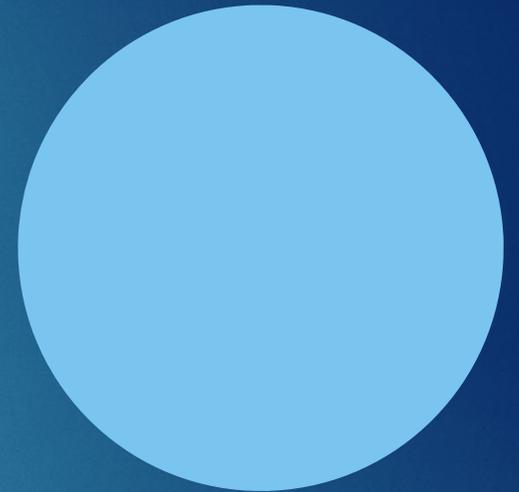
Efficacy

Concerns and Challenges

Strategies to Maximize Effectiveness

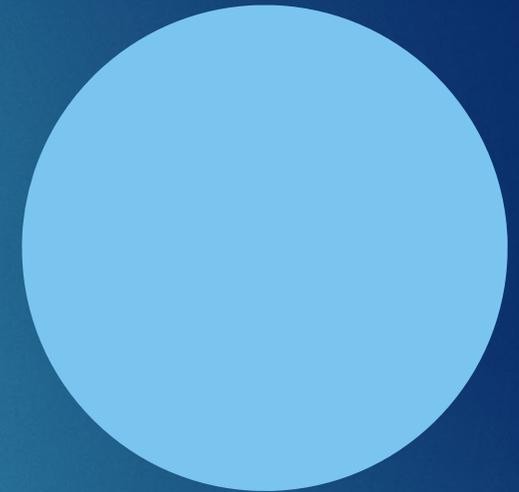


a brief history

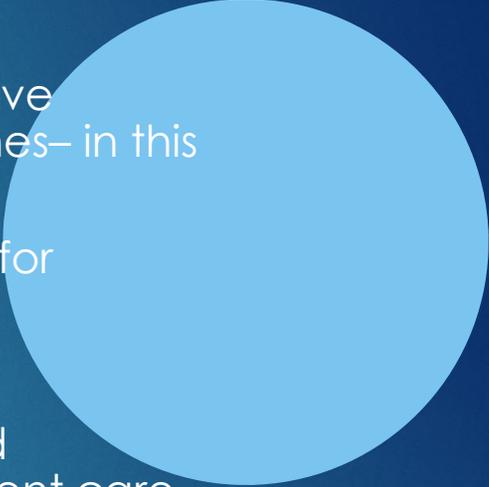


A rose by any other name?

- ▶ Other names in the literature:
 - ▶ Teletherapy
 - ▶ Distance counseling
 - ▶ Online therapy
 - ▶ Telemental health
 - ▶ Behavioral telehealth
 - ▶ Telebehavioral health
 - ▶ E-Health
 - ▶ And more



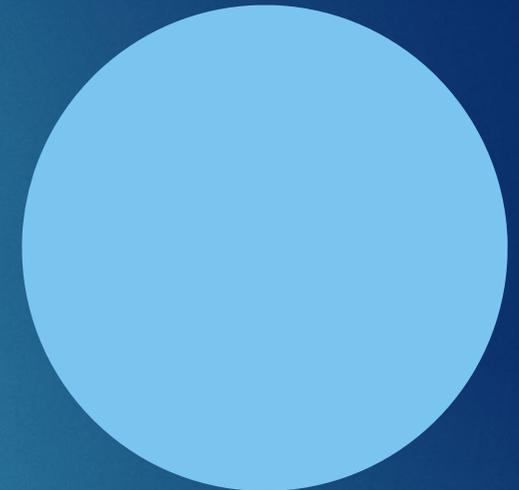
A brief history of telehealth



- ▶ 1959 University of Nebraska was the first to send and receive medical documents over long distances via telephone lines– in this case neurological exam results
- ▶ 1960's Nebraska Psychiatry Institute used closed circuit tv for psychiatric consultations
- ▶ 1993 American Telemedicine Association
- ▶ Mid-1990's funding and reimbursement explored. VA and Correctional programs explored use of telehealth for patient care, especially to remote sites.
- ▶ 2000 – 2010 was a time of rapid growth to all disciplines, all states
- ▶ By 2016 approximately 40% of providers used some type of telemedicine in their practice

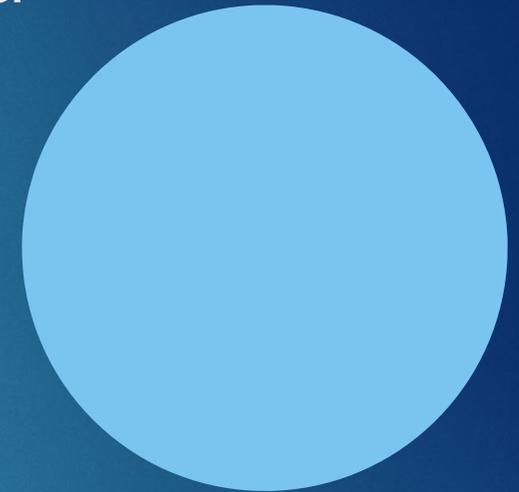
The changing face of telebehavioral health

- ▶ Early 2000's
 - ▶ Polycom units (initially very expensive)
 - ▶ Connected hospitals in the state
 - ▶ For both reimbursement reasons and connection reasons
- ▶ Mid 2010's
 - ▶ Vidyo and Vidyo Mobile
- ▶ Now
 - ▶ Zoom
 - ▶ Vsee
 - ▶ Doxy.me
 - ▶ Skype for business



Also technically included as “telehealth” (synchronous and asynchronous)

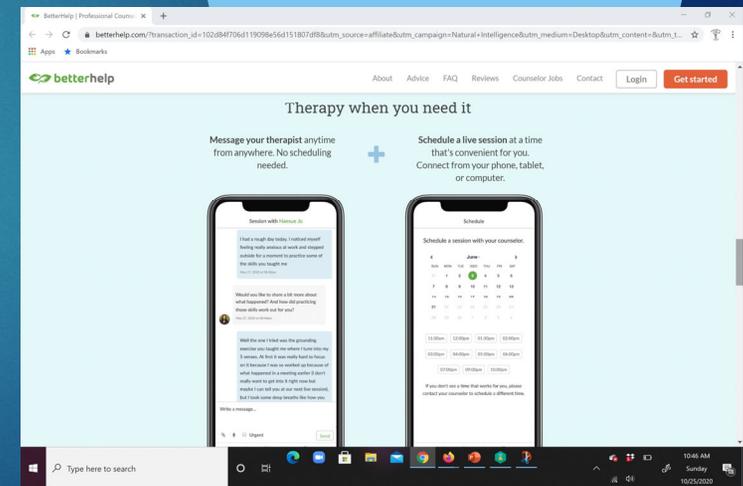
- ▶ Phone calls
- ▶ Text messages
- ▶ Emails
- ▶ Tele-supervision
- ▶ EHR
- ▶ Digital monitoring of symptoms
- ▶ Distance education through video



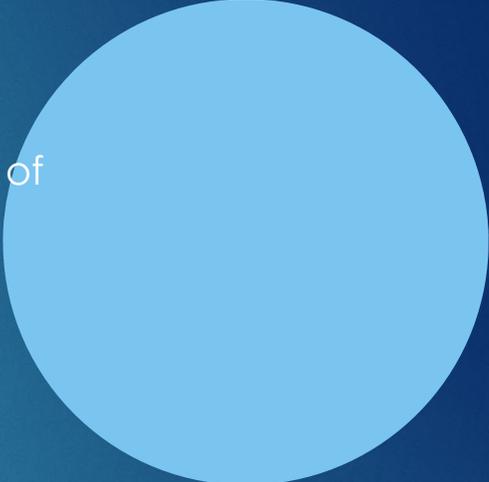
Most recently: websites and services specifically designed for telebehavioral health

Talkspace, Better Help, etc

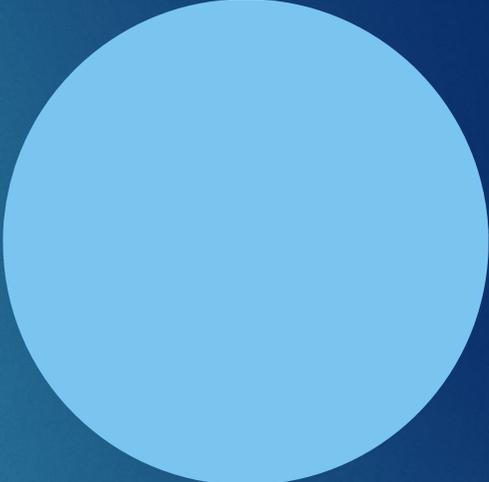
- ▶ Weekly rates for unlimited texts/messages, opportunity for live scheduling
- ▶ Problems?
 - ▶ No known referral source
 - ▶ Difficulty verifying client information
 - ▶ Issues with providing services across state lines?



Changes with COVID-19



- ▶ Starting in March, 2020:
 - ▶ Immediate increase in number of providers using some form of telehealth
 - ▶ Temporary loosening of many rules regarding telehealth
 - ▶ HIPAA compliant requirements relaxed
 - ▶ Many states allowed service provision across state lines
 - ▶ Broadening of reimbursement across insurance companies
 - ▶ Companies that previously didn't cover telehealth now do
 - ▶ Reimbursement for expanded services, often including phone therapy



efficacy

WHAT DOES THE RESEARCH SAY?

What does the research tell us?

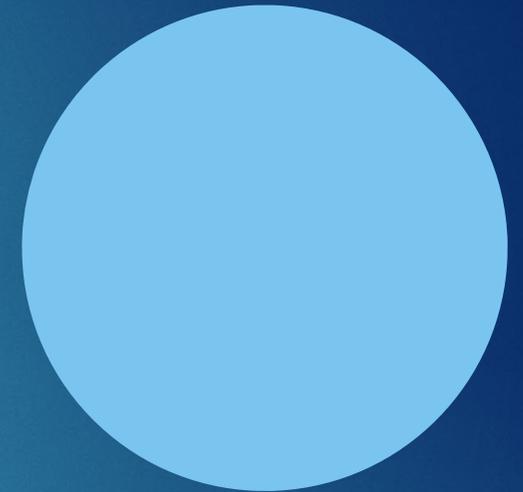
- ▶ Largest study to date: Godleski, Darkins, and Peters (2012)
 - ▶ 98,609 patients being treated via telemental health services within the VA between 2006 and 2010
 - ▶ Psych admissions down by 24%, days of hospitalization decreased by 26.6%
 - ▶ Not home based services
- ▶ Hilty, et al (2013) did a meta analysis looking at 755 studies, and including 85
 - ▶ A variety of patient populations, and variety of treatment modalities
 - ▶ Concluded that telebehavioral health was effective and comparable to in-person care
- ▶ Another study (Whealin, et al, 2017) looked at home-based veteran services with a smaller population, focusing on acceptability and feasibility.
 - ▶ Found positive results across the board regarding comfort, usability

- 
- ▶ Mace, Boccanelli and Dormond (2018)
 - ▶ 329 behavioral health organizations, across 50 states
 - ▶ 48% reported using at least some telehealth for behavioral health
 - ▶ Majority reported that telehealth was important to their organizations
 - ▶ BUT – Majority reported that only 10% of their patients at the time used telehealth
 - ▶ Psychiatrists most frequent users, followed by mental health counselors
 - ▶ Most cited obstacle was cost
 - ▶ Cost of starting, cost of maintaining, reimbursement issues

More research is needed

- ▶ There are differences across behavioral health modalities
 - ▶ Can we compare telepsychiatry, for example, with telecounseling?
 - ▶ What is the active component of the treatment?
- ▶ Much of the original research was done with clinical based telehealth, no home telehealth
- ▶ Much of the existing research deals with certain specific treatment protocols that can be standardized
 - ▶ How does telebehavioral health work when treatment is less structured?

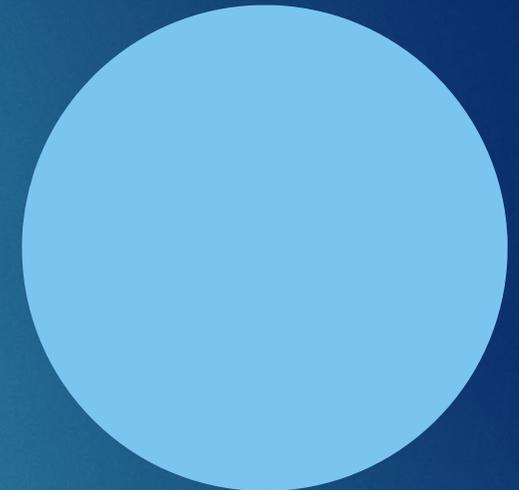
concerns and
challenges



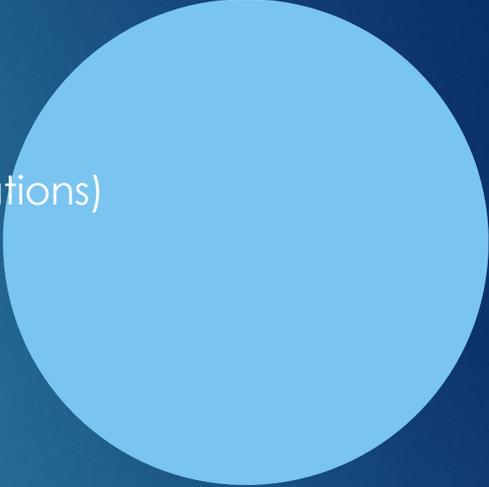
Common clinician concerns:

- ▶ Legality
- ▶ Patient accessibility
- ▶ Effectiveness
- ▶ Privacy
- ▶ Safety
- ▶ Finances

Obviously there is some overlap among these

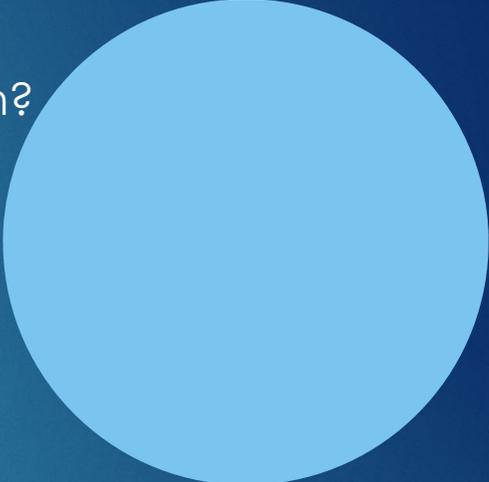


Legality



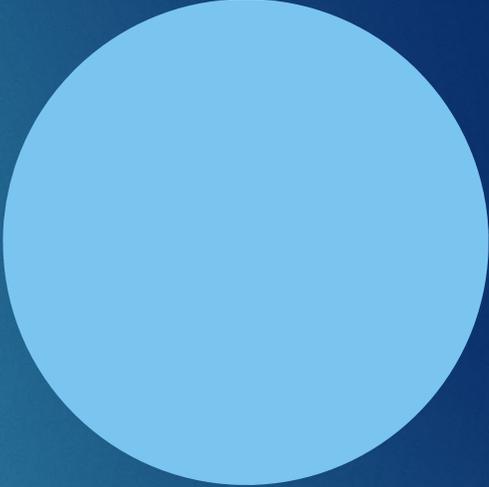
- ▶ Is it legal to use the system I am using?
 - ▶ Is it HIPAA compliant
- ▶ Can I provide this service via telehealth?
 - ▶ Licensure, qualifications, experience (not practical considerations)
- ▶ Can I provide this service in this area?
 - ▶ State by state licensing rules
- ▶ How do I protect client privacy and information
 - ▶ EHR
 - ▶ Practical location considerations
- ▶ What is my liability if something goes wrong?
 - ▶ Standards of care
 - ▶ Malpractice coverage

Patient Accessibility



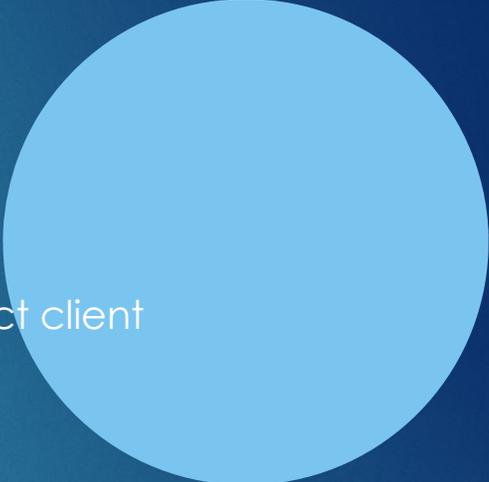
- ▶ Do my patients have a device that will work for telehealth?
 - ▶ Easier now than at other points in time
- ▶ Do they have sufficient internet bandwidth?
- ▶ Will they know how to make the connection work?
 - ▶ Technology awareness differs across client populations

Effectiveness



- ▶ Can I do on telehealth what I normally do in clinic?
 - ▶ EMDR
 - ▶ Play Therapy
 - ▶ Assessment
- ▶ Will it work in the same way, without being face-to-face?
- ▶ Will the rapport function virtually?
- ▶ Can I work with families or with couples over this modality?

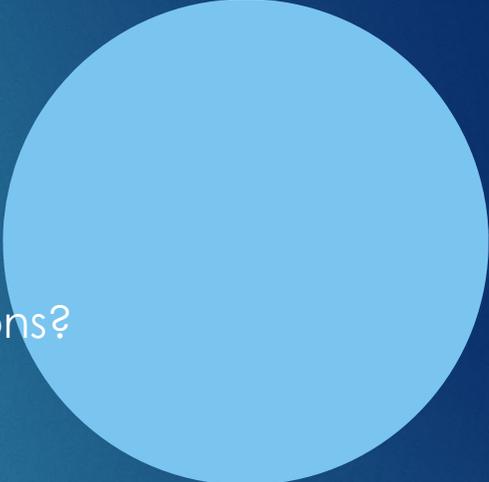
Privacy



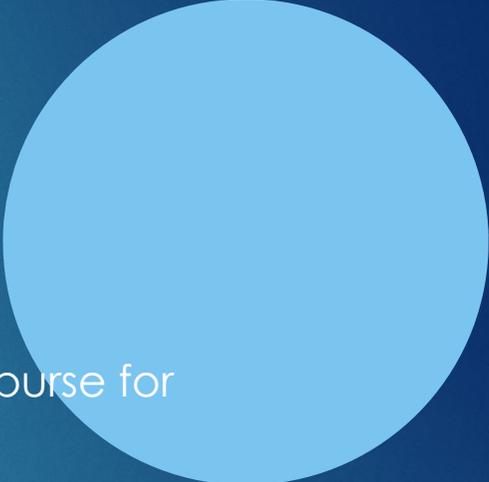
- ▶ I can't control whether the client has privacy?
 - ▶ What if someone else is in their home
- ▶ How do I insure that client's privacy is protected?
 - ▶ If I have to practice in an alternate location, how do I protect client privacy?
- ▶ Can my chosen system be hacked?
 - ▶ Zoom issues early in the pandemic

Safety



- ▶ What if my client has a crisis hundreds of miles away?
 - ▶ What if my client is suicidal?
 - ▶ What if my client is homicidal?
 - ▶ What if my client is delusional or experiencing hallucinations?
- 

Finances



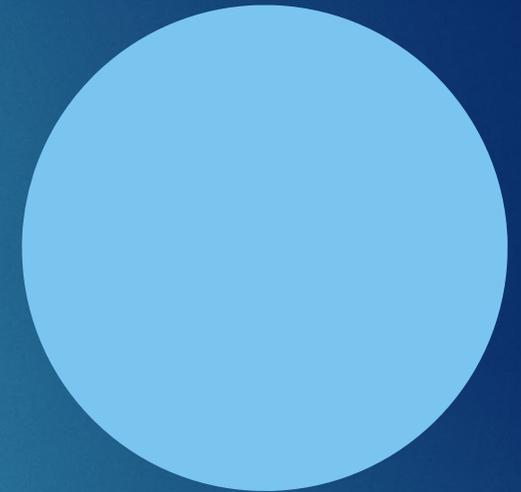
- ▶ How expensive is telehealth practice?
 - ▶ What computer system do I need?
 - ▶ What kind of camera, speaker system will I need?
 - ▶ What will a reliable platform cost?
- ▶ Do the insurance companies I am credentialed with reimburse for telehealth?
- ▶ If reimbursement changes were COVID related, are they over?

Weird things that happen during telehealth sessions that don't in clinic.

- ▶ Teen client starts playing Xbox (or switch, or testing on phone) while in session.
- ▶ Client takes device in to use the bathroom while still participating in session.
- ▶ Family's new litter of puppies (brought in due to snowy weather) start loudly barking during session.
- ▶ Client connects to their session and is clearly in the car with another person.

Strategies to Maximize Effectiveness

TECHNOLOGY, POLICY, AND PROCESS



Technology



- ▶ Use established technology with good customer service
- ▶ Use a HIPAA compliant technology
- ▶ Have a method to send documents electronically, and have them signed electronically
- ▶ Maximize consistency of internet service
- ▶ Make sure that you as the clinician is well-educated and familiar with the system/platform
- ▶ Build in education for patients
- ▶ Build in a test period
- ▶ Have alternate connection options ready
 - ▶ Phone numbers to call or text
 - ▶ Text option within the video platform

Policy



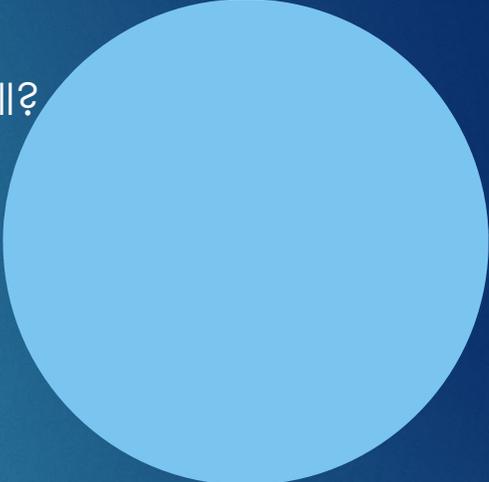
- ▶ Clinician education on telehealth therapy is crucial!
 - ▶ APA, NPA, UNMC, ACA, NCA, TBHI
- ▶ Only take cases in which you are clinically competent and comfortable
- ▶ Consider appropriateness of client needs to telehealth modality (Cooper, et al 2019)

What clients might not be appropriate for telebehavioral health?

- ▶ Clients at higher than normal risk of harm to self or others?
- ▶ Clients who are deaf or hard of hearing?
- ▶ Clients experiencing with SMI? Clients with psychotic symptoms?
 - ▶ Adriana, et al (2020).
- ▶ Clients who speak a different language than the clinician?
- ▶ Highly conflictual couple or family cases?

How do you decide?



- ▶ Is the client's situation suitable for outpatient therapy at all?
 - ▶ Is there an in-person option?
 - ▶ Can the client effectively manage the technology?
 - ▶ Does the technology aggravate their symptoms?
 - ▶ Does the technology have means to off-set obstacles?
- 

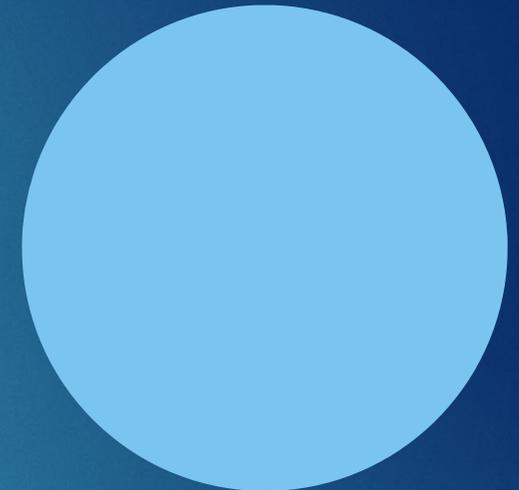
Policy (continued)

- ▶ Practice integrated care when possible
 - ▶ Know where your referrals come from
 - ▶ Maintain (with proper ROI) connections with referring parties
- ▶ Know where your clients are
 - ▶ Have phone numbers handy
 - ▶ Have address easily accessible
- ▶ Be familiar with emergency services in that area
- ▶ Educate your clients about telehealth in advance of the first appointment.

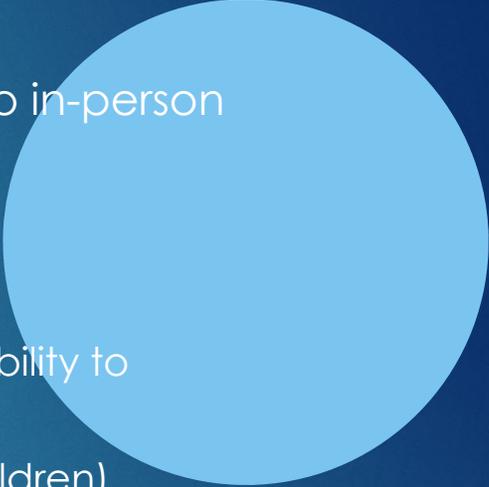


Policy (continued)

- ▶ Use empirically supported treatments
 - ▶ Do what works
- ▶ Have a treatment plan and specific goals to cover
 - ▶ This keeps therapy from turning into just social contact
- ▶ Have clinicians to consult with as issues arise



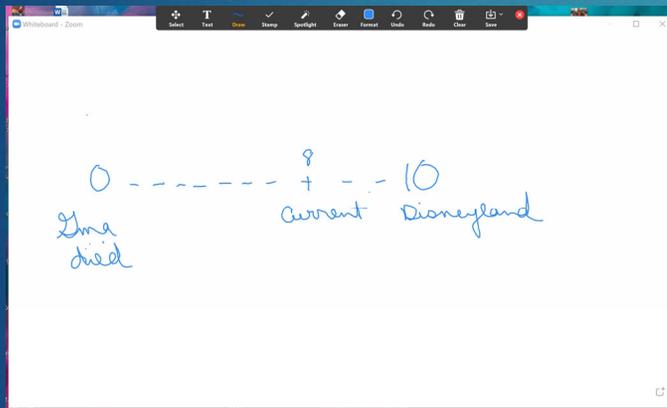
Process



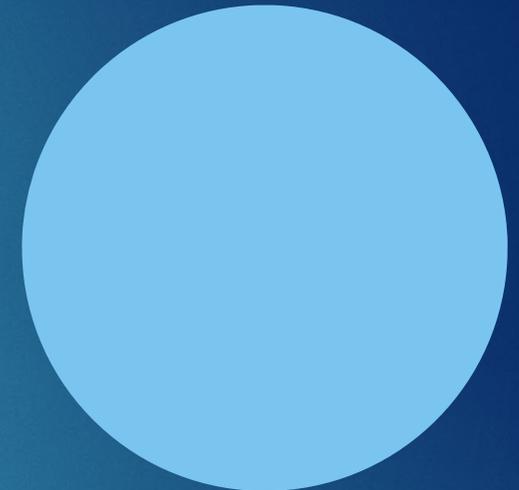
- ▶ Do what you can to make telehealth experience similar to in-person meetings
 - ▶ Be in a professional setting
 - ▶ Maintain professional dress and demeanor
 - ▶ Attend to lighting, eye contact, audio quality to maximize ability to communicate with clients
 - ▶ Be creative to get reluctant or anxious clients (especially children) engaged.

Supporting Tools

- ▶ White board
 - ▶ On Zoom and others
 - ▶ Help remove distance



- ▶ Interactive Exercises available online
 - ▶ Identifying emotion



Emotion Cards: Questions | Therapist Aid LLC

therapistaid.com/interactive-therapy-tool/emotion-cards-questions/active

Settings

Emotion Cards: Questions
emotion question activity

Ages 3-8
(easy emotions)

Ages 8-11
(easy and moderate emotions)

**Ages 11+
(all emotions)**

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Strong

Ashamed

Confused

Hyper

Scared

Awe

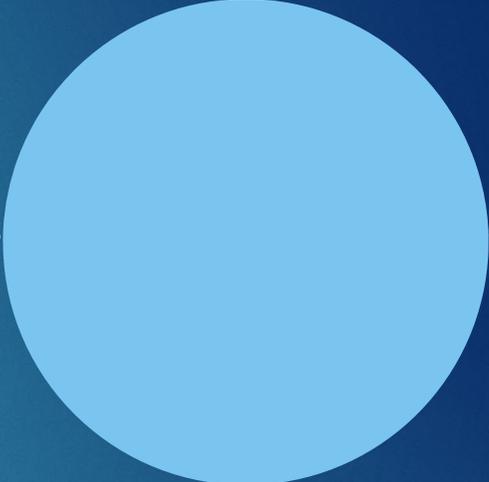
Distracted

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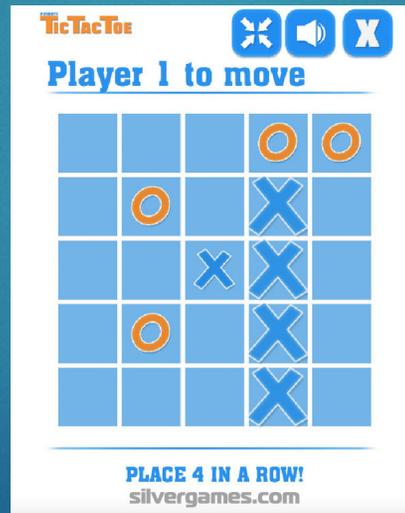
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Supporting Tools (continued)

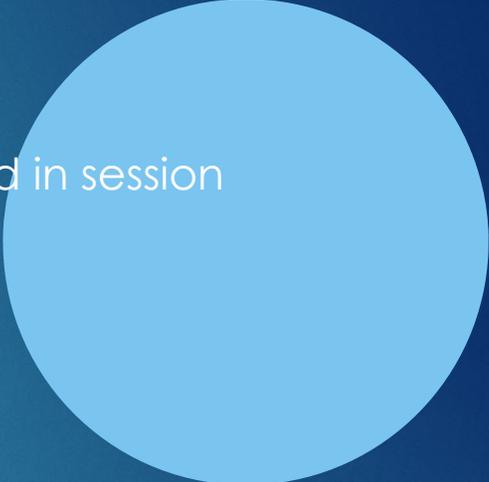


- ▶ Sharing of digital “handouts”
 - ▶ Can be downloaded through the text field
 - ▶ Examples: time out strategies, common cognitive distortions
 - ▶ Therapist Aid
 - ▶ Games to play with youth online
- 

Silvergames.com (2 player)



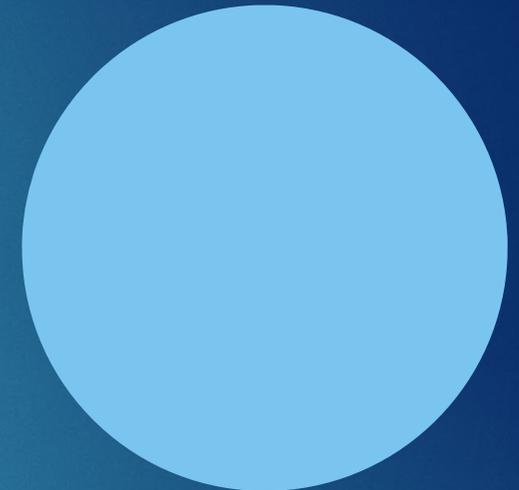
Supporting Tools (continued)



- ▶ Psychoeducational videos to extend information provided in session
 - ▶ Child Directed Interaction
 - ▶ Differential Attention
 - ▶ Progressive muscle relaxation
- ▶ Bibliotherapy
 - ▶ Children who might have trouble maintaining attention to the screen may attend better to information presented in book form
 - ▶ Introduces topics and facilitates discussion

Supporting Tools (continued)

- ▶ Apps that extend interventions
 - ▶ Mood tracking
 - ▶ Moodkit, Moodfit, Daylio
 - ▶ Anxiety rating
 - ▶ Worry Watch, Breathe2Relax
 - ▶ Calm and similar
 - ▶ Brief meditations
 - ▶ Breathing retraining
 - ▶ Sleep stories



“Zoom Fatigue”

- ▶ The name given to the phenomenon in which people find themselves inordinately drained and exhausted by ongoing electronic communication (Lee, 2020)
- ▶ Likely a function of a variety of physiological, psychological and communication factors
 - ▶ Telecommunication requires extra work to compensate for differences
 - ▶ Competing attention created by self and other view
 - ▶ Always being “on”
 - ▶ Social dynamic is different and less inherently rewarding for many
 - ▶ Lights and blue light of devices can cause eye strain and headaches
 - ▶ Often not the normal breaks associated with even busy in-clinic practice

Reducing Zoom fatigue



- ▶ Establish video-free blocks of time, even video-free days
- ▶ Alternate modalities when possible, scheduling telephone sessions among video sessions or watching of asynchronous videos
- ▶ Build in breaks between sessions
 - ▶ Time to stand and stretch, walk to the restroom, get a drink
- ▶ Consider blue light glasses or different lighting sources to reduce eye strain and fatigue

In summary:

- ▶ Telebehavioral health can be a reasonable, accessible, effective way to provide services
- ▶ There is always more to learn, and many resources available for continuing to grow in this modality
- ▶ Many supportive tools exist to maximize our ability to provide care
- ▶ Ultimately, as in all therapies:
 - ▶ Services that clients can access are better than no services
 - ▶ Therapeutic alliance and other non-specific factors matter
 - ▶ When clinicians are comfortable and confident in their service, they are more effective
 - ▶ Clinician self-care now needs to account for “zoom fatigue” on top of other stressors

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Thank You!

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