

SOLVING THE TELEHEALTH RIDDLE

Presented by:
Deborah Thomas, LPC, CADC
CEO-The Walker Center
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Disclaimer

- ▣ I am NOT an expert!
- ▣ I am here to increase your awareness
- ▣ To help you know what questions to ask moving forward
- ▣ I am a resource provider
- ▣ This is a conversation as some of you may be very knowledgeable on the subject!

Session 1

- ▣ Explore the rapidly growing and evolving world of technology utilized in the delivery of services in the electronic world

Historical Perspective

- ▣ In 1968 University of Nebraska Medical Center (VA hospital) connected one site to another for psychiatry \$48,000/yr with limited quality.
- ▣ In 1970's and 1980's
 - 15 federally funded telemedicine projects in 1970s
 - Cumbersome and expensive technology
 - Then the surge of computer era
- 2003 Veterans served 8,000 with 13,000 sessions
- 2006 Veterans served 27,627 with 39,607 sessions

Telemedicine is here

- ▣ https://youtu.be/cszMZ_aT0SY

New Technology Realities

- ▣ Computer processing power and speed per unit cost doubles ever 18-24 months.
- ▣ The impact on Telehealth is that the capability of the equipment and the network is vastly better and considerably less expensive than it was a short time ago.

Old Beliefs Die Hard

- ▣ “The human element is missing.”
- ▣ “Telehealth counseling is less safe.”
- ▣ “It’s less effective than ‘real’ (i.e. face-to-face) therapy
- ▣ “Clients won’t like it.”

Limitations to Recent Research

- ▣ Most of the studies have been done on telepsychiatry
- ▣ A couple of small N studies on telepsychology and tele-addiction (same outcomes)
- ▣ Much room for investigation in this area
- ▣ Despite these limitations, currently no data to suggest worse outcomes or lower satisfaction rates

What studies say about Video Counseling

Backhaus et al. (2012) reviewed 65 studies involving the use of video conferencing specifically for the provision of psychotherapy. They concluded that:

- ▣ This was a feasible approach to providing therapy.

- ▣ Therapists were able to develop a therapeutic alliance using this technology (although that might be limited to one-on-one therapy, as studies involving group and family therapy found some problems in this area).

- ▣ Most users were satisfied with this method of delivery and reported a level of satisfaction comparable with that reported by clients receiving in-person therapy, and the major sources of dissatisfaction were technical difficulties.

- ▣ Clients using video conferencing had similar levels of retention and showed similar levels of clinical improvement to those receiving in-person treatments, with some differences depending on the specific disorder being treated (e.g., adolescents being treated for depression had faster improvements when treated via video conferencing).

Group Therapy with SUD

- ▣ Video conferencing-based group therapy has been used for people with alcohol use disorders. In a pilot study, the intervention was well-received by participants and had a relatively high level of attendance and low level of attrition (Frueh, Henderson, & Myrick, 2005). Many interventions for alcohol use disorders or problem drinking have high dropout rates (Vernon, 2010). On the plus side, Dutch research indicates that a Web-based program for problem drinking attracted clients who might not otherwise seek treatment (Postel, De Haan, & De Jong, 2010)

Benefits of Telehealth

- ▣ Expanding Access
- ▣ Efficient and convenient for clients
- ▣ More accurate diagnosing
- ▣ Important for rural/frontier clients
- ▣ Reduces cost
- ▣ Real-time access, real-time communication

- ▣ Video counseling just as effective as in person counseling. Edward R. Jones, Ph.D.

According to SAMHSA-Center for Integrated Health Solutions

- ▣ To build trust and confidence in the services for clinician and client, quality is vital
- ▣ High production value
- ▣ On-site expertise
- ▣ Back-up plans

Video Basics

- ▣ High speed internet at both sites – 1 Mbps or more (nominal) – do online speed test
- ▣ Endpoints– Two Major Classes
 - **Standalone system**
 - ▣ Hardware based, often older and/or larger
 - ▣ Tandberg, Polycom, LifeSize, Sony, etc. –
 - **SIP – Client/server system**
 - ▣ Software based (using a host computer)
 - ▣ Skype, Oovoo, Vsee, ClearSea, Zoom, etc.

Telehealth Coordinator



Services Available

- ▣ Assessment
- ▣ Individual and Family Sessions
- ▣ Groups
- ▣ Case Management

Telehealth Platforms

A list of Telehealth Platforms and features can be found at:

Telementalhealthcomparisions.com

The Telemental Health Institute:
telementalhealth.com

Break

After break we will discuss options

“NO you cannot just Skype with your client!”

Session 2

- ▣ TECHNOLOGY OPTIONS
- ▣ PRIVACY
- ▣ HIPAA
- ▣ CONFIDENTIALITY

Skype and HIPAA Compliance

- ▣ HIPAA does not demand the use of encryption for ePHI, although encryption must be considered. If encryption is not used, an alternative, equivalent safeguard must be implemented in its place. In the case of Skype, messages are encrypted using AES 256-bit encryption; therefore, this aspect of HIPAA compliance is satisfied.
- ▣ However, Skype does not necessarily include appropriate controls for backing up of messages (and ePHI) communicated via the platform, and neither does it maintain a HIPAA-compliant audit trail. Skype for Business can be made HIPAA compliant, if the Enterprise E3 or E5 package is purchased. These include the ability to create an archive that stores all communications. Other versions would not satisfy HIPAA Rules.

Software Based Platforms

Software based (using a host computer)

- Skype
- Thera-Link
- Oovoo
- Vsee
- ClearSea
- Zoom

What is HIPAA?

HIPAA Title II aims to direct the United States Department Of Human Services and Health in order to standardize the processing of electronic healthcare transactions nation-wide. It requires the organizations to implement safe electronic access to the patients' health data, remaining in compliance with the privacy regulations which were set by the HHS.

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

Reality of HIPAA?

Everyone is opted IN so healthcare systems can communicate without releases of information. (Your records are shared automatically to improve your care.)

Conflict with CFR 42 for SUD records

Reality of CFR 42?

For SUD records, must have a specific ROI for specific person, timeframe, purpose.

Our Codes of Conduct/Ethics say
“least amount of information released to get the purpose completed”

Reality of HIPAA?

Communication with clients

- >Secured Email
- >Encrypt Emails
- Texting Security

Good resource -

Personcenteredtech.com

Must Protect the Client

Official List of Personal Identifiers

- *Name (initials, first name only, nicknames)
- *All geographic subdivisions smaller than State (street, city, county, zip code)
- *All elements of dates (except year) including birthdate, admission date, discharge date
- *Telephone numbers, Fax numbers

Must Protect the Client

Official List of Personal Identifiers

- *email address
- *social security number
- *medical record number
- *health plan numbers
- *full face photo identifiers

Must Protect the Client

Secure video links

You must educate yourself

Video counseling is not FaceTime

Great Option

Zoom via contract with BPA Health for
network providers

easy, convenient, free

VSee (non-profit option)

easy, convenient, monthly fee

Screening Criteria

Maybe not appropriate for more complex cases (Suicidal clients)

Drug testing needs and accountability

Some EBP such as Art Therapy that requires direct contact

Clients without internet access

85% of people in Idaho have internet or smart phone.

3% of population use telehealth.

Informed Consent

Privacy for Client

Informed Consent signed by client and includes the benefits and risks associated with telehealth/video counseling

Informed Consent Process

Documented in client's file and includes the same information as with face-to-face care, in addition to:

- ❑ An explanation of what TBH services are;
- ❑ Possible risks and benefits of TBH services;
- ❑ Possibility that technological problems may result in disconnection, and what to do in the event that this occurs during a TBH session;
- ❑ Alternative services available for behavioral health care; and
- ❑ Rights and responsibilities of the participant in opting to participate in TBH.
- ❑ Informed consent is written and presented in a manner that is clear, easily understandable, and readily available to the participant.
- ❑ Participant comprehension of informed consent is verbally verified prior to onset of TBH services.

Possible Risks

- ▣ Possibility that technological problems may result in disconnection or poor reception.
- ▣ Poor audio or visual connection has the potential to compromise the therapeutic encounter and lead to misunderstandings or miscommunication.
- ▣ Rural areas may have a slower response time from emergency personnel
- ▣ Invasion of privacy is a risk that can be covert observation or auditorial within the client's environment.

Possible Risks continued

- ▣ Psychological stress or undesired changes in thought processes and emotion (e.g., episodes of depression, confusion, or hallucination resulting from drugs, feelings of stress, guilt, and loss of self-esteem) can occur during the session. Stress and feelings of guilt or embarrassment may arise simply from thinking or talking about one's own behavior or attitudes on sensitive topics such as drug use, sexual preferences, selfishness, and violence. These feelings may be aroused when the client fills out questionnaires or assignments. This risk also is present in person to person sessions that occur during facility appointments.

Possible Benefits

- ▣ For some clients TBH increases comfort levels.
- ▣ Creates more efficient, convenient and potentially more cost effective delivery of care related to location and transportation, this mode of care also facilitates access in cases where stigma or medical issues might otherwise discourage a client from receiving services.
- ▣ Tele behavioral health care offers the availability and accessibility of mental health and substance abuse services, especially in rural, remote, and medically underserved areas.
- ▣ Tele behavioral health care can be used as preventative care through case management and remote in-home monitoring.

Privacy for Others

Application for Group Usage

<https://youtu.be/K7agjXFFQJU>

Who has used?

Pros, Cons, Lessons Learned

Tips to share

Emergency Situations

Start every session with documentation of location of client. Do not assume they are at home or work.

Know how to get ahold of local resources if needed with client

Emergency Situations P&P

- ▣ Prior to delivering TBH services, counselor is aware of and is able to facilitate access to crisis and emergency services available closest to the client's local area. Counselor has available emergency service providers closest to client's local area and is able to make referrals when necessary.
- ▣ Counselor has a protocol for conducting referrals to crisis or emergency services.
- ▣ Counselor is cognizant of and adheres to duty-to-notify laws that govern the local area where participant is receiving TBH services

System Issues

Procedures for Technology issues

Who is your onsite “Superman”?

Use phone is necessary as last resort



Session 3

- ▣ Learning about and developing the necessary skills a clinician must possess when conducting counseling session not “in person”

Build Rapport

- ▣ All the same techniques with some additional considerations
- ▣ Have your technology be current
- ▣ Restart you computer daily to allow for updates

Be Prepared

- ▣ No headphone/earbuds
- ▣ Check lighting (bright background lights distracting)
- ▣ Choose private setting and non-distracting background
- ▣ Consider background noise

DON'T USE

- ▣ Bad camera angles
- ▣ Distraction with décor or clutter
- ▣ Don't have other streaming going on for you or client (bandwidth issue)

DO

- ▣ Look yourself in the eye on your camera screen to make eye contact with the client
- ▣ Practice the technology and session set up with someone prior to using with client
- ▣ You need to get comfortable seeing yourself and your mannerisms

DO You Talk with your Hands?

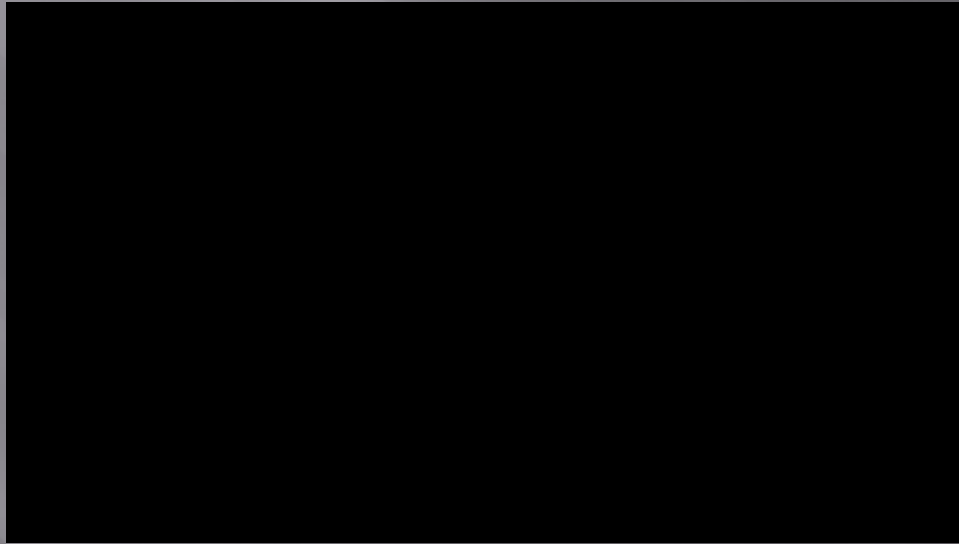
- ▣ Your whole body is not in the session
- ▣ What other impacts are there

Laptop Set Up

- ▣ <https://youtu.be/rQwanxQmFnctps://youtu.be/4lfzvaBYRwg>

Communication can be Difficult even Face to Face

https://youtu.be/ezVib_giTfo



Session 4

- ▣ How to keep professional ethics at the forefront

Talk about the Elephant

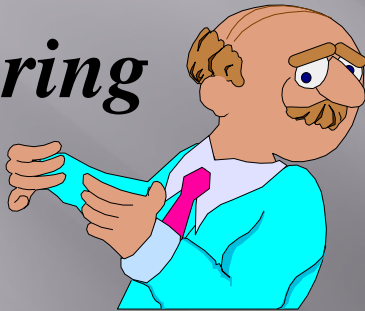


How do you go about Establishing Rapport?

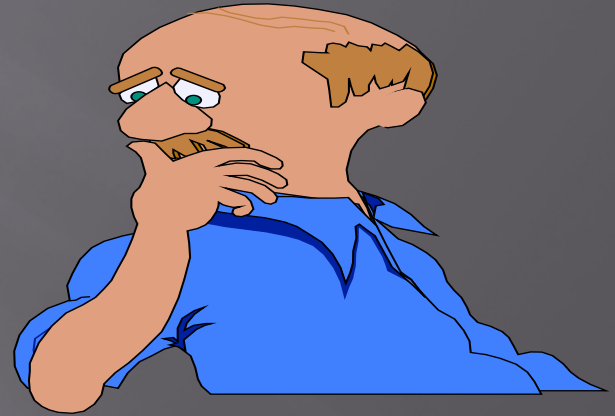
- You need Self-Confidence
- You must Understand People
- You must be Enthusiastic
- You must make Eye Contact
- You must be Interested in them

Communication is a Series of Experiences of

Hearing



Smell



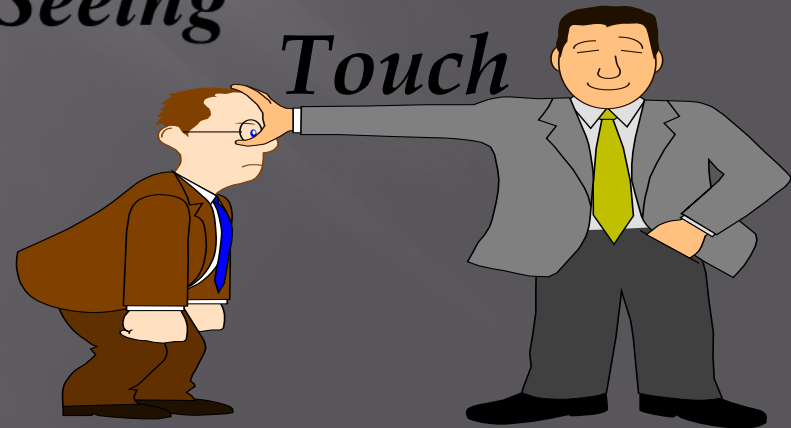
Taste



Seeing



Touch



LEVELS OF COMMUNICATION

■ VERBAL

- Intra verbal: intonation of word and sound
- Extra verbal: implication of words and phrases, semantics

■ NON-VERBAL

- Gestures
- Postures
- Movements

■ SYMBOLIC

Barriers in Communication (that have to do with the COMMUNICATOR)

- Disagreement between verbal and non-verbal messages
- Negative Self Image
- Lack of Feedback
- Lack of Motivation and Training
- Language and Vocabulary Level
- Lack of Self Awareness

Barriers in Communication (that have to do with the RECEIVER)

- Selective Perception
- Unwillingness to Change
- Lack of Interest in the Topic/Subject
- Prejudice & Belief System
- Rebuttal Instincts
- Personal Value System
- Here-and-Now internal & external factors

External Barriers in Communication

- Environment
 - The venue
 - The effect of noise
 - Temperature in the room
- Other People – Status, Education
- Time

COMMUNICATION

■ 7% WORDS

- Words are only labels and the listeners put their own interpretation on speakers words

■ 38% PARALINGUISTIC

- The way in which something is said - the accent, tone and voice modulation is important to the listener.

■ 55% BODY LANGUAGE

- What a speaker looks like while delivering a message affects the listener's understanding most.

TYPES OF BODY LANGUAGE

Remember that you are dealing
with “PEOPLE”

- **(P)OSTURES & GESTURES**
 - How do you use hand gestures? Stance?
- **(E)YE CONTACT**
 - How’s your “Lighthouse”?
- **(O)RIENTATION**
 - How do you position yourself?
- **(P)RESENTATION**
 - How do you deliver your message?
- **(L)OOKS**
 - Are your looks, appearance, dress important?
- **(E)PRESSIONS OF EMOTION**
 - Are you using facial expressions to express emotion?

ETHICAL Considerations

Video Counseling helps us avoid the major ethical issue.

WHAT WE HEAR TOO OFTEN

“...just don't sleep with your clients!”



Talk about the Elephant



How to Stay engaged with Client?

- ▣ **Small group discussion**

Cultural Considerations

Discuss cultural considerations as they apply to video counseling

- ▣ Ability to manage your own personal values so that they do not contaminate the counseling process **BRACKETING**
- ▣ It is not ethical to refer clients based solely on a difference of values between the counselor and the client.

“Pitfall” Protected PROFESSIONALS

- Monitor their own stress and vulnerabilities
- Set boundaries up front
- Consult when have a “gut” reactions
- Stay competent and trained
- BE PRESENT – Stop Numbing
- Create a SPECIFIC Self Care Plan

ASSUMPTIONS based on cultural biases:

a. about self disclosure

b. about directness and respect

c. about nonverbal behavior

RESOURCES

- ▣ Jeremy Battershell, MHA -BPA Health Provider and Client Services Manager
- ▣ SAMHSA TIP 60: Using Technology-Based Therapeutic Tools in Behavioral Health Services (<https://store.samhsa.gov>)

