National Register of Health Service Psychologists

CLINICAL WEBINARS
FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Pragmatics of Ethical and Effective Telepsychology Practice through Video Conferencing

Mary K. Alvord, Ph.D

Alvord, Baker & Associates, LLC and
Resilience Across Borders, Inc.

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Disclosures/Conflicts of Interest

- No conflicts of interest nor royalties or stock in any telehealth product
- Co-author of *Resilience Builder Program®* & Relaxation CD's for youth and adults – royalties from Research Press
- Co-author *Conquer Negative Thinking for Teens* – royalties from New Harbinger
- President of charity – *Resilience Across Borders, Inc.* No income. All proceeds direct to the charity.

References/Citations

- American Psychological Association, Joint Task Force on the practice of Telepsychology. A*PA Guidelines for the Practice of Telepsychology.* (2013). *American Psychologist*. Washington, DC: Author.

- Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, B., Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services, 9*(2), 111-131.

- Barnett, J.E. & Kolmes, K. (2016) The Practice of Tele-Mental Health: Ethical, Legal, and Clinical Issues for Practitioners. *Practice Innovations*, 1(1), 53–66.

- Carpenter, A., Pincus, D., Furr, J., & Comer, J. (2018). Working From Home: An Initial Pilot Examination of Videoconferencing-Based Cognitive Behavioral Therapy for Anxious Youth Delivered to the Home Setting. *Behavior Therapy, 49*(6), 917–930.

- McClellan, M.J., Florell, D., Palmer, J., & Kidder, C. (2020). Clinician Telehealth Attitudes in a Rural Community Mental Health Setting. *Journal of Rural Mental Health,* 44(1), 62-73.

- Myers K, Nelson E-L, Rabinowitz T, et al. American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents (2017). *Telemedicine Journal And E-Health: The Official Journal of The American Telemedicine Association,* 23(10):779-804. doi:10.1089/tmj.2017.0177.

- Shore, J. H., Yellowlees, P., Caudill, R., Johnston, B., Turvey, C., Mishkind, M., … Hilty, D. (2018). Best Practices in Videoconferencing-Based Telemental Health April 2018. *Telemedicine Journal And E-Health: The Official Journal Of The American Telemedicine Association*, 24(11), 827–832. https://doi-org.proxygw.wrlc.org/10.1089/tmj.2018.0237

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Learning Objectives

- Describe two patient conditions under which telepsychology might be appropriate and suitable during the coronavirus outbreak.

- List at least two competence skills a provider must possess prior to using telepsychology health.

- Explain two ethical issues and strategies for effective risk management.

In-Person – physically in same space

Face-to-Face

Real-time video/audio

Telemedicine
Telepsychology
Telemental Health
Telehealth Video - synchronous
Telepractice

Provider Site~Remote ~ Hub
Patient Site~Originating site~ Spoke

TERMINOLOGY

Telehealth also means telephone, text, email, social media. This talk relates only to telehealth via video which at this point is the only one that may be reimbursed by insurance.

Overcoming Barriers
During Public Health Emergency and always

- NOW – almost all patients and esp. "vulnerable" population.

- **CULTURAL COMPETENCE – expression of distress in somatic symptoms, for ex. Cultural factors in community/home critical esp. when bring in remote "specialists" ETHICAL RESPONSIBILITY**

- Distance

- Areas, esp. rural, may have limited access to multi-lingual or multi-culturally specific providers.

- Time constraints

- In vivo exposures

- Temporary or long-term physical disabilities that may limit mobility

- May also have limited access to SPECIALIZED evidenced-based assessment and therapeutic intervention, i.e. Trauma Focused CBT Community Outreach Program-Esperanza (COPE) program that provides bi-lingual and bi-cultural clinicians (Jones et al, 2014).

- Language (sign and foreign) translators/interpreters

- For teens, for ex. No need for parents to transport them

- For college students (in-state) or out of state where provider has permission to practice – transition time or continuity of care as adjunct, etc.

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Why Telepsychology?
Now but also to continue

- **Mindset of providing services other than in-person**
- *The more clinicians practice and learn, the more comfortable and competent*

- *Requires different prep than in-person.*

- *YES, there is CPT CODE for HIPAA-secure SYNCRONOUS (real-time) Video & audio sessions (add modifier code (95). Ex. 90834 (95). Some insurers and Medicare still use the old modifier of (GT) *** As of 3/17, Medicare may have changed that to eliminate code until emergency is lifted???*
- *Location is typically Telehealth (02)*

Getting Started

- Review Guidelines for Telepsychology https://www.apa.org/practice/guidelines/telepsychology
- Know the research of what has been found to work, with whom
- Decide who is appropriate for this modality
- INFORMED CONSENT
- High Speed Internet - Broadband width – w sufficient upload and download (Use ethernet vs wi-fi)
- *HIPAA-secure Platform with Business Associate Agreement (BAA) Lifted temporarily as requirement during COVID-19, but I still rec HIPAA-secure w BAA –ck state HIPAA regs)
- Computer or laptop. Sometimes phone with app for certain settings.
- Web camera with audio and **LOOK at the camera** when you speak, not at your monitor!
- Good lighting – to your side or in front of you
- Phone nearby
- Document why you are doing telehealth and document WHERE the client is located
- Practice makes better – practice w friends and family

We CAN all do this well!!

TELEPSYCHOLOGY Guidelines

- Under what conditions? Start with in-Person Intake, but not during the order of Physical Distancing – Let's remember it is PHYSICAL distance we want, not SOCIAL.

- We do not want people to be isolated.

-
  Clinically: Who is appropriate?

  Clinically: Who is NOT APPROPRIATE? What are your rule-outs? High-Risk?

  Assuming: practicing within areas of competence

- **Clinician Competence:**
  Clinical   AND
  Technological
  Evidence-base of treatment methods AND of telehealth

Who do you see? What are some exclusion criteria? And, at which point do you refer out or to more intensive services?

Further, what services, for whom, when?
Testing, group??

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Research

- Few studies prior to 1996
- Since 1996, at least one peer-reviewed article/yr. until a few years ago. Since 2012 RCT research studies have increased exponentially!
- Empirical studies:
- Modalities: primarily individual, some family, group, no couples, mostly CBT
- Problem areas: ADHD, PTSD, anxiety, depression, eating disorders smoking sensation, OCD, substance abuse, tics (C-BIT), social phobia, addictions, chronic pain, IBS, obesity, TF-CBT, pediatric applications, parenting, etc.
- Improvements in symptoms and no differences between VC and in-person
- Higher attrition rates for in-person
- Alliance measures mixed even while outcome measures improved
- Satisfaction ratings similar, but when dissatisfied it was primarily due to technology glitches.
- Dealing with language and hearing/expression barriers
- Content

Create your Own Checklist

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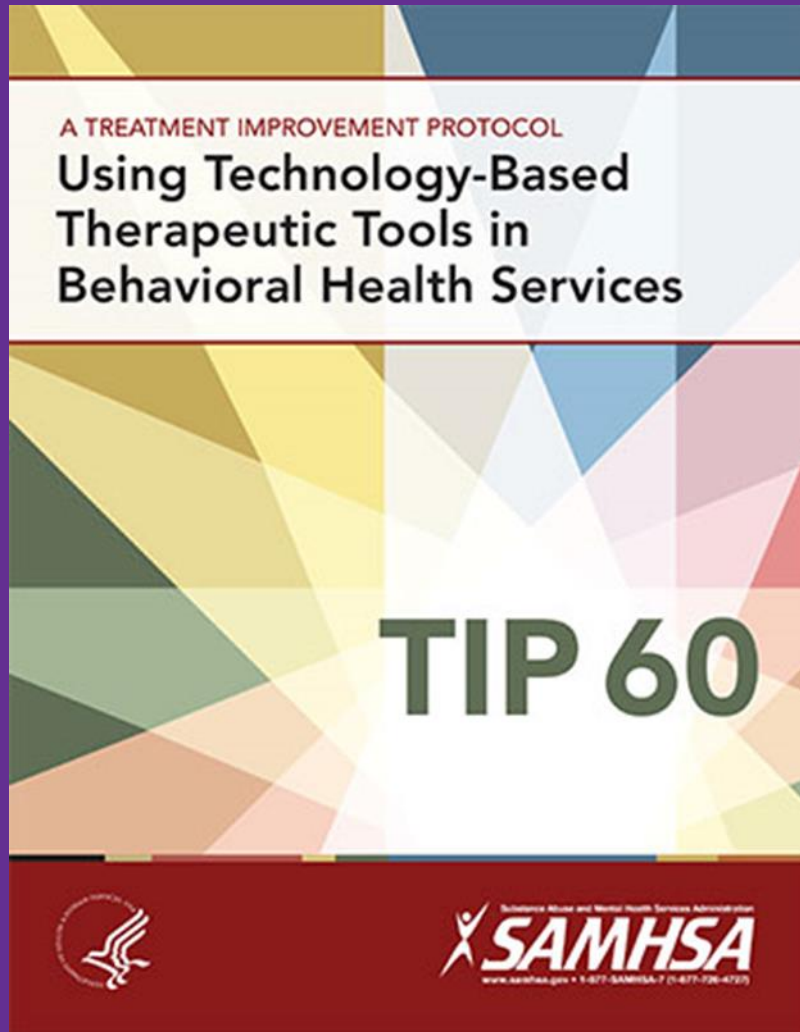
Includes factors to consider for your informed consent

http://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924

Sample telehealth informed consent from the Trust
www.parma.trustinsurance.com/Resource-Center/Document-Library

And, APA has just released materials:
https://www.apa.org/practice/programs/dmhi/research-information/informed-consent-checklist
 Informed Consent Telepsychology checklist. (For use in your clinical record. Please add your own letterhead.).
Office & Technology Preparation Checklist. (For reference to prepare your office and practice for telehealth.).

Ethical Principle: Informed Consent

- Synchronous process with limitations: missed non-verbals, internet speed or cut-offs and plans to address
- Benefits of telehealth video sessions
- Privacy – who has access and how is it protected
- Confidentiality- how it applies to telehealth; exceptions as in-person
- Records – no recording on either end unless specified. How are records kept.
- Emergency procedures- clinical emergency plans and technology failures
- See page 26 of SAMHSA Tip 60
- Special considerations for minors

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Using Technology-Based Therapeutic Tools in Behavioral Health Services

Essential Elements of Informed Consent To Participate in TAC

Services process and alternatives:
- Whether communication will be synchronous or asynchronous
- Response standards and scheduling
- Frequency of interactions
- Misunderstandings (text-based and video-based risks)
- Alternative treatments or delivery approaches

Individuals who may have access to clinical information:
- Other providers on both ends of a Web conferencing exchange
- Technical staff members required to operate or maintain the technology
- Other participants in groups or chats
- Supervisors
- Program evaluators or quality assurance monitors

Potential benefits of the service:
- Access to services
- Privacy
- Reflection time
- Access to specialists and supervisors

Confidentiality of communications and records:
- Confidentiality laws that apply to clinical exchanges using technology
- Legal exceptions that apply to telemental healthcare or telemedicine just as they do to in-person clinical work, including child abuse, elder abuse, medical emergencies, threats of violence, or danger to self, as dictated by state and federal laws

Privacy and privacy risks:
- What is being transmitted, including identifiable images, clinical information, appointment reminders, and billing information
- Form of transmission, including attempts to protect privacy using encryption
- Privacy risks inherent in transmission, such as failures of technology, and unauthorized access to electronic information
- Storage/destruction policies for electronic communications (e.g., text messages, emails)

Roles and credentials of all individuals involved in service delivery:
- Names, roles, and credentials of all providers who participate in clinical care and how the client can confirm credentials (includes providers on both ends of a telemedicine exchange)
- Billing or administrative staff members who may contact clients about administrative issues

Emergency procedures:
- Expectations for response to postings, emails, telephone calls, or text messages
- Contact information and procedures if immediate follow-up is needed
- Emergency/crisis services contact information
- Steps providers may take if concerned about safety of a client

Ways for clients to protect their privacy:
- Controlling access to communications through establishing passwords, deleting cookies, and controlling computer access
- Understanding the risks of sharing email accounts
- Limiting or preventing the provision of identifying information on social media
- Identifying Internet security risks
- Installing virus, spyware, and malware detection software

(Continued on the next page.)

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Private space for all and more so for groups

Recording – transparency on their part - what if they want to record from another device?

Tech back-up plans
This is where familiarity and clinician tech competence come in. Know all the possible problems that can go wrong to help troubleshoot!

Stay on top of your secured lines. This came from the IT that monitors our system, on 3/17: "Please be aware that malicious actors are taking advantage of everyone being on edge about Covid-19 and attempting to manipulate you into running malicious code on your systems including a new Crypto variant conveniently named **CoronaVirus.**"

Essential Elements of Informed Consent To Participate in TAC (continued)

Charges and payment:
- What the charges for services are, including email exchanges, telephone calls, and text messages
- How charges will be billed
- What the charges will be for no-shows

Service disruptions:
- Ways to handle service disruptions
- Potential impact of service disruptions on privacy or confidentiality
- Alternative ways to contact the provider

Regulatory agencies and grievances:
- Who regulates the service provided
- What are the internal and external channels and contact information for filing a grievance

staff members in a clinical practice may access technology-based communications with clients. These policies should additionally ensure that clients do not assume that there will be real-time communication with clinicians (e.g., a policy to inform clients that they should not use a technology-based intervention to contact their clinician when in crisis, such as when experiencing suicidal or homicidal ideation, making plans, and/or exhibiting intent). All providers should put their TAC policies in writing and clearly communicate them to clients at the start of the therapeutic relationship using an informed consent agreement. It is also helpful to have clients sign off on these policies to acknowledge that they have reviewed them and agree to comply.

SAMHSA offers confidentiality and health privacy resources (CSAT, 2004c; http://www.samhsa.gov/healthprivacy). For information on providing TAC to veterans, see the planned TIP, *Reintegration-Related Behavioral Health Issues in Veterans and Military Families* [SAMHSA, planned e]).

Informed Consent
Providers of technology-assisted services are bound by the same legal and ethical requirements and standards of practice that apply to in-person service delivery; however, technology

introduces some additional risks and benefits that should be covered with participants in technology-assisted services. The risks and considerations vary by type of technology used, as well as the type of service delivered. The box beginning on the previous page outlines some of the more common considerations related to technology-facilitated care.

The Digital Divide and Healthcare Disparities
Although Internet and mobile phone access is rapidly increasing all over the world, some populations may have greater access to these technologies than others. Variables that influence access include rural versus urban locations; socioeconomic status; and various demographic characteristics, such as age. Even with access, some people may not be able to engage in TAC readily due to challenges with technological literacy, health literacy, or reading literacy. Additionally, some technology-based tools and interventions may not be accessible to or perceived as useful by various groups if they don't address individuals' needs in a culturally responsive manner. Clients will benefit from tools that are in the language with which they have the greatest facility.

TAC offers great potential to lessen the digital divide and address healthcare disparities

Verbal and Written Informed Consent and Transmittal during COVID-19 and video intakes

- Determine where the informed consent will be. On your website, or emailed, or?

- How will they return it?

- Do you have secured email, fax, mail?

- Need to discuss the informed consent, risks and benefits, just as in-person, but now you also have to discuss tech back-up plans, safety plans, local resources. And, will you only propose using telehealth during COVID-19 or ongoing, or intermittently??

HIPAA-secure Platforms – not all have same features and same platforms might have free, paid, and healthcare (w BAA) versions. Most can be used on multiple devices, esp. if app based, rather than web based.

- Please note that HHS temporarily (as of 3/17) lifted allowance of use of NON-HIPAA-secure platforms such as SKYPE and Facetime. I do NOT recommend using those, but if you do you have to be more diligent about your informed consent, your knowledge of how these may not be private, and your state HIPAA regs.

- Note capabilities one-on-one or more vs. group. How long? 40 min limit, session limit per month, or person limit.

- Screen share features, such as white board or assignments, excel docs, etc.

HIPAA-secure Platforms – not all have same features and same platforms might have free, paid, and healthcare (w BAA) versions

- Please note that what is offered and for what price is changing daily during the COVID-19 Health Emergency
- Here are some platforms to look into:
- Some EHR's like Simple Practice, WeCounsel, Therapist Helper is developing one, but through AmWell
- Zoom – 3 versions, only one HIPAA
- Vsee – as of 3/18 no longer offers a free version
- Secure Video
- WebEx
- Doxy.me
- Theralink
- 8x8
- https://AdaptiveTelehealth.com (also has webinars by licensed counselor who has been in the field fo telehealth for years

- These are ALL separate from companies that provide telehealth like Better Help or Talk Space (not picking on them). If you sign up understand privacy, confidentiality, data leaking might be a factor in addition to verifying clients location, etc.

Ethics and Risk Management

- BE PREPARED for various challenges (clinical and technological).

- Do you have contact prior to the face-to-face (vs. in-person)? How do you screen for appropriateness, or does someone else screen?

- How do you verify identification? Location? Payment?

- Depends on the setting and your requirements for -n in-person visit prior to initiation of face-to-face.

- Start by determining who is best suited for telehealth. Must carefully screen for appropriate fit. Identify high-risk clients/situations and determine a plan immediately including perhaps, only doing in-person treatment or collaborative care with professional who has in-person contact.

- Resources in your setting and response time for emergency situation.

- Awareness of mental health status, and if changes take place, modality of delivery may need to change. Alcohol and substance abuse profile.

- **How will you deal with an angry client who slams the laptop closed and won't answer the phone?**

A web camera that incorporates audio

What features beyond basic

Business Grade HD Video Webcam:
Full 1080P Hd Video For High Quality
Video Conferences
Pan, Tilt And 4X Digital Zoom
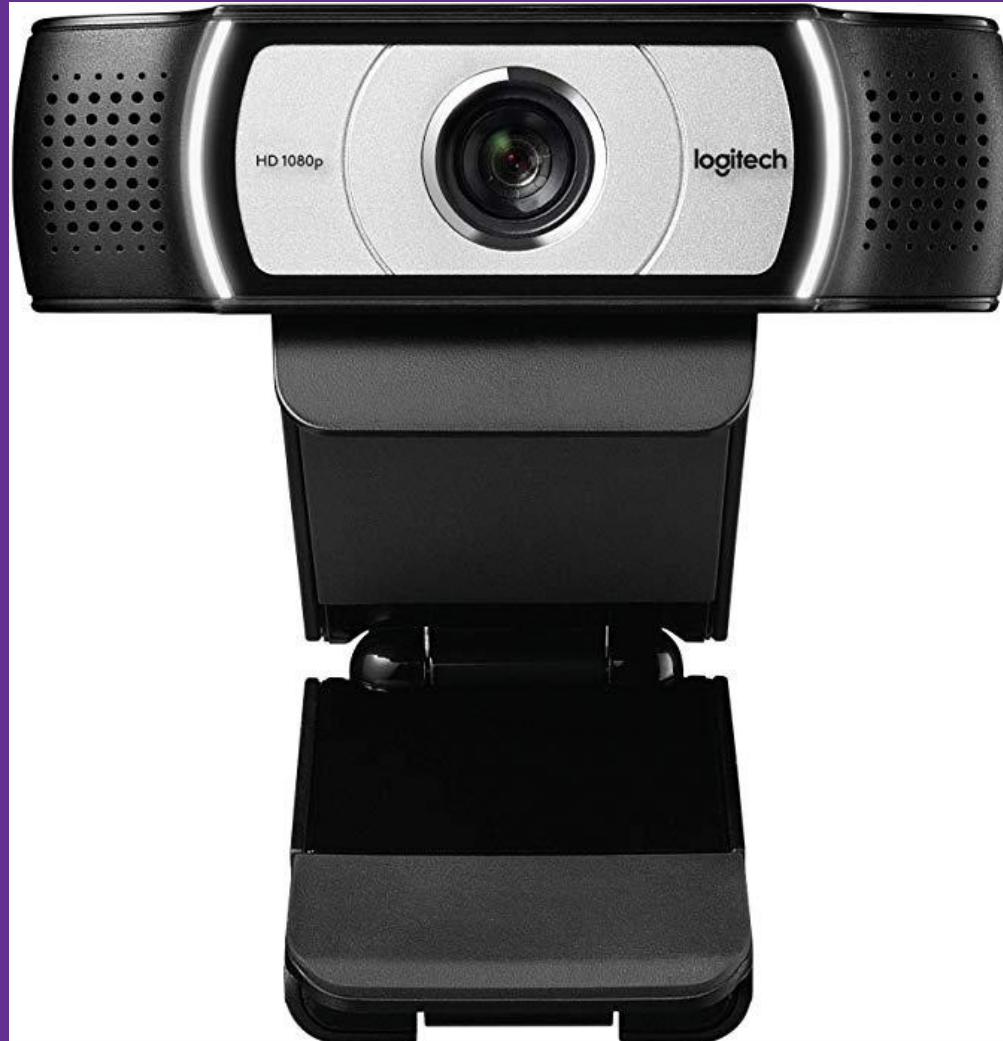
Consider the Visual and NOISE BACKGROUND
Might need to wear headsets & a white noise machine (not Alexa)– now that we are home, dogs, kid noises

Esp. because we are home now, we need to maintain our privacy for professional and safety reasons.

Consider purchasing a 4 panel screen

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BACK-UP and SAFETY PLANNING

- **Legal issues**: Licensure requirements

-                 Laws: Detention and involuntary commitment/ duty to warn/ protective services reporting

- **Ethical issues**: Area of competence. Appropriateness of treatment, Is this patient isolated and better served outside the home? Issues of confidentiality (i.e. recording). INFORMED CONSENT – review patient agreement which includes discussion of safety concerns and plans as well as technological back-up plans.

- **Technology**: Competence of use of VC. Internet speed, quality of audio and video, back-up plans for technology glitch.

- **Environment**: Lighting, privacy, others in the home/neighbors nearby, patient mobility (wheelchair bound, walker, etc.). Guns or other weapons in the home.

- **Resources in Community:** local 911, hospitals or partial programs. Other emergency systems.

- ALWAYS have **phone number and address of where they are during the session. Have contact info for identified back-up individual.   M**onitor risk each session – include outcome measures.

- Collaborate with other providers! Have a team available for consult and emergency implementation.

-

Portion of a sample Telehealth Agreement
www.alvordbaker.com/forms

- By signing the document below, you are stating that you are aware that your provider may contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider or at the nearest hospital emergency department or by calling 911.

-

- Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; trusted family, friend, or confidant).

-

- Physician or Psychiatrist Name & Relationship Telephone number(s)

-

- Crisis Hotline and local Crisis Center Names Telephone number(s)

-

- Family Member Name & Relationship Telephone number(s)

-

- Friend Name & Relationship Telephone number(s)

-

- By signing this document you are declaring your agreement with the following statement:

Interjurisdictional Practice

Where the PROVIDER is physically located AND
 where the CLIENT is Physically located

During COVID-19 many states are allowing temp for CONTINUITY of care
ASPPB has been working with our member jurisdictions (states and provinces) to find out what their status is regarding allowing interjurisdictional practice during Covid 19. If you go to the ASPPB website at https://www.asppb.net/page/covid19 you can find a list of states/provinces and their responses to the interjursidictional practice questions. This will be updated every afternoon.

KNOW THE REGS for EACH state: Are there students who live out of state, or are traveling out of state?
Differences in laws: which state law applies- where the MH provider is located or where the patient is located?
DUTY TO WARN, ABUSE. AGE OF CONSENT.
If so, be mindful: "For example, if you are a PA psychologist seeing a patient who lives in North Carolina and the patient tells you they are planning on harming their next door neighbor, is there a mandated duty to warn. In PA, the answer is yes. In NC, the answer is no. If you warn the neighbor in NC, you might have violated NC law. If you don't warn the neighbor, you might have violated Pa law. The same is true with duty to report child abuse or elder abuse." (A Siegel, JD, PhD, 3/17/20)

PsyPact and Compacts

Special Considerations w children & teens

(see guidelines Myers K, Nelson E-L, Rabinowitz T, et al. American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents (2017).

- Evidence-base exists, but we need more varied environments; Storch et al (2011) found that treating OCD via TMH was superior!
- Legal issue: Permission from parent(s) or guardian– divorce/consent issues if you will do primarily virtual visits – which house?
- Involving systems (teachers, parents, siblings, other providers)
- Depending on age and activity level age, larger room with several cameras might be necessary – or make telehealth inappropriate.
- Cameras with pan/tilt/zoom to better capture facial expressions

- Emergency or urgent back up plan for teens, esp. important
- Use of mobile devices for exposures – smartphones, laptops, incorporating use of apps (Virtual Hope Box, for ex.)
- School-based TMH increasing
- Providers seek update on TMH competency
- All ethical considerations as with adults, but more in addition.

National Consortium of Telehealth Resource Centers Funded by HHS & HRSA to advance rural telehealth
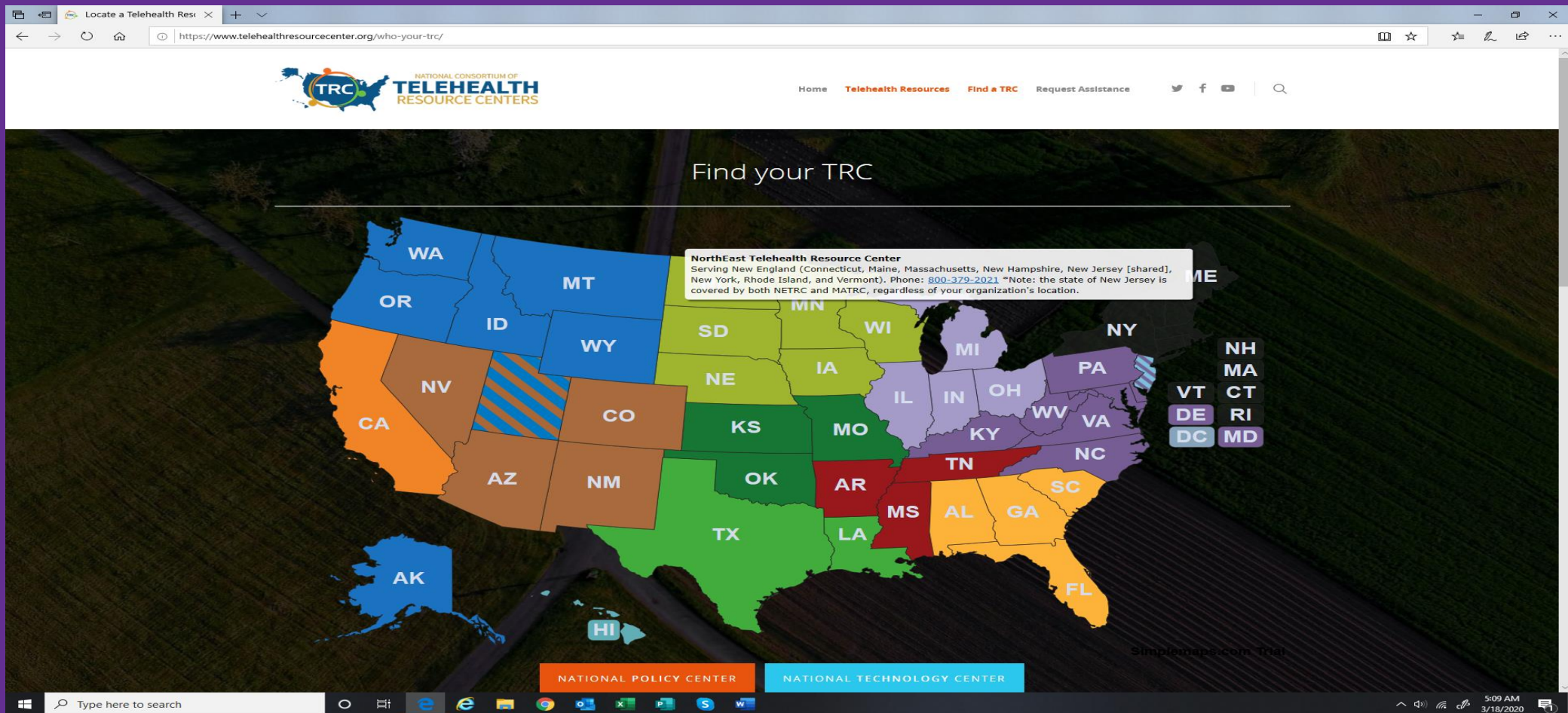
Trainings

- APA has CE trainings on telepsychology

- https://www.adaptivetelehealth.com/index.php/prospect/training
- https://www.adaptivetelehealth.com/index.php/provider

- https://www.tzkseminars.com/Custom/TZKSeminars/Pages/WebinarDetails.aspx?id=5586&The-Practice-of-Tele-mental-Health-and-Use-of-Social-Media:-Ethical,-Legal,-and-Clinical-Issues-for-Practitioners--3-CEs-
-

- https://www.zurinstitute.com/clinical-updates/corona-virus-telemental-health-act-now/

- https://telehealth.org/telehealth-training-courses/

Additional Resources

- https://www.nationalregister.org/coronavirus-resources/

- APA Division 46 – Society for Media Psychology and Technology has a long-standing Telehealth and New Technologies Committee

- Samples of Client Service Agreements which incorporate statement about Telehealth and a Separate Telehealth Agreement on www.alvordbaker.com/forms

Summary

- Chose a system: *HIPAA-secure Platform with Business Associate Agreement (BAA) Computer or laptop

- Get the signed informed consent

- Determine how you will get payment

- Document why you are doing telehealth and document WHERE the client is located

- Bill using the modifier codes: typically (95) but some, including Medicare use the older modifier of (GT). For ex. 90834 (95)

- Location is 02 for telehealth

RESILIENCE | ACROSS BORDERS

thanks you
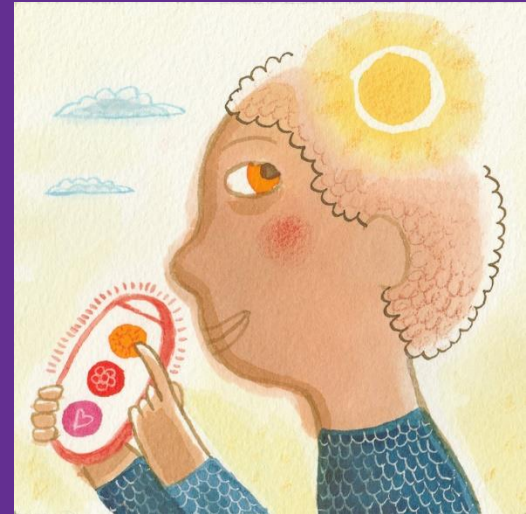## and the National Register!

- A 501(c)3 charity that strives to enhance resilience and mental health for all through clinical practice, research, and training. We support youth from high poverty communities through our evidence-based group intervention, the Resilience Builder Program®. Future > AR & technoogy

- To learn more, check out our feature on NPR's *All Things Considered*!

  ## https://n.pr/3a6zNc6

Website: www.resilienceacrossborders.org

https://www.facebook.com/ResilienceAcrossBorders/

Twitter: @ResilienceXBdrs

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Q&A

- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.

- Due to time constraints, we will not be able to address every question asked.