After the Acute Phase of Coronavirus—What Comes Next

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Alex M. Siegel, JD, PhD, is an attorney and psychologist who specializes in regulatory and licensure issues in the professional practice of psychology. He is the Director of Professional Affairs (DPA) at the Association of State and Provincial Psychology Boards (ASPPB). Dr. Siegel was staff to the APA/ASPPB/The Trust Joint Task Force on Telepsychology and staff to the ASPPB Task Force on the regulations for interjurisdictional telepsychological practice. He is a former Chair of the Pennsylvania State Board of Psychology.

Disclosures/Conflicts of Interest

I am the Director of Professional Affairs (DPA) at the Association of State and Provincial Psychology Boards (ASPPB).

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Jana N. Martin, PhD

Jana N. Martin, PhD, after years of independent practice, became Trust CEO in 2010. Dr. Martin was co-chair of the Task Force on the Development of Telepsychology Guidelines for Psychologists and was co-editor with Drs. Campbell and Millan on A Telepsychology Casebook: Using Technology Ethically and Effectively in Your Professional Practice. She has been commended by the American Psychological Association with a Presidential Citation for exemplary work as a modern-day practitioner and is a recipient of the Rosalee G. Weiss Award for Outstanding Leaders in Psychology from the American Psychological Foundation. Dr. Martin is nationally recognized and has published and presented numerous times within the professional psychological community.

Disclosures/Conflicts of Interest

- I am CEO of The American Insurance Trust (The Trust), and we are very pleased to partner with the National Register.
- The Trust, the National Register, the Association of State and Provincial Psychology Boards (ASPPB), and the American Board of Professional Psychology (ABPP) are working together to improve psychologists' access to valuable information and be a trusted and united resource and support.

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Morgan T. Sammons, PhD, ABPP, is the Executive Officer of the National Register of Health Service Psychologists. He is a retired Navy captain and was formerly the U.S. Navy's specialty leader for clinical psychology. He has a long history of leadership and advocacy in the profession, including many years' experience working with the National Register. Dr. Sammons is a diplomate of the American Board of Professional Psychology (Clinical), and a Fellow of the American Psychological Association. He contributes regularly to professional literature and presents widely on issues pertaining to clinical practice, psychopharmacology and the advancement of psychology.

Disclosures/Conflicts of Interest

The presenter has no financial or other conflicts of interest to report.

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Learning Objectives

- Explain the ongoing legal and regulatory impacts of COVID-19 on the license to practice psychology.
- Identify risk management and ethical issues of returning to in-person psychological services.
- Demonstrate safe and effective practices with staff and patients upon return to in-person practice.

Alex M. Siegel, JD, PhD
Director of Professional Affairs at ASPPB

The Regulatory Perspective

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Normal Requirements to Practice

- Historically regulations have required a Psychologist to be licensed where he/she is practicing and where the patient is located.
- In addition, practice has been governed by the regulations of each jurisdiction.

Requirements During a Public Health Crisis

- We have seen temporary adjustments to the regulatory requirements for practice due to the COVID-19 crisis.

- Temporary regulatory practice requirements have resulted due to the execution of Governors' Executive Orders in response to COVID-19.
  - Interjurisdictional Telepsychology Practice
    - Allow practice across state lines

- Other flexibilities that have been granted by various Licensing Boards
  - Online continuing education allowance
  - Supervision hours for licensure via tele-means

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A View After the Lifting of Governors' Executive Orders

- New chartered territory in which we all are learning.
- There is a high level of sensitivity by the Regulatory Community as to the current and potential future concerns of students, and Licensed Psychologists.
- Anticipate a return to the regulatory requirements set for each jurisdiction.
- It will be very important to refer to each jurisdiction when questions arise.

Long-term Future for Interjurisdictional Practice of Telepsychology

- The Psychology Interjurisdictional Compact (PSYPACT)
  - Contract between states
  - Currently includes 13 states that have passed PSYPACT Legislation
    - AZ, NV, MO, CO, UT, NE, GA, DE, NH, TX, OK, IL and VA

- Interstate compact designed to:
  - **Facilitate the practice of telepsychology across participating state lines** through an Authority to Practice Interjurisdictional Telepsychology (APIT)

    AND
  - **Allow for temporary in-person, face-to-face psychological practice for up to 30 workdays per year** through a Temporary Authorization to Practice (TAP)

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Tip Sheet

- Remember that each jurisdiction abides by its own legal rules and regulations:
  - https://www.asppb.net/page/BdContactNewPG#D
  - https://www.asppb.net/page/psybook
- It is important to review the various practice and training allowances that have been granted during COVID-19:
  - https://www.asppb.net/page/covid19
- It is important to clearly document any nuances about your training and supervision during this unprecedented time.
  - https://www.asppb.net/page/TheBank
- For additional information and resources about PSYPACT visit:
  - https://cdn.ymaws.com/www.asppb.net/resource/resmgr/covid19/information_resources_-_webs.pdf
  - https://psypact.org

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Jana N. Martin, PhD
CEO of The Trust

Risk Management: Moving Forward

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Returning to the Office

- What guidelines do you follow?

➢Closely review your state's specific phase-in plan (e.g., some states that are reopening are still encouraging the use of teletherapy when possible)

➢Know what CDC and WHO are recommending, and determine if you can comply

➢Guidance from The Trust, professional associations, etc.

Returning to the Office

- Assess the risk categories of your patients, your staff and yourself
- Document your reasoning for resuming in-person treatment of your patients, especially those at risk
- Consider an addendum to your informed consent document that indicates the risk of transmission still remains

Returning to the Office

- Establish standards and policies for how the risk of transmission will be minimized

➢Washing hands
➢Wearing masks
➢No hand-shaking
➢Reporting exposures
➢Cancelling if ill
➢Re-arranging office seating
➢Payment
➢Scheduling changes
➢Cleaning routine

Returning to the Office

- What's your comfort level?
  - Your level of risk is important too!
  - Remember to practice within your areas of competence
  - Self-care is very important
  - Risks of overload, compassion fatigue
  - Find resources so they're accessible when you need them

Compassion Fatigue

- Rothschild (2006): "Empathy is an integral, necessary tool of our work"
- The "cost of caring" (Carl Jung, 1907)
- Vicarious traumatization (McCann & Pearlman, 1990)
- Three categories: Intrusive, Avoidance, Arousal
- Warning signs & impact
- Prevention and management
- Self-care

Morgan T. Sammons, PhD, ABPP
Executive Officer of the National Register

Mental Health Sequelae of Coronavirus

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How Little Do We Know About Long-term Sequelae of Pandemics?

- Very little indeed, more data are available regarding short term effects.
- Small (n=96; Mak, et al., 2009), study of sequelae in post-SARS (2003) patients 5 years out showed high % of depression and PTSD in a largely female (59%) sample of survivors in HK (approx. 1/3 were healthcare workers).
  - Approx 1/3 were symptomatic 5 years out: PTSD and chronic depression were most common dx.
- Small (n=117; Tansey et al., 2007) study of sequelae in SARS survivors in Toronto, ON (67% female, 65% healthcare workers), showed significant decline (1.6 SD) in mental health scores of Short Form Health Survey (SF36), 43% sought MH care. Physical outcomes better than MH outcomes.

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Mak, IWC, et al. (2009). Long term psychiatric morbidities among SARS survivors. General Hospital Psychiatry, 31, 318–326

Immediate MH Effects in Healthcare Workers

- Tend to be more dramatic and significant.
- Quick response survey (n=1257) done at height of pandemic 1/29/20 to 2/3/20 in Wuhan found high levels of depression, anxiety, insomnia, distress using standard scales (PHQ, GAD scale, Insomnia Severity Index)
- Front-line workers, notably nurses, most affected, esp. those engaged in direct treatment.

Lai, J., Ma, S., et al. (2020). Factors associated with mental health outcomes among healthcare workers exposed to COVID19. JAMA Network Open, 3(3), e203976, doi: 10.1001/jamanetworkopen.2020.3976

Are New Psychotropic Prescriptions a Leading Indicator?

- Significant jump in new prescriptions for anxiolytics, antidepressants in early phase of COVID19
- Rx for antianxiety, antidepressant, and sleep medications rose 21% from 15 Feb-15 Mar 2020.
- 78% of these Rx were for new prescriptions.
  - Source – Express Scripts data reported in Brooks, M. COVID-19: Striking Uptick in Anxiety, Other Psych Meds, 4/17/20, MedScape Pharmacy
- Interpretation:
  - Unclear if there are diagnoses associated with these Rx's or if they represent short-term management of acute stress responses, insomnia.
  - Likely that meds are easier to obtain than new psychotherapy appointments.
  - Unclear if this indicates a true rise in mental disorders.

Concerns

- Four major at-risk populations: Patients, caregivers, family and coworkers, & population at large affected by quarantines and physical distancing.
- 2 major issues:
  - New onset MH disorders following exposure to COVID
  - Exacerbation of previous MH disorders following exposure to COVID
- Epidemiology:
  - Immediate effects (Acute Stress disorder, insomnia, depression, grief)
  - Long-term sequelae (PTSD, chronic depression, psychological factors complicating physical recovery, elevated substance abuse)

Treatment

- Unclear role for immediate support groups.
- Availability of MH providers likely assists prevention/adaptation in front line workers.
- Presumption is adequate coping, no large-scale MH sequelae.
- No specific treatment for COVID or related pandemic sx, but note:
  - If patients do express sx, they are likely to be persistent for periods of >1 year following exposure.
  - Watch for emergence of delayed symptomatology 3-6 months following acute phase.
  - Watch for familial dysfunction as a leading indicator.
    - Is Substance Abuse another leading indicator?

Chinese Mental Health Response Has Been Robust and Systemic: What Can We Learn?

- In late January, National Health Commission released principles for MH care. Three key points (Li, et al, 2020):
  1. Understanding MH status of different populations affected by COVID19
     - Target populations are:
     - Level 1: Most vulnerable to MH problems (hospitalized patients, frontline professionals, admin staff
     - Level 2: Isolated patients who may be infected
     - Level 3: Those with close contact in 1st two groups
     - Level 4: Those affected by pandemic prevention (subject to shelter-in-place, etc)
  2. Identifying people at high risk for suicide and aggression
  3. Providing appropriate intervention (onsite for frontline workers, greater use of telehealth for others).

Li, W., et al. (2020). Progression of MH services in the COVID19 outbreak in China. *International J. Biological Sciences, 16*, 1732-1738.

Tipsheet

- MH intervention:
  - Most patients will not develop psychological sequelae or will recover spontaneously, but closely monitor patients with pre-existing conditions.
  - Recall that substance abuse, familial and occupational dysfunction more common than PTSD, depression, anxiety in traumatized veteran's populations. These, rather than specific diagnoses, are likely to be more common in the coming months.
  - While normalcy of acute stress reactions should be emphasized, and supportive treatment offered, be alert to emergence of new symptoms.
  - Significant minority may develop symptoms requiring intervention.
  - Online group psychotherapy may be beneficial for those with grief or corona-related familial dysfunction – but do so safely and securely!
  - No specific treatment for pandemic-related diagnoses: Treat symptoms as before.
  - Is insomnia a leading indicator?

Q&A

- Dr. Elchert 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.

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