TELEPSYCHOLOGY THROUGH VIDEO CONFERENCE
ALVORD - NO CONFLICTS OF INTEREST
NO ROYALTIES OR STOCK IN ANY TELEHEALTH PRODUCT
| **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.
How does technology enhance your practice?

Practice Management

Expanding Treatment Options

Research

Supervision

Training

Mary Karapetian Alvord, Ph.D.
malvord@alvordbaker.com
Follow me on Twitter: @DrMaryAlvord
WEBSITE  www.alvordbaker.com
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
WHY consider telementalhealth via video?

THE MINDSET OF PROVIDING SERVICES OTHER THAN IN-PERSON REQUIRES MORE PREP THAN IN-PERSON.

YES, THERE IS CPT CODE FOR HIPAA-SECURE SYNCHRONOUS VIDEO & AUDIO SESSIONS (ADD MODIFIER CODE (95). EX. 90834 (95)
OVERCOMING BARRIERS

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).

Cultural competence – expression of distress in somatic symptoms, for ex. Cultural factors critical esp. when bring in remote “specialists” ETHICAL RESPONSIBILITY

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.
UNDER WHAT CONDITIONS? START WITH IN-PERSON INTAKE

CLINICALLY:  WHO IS APPROPRIATE?

CLINICALLY:  WHO IS NOT APPROPRIATE?

ASSUMING:  PRACTICING WITHIN AREAS OF COMPETENCE

CLINICIAN COMPETENCE:
CLINICAL
TECHNOLOGICAL
EVIDENCE-BASE OF TELEHEALTH

OTHER FACTORS TO CONSIDER:
NEED TO BE MORE PREPARED THAN IN-PERSON!
DIAGNOSES, ESP. HIGH RISK — SELF-HARM, SI, SUBSTANCE ABUSE, PSYCHOSIS, WHO MIGHT “LEAVE” THE SESSION
CONSIDER THE NON-VERBALS THAT YOU MISS:  SMELL, WATCHING THEIR GAIT, POSTURE, HAND MOTIONS,
SPECIAL CONSIDERATIONS WORKING WITH A CHILD OR TEEN

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. impart.

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.
PRINCIPLE C: INTEGRITY
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 — who else might “hear” what is going on?

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
See page 26 of SAMHSA Tip 60 for INFORMED CONSENT guidelines

The Trust also has a sample informed consent for telepsychology, but make sure you include information that your specific state requires:

SAFETY PLANNING — IN HOME (LUXTON ET AL, 2012)

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. Monitor risk each session — include outcome measures.

Collaborate with other providers! Have a team available for consult and emergency implementation.
HOW?  WHAT DO YOU NEED?

*HIPAA secure system and BAA
*Proper lighting
*Privacy

Be prepared for technology not to all work and to troubleshoot
Lighting in front of you
Professional attire – top to bottom
What is your background
Who can hear you?

Broadband width – upload and download must be sufficient
Back-up audio

Address: http://www
<table>
<thead>
<tr>
<th>Platforms</th>
<th>Platforms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chorus Line</td>
<td>Avaya</td>
</tr>
<tr>
<td>WeCounsel SecureVideo</td>
<td>SecureVideo</td>
</tr>
<tr>
<td>Doxy.me</td>
<td>Zoom.us</td>
</tr>
<tr>
<td></td>
<td>VSee</td>
</tr>
</tbody>
</table>

see ATA’s list of videoconferencing platforms: [http://atatelemedicinedirectory.com/Listing/Index/Technology_Equipment_Providers/Videoconferencing/2843/44Avaya](http://atatelemedicinedirectory.com/Listing/Index/Technology_Equipment_Providers/Videoconferencing/2843/44Avaya)
CREATE YOUR OWN CHECKLIST

Sample checklist provided.
Real-time video with client on the screen, you can interact real time through chat, with someone who has a disability or illness and cannot speak clearly.
For ex., share slides, documents, assignments, graphs for exposures
White board feature is interactive

Captain Catastrophe

What if my parents die, or I die, or ..... 
What if I get sick; What if vomit 
What if I can't get to sleep?