

Leading Psychology into the Telehealth World

Clinical applications offer a glimpse of the future.

Imagine you could give your clients a cellphone application that would help keep them engaged in treatment between sessions. Constantly collecting data via a GPS, Bluetooth, accelerometer, and the many sensors available in modern smart phones, the phone could learn to interpret the client's state, including how they're feeling, and whether they are adhering to their homework assignments. The phone would soon get to know your clients almost as well as you do.

If you've recommended that a client avoid depression by getting together with friends, the phone could ping that person and urge her to call a friend if it senses she's sitting at home alone on Saturday night. Or if you're working with a patient who's having trouble complying with a complex medical regimen, the phone could ping him with a reminder when it's time to take medication.

Sound far-fetched? Psychologist David C. Mohr, PhD, a professor of preventive medicine at Northwestern University's Feinberg School of Medicine, has already developed a prototype. And while the device is cutting-edge technology that won't be commercially available for a long time, psychologists are already using phones, the Internet and other means to check in with clients, provide consultations and second opinions and even conduct therapeutic interventions with patients who aren't right there in front of them.

"Technology gives us entirely new ways to interact with people in the environments where they live," says Dr. Mohr.

Clinical applications

Vanessa K. Jensen, PsyD, a pediatric psychologist at the Cleveland Clinic Children's Hospital, is one psychologist who is taking advantage of telehealth in her practice, including using electronic communications in her forensic work as well as to extend clinical/patient care.

In her clinical work, Dr. Jensen uses the phone and video to stay connected with patients and their families, and to



communicate with other involved professionals even when they can't meet.

For example, through the Cleveland Clinic, Dr. Jensen has arranged contracts with several patients to provide consultation regarding a child's progress and programming via periodic review of school materials, progress reports and video/DVD clips of the child performing a specific task or in various situations at home or school. The audio-visual information is invaluable for helping Dr. Jensen better understand the child's problematic behaviors and then provide specific recommendations to those working with the child on a day-to-day basis. With distances as great as several hundred miles separating them within the state, it would have been time-consuming and expensive for Dr. Jensen to observe the child's behavior in person.

Dr. Jensen provides such telehealth services on a fee-for-service basis, asking clients (in this case, typically parents) to sign a consultation agreement with the hospital and billing them by the hour. She does the same when providing telehealth services in her forensic work, where she reviews records, videos and other materials and then uses videoconferencing, Skype or other telehealth methods to share her opinions with attorneys.

Now Dr. Jensen is poised to start providing telehealth consultation services to individuals who aren't already her patients or forensic clients, via Cleveland Clinic's online service, "MyConsult."

Designed to provide second opinions on more than a thousand life-threatening or life-altering conditions, MyConsult has been providing “second-opinion” consultations for a wide array of physical disorders (for example, heart disease, cancer and gastrointestinal disease) and is now establishing consultations for certain behavioral health diagnoses and treatment plans on a pilot basis.

The process will begin when an individual logs in, pays the fee, fills out questionnaires and submits videos, test results or any other relevant materials. A nurse or other coordinator organizes all of the data and schedules time for the clinician to review the materials for the formal “consultation.” The clinician then uses voice-activated dictation to work through a template to produce a written report that concurs with the previous diagnosis or provides alternative recommendations.

“I might agree with the previous diagnosis if it makes sense given the available data and say that basically, the outlined treatment plan looks good,” says Dr. Jensen. “I might say I agree with the autism diagnosis, but also see possible schizophrenia or other co-morbid diagnoses and suggest further assessment or alternate treatment possibilities. Or I may question the overall diagnosis and recommend another course of action entirely.” All direct interaction with the patient is through MyConsult’s team of nurses, not the individual practitioners.

“The person doesn’t ever become your patient,” says Dr. Jensen, who is working on the specific background questionnaires and required data set for the autism module. “As a professional, you are not making a diagnosis; you are instead reviewing someone else’s work and providing an expert opinion about next steps, typically in a very specialized area where there are limited resources across the country.”

What the research says

Other psychologists are going even farther and administering psychotherapy by videoconference or the Internet. But how well do such “telemental health” interventions work? According to Mohr, the research has found that such strategies are effective, safe and acceptable to both patients and practitioners.

Take telephone-administered therapy, for instance. Dr. Mohr’s 15 years of research on this approach has found that it has

MORE ON TELEHEALTH

Psychologists interested in telehealth service delivery must be aware of legal and regulatory issues such as the types of services that constitute “telehealth” in a particular state and providing services across state lines. For additional information, see “Telehealth: Legal Basics for Psychologists” in the Summer 2010 issue of *Good Practice* magazine from the APA Practice Organization.

good, strong effects, and may increase access and reduce dropout.

Other researchers have examined videoconferencing, which large systems like the Veterans Health Administration use to provide services across large geographic areas. That research has demonstrated that videoconferencing is just as effective as face-to-face therapy, says Dr. Mohr, adding that there may be specific situations where videoconferencing is particularly useful as compared to the telephone. “With the treatment of hoarders, for example, it would be useful to see the environment,” he points out.

There has also been one large clinical trial using secure instant messaging to provide cognitive behavioral therapy, with significantly better results than those achieved by general practitioners treating depression.

“This research shows that effective therapy can be delivered by a variety of media,” says Dr. Mohr. Plus, in a meta-analysis, he and his colleagues found that attrition rates for telephone-administered therapy were just 7.4 percent compared to the 30 percent or more often experienced in clinical trials. “When you call people up,” says Dr. Mohr, “they tend to answer the phone.”

In a trial Dr. Mohr is just finishing, he found that while 37 percent of patients preferred to receive cognitive-behavioral therapy face to face, 27 percent preferred the telephone and 36 percent had no preference. Practitioners often find phone therapy acceptable, too, despite some concerns about whether psychotherapy loses something when you’re not able to see the patient. “We haven’t found any evidence of poorer therapeutic alliance,” says Dr. Mohr.

Internet-based interventions are another effective option. These interventions typically include the provision of standardized instructional information and interactive tools to support therapy homework. While provision of a website

Leading Psychology into the Telehealth World *continued from page 7*

alone is often only minimally effective, support via periodic brief phone calls and/or email can produce outcomes that approach the effectiveness of face-to-face therapy for many clients, says Dr. Mohr. In addition, Internet treatments have the advantages of standardized presentation of materials, geographic coverage, convenience, and 24/7 availability, with minimal cost.


In a study of primary care patients, Dr. Mohr found that almost half would consider Internet-based treatment. And meta-analyses suggest it can be quite effective, says Dr. Mohr. For anxiety, for example, Internet interventions were on par with face-to-face interventions although they appear to be somewhat less effective for depression.

Now Dr. Mohr is developing an approach that takes advantage of the strengths of both telephone- and Internet-based interventions. The moodManager is an Internet intervention that uses learning modules to teach cognitive-behavioral skills, offers online tools to help with such tasks as scheduling positive activities and tracking patients' thoughts and supplements the online work with brief phone calls from a "telecoach." Ongoing research has found that using the

program can result in significant reductions in depression.

"We may be able to use these interventions in stepped-care models, where we begin treating people with the Internet, leaving patients who do not respond and who have more severe problems to be treated by more cost- and time-intensive, face-to-face treatments," says Dr. Mohr.

These telehealth strategies can help overcome the barriers that keep people from getting the psychological care they need, emphasizes Dr. Mohr, whether it's cost, logistical difficulties, time constraints or stigma. They can also help psychology meet the demand for mental health services.

"There's no way we as a field can manage the public health burden of mental illness," says Dr. Mohr, noting that almost nine percent of Americans experience mood disorders each year and 18 percent have anxiety disorders. "Using the Internet and mobile technologies is one way of overcoming that problem." 

This article is based on a session called Leading Psychology into the Telehealth World: How Does It Work? at the APA Practice Organization's 2011 State Leadership Conference.

Is Your Practice Client-friendly? *continued from page 15*

electronic means and after-hours and emergency contact. The article, "Put it in writing: Your office policies and procedures," online at Practice Central (apapracticecentral.org/business/management/tips/secure/procedures.aspx) provides helpful guidance.

- Broaden the range of resources you offer your clients by providing a variety of educational materials. Stock your waiting area with brochures, relevant articles, magazines and consumer fact sheets. Visit apapracticecentral.org/outreach/index.aspx to find "FYI" fact sheets for clients and consumers on depression, anxiety, eating disorders and the federal mental health parity law.
- Consider having a television and media player playing a selection of health-related videos in your waiting area.
- Also think about setting up a "lending library" of books and other materials that your clients can check out. Similarly, consider posting relevant articles, videos and links to other helpful resources on your practice website, providing clients with 24/7 access to materials that can support and enhance the work you do with them during in-person sessions.

Client satisfaction

In addition to clinical outcomes, it is important to assess client satisfaction. A systematic focus on this area will demonstrate your commitment to providing quality services to your clients.

- Survey your clients regularly using objective measures. A good client satisfaction survey should address topics including overall level of satisfaction with your practice and services, experience interacting with staff, convenience of available appointment times, facility cleanliness and feedback about the value and usability of the resources you include on your website.
- Use the resulting data to identify areas in need of development and make regular improvements as indicated. Survey results are helpful for fine-tuning your office policies and procedures to make them more consistent with client preferences. Let clients know you are listening by addressing concerns they raise and by implementing realistic suggestions. 