Using Telehealth for Treatment of Substance Use Disorders

Benefits and Disadvantages of Telehealth Applications
- Variety of electronic delivery methods
- Evidence base for applications

Presenters:
Dianne Clarke, PhD, CAP, CET
Sandnes Boulanger, LCSW, CAP, CET
Learning Objectives

• Understand the role of Behavioral Tele-Health in the continuum of clinical services

• Understand the legal and jurisdictional implications for individual practice

• Understand ethics related to providing Behavioral Tele-Health.
A counselor’s perspective using behavioral tele-health
Introduction

Why it’s different. What’s the big deal?

• Different from person-to-person, face-to-face
• Barriers overcome by Behavioral Tele-Health (Transportation/Child care/weather/disease)
• Reduces no-show rates and increasing counselor productivity
• Engaging new clientele familiar with technology
Behavioral Tele-Health
What is it?

A METHOD of service delivery.

Services can include:

- Supervision
- Fidelity monitoring
- Visitation
- Staffing
- Training
Defined by SAMHSA as…

- Use of electronic media and information technologies to provide services
- Used by Skilled & Knowledgeable professionals
- Services: screening, assessment, primary treatment and after-care
- More accessible modes
- Help people access treatment services
- Sole treatment modality or combination with other modalities
Why Standards Are Important

• Adequate competency
• Confidentiality
• Social Responsibility/Cultural Competency
• Safety and Security
Clinical Principles and Standards

Assessing Appropriateness

- Not every client with internet access should be a Behavioral Tele-Health client
- Not every clinician is a good candidate for Behavioral Tele-Health practice
Clinical Principles and Standards

Assessing Appropriateness: The Client

• Their feelings about Behavioral Tele-Health
• Computer
• High-Speed Internet Access
• Motivation to participate in Behavioral Tele-Health
• Safety of self and others
Offline population has declined substantially since 2000

% of U.S. adults who say they do not use the internet


PEW RESEARCH CENTER

Facebook, YouTube continue to be the most widely used online platforms among U.S. adults

% of U.S. adults who say they ever use the following online platforms or messaging apps online or on their cellphone

- YouTube: 73%
- Facebook: 69%
- Instagram: 37%
- Pinterest: 28%
- LinkedIn: 27%
- Snapchat: 24%
- Twitter: 22%
- WhatsApp: 20%
- Reddit: 11%

Note: Pre-2018 telephone poll data is not available for YouTube, Snapchat and WhatsApp. Comparable trend data is not available for Reddit.

PEW RESEARCH CENTER

The Client

Limited Ability for In-Person Contact

• Elderly
• Persons with limited physical mobility
• People with transportation problems
• Rural communities that lack services
• Would-be consumers whose work schedules conflict with on-site treatment schedules
The Client

Limited Ability for In-Person Contact

• Those with caretaker roles
• Incarcerated persons
• Probation and parolees from criminal justice programs whose movements are legally restricted
• Active duty military personnel
• Would-be consumers concerned about the stigma attached to treatment
The Client: When is it not ok?

• Actively suicidal/homicidal?
• Psychotic?
• Under the influence/intoxicated?
• Active thought Disorder?
• Not stabilized on medication?
• Inconsistent attendance/consistent cancellations?
The Clinician

- Foundation of Clinical Skills
- Experience
- Supervision
- Clinicians will be called on for skills and information typically not asked in face-to-face treatment
The Clinician

Structure of Treatment Services:
• Resembles face-to-face
• And then sprinkle with:
  • Confidentiality
  • Rights & Responsibilities
  • Commitment to treatment
  • Boundaries
The Clinician

Treatment Services:

• Structure
• Duration
• It is business as usual – but it’s not business as usual
• Clinicians will be called on for skills and information typically not asked in face-to-face treatment
What do we know?

- Special Challenges
- Confidentiality
- Balancing technology with clinical skill
- Use of “different” communication style
Sessions in Tele-Behavioral Health

The nuts and bolts of a session:
• Make sure it fits the client
• Preparation for the Session
• Moving to a Relationship
• On-line Ground Rules
• Termination of Session and Treatment
BEFORE STARTING A SESSION

1. Let others in your office space know you are entering a behavioral tele-health session.

   a. Have a specific person in your office identified to contact you via phone or by knocking on your door if an emergency occurs and you need assistance

2. Place a sign on your door stating, “Do not disturb in a behavioral tele-health session”.
3. Silence your phone and turn off e-mail.

4. Make sure you are able to see a clock.

5. If you are going to share your screen or share from the electronic health record (EHR), open and make sure only your client’s information is visible (minimize on screen).
6. Adjust your camera to a position which is appealing.
   a. Make sure lighting is good.
   b. Test your microphone and sound.

7. When the client logs on.
   a. Make sure your client can hear you and you can hear your client.
   b. Problem solve and make any needed adjustments.
CONDUCTING THE SESSION

1. Where are you today (address/location)? If we should get disconnected, what number should I use to reach you?

2. Is anyone else there with you?
   a. If no, begin session.

   b. If yes, who is there with you today?
3. Do you want to continue the session with _______ there with you?

  a. If no, end session.

  b. If yes, can we identify a word you can say to me that means to end the conversation “safe word”? 
ENDING THE SESSION

1. Take off and unplug headset.

2. Remove “Do not disturb” sign from your door.

3. Let others in your office space know you are no longer in session.
Be Prepared

Because the client is not within the walls of an office – client could increase verbalization of negativity, more easily distracted, etc.

Expect the Unexpected
Utilize

• Description
• Feedback
• Reflective listening
Ground Rules
When/How Communicate

- Time of sessions
- No client under influence
- Client Responsibility
- Session requests
- Emails
Termination

• Start talking about discharging at ADMISSION
• Emphasize termination is a process
• Importance of closure
• Opening the door to allow discussion on desires to leave
Acceptance of Tele-Behavioral Health

• Reimbursement and Funder Issues
  • Insurance
  • Medicaid
  • CFBHN
  • Grants
• Judicial Issues
HIPAA Compliance in BTH

How does the Platform Secure the Virtual Environment? Security Measures
CFR 42 Part 2

- Promote Access to Treatment
- Reduce Stigma
- Confidentiality
- Nurture the Doctor-Patient Relationship

Core Values of 42 CFR, Part 2
Informed Consent

- Nature of Treatment
  - Risks
  - Benefits
- Alternatives
- Opportunity for Questions
Legal Issues to Consider

• Duty to warn - Second Life issues
• Therapist/Counselor Liability insurance to cover Behavioral Tele-Health
• Fee structure
• In-valid pre-screening of clients
Legal Issues to Consider

• Truth in advertising-who is providing the service?
• Competence- What are the counselor’s qualifications?
• Dual relationships-subsequent sessions outside of agency.
• Consistent standards for licensure
Additional Information on State Regulations

- http://www.telehealthresourcecenter.org/toolbox-module/cross-state-licensure
- https://www.healthit.gov/providers-professionals/faqs/are-there-state-licensing-issues-related-telehealth
- Epstein, Becker, Green-50 State Survey of Tele-mental/Tele-behavioral Health
Ethics and Tele-Behavioral Health

Is Tele-Behavioral Health Ethical?  
OR  
Is Denying On-Line Services Unethical?
Ethics – Industry Self-Regulation

Organizations that have developed Ethical Codes and Standards:

• www.EthicsCode.com (Guidelines for Mental Health and Healthcare Practice online)

• www.ISMHO.org (International Society for Mental Health Online)
“Hi-Ethics Alliance” (Health-Internet Ethics Alliance)- several online health providers - such as WebMD - created consensus on code of ethics for the medical e-health sector. (2000)
Ethics – the Top 10 List

EthicsCode.com
Guidelines for Professional Practice Online
#10 Understanding and Informing

a) Online clinicians educate themselves about the uses and limits of online care, they advise potential clients about them in accordance with current research and practice.

b) Online practitioners inform potential clients of any relevant research and available data about online therapy, including the potential effectiveness or limits for a specific problem.
Online clinicians assess the suitability of potential clients for online care. Online care may be insufficient for clients in crisis or life-threatening situations, where in-person assessment and care is the better alternative. If an online practitioner foresees that a potential client may require in-office care at some point, the practitioner informs the client of such an eventuality.
The clinician accepts the client into his/her care only if:

(a) both parties agree that the therapist is within a reasonable geographical distance of the client and can thus provide in-office care if such is needed; or

(b) a contingency referral arrangement for such cases is mutually agreed upon by the clinician and client.
Online clinicians verify the client's identity to the extent possible and establish some means, other than e-mail, of communicating both with clients and emergency contacts.
Online clinicians provide professional care only to those clients who reside in the state or province in which the practitioner is licensed or certified.

Online clinicians explain the limits of out-of-state practice and lack of insurance coverage in such cases to clients who must always sign an Informed Consent form.
Online clinicians educate themselves about, and advise clients of, the potential risks to confidentiality in regard to Internet transmissions.
Online clinicians provide care only through "secure" web sites, using current protective procedure.
#4 Reimbursement & Payment for Services

Online clinicians advise potential clients of the current limitations of online care with regard to third-party involvement, payments or reimbursement for online professional services.
Online clinicians provide links to information web sites of those bodies that license, certify or supervise the practitioner, and to whom clients have recourse in case a dispute arises between the therapist and client.
Online clinicians safeguard the privacy of client records using standard office procedures, e.g., of such level and detail as are required and kept in the non-virtual office.
Drum Roll Please.

The NUMBER ONE Ethical Responsibility is…..
#1 Mastery of Modality

Online clinicians seek technical consultation, or other means of understanding technical issues, prior to providing online professional services.
Ethics

George Stricker, former head of APA Ethics Committee, discussed “Psychotherapy in Cyberspace” in 1996:

• Therapeutic relationship and responsibilities
• Identity of the client
• In case of emergency
• Consider in-office care
• Privacy of online communication
• Limits of text-based communications
• Dispute resolutions
Rapport

• Without rapport what do you have?
• How do you develop it face to face?
• What limits do you anticipate building rapport online?
Ponder this:

• 60 to 65 percent of interpersonal communication is conveyed via nonverbal behaviors. Foley, Gentile (2010) Up to 60-93% was found in publications.

• Eye-contact correlation with the level of counselor-client rapport-
  Behavioral Tele-Health eye contact?
Ponder this:

• Nodding ones head- Behavioral Tele-Health?
• Forward leaning technique of counselors- Behavioral Tele-Health?
• Face-to-face body mirroring- Behavioral Tele-Health?
Ponder this:

• Silence could be confusing – are we still connected?
• Use descriptive language.
• Minimal use of encouraging statements - “uh huh”, “hmm” increases rapport
• Meet the client where they are.
Confusion and Frustration

• Behavioral Tele-Health - even more important to choose your words carefully
• Listening for clients reactions to your words
• Encourage the client to verbalize any confusion
Anticipating Client Needs

- Assistance setting appointments
- Websites
- Apps
- Equipment use and needs
- Continuous assessment of client’s comfort using Behavioral Tele-Health
How To Market To Behavioral Tele-Health

External
• Judges/Judiciary
• Primary Health Care - SBIRT
• Mental Health Providers
• Child Protective Agencies
• Jails/Correctional Facilities
• Residential Social Service Providers
• Social Service In-home Providers

Internal
• Executive Management
• Clinical Staff
• Compliance Officer
• IT Staff
• Clients
There is an App for That

What Apps Do You Use?
Poll
<table>
<thead>
<tr>
<th>Category</th>
<th>App Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>I’m Expecting</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Contraction Timer</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Baby Feeding Log</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>WebMD Baby</td>
<td>9</td>
</tr>
<tr>
<td>Health</td>
<td>My Pill Box</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Quit and Be Free</td>
<td>15</td>
</tr>
<tr>
<td>Recovery</td>
<td>PTSD Coach</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Cognitive Diary CBT Self-Help</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>SAM App (Self-help Anxiety Management)</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Meeting Finder</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Calm (Calm, Mediate, Sleep, Relax)</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Virtual Hope Box</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>In the Rooms</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Zoom</td>
<td>30</td>
</tr>
<tr>
<td>Life Skills</td>
<td>Google Calendar</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Google Contacts</td>
<td>32</td>
</tr>
</tbody>
</table>
Tools to Augment Traditional Treatment

Peer support and on-line 12-step meetings
  • Buyer beware/Privacy
  • What client can expect
  • In The Rooms
• Clinical Considerations in Selecting Apps
  • Second Life
How to Get Started

Technology Needs and Cost

- Computers and devices
- Cost infrastructure
- Breakage/theft/loaners
- Apps—Appropriate for video contact
- How to choose apps that are not used for face-to-face
- HIPAA Compliance
- BAA agreements
Workforce Issues

- Counselor Qualifications and Training
- Adequate competency
- Disclosure
- Confidentiality
- Social Responsibility/Cultural Competency
- Standards of Behavioral Tele-Health
- Safety and Security
- Behavioral Tele-Health 101
Paradigm Shifts in Treatment Programs

**From**
- Protect them at all costs
- They need time away from the world to heal
- No distractions from working on self
- No contact with bad influences

**To**
- We can’t keep clients in a bubble
- Safe failures
- Bringing positive out of negative
- Teaching Moments
BILLING AND SUSTAINABILITY

Revenue Concerns
- Medicaid/Medicare
- Third Party Contracts
- Cash

Expense Concerns
- Technology Updates and Devices
Questions?
References


George Stricker (1996) Psychotherapy in Cyberspace, Ethics & Behavior, 6:2, 175-177, DOI: 10.1207/s15327019eb0602_12


Thank You

Presenter Contact Information

Dianne Clarke, Ph.D., CAP, CET  
(727) 545-7564  
dclarke@operpar.org

Sandnes Boulanger, LCSW, MCAP, CET  
(727) 422-9950  
sboulanger@operpar.org