Unlocking the Power of Hybrid Service Delivery

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Learning Objectives

**Develop**
- Develop an understanding of best practices for telehealth services

**Acquire**
- Acquire practical strategies to overcome barriers and challenges associated with a hybrid service delivery model for high quality services

**Explore**
- Explore the legal and ethical considerations of a hybrid model of care, allowing practitioners to navigate this complex landscape with confidence and insight
Questions during COVID regarding Service Delivery

- We needed to develop virtual groups-new safety checklist
- How would we conduct drug screens?
- Social distancing in the residential programs led to 10 or less in a room and the rest of the group participating via telehealth
- All visitation via video conferencing
- Needed more tablets
Hybrid Service Array—What We Provide Now

- Outpatient
- OTP
- Case Management
Innovations and Collaborations - PARbot

Peer Services and Screening
Emergency Departments, Primary Health, Shelters, and Sober Support
Innovations and Collaborations

Residential

• Tablets for Clients to Borrow
• Access for Primary Health via Telemedicine
• Access to Telepsychiatry
• Computer Rooms
Why?

Should Clinicians/Peer Support Specialists/Providers Deliver Hybrid Services?????
Mental and Substance Use Disorders: High Prevalence/Huge Treatment Gaps

PAST YEAR, 2019 NSDUH, 12+

- 51.5M: Any Mental Illness (AMI) 18+
  - 55.2% NO TREATMENT
- 20.4M: Substance Use Disorder (SUD) 12+
  - 89.7% NO TREATMENT*
- 13.1M: Serious Mental Illness 18+
  - 34.5% NO TREATMENT
- 9.5M: Co-Occurring AMI and SUD 18+
  - 90.1% NO TREATMENT*
- 3.8M: Major Depressive Episode 12-17
  - 56.7% NO TREATMENT

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.
85% of Adults Own a Smartphone

35% of United States Smartphone users check their phones more than 50 times a day.

35% in 2011 to 85% in 2021

https://www.pewresearch.org/internet/fact-sheet/mobile/

Pew Research Center, 2019
Making the case.....

Telebehavioral health in the form of synchronous (LIVE) video and audio is effective, well received, and a standard way to practice.

Hilty et al., 2018
Systematic Review of Videoconferencing Found:

**Increased**
- Ease of Use
- Improved Outcomes/Communication
- Medication Adherence

**Decreased**
- Missed Appointments
- Wait Times
- Re Admissions
- Patient Travel Time

Kruse et al., 2017
Audio-Only Telehealth Texting

- Medicaid agencies and Washington D.C. have issued guidance to allow for a form of audio-only telehealth services.
- Texting Apps- Signal, Jabber, Facebook Messenger, Google Hangouts, Whatsapp, or iMessage.
- Texting clients using SMS texting should not be done.
- ‘Clients increasingly expect to be able to contact providers via text messaging…. although, incorporating text messaging in practice or clinical research may involve novel ethical concerns’
Providers tended to express more concerns about the potentially adverse effects of videoconferencing on therapeutic rapport.

Reluctant providers... rather than reluctant clients

“Hold my calls until I’m willing to listen.”

Kruse, et al., 2017; Hubley et al., 2016
Many clinicians have concerns about services delivered via telehealth and being able to engage with clients and develop therapeutic alliances and therapeutic relationships.

Cataldo et al., 2021
Clinicians’ Use of Telebehavioral Health

Concerns about:

- Using new software programs or technologies
- Confidentiality and privacy/security issues
- Questions about telebehavioral health efficacy
- Regulatory concerns (e.g., uncertainty about laws governing telehealth or roadblocks)

McClellan et al., 2020; Jang-Jaccard et al., 2014; Scott Kruse, et al., 2018
Study regarding clinicians’ attitudes about telebehavioral health found:

- Clinicians with more telebehavioral health knowledge and experience tended to have more favorable opinions.
- Increasing knowledge and promoting skill proficiency may be the key to widespread adoption.
- Practice with feedback, observing colleagues, and accessing experts helped to build competency.

McClellan et al., 2020
Telebehavioral health does change how a clinician provides services, with most of the burden placed on the clinician rather than the client.

Connolly et al., 2020
Engagement, Therapeutic Alliance, and Presence
An important tenet of the therapeutic relationship is engagement, which is key for effective treatment.

Hilty, et al., 2019
Engagement in Treatment is defined as:
“the strengths-based process through which individuals with mental health conditions form a healing connection with people that support their recovery and wellness within the context of family, culture, and community...[part of the] therapeutic alliance”.

NAMI, 2019
Engagement is defined as the degree to which clients actively participate in care.
Presence in Counseling Sessions

• Presence enables therapists to be physically, emotionally, cognitively, spiritually, and relationally in touch with themselves and their clients (Cooper et al., 2013).

• Presence itself becomes therapeutic and enables clients to experience neurophysiological safety, and consequently, their relationship is enhanced, and the healing process is favored (Geller & Porges, 2014).

• Presence is a crucial factor in therapy. It allows psychologists and clients to connect by experiencing the same moment, permits the development of empathy, and leads therapists to develop a therapeutic relationship (TR) with their clients (Rogers, 1951;1979;1980).

• An effective therapeutic relationship is also associated with the formation of good cooperation between clinician and clients defined as therapeutic alliance (TA) (Catty, 2004; Marshall & Serran, 2006).

• Therapeutic alliance is a good predictor of effective psychotherapy (Horvath et al., 2011).

Taken from article by Cataldo et al., 2021
A clinician’s highest calling is to comfort others in their suffering, a fundamental contribution to our own sense of purpose and meaning in our work. While there is no standard definition, we identify presence as undistracted healing engagement between clinician and client.

Millstein & Chaiyachati, 2020
Therapeutic Alliance consists of 3 critical factors:

1. The sharing of clear expectations and goals by both clients and psychologists;
2. A clear definition of responsibilities, rules, and commitments; and
3. A relationship between psychologists and clients that involves their bonds, mutual trust, and respect.

Taken from article by Cataldo, et al., 2021
Connection

• If clinicians are aware of client’s potential unfamiliarity with technology, they can demonstrate patience and acceptance.

• If clinicians detect that the client is uncomfortable, they may choose to purposefully alter the tempo and tone of their speech in order to put the client at ease (Millstein and Chaiyachati, 2020).

• Importance of seeing client reacting to statements or body language and asking clarifying questions is a key component of the connection dimension (Moyle et al., 2019; Narasimha et al., 2017).

• Beware that your attention may be divided between clients, family members, other caregivers, and computer controls which can make building connections more difficult (Lyerly et al., 2020).

• When clinicians are unable to use touch and/or gestures, they should heighten their verbal interrelatedness through facial responses, active listening, reflection, and use of empathic statements—Use MI Skills (Millstein and Chaiyachati, 2020, p.286).
The goal with technology is to simulate real-time experiences related to feelings, perception, images, and interaction.

Create an environment that facilitates therapeutic engagement and emotional wellbeing for all parties.

Hilty et al., 2002; Hilty et al., 2019
Technology may change the nature of interaction for participants and communication related to exchange of information, clarity, responsiveness, and comfort.

Liu et al. 2010
Translate clinical skills to provide services virtually (e.g., online engagement, support, pointing out discrepancies, employing EBPs and best practices, making referrals, etc.)

Training and Practice
Telepresence Definition

• Telepresence is broadly described as “a mental state in which a user feels physically present within the computer-mediated environment” (Draper, Kaber, and Usher, 1998, p. 356).

• Telepresence is the client’s, caregiver’s, and clinician’s experienced realism during a telehealth session that is created through connection and collaboration, built on trust, support, and the clinician’s skill at acting as the technology mediator... (Groom et al., 2021).
Telepresence

Groom et al., 2021
• Eye contact, while simulated through looking in the camera, serves to increase trust—so maintain eye contact (Barrett, 2017).

• Other work describes the screen as a magnifier of trust vs. distrust.

• If a clinician is previously known and trusted by a client, the experience of seeing that person in a telehealth session engenders an amplified feeling of trust (Pols, 2011).

• Meeting a new clinician over a telehealth session may magnify the sense of distrust for a client, which the clinician may mitigate by increasing supportive role behaviors.

Groom et al., 2021
Collaboration

• There is a need for a reciprocal flow of openness and for the clinician/peer support specialist to intentionally create a caring presence and shared space of togetherness (Grumme et al., 2016; Sandelowski, 2002; Tuxbury, 2013)
• This requires a more deliberate attempt when delivered over a telehealth medium.
• Collaboration is core to telepresence as both participants and providers must be open, available, and knowable to each other (Tuxbury, 2013)
• The clinician/peer support specialist may lead the interaction and create space in the conversation for collaboration.

Groom et al., 2021
Support

• Longer lengths of treatment allow the clinician to be supportive to clients across their treatment/recovery plan’s trajectory (Sandelowski, 2020).

• Familiarity builds between individuals and their treatment/recovery teams, and they in turn feel more supported.

• Researchers found that the video screen invites intensive gazing. While individuals are speaking, clinicians are able to observe and support them with problems or symptoms they may otherwise have difficulty verbalizing (Pols, 2011; Sävenstedt et al., 2004).

Groom et al., 2021
Realism and Emotional Consequence

- To be fully present from a remote location and to have the interaction be felt to be as strong as a face-to-face visit are the ultimate goals.

- Researchers describe attributes as the feeling of entering into each other’s homes and feeling as though you are together in those respective rooms (Barrett, 2017; Pols, 2011; Sävenstedt et al., 2004).

- Whether this experience has the emotional consequence of feeling safe and familiar or intrusive is dependent on other dimensions. However, the experienced reality is most immediately impacted by the dimensions of connection and collaboration.

- A failure to connect will inevitably negatively impact the experienced realism of an encounter, which will then impact the emotional consequences the individual and clinician experience.
Technical quality of the telehealth session is of lower importance than the clinical usefulness of the session (Demiris, Speedie, & Finkelstein, 2001).

During technical issues, the clinician may remain focused on providing clinical care and not allow technical issues to block the conversation.

When technology functions as a bad actor, the clinician may take control and ease associated discomfort. That may mean switching smoothly to a phone call, or it may require technical troubleshooting.

Groom et al., 2021
Minimally, clinicians using a videoconferencing platform for service delivery should be able to:

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show</td>
<td>Show their capacity to use the technology with basic skills and to troubleshoot problems</td>
</tr>
<tr>
<td>Advise and Help</td>
<td>Advise and help patients/clients with their use of the selected technology platform</td>
</tr>
<tr>
<td>Explain</td>
<td>Explain the reasons for their choice of a technology platform (e.g., ease of use, affordability, functionality, privacy and security, federal confidentiality 42CFR Part 2 protections, etc.)</td>
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Other Points About Use of Technology

- Some populations may be more comfortable with technology: children in general report novelty.
- Those clients with significant behavior/conduct/substance use disorders issues report less stigmatization; and anxious clients report less anxiety with telehealth (Pakyurek, Yellowlees, and Hilty, 2010).
- A perspective is best captured in their primary language (Hilty, 2016) or use of an interpreter (Maheu, 2017). However, research shows that communication with synchronous video is less problematic than asynchronous communication using English as a second language (Sotillo, 2016).
Disinhibition Effect

It is well known that people say and do things in cyberspace that they ordinarily would not say or do in the face-to-face world. They loosen up, feel more uninhibited, and express themselves more openly. Researchers call this the online disinhibition effect (Suler, 2004a, Suler, 2004b) (Barak, Boniel-Nissim, and Suler, 2008, p. 1870).

Two specific factors in the practice of telepsychology have the potential to lead to an increased likelihood of harmful boundary crossings and violations for therapists:

1. the potential for the flexibility of service delivery to prompt more frequent and more casual interactions and behaviors
2. the assumption that physical distance provides protection from and/or makes the relationship immune to boundary crossings and violations

Drum & Littleton, 2015
Your client logs on for their telehealth session and they are smoking a vape.

You finish a behavioral Tele-health session and thought you logged off. You hear your client and partner in what could be a Domestic Violence incident.

**Ethical Dilemmas**

Your client logs on while driving and says, “I did not want to miss my session”. She insists she is comfortable talking and does not see privacy as an issue.
Serving as a Role Model

• Turn off phone, email, and chat (avoid distractions)
• Use a virtual waiting room but be on time
• Dress as if you are going to work in the clinic/office
• Being online can cause people to act more casually (called disinhibition effect)
• Avoid self-disclosures or chatting (follow the 90/10 rule: listen, reflect, support, identify discrepancies, roll with resistance 90% of the time; self-disclose/chat 10% of the time at the beginning/end of the session)
Steps to Take to Improve/Enhance Telebehavioral Health Skills

Since clinicians lose some connection through touch and gesture, we must: heighten our verbal engagement skills through active listening, reflection, and use of empathic statements-

Focus on Improving these skills through MI Training

Be more purposeful in the tempo of our speech and tone because those are the most receptive senses to patients in the virtual environment-

Conduct Practice Sessions and Work on tempo & tone
Steps to Take to Improve/Enhance Telebehavioral Health Skills

Be on the lookout for disinhibition effect....

Structure sessions as they are structured for in-person service delivery- Structure/Boundaries Build Trust and increase Engagement Therapeutic Alliance

If a Clinical Supervisor check with supervisee(s) regarding disinhibition effect (being too casual with clients- scheduling appointments outside of typical business hours or while on vacation or in public areas)

Review structure of sessions in supervision sessions
With video, words and body movement replace in-room behaviors (e.g., handshake)
Establishing Screenside Manner

• Balance facilitative and directive language (e.g., What are your thoughts about next steps you might take; It sounds like you have a lot of background noise going on. Can you move to a different spot for our session?)

• Wear solid colors dress as if you are going to work in the clinic/office
Establishing Screenside Manner

- Nod your head and lean forward; make sure your face takes up 2/3 of the screen
- Act slightly more animated
- Stay seated (don’t pace) and sit-up straight
- Adjust camera so your entire face is visible and facing forward
Establishing a Screenside Manner - AVOID

- Fidgeting, tapping, rocking your chair, doodling, etc. (any kind of distracting behavior)
- Being too close or too far away from the camera
- Noise from jangly earrings or other hanging jewelry
- Noises from cars, buses, trains or activities off camera
- Eating or drinking during sessions (if you need to take a sip of water, turn your head away from the camera)
Establishing a Screenside Manner - AVOID

• Ice or gum chewing
• Ambient music or television sound – these may be greatly amplified to the listener/viewer, particularly with sensitive microphones and high-resolution screens
• Video-camera shaming (demanding that a patient/client turn on their camera)
• Making exaggerated motions with hands
Hybrid Relationships

Practitioners will need to:

• master relationships across multiple technology platforms and settings
• have an appreciation for the strengths, limitations, and adaptations needed for each technology they use to interface with individuals
• be familiar with technologies in widespread use or base technologies (e.g., email, mobile, electronic health records, videoconferencing)
• become informed about more widely adapted or emerging technologies (e.g., patient portals, apps, web-assisted therapy)

Yellowlees & Shore, 2018
It is the Little Things...

In-person and telebehavioral health sessions require a clinical environment that is:

- private
- professional and warm – this includes: good seating (e.g., ergonomic support) adequate lighting
- secure/private entries and soundproofing
- If a clinician uses more than one office site (e.g., main, home and/or part-time offices), the rooms should be professionally similar in design and technical layout.
1. Follow all requirements for ethical conduct from your profession’s code of ethics
2. Assess for client appropriateness
3. Utilize HIPAA secure video conferencing platforms
4. Practice within your scope of practice
5. Document all services as you would face-to-face services
6. Confirm your malpractice insurance covers telebehavioral health
Compliance in Telebehavioral Health

How does the Platform Secure the Virtual Environment?
HIPAA and CFR 42 Part 2

• Informed Consent - nature of treatment, risks, benefits, alternatives, opportunities for questions.
• Liability insurance
• Limits of service boundaries

https://telehealthresourcecenter.org/
www.healthit.gov
LESSONS LEARNED
from telebehavioral health practitioners
Creating Hybrid Service Delivery

- Employees' first 90 days work in office providing both in-person and telebehavioral health services.
- After 90 days option of working from home for up to 3 days a week.

- Clients' first visit for admission process is in-person (exceptions can be made). Following, depending on appropriateness, client may be seen either in-office or via videoconferencing.
Work from Home
Telehealth Approval

______________________________has demonstrated at-home equipment is able to run Zoom meetings and the space in the home is adequate for delivering treatment services. Therefore, the provision of Telehealth services for PAR clients from the employee’s home is approved.

*Youtube video instructions
*Telebehavioral Health Training – minimum 2 hours
Session Safety Checklist

Orientation
Technology Check
Phone Number
Location
In Case of Emergency (ICE)

Administrative assistants do safety check-ins for group sessions the day before group
## BEFORE STARTING A SESSION

1. **Ensure you are in a private area. No family members around if working from home**  
   a) Ensure family understands the importance of no interruptions during your session  
   b) Ensure your family is not able to hear or see your computer

2. Place a sign on your door stating, “Do not disturb in a Zoom Session”.

3. **Silence your phone and turn off e-mail**

   Click Settings (upper right hand corner), then click Chat (left side of page). Go to bottom of section and click either Do not disturb from: _____ to _____ or click mute while I am in a meeting or on phone.

4. **If you are going to share your screen or share from the EHR, open and make sure only your client’s information is visible (minimize on screen)**

5. **Log onto Virtual Desktop (Follow Instructions sent by Rich-HR). This allows you to access your e-mail, Avatar, shared drive etc.**

6. **Prior to beginning sessions be sure to have your Zoom home page open and access Clinical Supervisor Channel while conducting sessions (Instructions on PARnet-youtube video by Jim). Leave Zoom home page open at all times (on the clock) while working from home.**

7. **Open your Zoom meeting from your home computer (not virtual desktop).**
When is it not OK?

- Actively suicidal/homicidal?
- Psychotic?
- Under the influence/intoxicated?
- Active thought Disorder?
- Not stabilized on medication?
- Inconsistent attendance/consistent cancellations?
Zoom Chat Rooms

Able to reach out for assistance in real time

Supervisor can join session if needed

Program specific chat rooms - maintaining connections
How to Get Started

Technology Needs and Costs

• Computers and devices
• Cost and infrastructure
• Breakage/theft/loaners
• Apps-Appropriate for video contact
• How to choose apps that are not used for face-to-face
• HIPAA Compliance
• Business Associate Agreement (BAA)

Hybrid Policy and Procedure

• Workforce Issues
• Adequate Compensation
• Social Responsibility/Cultural Competency
• Office and In-home
Setting Up Space...

- Remove all distractions (you do not want patients/clients focused on trying to figure out what is on your bookshelf)
- Ensure there is good lighting (no shadowed face or halo effect)
- Provide a private and clean looking space
- Aim for a neutral backdrop like a plain wall or bookshelf
- Do not sit with a window behind you that can cast shadows
- Ensure good placement of camera, microphone, and speakers
- Remove or turn off any Alexa-type devices
- Put a Do Not Disturb sign on the door
A recent study found that patients participating in an online group reported feeling less connected than group members participating in in-person sessions.

But most of these online group members believed:
• the convenience of attending group online offset any barriers or difficulties experienced
• they probably wouldn’t have been able to attend group sessions if they did not attend the online sessions
• while an online group was not their first choice, it was preferred over no treatment
Lopez et al., 2020
Challenges-Group

Group Cohesion-Circle to Screen

- Both groups equally connected to the facilitator.
- Online group members did not feel as connected to other online group members as the in-person group.
- Attendance was significantly better in online groups.

Weinberg, H., 2020; Lopez, et al. 2020
Zoom Group Counseling Agreements

Operation PAR Outpatient group members created these agreements so recovery can happen in a safe space. I agree to follow these agreements, so group therapy is a safe and confidential place for growth and healing.

• Confidentiality is everyone’s responsibility - If a group member states the safe word, we all pause.
• Group starts on time
• Stand up if you are sleepy
• Keep group safe: emotionally – physically – behaviorally
• One person speaks at a time
• Respect other people’s feelings when giving feedback
• Use “I” statements when speaking
• Come to group sober

• Please do not move around the house or go to the bathroom with your device.
• Please keep your device muted unless you are speaking
• Silence cell phones/Smart Devices
• Everyone participates in group
• Follow Operation PAR dress code (Dress as you would if you were being seen in-office)
• Group Safe word is _____________.


Groups

Call ahead (day ahead or day of) safety check with client:

- Where will you be when you attend group? (address/location) If we should get disconnected during group, what number can we use to reach you? Emergency Contact?
- Is anyone else going to be there with you during group session?
- Are you able to be in a private space?
- If someone was to come into your space, we will use the safe word________. If a group member states the safe word, we all pause.
Champions of Telebehavioral Health

Clinicians who are Champions of telebehavioral health can serve as strong advocates for expanding telebehavioral health services by:

• convincing other staff members of the value and utility of the delivering services virtually
• bringing legitimacy and credibility to the use of telebehavioral health
• using their relationships other clinicians to promote adoption leading to implementation

Wade, Elliott, & Hiller, 2014
Thoughts...

• If therapists choose not to participate in the new and emerging field of telehealth because of concerns about the therapeutic relationship or their own technology skills, unqualified individuals might emerge to meet the ever-growing demand (Rummel & Joyce, 2010). Who do we want doing the work?

• Even if therapists decide not to offer telehealth services, they need to be equipped to provide information about telehealth services that enables clients to make a well-considered decision about using such services. How do I talk with clients who ask about telehealth? Do I have a licensed professional to refer them to?

Stoll et al., 2020
• Is equivalent to in-person care
• Research base on mental health services is extensive
• Research base for SUD treatment is growing-OUD treatment
• Patients express satisfaction with it – they like it
• National Guidelines exist
• Clinicians may be initially reluctant
• Clinician training & practice may reduce reluctance
• Telehealth tips can inform practice
• Platforms should provide end-to-end encryption
• Resources for training/TA and products are available
• Status of telebehavioral health post-pandemic is undecided
References


References

Lopez, A., Rothberg, B., Reaser, E., Schwenk, S., & Griffin, R. (2020). Therapeutic groups via video teleconferencing and the impact on group cohesion. mHealth, 6(13).


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