

Training Providers: Effective and Ethical Telehealth Practice via Video Conferencing

Mary K. Alvord, Ph.D. Psychologist

- Director, Alvord, Baker & Associates, LLC (group private practice)
- President, Resilience Across Borders, Inc. (501C3)

www.alvordbaker.com

www.resilienceacrossborders.org

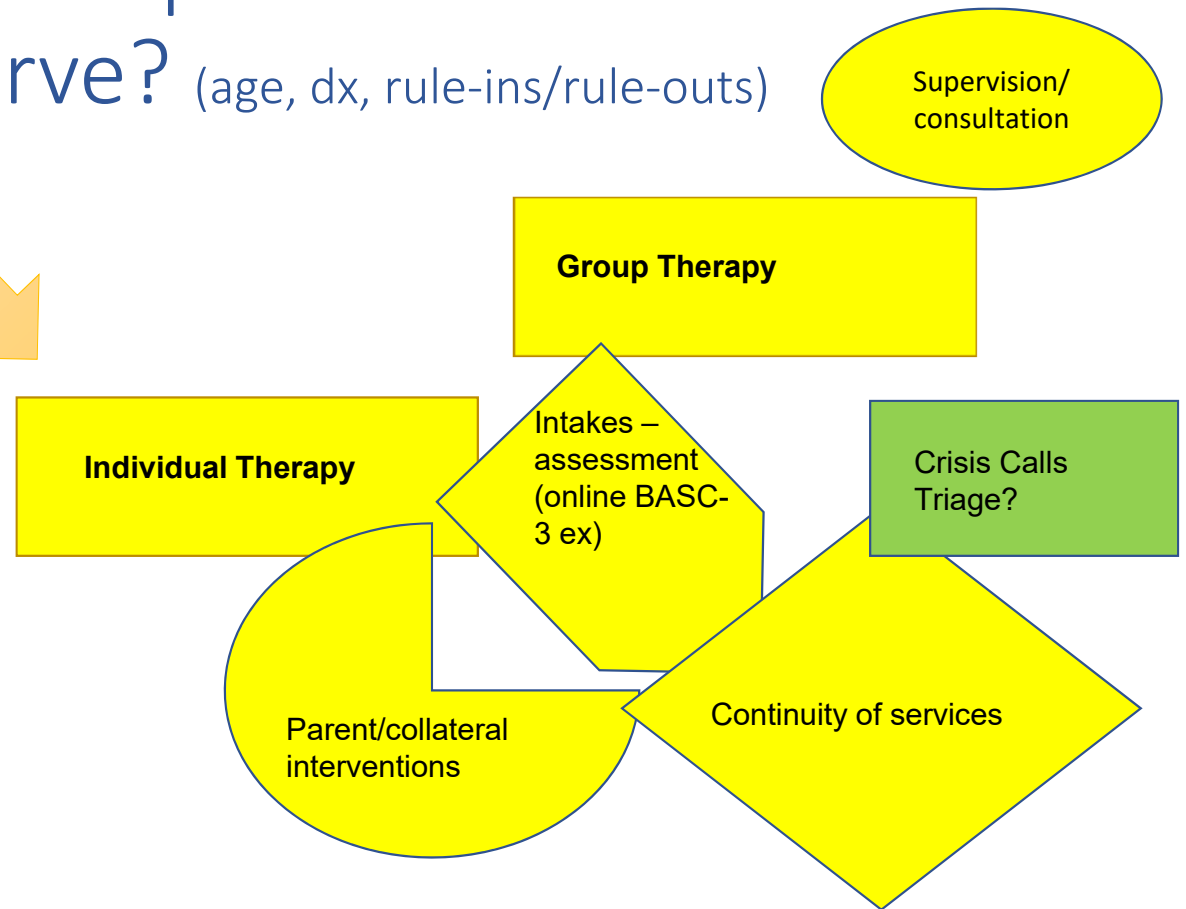
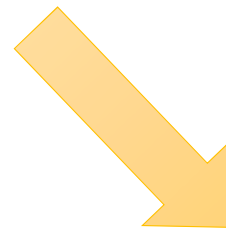


Main Components of Competence Training (1-6 hours)

- Why? Who? What? When? Where? How?
- **Cultural and Contextual/Setting Considerations** Ex. Telehealth can help decrease the barrier of having an interpreter or translator online (language or sign)
- Key technology and security features (HIPAA)
- **Ethics & Legal: Informed Consent, Interjurisdictional Practice, Risk & Emergency Back-up Information**
- ****Engagement + therapeutic techniques with children and teens**
- Conducting Groups (as time allows or if requested)

What services can we provide over telehealth and who do we serve? (age, dx, rule-ins/rule-outs)

Think what you would do in-person, how you translate to video/audio or to phone. What do you gain/lose with each?



Download SAMHSA TIP 60

Private space (might even be a car or outdoors) & minimal distractions **for all** and more so for groups

Where are partners, children, parents, sibs, pets? Ask them to wear earbuds/ headphones for privacy.

Recording – transparency on their part - what if they want to record from another device? Need to have verbal and written agreement.

VERBAL & WRITTEN consent –

Using Technology-Based Therapeutic Tools in Behavioral Health Services

Essential Elements of Informed Consent To Participate in TAC

Services process and alternatives:

- Whether communication will be synchronous or asynchronous
- Response standards and scheduling
- Frequency of interactions
- Misunderstandings (text-based and video-based risks)
- Alternative treatments or delivery approaches

Individuals who may have access to clinical information:

- Other providers on both ends of a Web conferencing exchange
- Technical staff members required to operate or maintain the technology
- Other participants in groups or chats
- Supervisors
- Program evaluators or quality assurance monitors

Potential benefits of the service:

- Access to services
- Privacy
- Reflection time
- Access to specialists and supervisors

Confidentiality of communications and records:

- Confidentiality laws that apply to clinical exchanges using technology
- Legal exceptions that apply to telemental healthcare or telemedicine just as they do to in-person clinical work, including child abuse, elder abuse, medical emergencies, threats of violence, or danger to self, as dictated by state and federal laws

Privacy and privacy risks:

- What is being transmitted, including identifiable images, clinical information, appointment reminders, and billing information
- Form of transmission, including attempts to protect privacy using encryption
- Privacy risks inherent in transmission, such as failures of technology, and unauthorized access to electronic information
- Storage/destruction policies for electronic communications (e.g., text messages, emails)

Roles and credentials of all individuals involved in service delivery:

- Names, roles, and credentials of all providers who participate in clinical care and how the client can confirm credentials (includes providers on both ends of a telemedicine exchange)
- Billing or administrative staff members who may contact clients about administrative issues

Emergency procedures:

- Expectations for response to postings, emails, telephone calls, or text messages
- Contact information and procedures if immediate follow-up is needed
- Emergency/crisis services contact information
- Steps providers may take if concerned about safety of a client

Ways for clients to protect their privacy:

- Controlling access to communications through establishing passwords, deleting cookies, and controlling computer access
- Understanding the risks of sharing email accounts
- Limiting or preventing the provision of identifying information on social media
- Identifying Internet security risks
- Installing virus, spyware, and malware detection software

(Continued on the next page.)

For work with minors, if you meet with parent first for update, send a separate link. Or, if joint, how will you handle space in the room.

Which home? Which parent?

BACK-UP and SAFETY PLANNING

- **Legal issues:** Licensure requirements – DURING COVID19 and BEYOND / Temp license - PSYPACT compact for psychologists
Laws differ by state: 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 telehealth agreement w minors as appropriate and adults in charge. 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 (cast, use of wheelchair, 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 parents/families as appropriate, and with other providers! Have a team available for consult and emergency implementation.
- What if a client/teen slams their laptop shut?

Special Considerations w Children & Teens

(see guidelines Myers K, Nelson E-L, Rabinowitz T, et al. American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents (2017).

- Evidence-base exists, but we need more varied environments
- 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
- Note what else they might be doing while talking with you? Who is in room? Pet?
- Emergency or urgent back up plan for teens, esp. important. What if they just SLAM the laptop shut or run out of the room or the house or are injured???
- Use of mobile devices for exposures – smartphones, laptops, incorporating use of apps (Virtual Hope Box, Mood Coach, for ex.)
- School-based TMH increasing
- Providers seek update on TMH competency
- All ethical considerations as with adults, but more in addition as need to consider the family dynamics and custody.
- Appropriate attire, position (upright) and space:

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Some examples with CBT practice

Exposures

PCIT – room to room via video and bluetooth

Group Tx

Parenting with one in-person, one face-to-face

Modeling/recording practices

Developing hierarchies

HOW? (HIPAA secure
platforms, cameras and

Features that help with engagement

- Online Spinners
- Encrypted emails if send info, portal, or mail
- Screen share to show documents, assignments, share videos, audio recordings
- White Board (MS has a free downloadable one independent of platform)
- Capability to have more than 6 individuals if you run groups
- Security controls –passwords, unique id's, wait room, audio and video and chat room controls, enable/disable annotation for drawing, breakout rooms, screen sharing controls, and recording controlled by HOST only, **if** have permission.

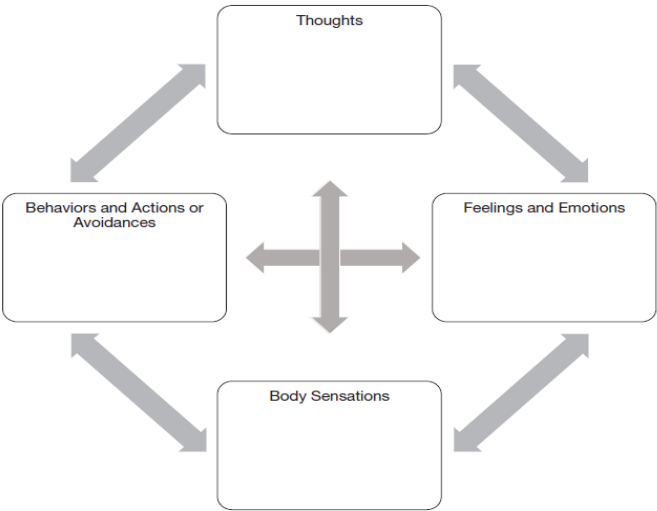
Share or send a worksheet and complete together or assign to discuss next time.

If you use the “annotation” on the video platform, you can “write” on the form. I suggest taking a picture rather than saving to the computer so you can email it. They can take a picture as well on their end.

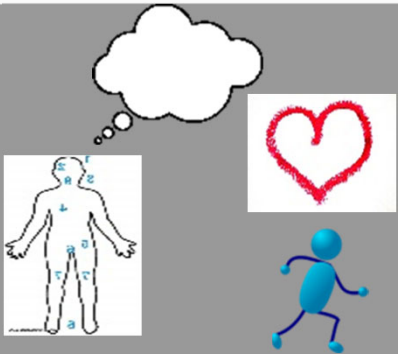
Cognitive Behavior Therapy: Try It Out!

Part 1: Consider Your Own Negative Thinking Habit

CBT is based on the concept that your thoughts, feelings, behaviors, and body sensations are interrelated and affect one another. Changing your thinking changes the way you act and feel, and changing your behavior can change the way you think. Which negative thinking habit got in your way this week? Use this worksheet to write down your negative thought and how it made you act and feel.



Use a new worksheet for each negative thinking habit. See the “Cognitive Behavior Therapy: Try It Out! Example: The Catastrophizing Habit” for an example of this worksheet already filled in.



Hierarchies can be typed into word doc, shared, reordered, etc.



Action plans easy to put on white board and take a pic and save.

Create fun avatars with kids and teens For ex. <https://avachara.com/avatar/>



Great to insert
self-talk and
reality checks

