Continuing to Provide Quality Mental Healthcare Remotely during COVID

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Eleos Health

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Disclosure Statement

Dr. Shiri Sadeh-Sharvit serves as the Chief Clinical Officer for Eleos Health, receives research support from Super-Pharm, Inc., and royalties from Routledge Press.

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Teaching Plan

- Background
- Behavioral health changes following the pandemic
- Telepsychology
- Self-help apps and guided self-help programs
- Social media
- Safety and privacy considerations

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Self-introduction

PARENTS
WITH EATING
DISORDERS
An Intervention Guide

Shiri Sadeh-Sharvit
James Lock

R
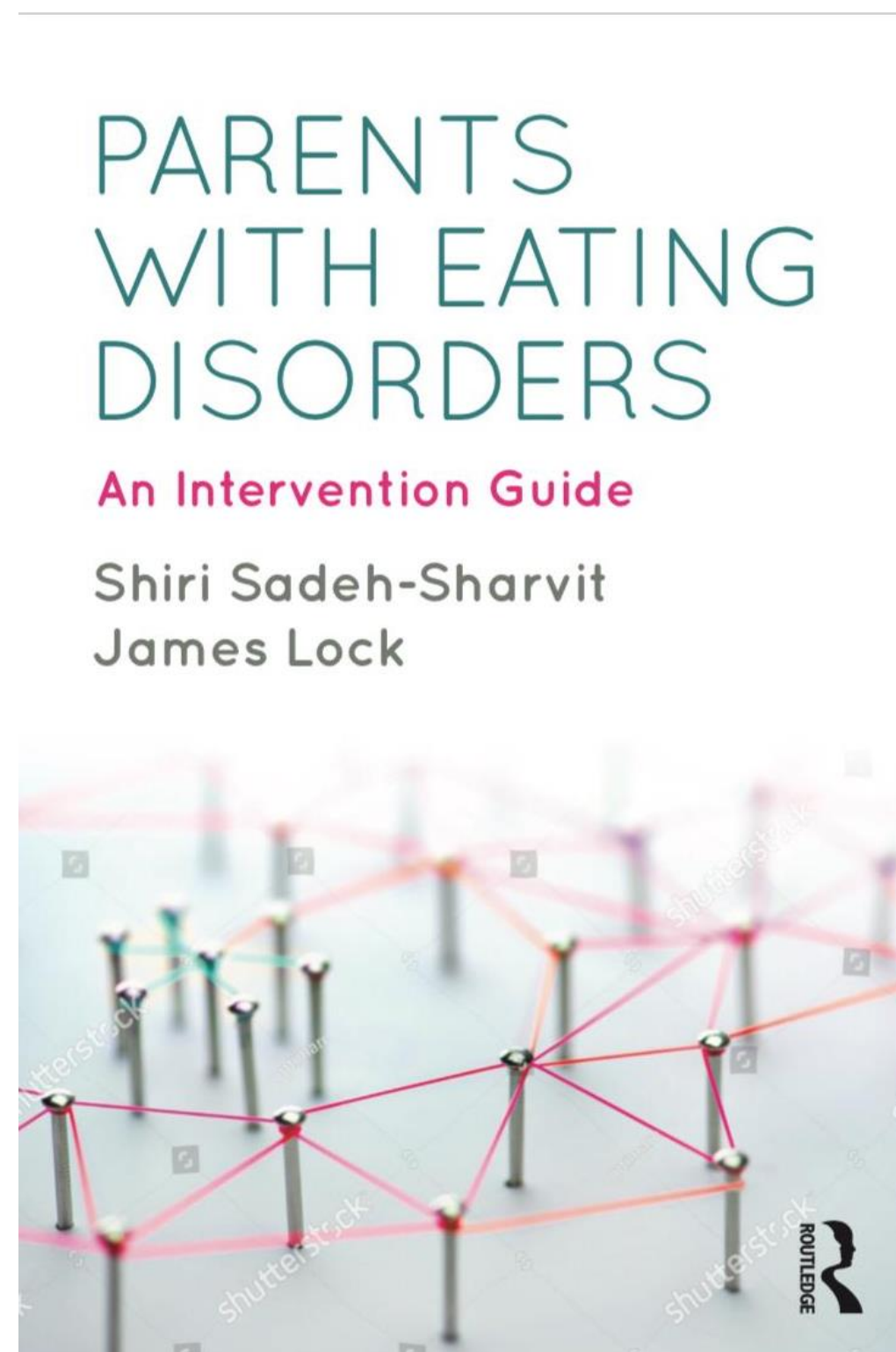
Licensed clinical child psychologist.

Worked for 4 years at Stanford University Eating Disorders Research Program.

Developed parent-based prevention program for parents with eating disorder or WLS histories, adapting family-based treatment for children with ARFID, and digital guided self-help for individuals with eating disorders.

Received research grants from Stanford University Maternal and Child Health Research Institute, National Eating Disorder Association, the Hilda and Preston Davis Foundation, and Super-Pharm, Inc.

Teletherapy is Now a Staple of the Therapist Toolkit
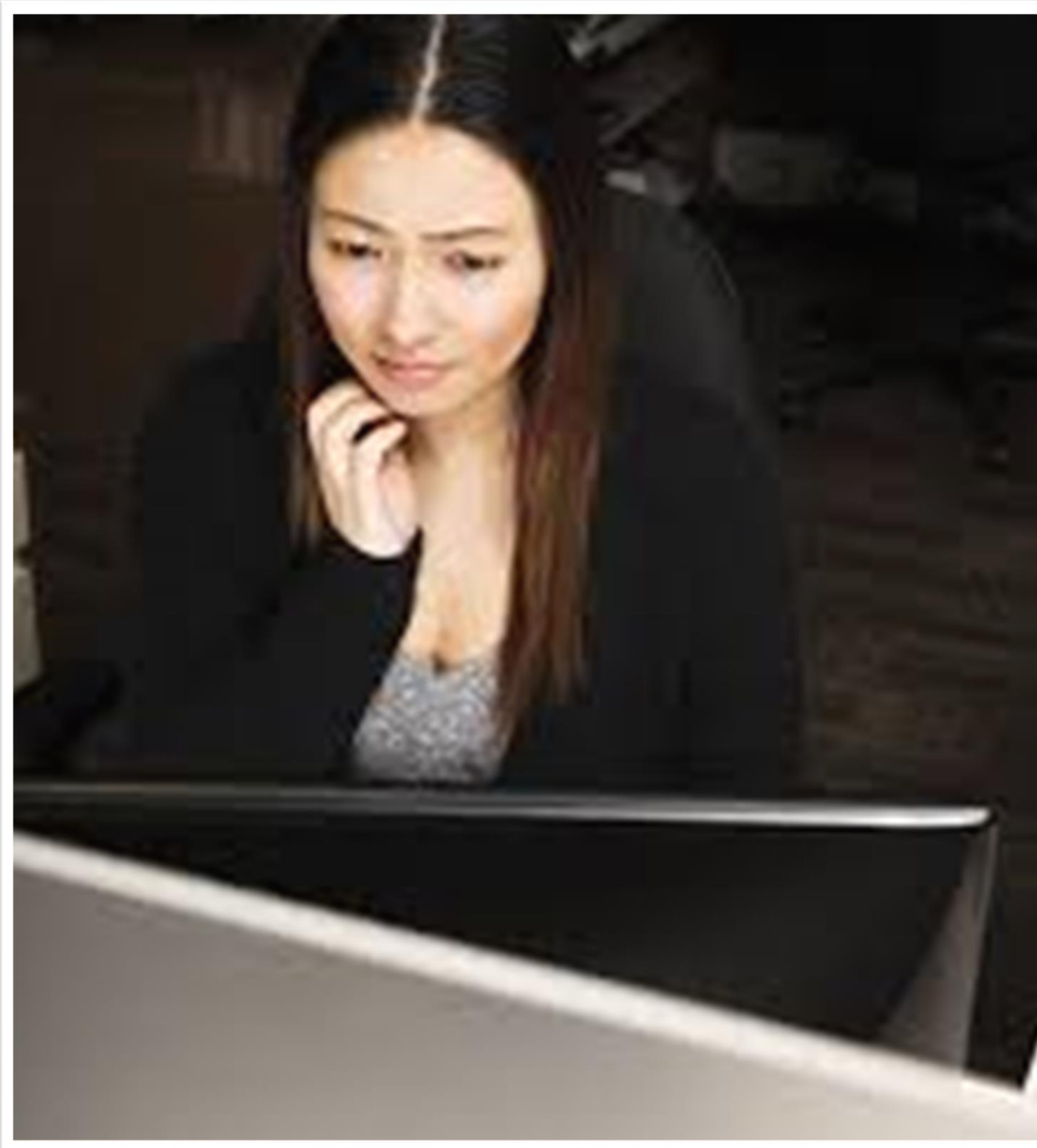
The COVID-19 pandemic has dramatically changed the landscape of digital therapy, making telehealth the prominent means of treatment delivery.

There is a gap between clinicians and client expectations:

- Therapists have been primarily trained in assessing and treating their clients in face-to-face settings.
- But in real life, individuals are typically in close proximity to their phone, using it for work, interpersonal connection, and searching for or recording information that they consider important.

Duggan, M., & Smith, A. (2013). Cell internet use 2013. Washington, DC: Pew Research Center.
Fox, S., & Duggan, M. (2013). Health Online 2013. Washington, DC: Pew Research Center.

# Clients Expect Technology Integrated in Their Care

Mental health consumers are empowered to search and choose the therapies most effective to their problems.

Over 325,000 health apps are available, many related to mental health issues.

76% would be interested in using their phone for self-management and self-monitoring of mental health.[1]

Clients with more health problems report greater email correspondence with doctor, nurse, or health care organization.[2]

Now with social distancing norms, technology can provide distant socializing, continuity and integration of treatment.
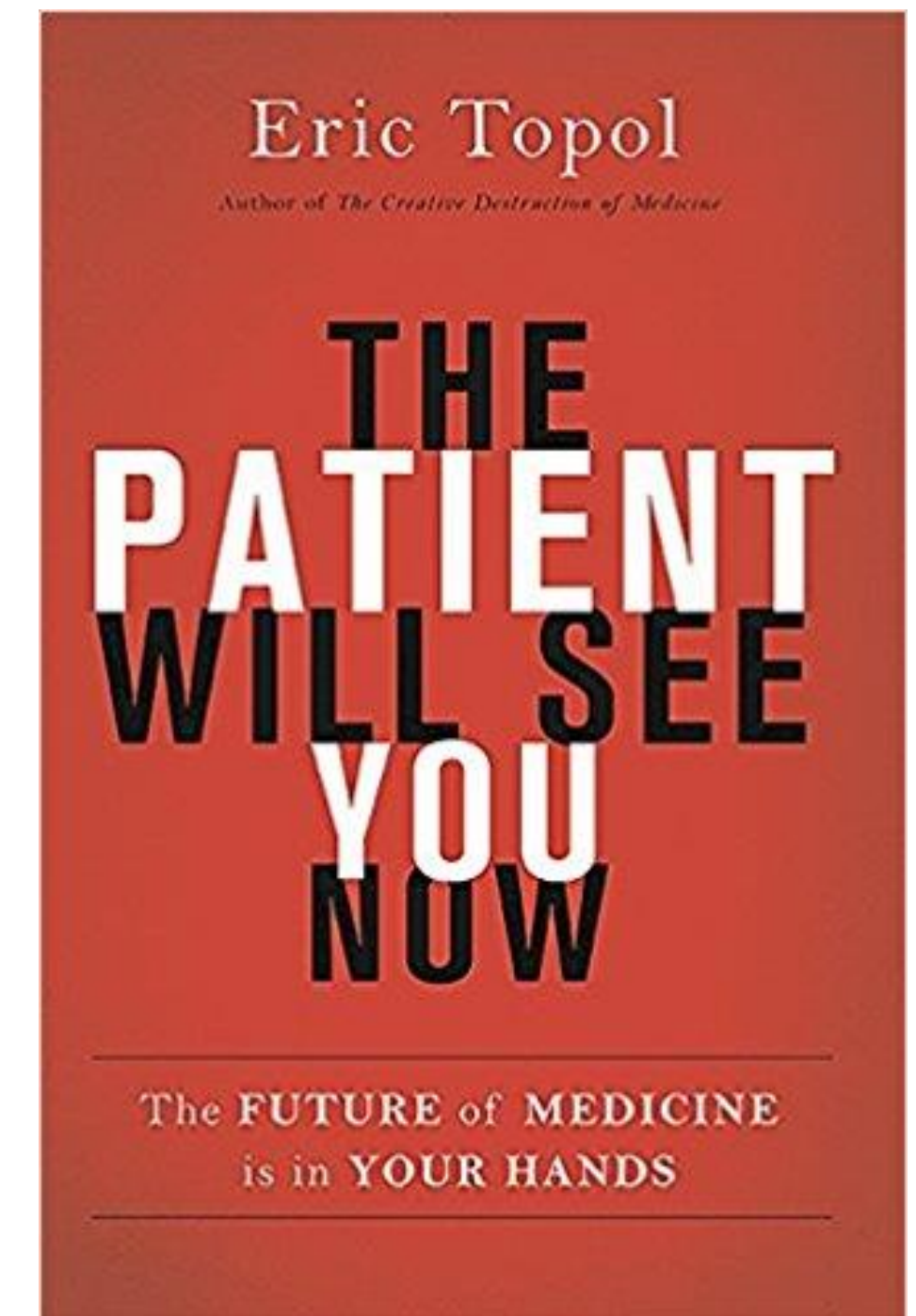
[1]Bakker D, Kazantzis N, Rickwood D, Rickard N (2016). Mental Health Smartphone Apps: Review and Evidence-Based Recommendations for Future Developments. JMIR Mental Health, 3(1).

[2]Newhouse N et al. (2015). Patient use of email for health communication purposes across 14 European countries: an analysis of users according to demographic and health-related care. Journal of medical Internet research, 17(3).

Eric Topol

Author of The Creative Destruction of Medicine

THE PATIENT WILL SEE YOU NOW

The FUTURE of MEDICINE is in YOUR HANDS

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Social Distancing or Distant Socializing?

Our clients need us now more than ever before:

- Financial concerns (lost job, economy, stock market, food insecurity).
- Increased stress and trauma at home.
- Lack of access to healthy coping mechanisms.
- Exacerbation of existing psychopathological symptoms.
- Negative media messages about productivity and self-improvement.
- Greater use of social media and detrimental social comparison.

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How is Treatment Affected by COVID?

Issues such as the pandemic, quarantine, and social distancing are part of our reality in the next months.
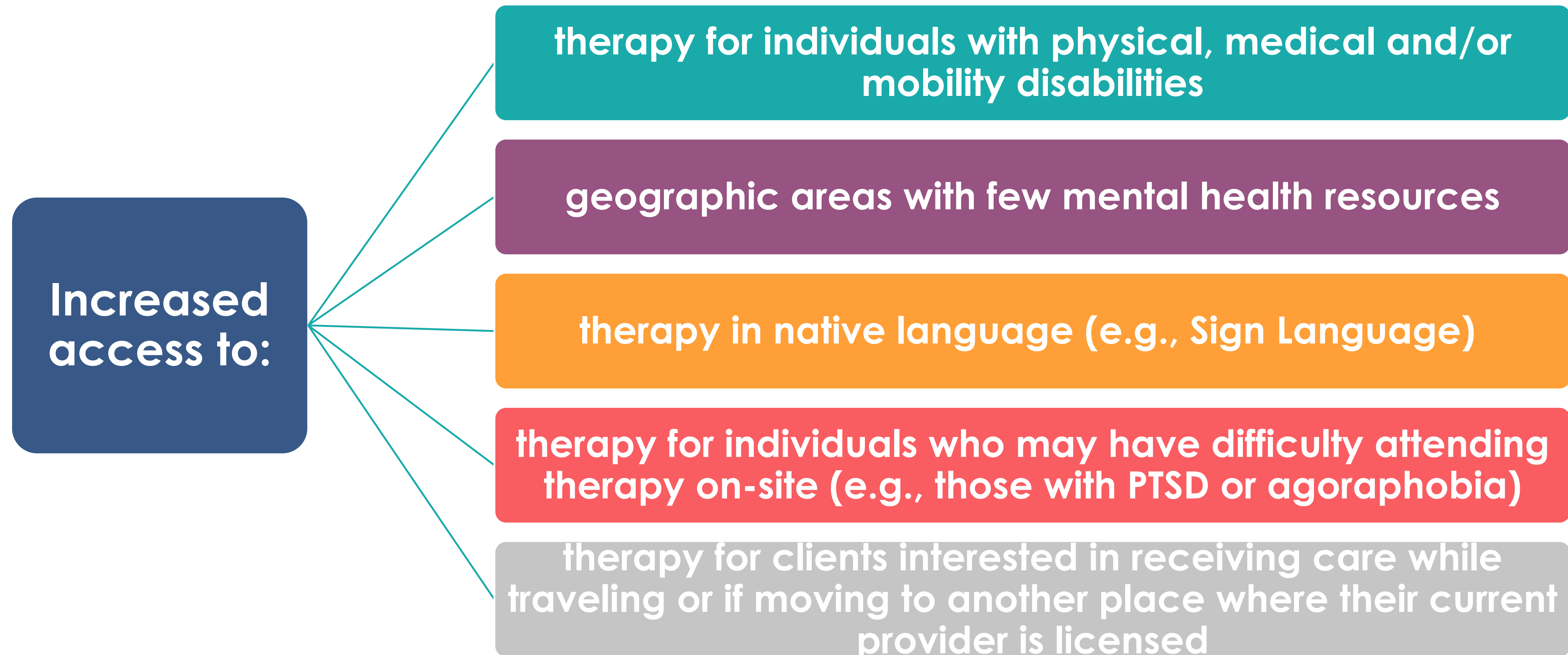
We need to adapt our thinking to understand that teletherapy is not a quick fix but is an ongoing treatment delivery method, in most cases the only modality that is safe and feasible.

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Digital tools can make therapy more efficient, effective, and fun!

- Communication/scheduling
- Assessment/monitoring
- Psychoeducation
- Support between sessions
- Supplement face-to-face sessions
- Addresses important issues that may not be therapists' major focus/area of expertise,
  - e.g. Sleep, exercise, weight management
- Fills slots (teletherapy/video conferencing)
- Provides continuity (e.g. teletherapy when patient cannot come in)

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Teletherapy: Benefits for Clients

Increased access to:

- therapy for individuals with physical, medical and/or mobility disabilities

- geographic areas with few mental health resources

- therapy in native language (e.g., Sign Language)

- therapy for individuals who may have difficulty attending therapy on-site (e.g., those with PTSD or agoraphobia)

- therapy for clients interested in receiving care while traveling or if moving to another place where their current provider is licensed

Bashshur et al. (2016). The Empirical Evidence for Telemedicine Interventions in Mental Disorders *Telemedicine and e-Health, 22*(2): 87-113

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Teletherapy: Benefits for Clinicians

Flexible scheduling

Consumer demand and convenience

Fill missed sessions/business opportunities

Growing empirical evidence as to its effectiveness, cost-benefit

Bashshur et al. (2016). The Empirical Evidence for Telemedicine Interventions in Mental Disorders *Telemedicine and e-Health, 22*(2): 87-113

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Therapeutic Relationships and Technology-Facilitated Care

Impact on therapist-client relationship:

- Research suggests that client ratings of therapeutic alliance when working with a clinician that incorporates internet-based interventions are high[1]

- Roughly equivalent to ratings of alliance found in studies of face-to-face therapy

Berger, T. (2017). The therapeutic alliance in internet interventions: a narrative review and suggestions for future research. Psychotherapy research, 27(5), 511-524.

Challenges with Ongoing Remote Treatment

Boundaries:

Both the client's and the therapists' home environment are exposed.

Privacy may be compromised.

Shiri Sadeh-Sharvit, PhD @ShiriSharvit · May 1
Feeling Zoom fatigue?
It makes sense.

🪑 Sedentary lifestyle
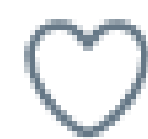📺 Screentime and blue light exposure exceed medical recommendations
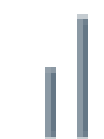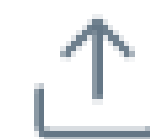🧘🏻‍♀️ No downtime between online meetings and home activities.

Schedule breaks, stretches, change of scenery, time away from computer/phone.👯‍♀️🎧🧩

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Guidelines for Stress-reduced Practice

Ensure confidentiality, privacy, and informed consent

Know the local licensing requirements

Use encrypted services, such as Zoom, Doxy.me, Rebound, Vsee (and many more!)

Educate the client regarding location, bandwidth, and connection issues

Help ensure client safety and know local police to call in case of an emergency

Decide what happens if the telehealth meeting ends abruptly

Plan your office background, attire, background noises, Internet speed

Considerations for Virtual Group Treatment

Define a virtual waiting room and admit participants only after verifying their location and emergency contact number.

Mandate video and audio be turned on.

Ask clients to correct the name appearing on their video, if necessary.

Offer participants to hide their self view.

Be clear about confidentiality – no picture taking, sitting in a private location to protect other participants' privacy, etc.

Send handouts prior to the session, share screen to visualize content.

If possible, have another colleague contact participants who logged out.

# Additional Challenges with Ongoing Remote Treatment During the Pandemic

Changes in clients:

- Client's world may become more limited.
- Scant mental, social, cognitive stimuli.
- Pressure to be productive, lose weight while in quarantine.
- Health anxiety increase.
- Financial, food insecurity.
- Increased potential for domestic violence and abuse.
- Clients often need more support than the designated session time.

Cooper, M., Reilly, E. E., Siegel, J. C., Coniglio, K., Sadeh-Sharvit, S., Pisetsky, E. M., & Anderson, L. A. (2020) Eating disorders during the COVID-19 pandemic and quarantine: an overview of risks and recommendations for treatment and early intervention, Eating Disorders, DOI: 10.1080/10640266.2020.1790271

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○ **Case Example**

- A 24-year-old Latino, cisgender male.

- Recently graduated from a liberal arts college and started his new "adult" job.

- In the past 18 months, has felt concerned about his future and unsure which career path to choose.

- Received a promotion at work but became very anxious and had a hard time concentrating on tasks.

- Baseline assessments: PHQ-9 = 18 and GAD-7 = 15, indicating that his depression and anxiety were both in the severe range.

- Client started improving, but then… COVID happened.

Case Example (cont.)

Client furloughed due to COVID
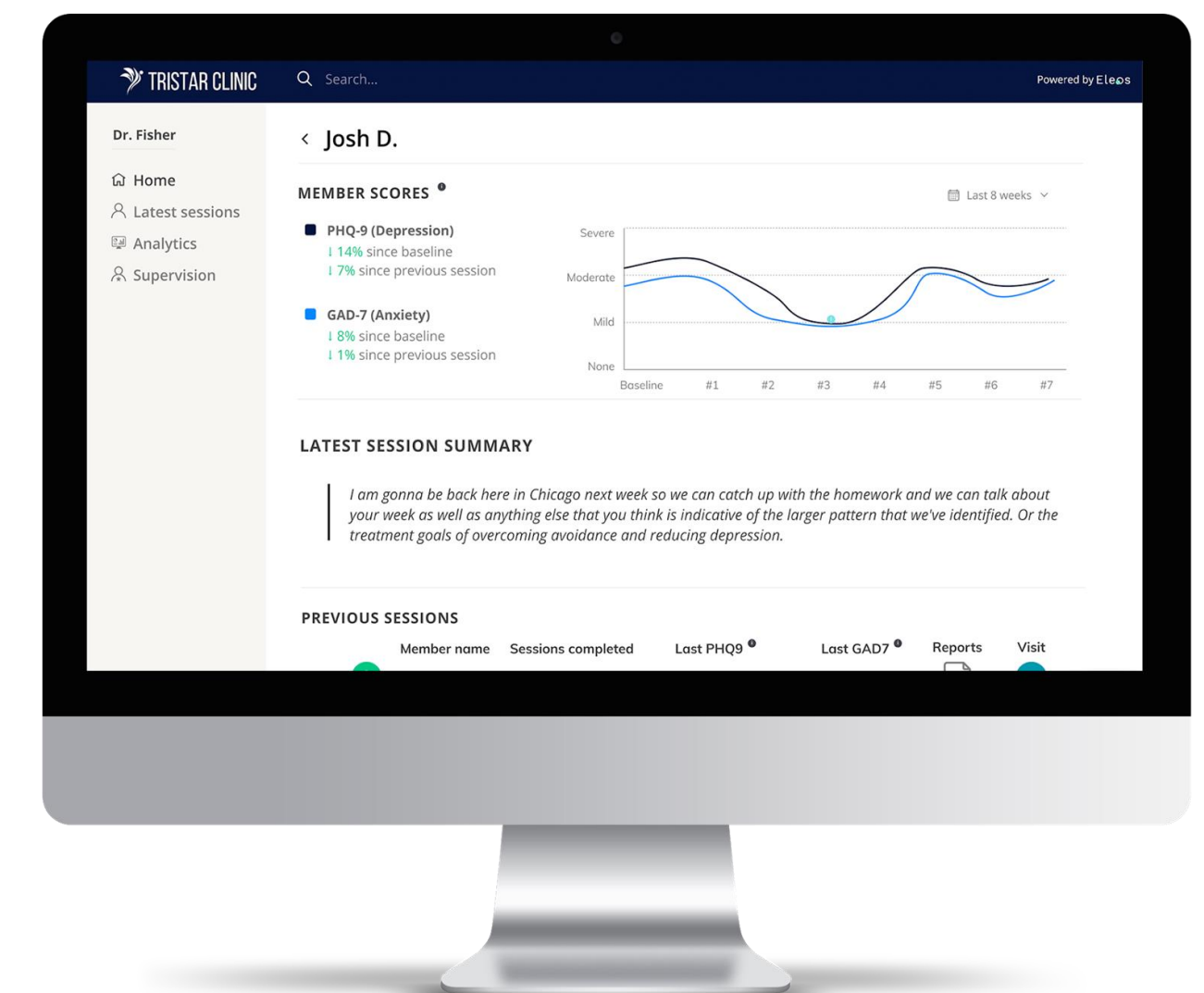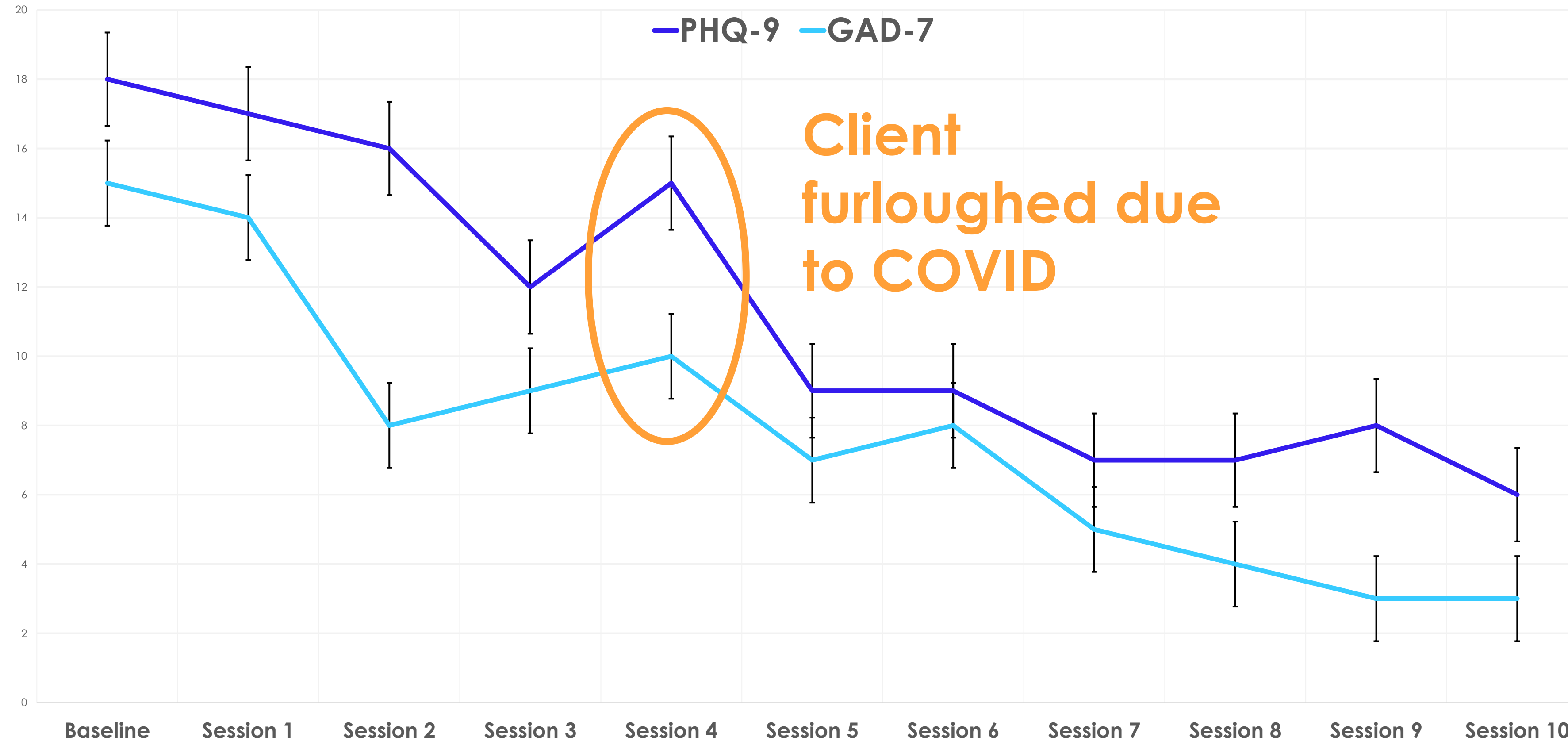
Based on : Sadeh-Sharvit & Hollon, revision invited

Case Example (cont.)

Session 2

SPEAKING RATIO (TALK TIME)

WHO	RATIO (%)
Patient	80
Therapist	20

■ Patient ■ Therapist

SPEECH RATE

WHO	WORDS/MIN
Patient	107.7
Therapist	129.5
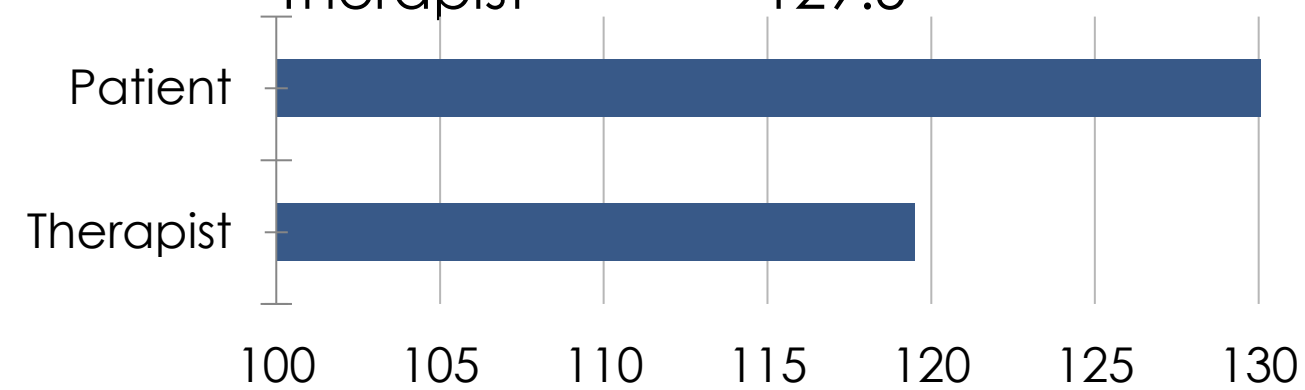
Session 4

SPEAKING RATIO (TALK TIME)

WHO	RATIO (%)
Patient	85
Therapist	15
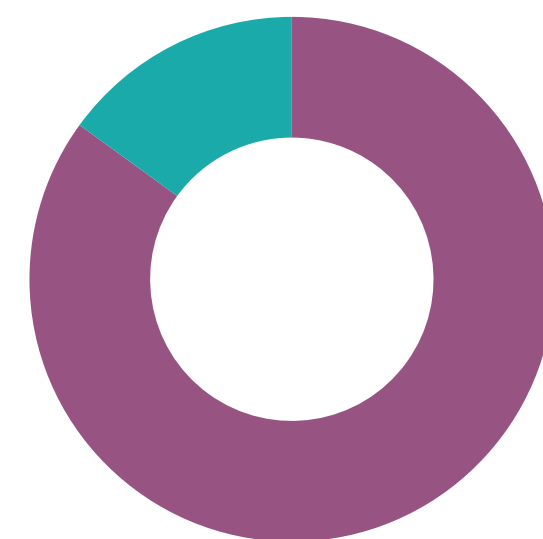
Client furloughed due to COVID

■ Patient ■ Therapist

SPEECH RATE

WHO	WORDS/MIN
Patient	130.1
Therapist	118.7
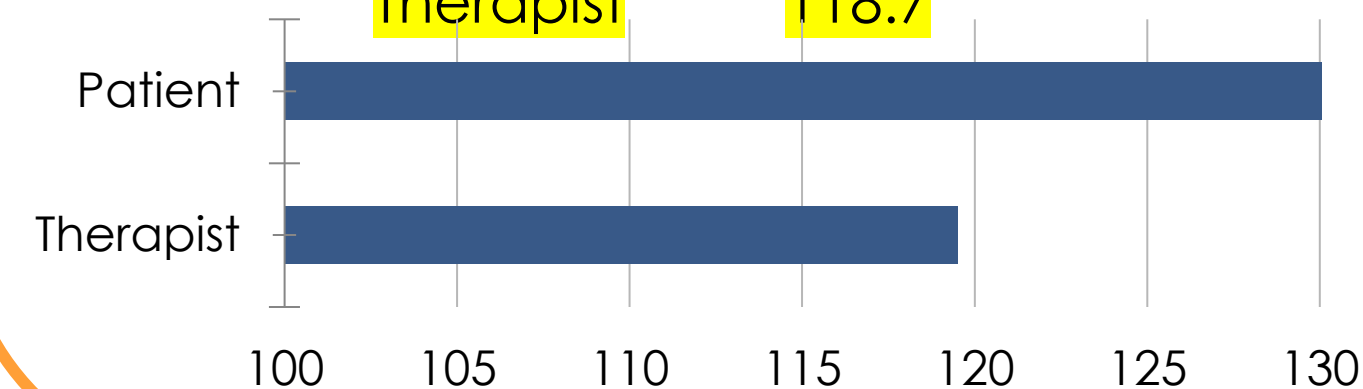
Session 9

SPEAKING RATIO (TALK TIME)

WHO	RATIO (%)
Patient	61
Therapist	39

■ Patient ■ Therapist

SPEECH RATE

WHO	WORDS/MIN
Patient	112.1
Therapist	119.3

Based on : Sadeh-Sharvit & Hollon, revision invited

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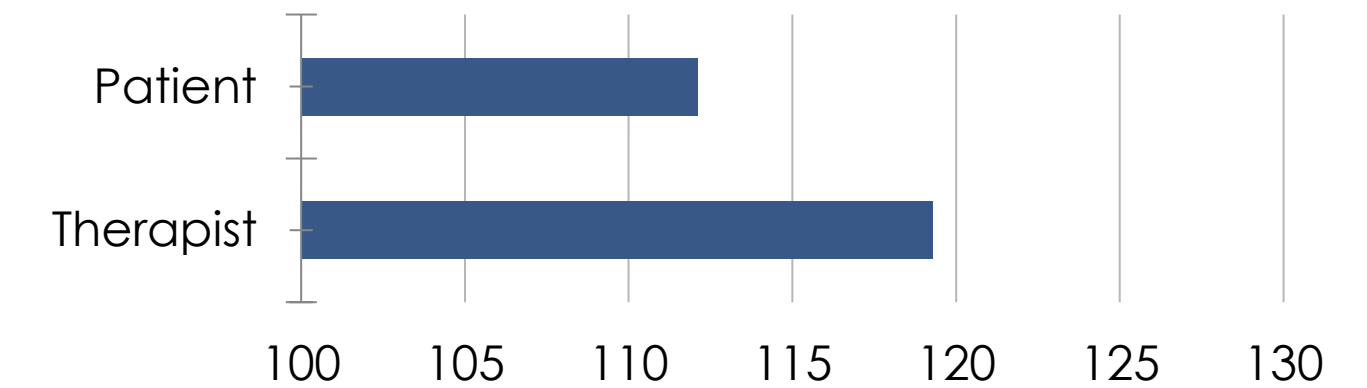
Add Digital Tools to Complement your Clinical Practice

- Streamlined communication
- Shared decision-making
- Better self-management
- Increased provider efficiency
- Expression of emotionally charged content
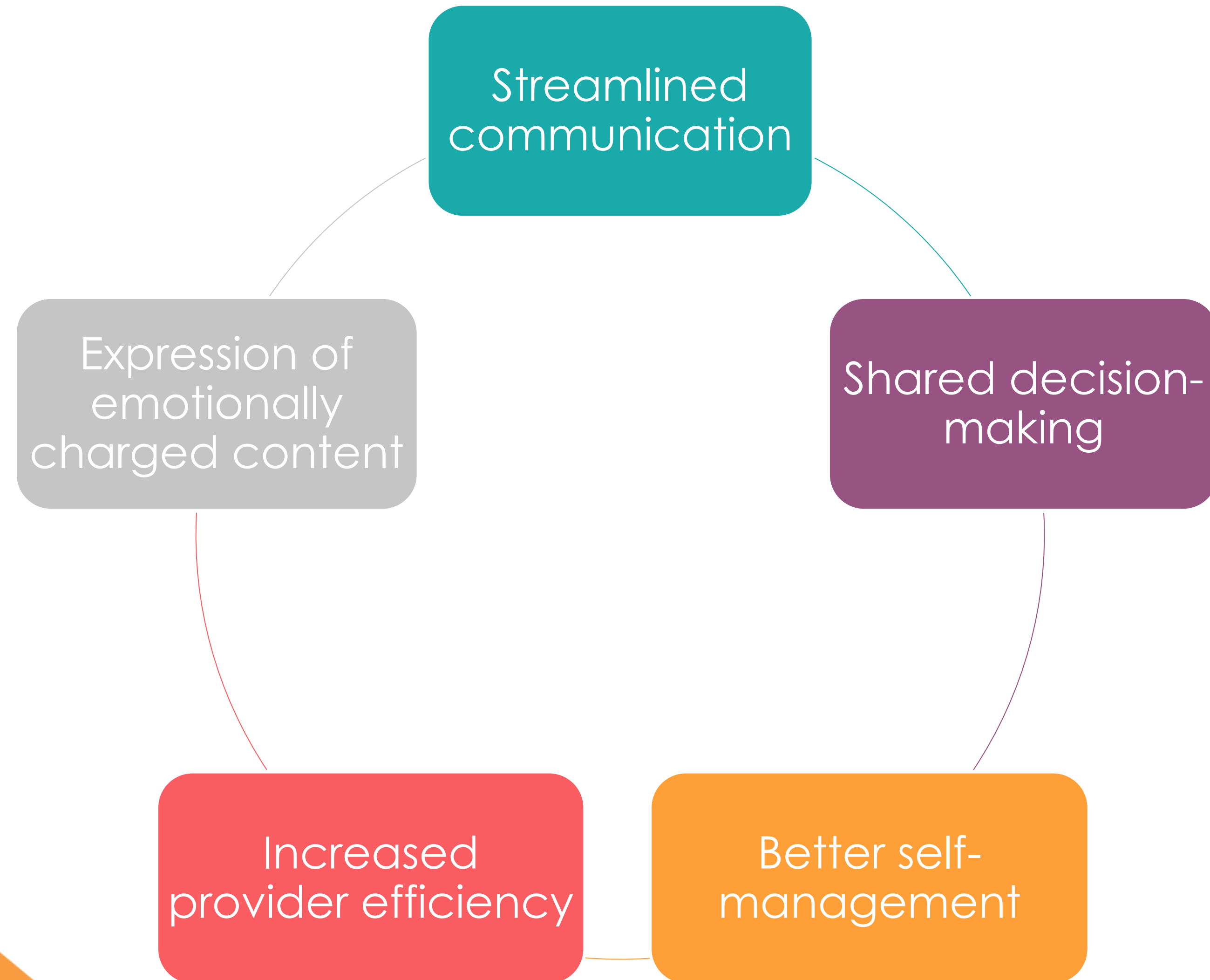
Enhancing Treatment Impact and the Therapeutic Alliance in Remote Therapy

- Consider suggesting to your clients the following services:
  - Online programs and smartphone apps for self-monitoring
  - Self-help programs and therapeutic chatbots
  - Support groups

- Also review with your clients their social media use
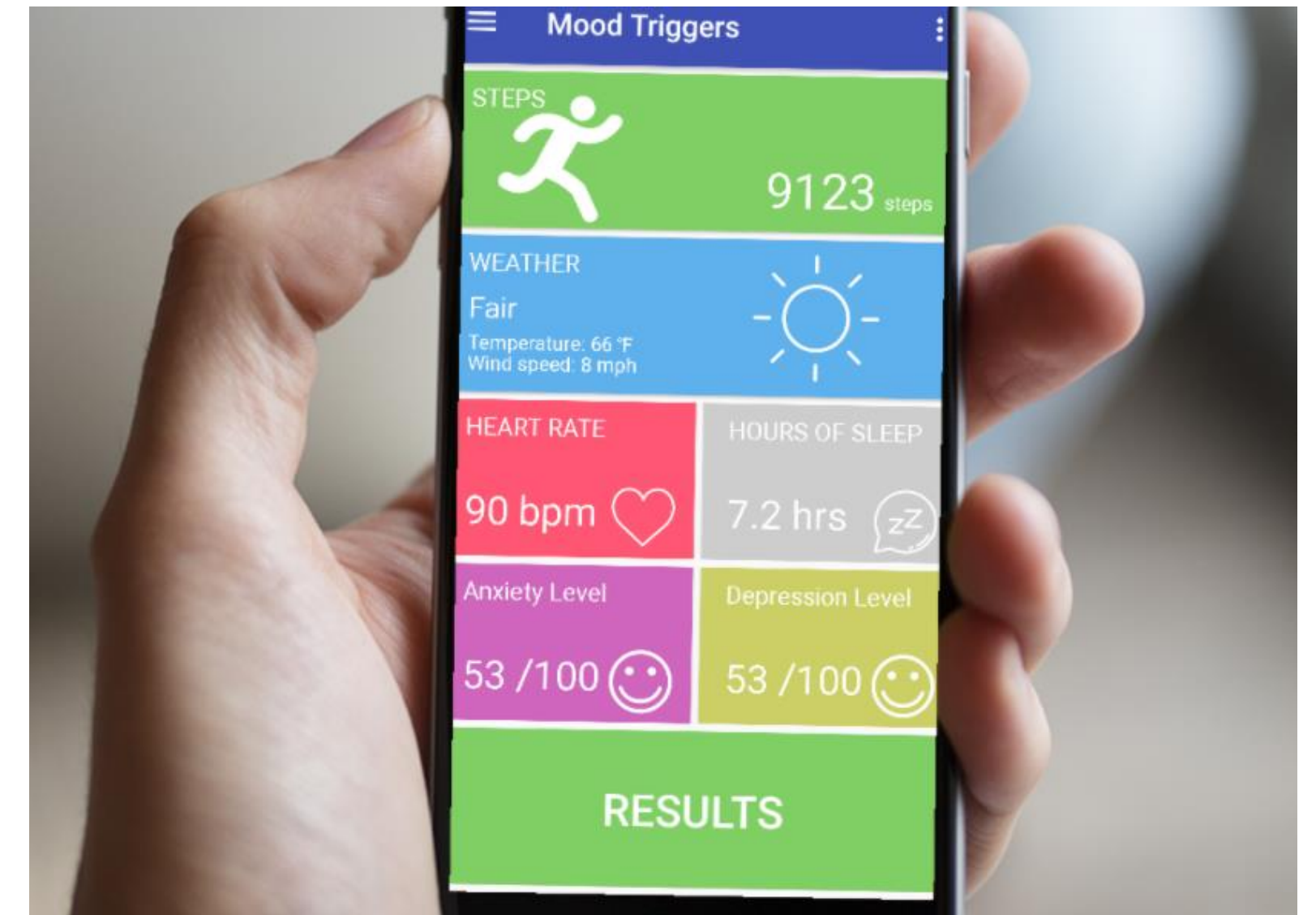
First, set up mutual expectations
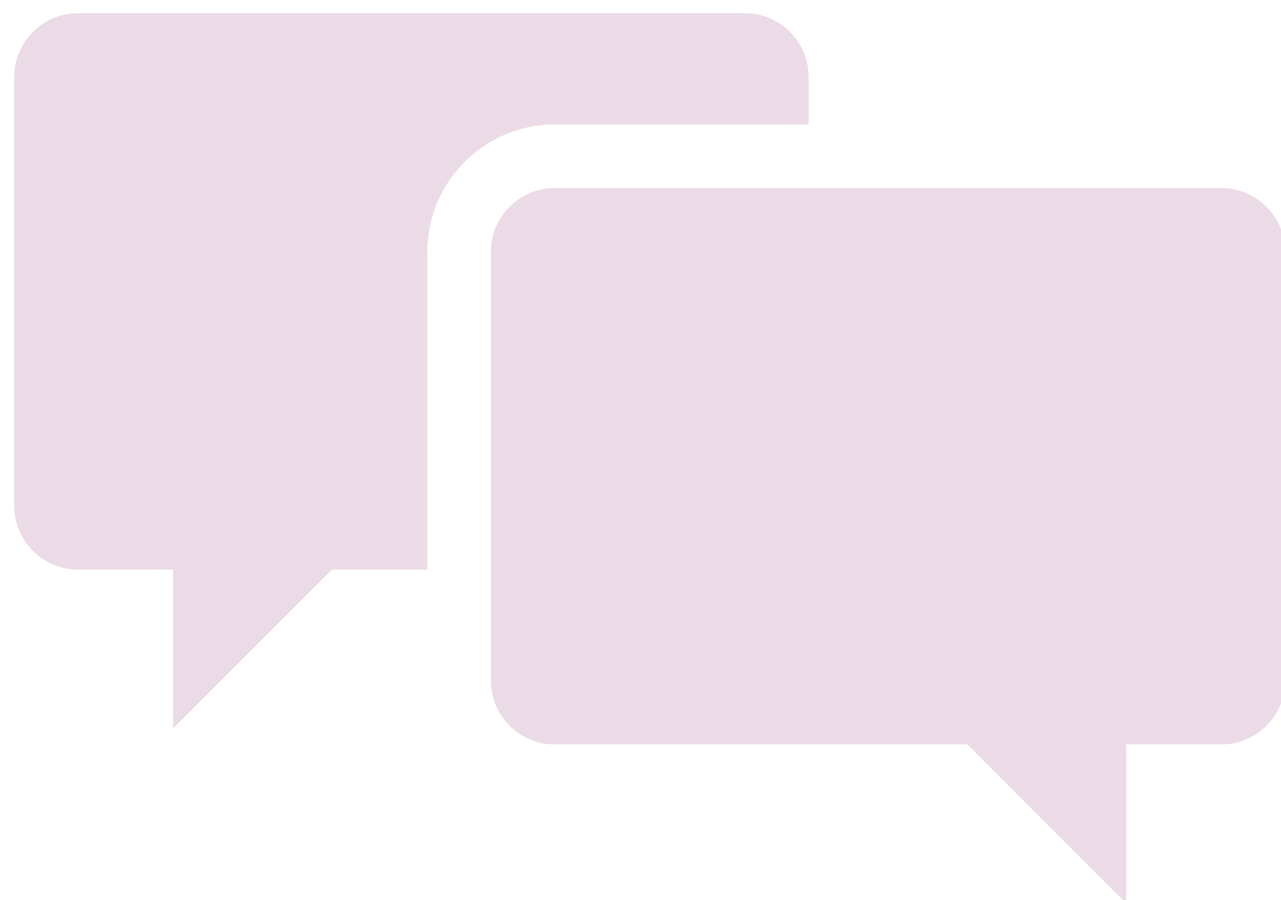
"I am very happy we are starting to work together, and I believe I can help you with the issues you have raised.

I wanted to let you know that this treatment is effective when important issues are discussed in our meetings. I am unable to respond to phone calls and messages immediately. I will do my best to respond withing 24 hours, but if you are concerned for your safety, you should go to the nearest E.R. or call 911.
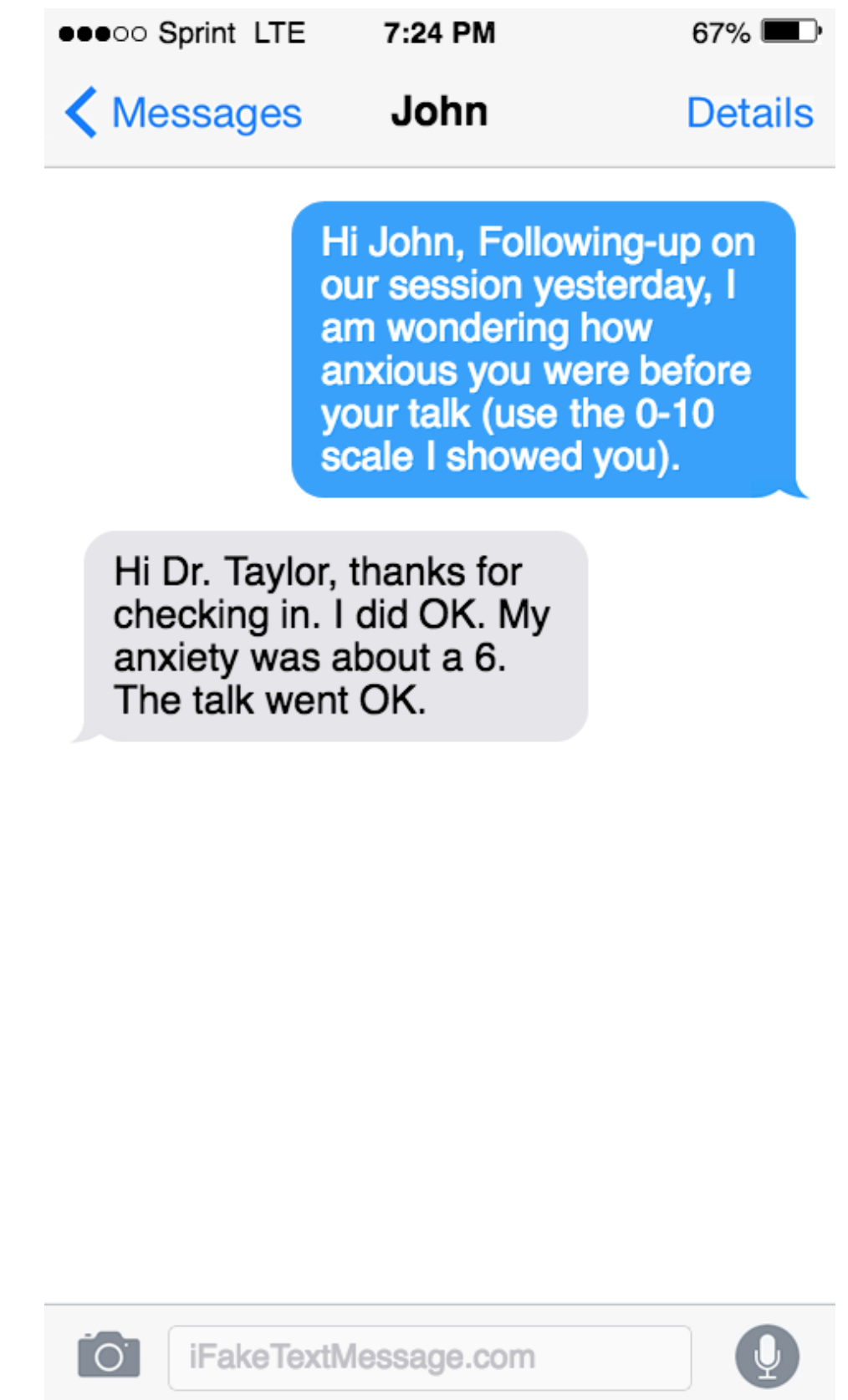
For non-urgent matters, emailing me would be the preferred form of communication."

Digital Technology Enhances Self-Monitoring and Assessment

- Can include prompts for real-time monitoring

- Can be automatically graphed (and analyzed)

- Can be sent to therapist

- Can be linked to mobile devices

- Can include visual information (e.g. photos)

- Can be part of an interactive program

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You Don't Have to Use a Sophisticated App!

RE: Checking In

Barr Taylor (stanford.edu)

RE: Checking In

Hey Dr T,

Doing OK.   No binges this last month!

See ya.
Rachael

Sans Serif | +T | B I U A | ≡ ≔ ≔ ≔ ≔ ” Iₓ

Send | A | 📎 | ☁ | $ | 📷 | 🔗 | 😊   🗑

Phone's Notes App

●●●○○ Sprint LTE   7:24 PM   67% ▰

‹ Messages   **John**   Details

Hi John, Following-up on our session yesterday, I am wondering how anxious you were before your talk (use the 0-10 scale I showed you).

Hi Dr. Taylor, thanks for checking in. I did OK. My anxiety was about a 6. The talk went OK.

📷 | iFakeTextMessage.com | 🎤

Messaging Best Practices

Before crafting your first message, take the following steps:

- Educate client about privacy and confidentiality.
- Clarify expectations for availability, response time, urgency.
- Save a copy of texts in client's permanent health record.
- Add text and email messages to informed consent.
- Create semi-structured texts for challenging situations.

Messaging Best Practices (cont.)

When responding to text and email messages from clients:

- Be succinct.
- Reiterate information and skills already mastered.
- Maintain a professional tone.
- Avoid criticizing a third party.
- Keep a positive emotional tone, when possible.
- Reply from an email account associated with your professional role.
- Avoid writing unnecessary information.

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Maintaining Personal Boundaries

Email and text communication might require **additional expenditure** of clinician time

Boundaries may be crossed when the ground rules for using text comms. are not **articulated up front**

The number of text and email messages **reduces over time**

Always practice in concert with **personal values** and preferences

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Text-Based Maintenance Following Hospital Discharge

Patients discharged from residential treatment were asked to send a text message to their therapist, once a week, for 16 weeks post-discharge.

Their therapist responded in a text that was adapted to the ex-patient's message.

The patients receiving texts had less ED symptoms and better functioning than controls.

Bauer S, Okon E, Meermann R, & Kordy H. (2012). Technology-enhanced maintenance of treatment gains in eating disorders: Efficacy of an intervention delivered via text messaging. *Journal of Consulting and Clinical Psychology, 80*(4), 700-706.

Social Media - Likely to be Having an Impact, Perhaps Negative

Increased loneliness

Decreased sleep

Disconnect with real environment

Harassment

Addiction

...But also provides an opportunity for connections, experimenting with different roles and identities, and social activism

Therapists May Not Be Assessing

Therapists may be under-assessing impact of digital behaviors, particularly for social media.

e.g. 415 individuals (mean age 28.2; 98.1% female) who received eating disorders treatment in a group setting reported, on average:

Having 10-19 Facebook friends from treatment, and spending up to 30 minutes per day interacting on Facebook with individuals from treatment or ED-related organizations.

Greater comparison to treatment peers on Facebook was associated with greater ED psychopathology and ED-related impairment.

Only 19.5% reported that a therapist asked about the impact of Facebook on symptoms.

Saffran, K., Fitzsimmons-Craft, E. E., Kass, A. E., Wilfley, D. E., Taylor, C. B., & Trockel, M. (2016). Facebook usage among those who have received treatment for an eating disorder in a group setting. International Journal of Eating Disorders, 49(8), 764-777.

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Online Support Groups

Available for most problems

Some studies on therapist led groups suggest benefit.

If you recommend online groups:

- Know the group(s) you are recommending
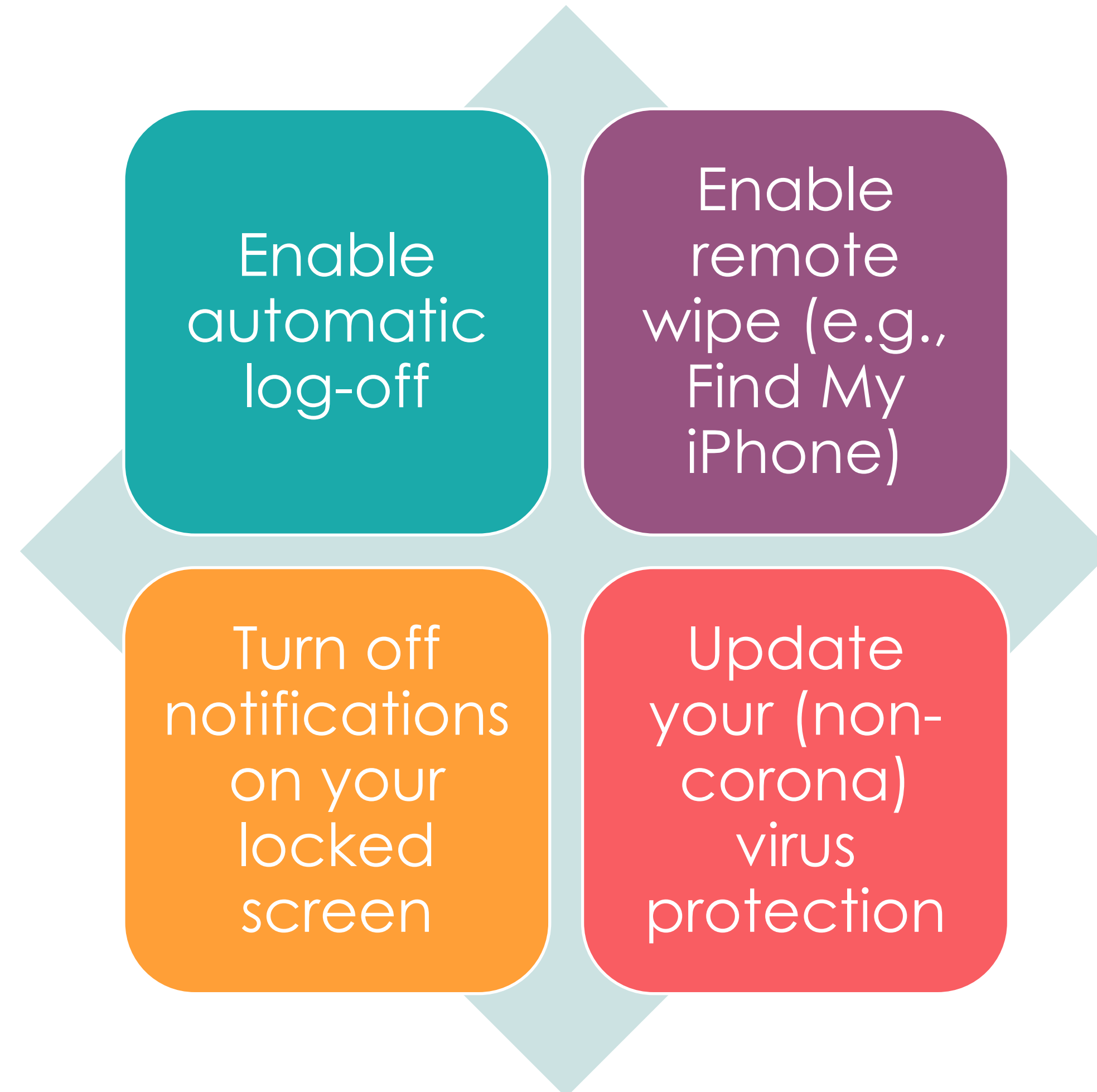- Monitor client's use/experience

General Principles

- Use built-in apps for monitoring screen time & activity.

- Consider authenticity; synchronicity between client's actual values and how their digital behaviors.

- No social media after 9pm.

- Should be used for real connections rather than to mostly viewing/posting.
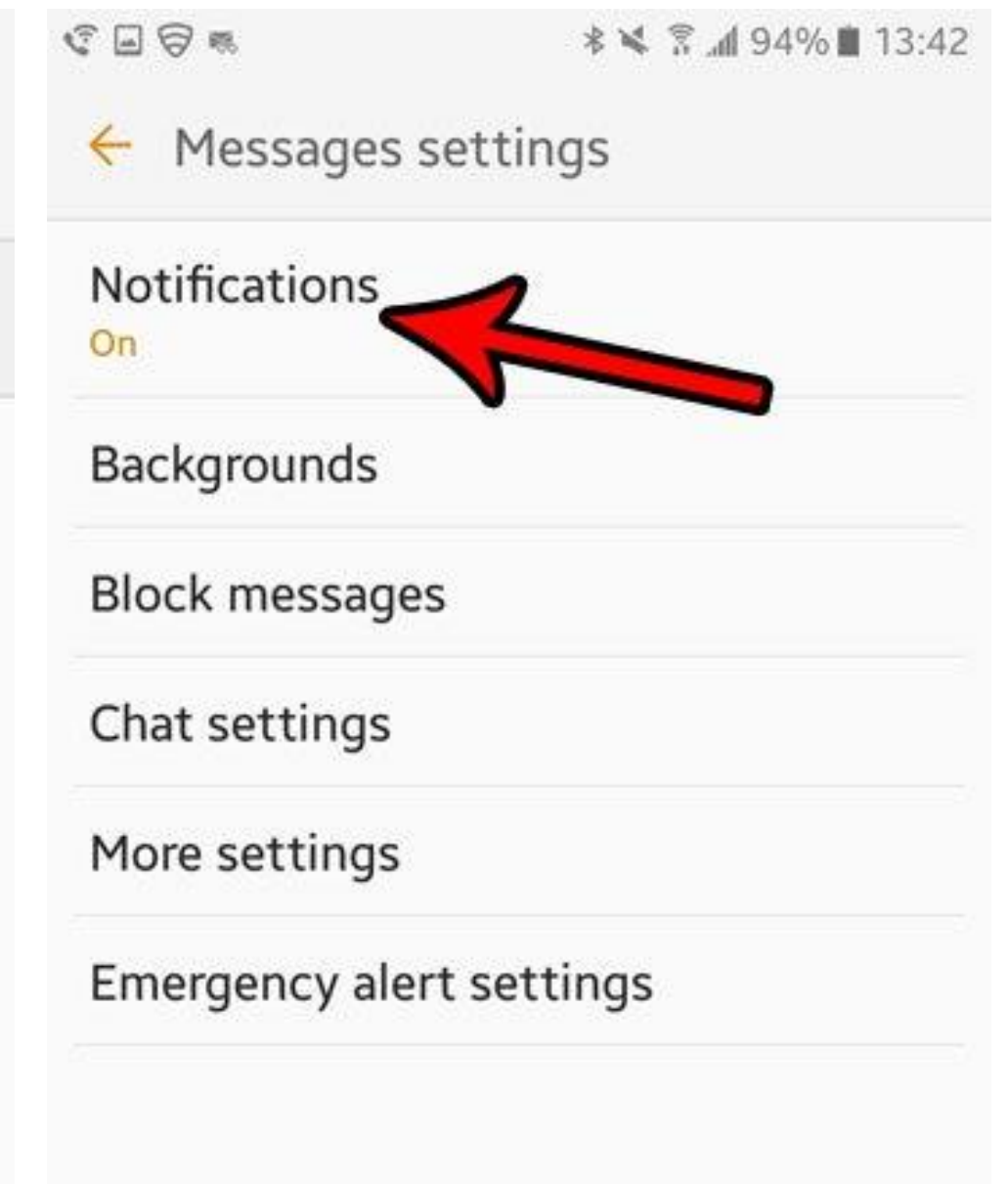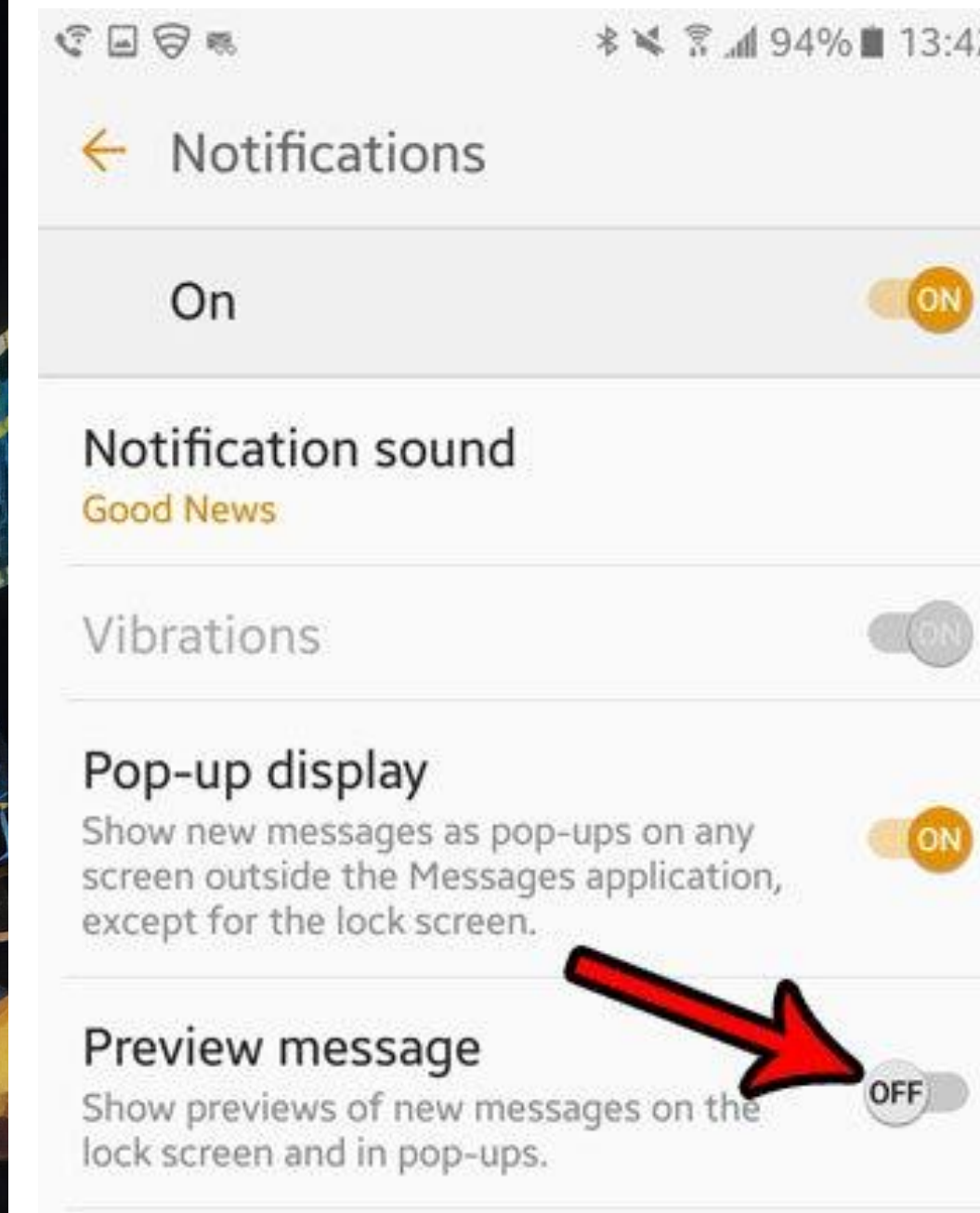
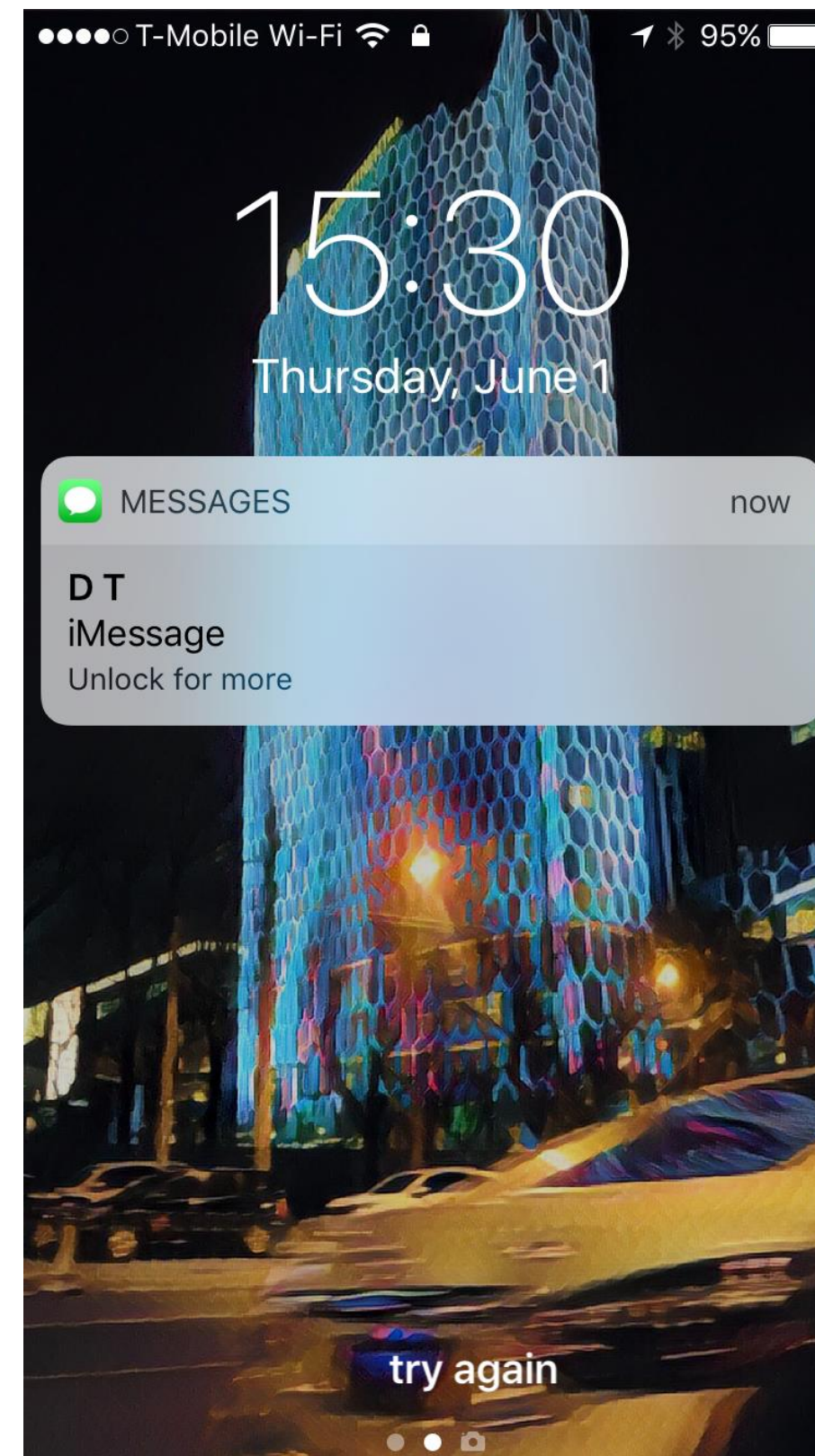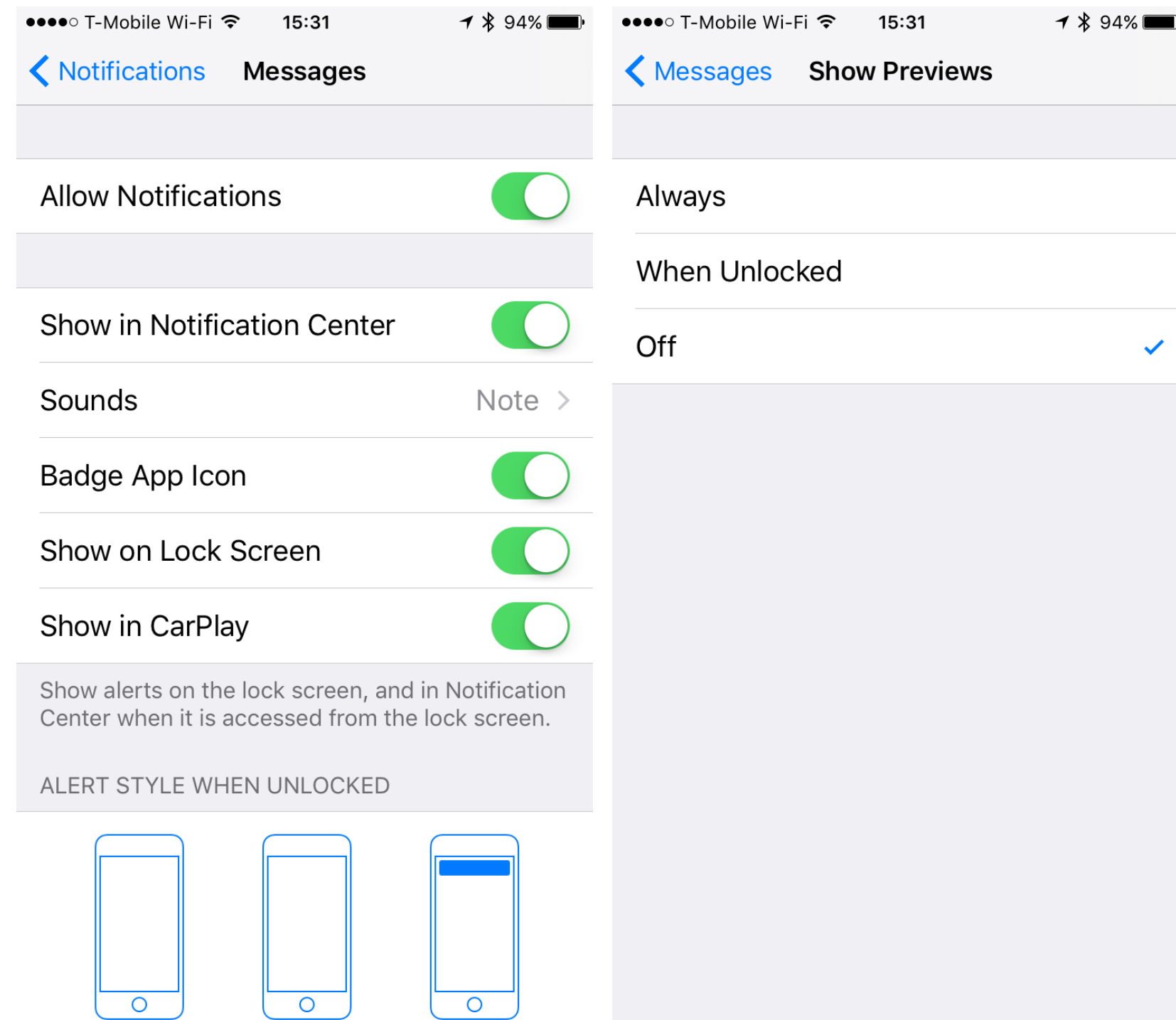- "Mute" or unfollow triggering accounts.

The Main Risk for Privacy Is From Unprotected Phone/Computer (Client's/Provider's)!

Phone/Computer Security Checklist

Enable automatic log-off

Enable remote wipe (e.g., Find My iPhone)

Turn off notifications on your locked screen

Update your (non-corona) virus protection

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Make Sure to Turn Off/Hide Text Message Previews! Otherwise, Client's Message May Pop Up

Images courtesy of: www.solveyourtech.com

Confused?

Most of the abovementioned security solutions are free and can be done with a few keystrokes

Any teenager can help you!

Should my Clinic Remain Virtual Post-COVID?

- Humans are social creatures, and the need for human face-to-face connection will likely be bigger than ever before once this emergency situation is resolved.

- But… your clients and you may feel that commuting to treatment is a nuisance.

- Consider a hybrid model, where remote and in-person treatment are integrated.

Summary: Enhancing Treatment Impact and the Therapeutic Alliance in Remote Therapy

Overcoming key challenges:

- Zoom fatigue → schedule breaks, stretches, use a hybrid model to meet in person when possible.
- Behavioral activation and pleasurable activities are harder to come by.
- Family around? Consider integrating them in the therapeutic process.
- Reinforce client's available resources, brainstorming, and troubleshooting.
- Prescribe support groups, social distancing activities, volunteering, etc.
- Complement treatment with apps and services from reputable sources.

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Maintain your Professionalism and Common Sense

Remember that Confidentiality may be compromised.

Clarify expectations for availability, response time, billing.

Add digital services to informed consent.
Practice in concert with professional values and preferences.

Encourage your client to foster meaningful relationships, remotely and face-to-face.

Core Principles

Follow usual ethical standards

Be mindful of privacy, where digital information goes and is stored

Ask your clients about their experience

Explore and have fun

Resources

Resources on the MHA website:
https://mhanational.org/covid19

APA's Telehealth guidance by state during the COVID-19 pandemic:
https://www.apaservices.org/practice/clinic/covid-19-telehealth-state-summary

APA has prepared guidelines in 2013:
http://www.apa.org/practice/guidelines/telepsychology.aspx

Foundations in Digital Therapy course by the Center for m2Health at Palo Alto University:
https://concept.paloaltou.edu/product/foundations-in-digital-therapy/

Questions?

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email mhalpern@mhanational.org

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