

Behavioral Health Institute (BHI)
Training, Workforce and Policy Innovation Center
TeleBehavioral Health 101 Training Series

Behavioral Health Telehealth Resource

Visit our [website](#)

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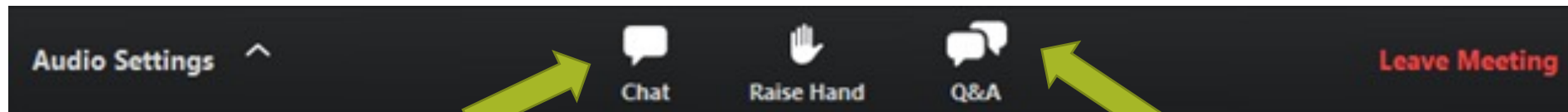
The Behavioral Health Institute (BHI) Is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. The BHI established initial priority programs which include:

- Improving care for youth and young adults with early psychosis
- Behavioral Health Urgent Care Walk in Clinic
- Expanded Digital and Telehealth Services
- Behavioral Health Training, Workforce and Policy Innovation Center

WEBINAR LOGISTICS

CHAT

Q & A



- Type into chat box
- Logistics or technical issues
- NOT for content-related questions

- Type into Q&A box
- Content questions
- Raise hand



- Can lower hand



TeleBehavioral Health 101 Series

TeleBehavioral Health 101 is a 6-module online series as follows:

- Session 1: TeleBehavioral Health Overview and Policy*
- Session 2: Getting Started: TeleBehavioral Health Myths, Facts, Security, & Privacy
- Session 3: Getting Started: Do's & Don't's, Workflows, and Safety Planning
- Session 4: Billing & Reimbursement for TeleBehavioral Health
- Session 5: Clinical Engagement over Telehealth
- Session 6: Clinical Supervision in Telehealth

*Please note that Session 1 meets Washington State SB6061 training requirements (effective Jan. 1, 2021) for clinicians providing telehealth services.

DISCLAIMER

- Speakers have no relevant conflicts of interest to disclose.
- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Federal and state policies change frequently.
- Always consult with legal counsel.

DISCLOSURE

Planner Disclosures:

The following series planner have no relevant conflicts of interest to disclose:

- Melody McKee SUDP MS
- Cara Towle MSN RN MA
- Kimbo Smith MA Med
- Bradford Felker MD

Speaker Disclosures:

- No speakers in this series have any reported conflicts to disclose.

We gratefully acknowledge the support from



and



BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH:

TeleBehavioral Health 101 CLINICAL SUPERVISION OVER TELEHEALTH

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LEARNING OBJECTIVES

1. Define “telesupervision”
2. Identify the key points from a basic literature review on telesupervision
3. Define the ACGME levels of supervision and understand how they apply in the telehealth setting
4. Identify what elements need to be in place for supervision to be effective, and understand how to adapt these to telesupervision

WHAT IS TELESUPERVISION?

The provision of clinical supervision when the supervisor and supervisee are not collocated

TELESUPERVISION

Videoconference

Teleconference

Email

Text

Chat

Etc.

TELESUPERVISION



Developed in rural practice settings where in-person meetings are not possible



Has not been rigorously researched



Has generally been “indirect” supervision: the supervisee sees the patient and then discusses the case in a separate meeting with the supervisor



LITERATURE
REVIEW

Limited, discusses either telesupervision or trainees' provision of telehealth services, not both combined

A few reports about educating trainees in the provision of telehealth

Trainees report satisfaction with telesupervision, especially if in-person supervision is unavailable

OPPORTUNITIES IN THE AGE OF COVID

- Increased incentive for patient, provider and supervisor to convert to telehealth rapidly
- Shared consensus that avoiding in-person meetings is necessary for safety
- Institutions must invest in HIPAA compliant telehealth resources to be able to provide patient care
- Regulatory agencies relax restrictions around remote care delivery

**WHAT MAKES FOR EFFECTIVE
TELESUPERVISION?**

BRING STRONG SUPERVISORY PRACTICES INTO THE TELESUPERVISION RELM



Formulate goals and objectives



Define a structure for supervision encounters

Consider cheat-sheets and templates to help supervisees gather information



Consider meeting in person at points along the way, if possible



Define technologies to be used, and when to use them:

Televideo
Phone
Text, etc



Formulate a plan for technical difficulties and emergencies

- Evidence points to greater trainee satisfaction with telesupervision when the supervisor is available outside the scheduled supervision meeting.
- Given supervision is occurring with the use of technology anyway, an ancillary benefit may be that check-ins via text, for example, feel more comfortable.
- While the supervisee in a busy continuity clinic may be able to walk down the hall to talk with a supervisor, a quick text message can be a good substitute.
- It is helpful for supervisee and supervisor to discuss when and how these outside contacts occur.
- As in outside contact discussions with DBT patients, it is helpful to be more conservative when defining your availability (evenings ok for questions, weekends not, etc.) than for a supervisee to reach out and feel that their question is unwelcome.

AVAILABILITY OUTSIDE OF SCHEDULED SUPERVISION

ISSUES OF ONLINE SECURITY AND CONFIDENTIALITY

01

Care must be taken to ensure protection of PHI.

02

Follow your institution's guidelines around the use of personal devices, email and text.

03

If you are in private practice, review the guidelines and suggestions of your professional practice organization and your malpractice carrier.

04

Some video conferencing technologies such as Zoom allow for easy recording. It may be of educational benefit to record clinical material; carefully consider proper consent and secure maintenance of recordings.

Indirect: supervise and patient meet, case then discussed with supervisor in a separate meeting



Indirect with direct immediately available: supervisee and patient meet, supervisor joins the clinical encounter as needed



Direct: supervisee and supervisor are both present during the clinical encounter



LEVELS OF SUPERVISION



TELEHEALTH AND TELESUPERVISION

New opportunity for
direct supervision

DIRECT SUPERVISION CASE EXAMPLE

Bob lives alone with his elderly wife and is her primary caregiver. She has severe dementia and has been tearful and agitated throughout the day. She had been attending a day program, but it has closed due to the pandemic. Her routine is very disrupted, and she is not adapting well. Bob is overwhelmed trying to care for her 24 hours per day. She becomes very distressed traveling to and participating in medical appointments. Your clinic is now able to offer a virtual appointment, which Bob readily accepts.

You are supervising a resident seeing new evaluations. You set the patient and her husband up with a telemedicine appointment via Zoom, which is now integrated into your EMR.

The resident begins the visit, speaks briefly with the patient then gathers history from Bob, while the patient paces in the background, a soothing behavior for her.

After she has gotten most of the story, she texts you to join the Zoom visit. You log in and the resident introduces you. The resident then presents that case with you with Bob present, and you ask clarifying questions.

You put Bob back into the Zoom waiting room so you and the resident can discuss and formulate the case. You invite him back in to communicate the plan.

After saying goodbye to Bob and the patient, you and the resident stay connected via Zoom to further discuss the case.

The resident writes the note, you attest to it and bill a professional fee for the service.

WHAT DID WE LEARN?

ADVANTAGES

- More convenient for the patient and caregiver.
- Potentially more effective because patient was in a familiar environment.
- Provision of direct supervision was very efficient; you were able to join from your desk when texted and attend to other work while waiting.

CHALLENGES

- Technologic difficulties could have delayed care.
- Safety concerns potentially more difficult to address.
- Seeing someone for the first time over video can be challenging.
- High risk situations could be more complicated to manage.

INDIRECT SUPERVISION-CASE EXAMPLE

Anna, a resident whom you are supervising, has had to transition her weekly psychotherapy patient over to telehealth due to the pandemic. She had been traveling to your office for supervision once per week, but you must now meet over Zoom. She had previously brought video recordings of sessions that were created and stored using institutional hardware in the consultation rooms at the clinic; she is now unable to record because Zoom recording of patient encounters is not permitted.

Her patient, a young man in his early 20's, is adept at using technology, but Anna feels the sessions have become way too casual. He is using his phone to meet and is holding it in his hand thus providing variable views of himself and his surroundings. Usually, he has not yet gotten out of bed for the appointment. He will at times respond to activity in his environment and leave the session for periods of time.

Anna had been working to help him understand his feelings that no one respects him, or pays much attention to him, especially his family and two high performing older siblings. She was developing an effective therapeutic alliance by providing warm, consistent and non-judgmental support. He missed several sessions after she took a vacation, and she was able to help him see that he had missed the structure and support provided by their weekly sessions but was afraid to acknowledge this.

Anna feels unconnected with the patient during the telehealth encounters and is asking you for guidance.

WHAT DO YOU SAY?

ACKNOWLEDGE THE CHALLENGES

- You are struggling yourself in adapting to this new clinical practice, and don't have a ready set of responses to some of the patient's behavior.
- Acknowledge the loss of the in-person encounter: for the patient, for Anna and for you.
- You are not able to view video of their encounters because Anna's institution will not allow for the recording of sessions. You help Anna learn how to keep process notes, but these are not as helpful as video, especially because you can't observe Anna at work and thus offer her nuanced guidance.

FIND THE POSITIVES

- This new format gives Anna a window, literally, into aspects of the patient's life that would not have been accessible to her in the office.
- Anna can now see how others in the patient's life have difficulty connecting and acknowledging him, given his distracted, informal interaction style.
- You help Anna help the patient to better structure their sessions and to best explore what his experience has been with this transition and loss.
- You help Anna to utilize her alliance with the patient to formulate interpretations about his informal style that can help him achieve his goals.

GOING FORWARD

Develop standardized telehealth and telesupervision curricula

Better understand which patients do well with telehealth, and which patients should be prioritized for in-person visits.

Same with trainees: some may do better with intermittent in-person contact.

Develop a system to quickly and easily survey your trainees before you work together and at points along the way.

Encourage an open dialogue with patients and trainees about the virtual experience.

Consider opportunities for asynchronous interactions

SOURCES

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For more information including upcoming training
& additional resources:

Visit us online:

<https://bhi-telehealthresource.uwmedicine.org/>

Email us:

melmckee@uw.edu

Slides & resources will be posted after the session

<https://bhi-telehealthresource.uwmedicine.org/>

After today's session:

- Required Registration at [Pre-Registration \(iths.org\)](https://iths.org)
- Post-webinar email:
 - Evaluation - required for each session to obtain a Certificate of Completion.
 - CME information – nominal cost.
 - Certificate of Completion - no cost.
 - May be able to use Certificate of Completion to meet CE requirements.

April 8

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TELEBEHAVIORAL HEALTH 101

- **6-module Online Self-Study***
Or...

<https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

- **6-session Interactive Webinar**

Register at: https://uw-phi.zoom.us/webinar/register/WN_64sfo7hrT-6TOibLXQUxIQ

- Introduction to TeleBehavioral Health and Policy Overview* (webinar 11am-12pm on 1/8/21)
- Getting started: Facts & Myths, and Security & Privacy (webinar 11am-12pm on 1/22/21)
- Digital Health Do's & Don't's, Workflows, and Safety planning (webinar 11am-12pm on 1/29/21)
- Billing and Reimbursement for TeleBehavioral Health (webinar 11am-12pm on 2/5/21)
- Clinical Engagement over Telehealth (webinar 11am-12pm on 2/12/21)
- Clinical Supervision in Telehealth (webinar 11am-12pm on 2/26/21)

***Session 1 will meet the requirements for telehealth training as established by Washington SB6061, effective January 2021. A certificate will be issued for each module completed.**

Please see next slide for CME information....

TELEBEHAVIORAL HEALTH 101

CME Information

▪ 6-module Online Self-Study*

<https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Learners have the opportunity to complete up to 6 modules, with each module accredited for 1 *AMA PRA Category 1 Credit*[™].

▪ 6-session Interactive Webinar

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*******Learners may obtain CME credits from the online self-study module OR the webinar series, but not both.*******

TELEBEHAVIORAL HEALTH 201 SERIES

Monthly series: 3rd Friday of each month, 11am-12pm PST:

- **10/23/20 – TELEHEALTH POLICY – THE CHANGING FEDERAL AND STATE LANDSCAPE**
- **11/20/20 – PREPARING PATIENTS & TECHNOLOGY for TELEHEALTH**
- **12/18/20 – DOING GROUPS over TELEHEALTH**
- **01/15/21 – MOBILE HEALTH (mHEALTH) FOR SERIOUS MENTAL ILLNESS**
- **02/19/21 – PROVIDER SELF-CARE & WELLNESS in the ERA of TELEHEALTH and COVID**
- **03/19/21 – BEHAVIORAL HEALTH APPS**
- **04/16/21 – CHILDREN and TELEBEHAVIORAL HEALTH**
- **05/21/21 – APPLYING TELEHEALTH to SUD TREATMENT in COMMUNITY-BASED SETTINGS**
- **06/18/21 – (tentative) CULTURAL COMPETENCE & HUMILITY in TELEBEHAVIORAL HEALTH**
- **07/16/21 – APPLYING TELEHEALTH to MEASUREMENT-BASED CARE**
- **08/20/21 – SUICIDE RISK ASSESSMENT over TELEHEALTH**
- **09/17/21 – COUPLES & FAMILY THERAPY over TELEHEALTH**

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH SESSION ATTENDED

CME Accreditation

Register at: https://uw-phi.zoom.us/webinar/register/WN_6GBzJWGXRE6yNM9N_fRljA

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TELEBEHAVIORAL HEALTH 101 and 201 SERIES

Continuing Education for Social Workers

This series has been approved for CEUs by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists and Licensed Mental Health Counselors. Our Provider number is #1975-433. (Each session is 1 credit)