

# **Behavioral Health Institute (BHI)**

## **Training, Workforce and Policy Innovation Center**

### **201 Training Series**

Behavioral Health Telehealth Resource

Visit our [website](#)

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# **Behavioral Health Institute (BHI)**

## **Training, Workforce and Policy Innovation Center**

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment.

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

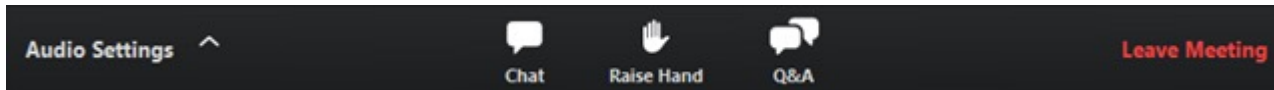
## CHAT Box

- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions (see next slide)

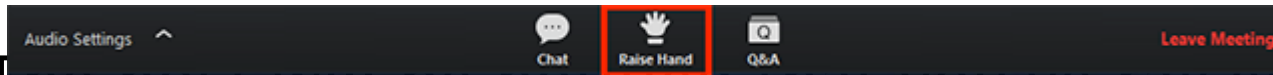
# WEBINAR LOGISTICS

## Q & A

1. Type question into Q&A Window



2. Raise hand (*will be called on/unmuted in order*)  
Click **Raise Hand** in the Webinar Controls.



The host will be notified that you've raised your hand.

Click **Lower Hand** to lower it if needed.



# Speaker Disclosures

I, Meghan McGinn, have no financial or other relevant conflicts of interest to disclose.

## Planner disclosures

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

Brad Felker MD

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# DISCLAIMER

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Always consult with legal counsel.

# BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH:

## TeleBehavioral Health 201


COUPLE AND FAMILY THERAPY VIA  
TELEHEALTH

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Meghan McGinn, PhD  
Clinical Psychologist

BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW  
MEDICAL CENTER

UW Medicine  King County

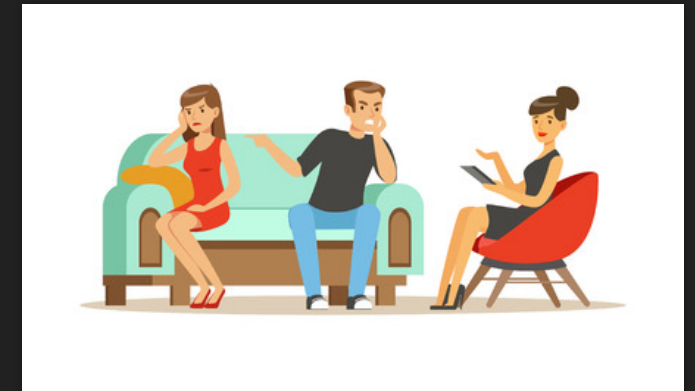
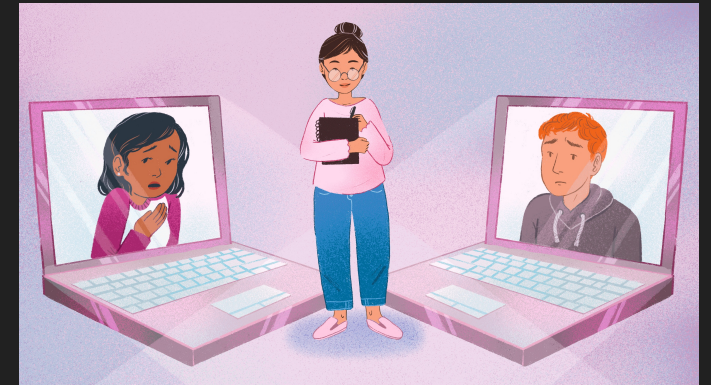
# Learning Objectives

- Does research evidence support the use of telehealth with couples and families?
- What are the unique benefits of telehealth with couples and families?
- What are the unique challenges in delivering couple and family therapy via telehealth and how can we address those challenges?

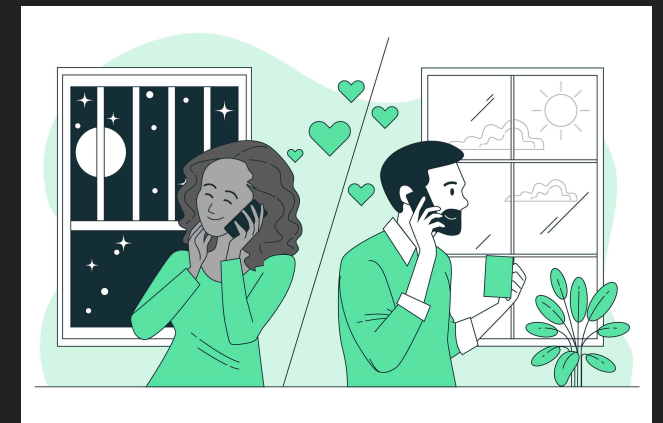


# Research on efficacy/non-inferiority

- Surprisingly little, especially for couple therapy
- 28 studies in 2021 systematic review (de Boer, et al.)
  - 16 parents and children
  - 7 parents and adolescents
  - 5 adult dyads
- All studies demonstrated improvement on MH measures
- Few studies that compared to in person → No difference in outcomes



# Unique barriers to care for couples/families



# Other benefits of telehealth with Couples/Families

- Family members can assist in emergencies, provide non-verbal info
- Family can connect to therapist with specialized skills/experience
- Therapist can see behavior in home environment
- Limits of technology may encourage turn-taking (Burgoyne & Cohn, 2020)
- Physical distance can make it easier to approach difficult topics

# Unique Challenges: Case example #1

- A family therapist has a first session with a family consisting of a mother, father, adult son returning from college, and high school age son. The therapist intends to observe the family's natural communication styles during this first session. However, the session devolves into a screaming match and the adult son mutes the computer so that they therapist can not hear what is being said. (Adapted from Burgoyne & Cohn, 2020)

# Unique Challenges: Case example #2

- A therapist is providing feedback to a couple after meeting with them for a few assessment sessions. One of their presenting problems is a disagreement over how to handle the problematic behavior of a female extended family member. As the therapist is about to discuss this problem, a female adult unexpectedly walks behind the couple on her way to another room.

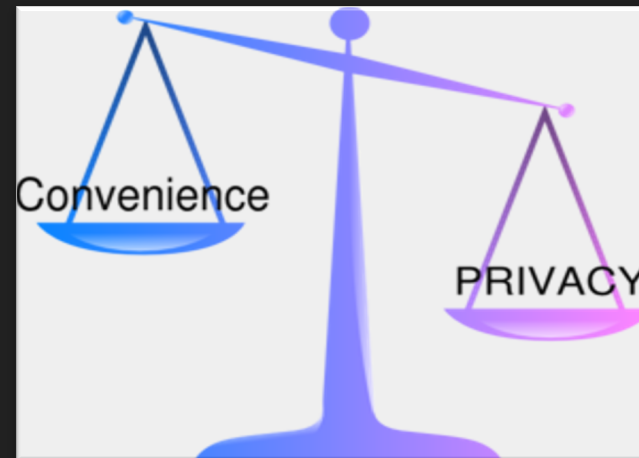
# Challenges and Recommendations

- Privacy and Confidentiality
- Safety
- Management of Multiple Patients in Session
- Therapy Process
- Treatment Planning

(Wrape & McGinn, 2019)

# Challenges: Privacy and confidentiality

- Presence of others in the home
- Measurement confidentiality



# Recommendations

## ○ Informed consent

- Patients are responsible for protecting their own privacy
- Ongoing collaborative problem solving
- Use of consent form, documentation
- Holding boundaries with regard to presence of others (e.g. children)

## ○ Tailoring data collection to clinical judgment

- Begin with most conservative route (mail collection)
- Use of clinical history/presentation may allow for more openness



# Challenges: Safety

- Typical contraindications for couple/family therapy
- Safety/privacy for individual assessment sessions
- Redirection of high expressed emotion
- Emotional safety (e.g., “creating a safe container,” Allan et al., 2021)

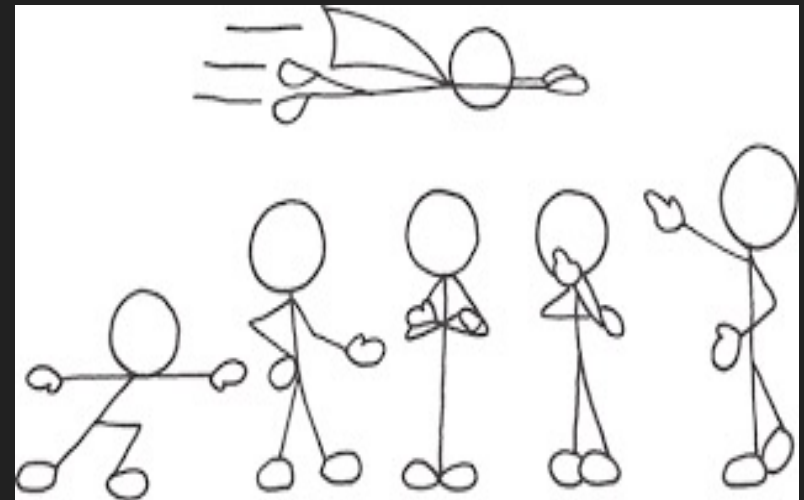


# Recommendations

- Proactive safety planning
  - Verification of location
  - Provide resources where appropriate (e.g. DV Hotline)
  - Plan around high-conflict:
    - nonverbal/verbal signal to stop the action
    - cool-down plan post-session
    - Low adherence to plan = discontinue telehealth
- When collecting individual info:
  - Use headphones, yes/no questions
  - Use chat function if available (Burgoyne & Cohn, 2020)
  - Change the environment
- Discuss the clients' relationship with technology and the boundaries that may be easier to cross via technology (Allan et al., 2021)

# Challenges: Managing multiple patients

- Logistics of VTC
  - light, sound
  - Seating arrangements, visual contact with all present
- Unplanned absences from session/family members leaving the frame



# Recommendations

- Combine flexibility and assertiveness
  - Use different technology
  - Multiple devices simultaneously
  - Collaborative problem solving
- Use session to encourage attendance of all members
  - Keeping in mind the conceptualization
  - Maintain the conjoint frame, or shift session content if appropriate
- Have clients close/disable notifications for any other app or program on their device (Burgoyne & Cohn, 2020; Allan et al., 2021)

# Challenges: Therapy process

- More subtle interactional cues can be missed
- Joining and use of physical space
- Therapeutic alliance/rapport



# Recommendations

- Offer alternatives
  - One in-person session
    - Gain more interactional data
    - Establish alliance in-person
  - Individual telehealth sessions first to establish rapport with each family member (Burgoyne & Cohn, 2020)
- Elicit verbal feedback
- Use tone of voice and speed of speech to connect (Allan et al., 2021)
- Use names more frequently to cue
- Practice skills in-session

# Challenges: Treatment planning

- Referrals when couple/family intervention is contraindicated or individual treatment is needed concurrently



# Recommendations

- Seek resources & get creative with referrals
  - Connect with any disciplines in the area
  - Gather resource lists
  - Learn about other organizations that offer telehealth/telephone options



# Resources & References

- Allan, R., Wiebe, S. A., Johnson, S. M., Piaseckyj, O., & Campbell, T. L. (2021). Practicing Emotionally Focused Therapy online: Calling all relationships. *Journal of Marital and Family Therapy*, 47(2), 424-439.
- Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family Process*, 59(3), 974-988.
- Levy, S., Mason, S., Russon, J., & Diamond, G. (2021). Attachment-based family therapy in the age of telehealth and COVID-19. *Journal of Marital and Family Therapy*, 47(2), 440-454.
- Taylor, N. C., Springer, P. R., Bischoff, R. J., & Smith, J. P. (2021). Experiential family therapy interventions delivered via telemental health: A qualitative implementation study. *Journal of Marital and Family Therapy*, 47(2), 455-472.
- Wrape, E. R., & McGinn, M. M. (2019). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of marital and family therapy*, 45(2), 296-308.
- Helpful guide from the American Association for Marriage and Family Therapy (AAMFT) workgroup:
  - Best Practices in the Online Practice of Couple and Family Therapy (2017)

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# After today's session:

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

April 8

# TELEBEHAVIORAL HEALTH 201 SERIES

**Monthly series: 3<sup>rd</sup> 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 – 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](https://uw-phi.zoom.us/webinar/register/WN_6GBzJWGXRE6yNM9N_fRljA)

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

The University of Washington School of Medicine designates this live activity for a maximum of **12 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.0 credits)

# TELEBEHAVIORAL HEALTH 101

- **6-module Online Self-Study\***

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

- Introduction to TeleBehavioral Health and Policy Overview\*
- Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
- Billing and Reimbursement for TeleBehavioral Health
- Clinical Engagement over Telehealth
- Clinical Supervision in Telehealth

**\*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>

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The University of Washington School of Medicine designates this enduring material for a maximum 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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**

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

The University of Washington School of Medicine designates this live activity for a maximum of **6** *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.0 credits)

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

# 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)