# TeleBehavioral Health 2025 Training Series

Behavioral Health Institute (BHI)
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Northwest Regional
Telehealth Resource Center (NRTRC)
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May 16, 2025

# Behavioral Health Institute (BHI)

## Training, Workforce and Policy Innovation Center

The **Harborview Behavioral Health Institute** (BHI) is a program of Harborview Medical Center that is dedicated to advancing innovation, research and clinical practice to improve community mental health and addiction treatment. The BHI also serves as a resource for the advancement of behavioral health outcomes and policy, and supporting sustainable system change.

The BHI brings the expertise of Harborview Medical Center/UW Medicine and other university partners together to address the challenges facing Washington's behavioral health system, through innovation and improving access to effective behavioral health care. BHI pillars include:

- Clinical Services
- Research and Program Evaluation
- Training, Policy and Workforce Development
  - **Expanded Digital and Telehealth Services and Training**

# Northwest Regional Telehealth Resource Center (NRTRC)

## Telehealth Technical Assistance Center

The NRTRC delivers telehealth technical assistance and shares expertise through individual consults, trainings, webinars, conference presentations and the web.

Their mission is to advance telehealth programs' development, implementation and integration in rural and medically underserved communities.

The NRTRC aims to assist healthcare providers, organizations and networks in implementing cost-effective telehealth programs to increase access and equity in rural and medically underserved areas and populations.

These sessions were made possible in part by grant number U1UTH42531-03 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

# Speaker Disclosures

None of the series speakers have any relevant conflicts of interest to disclose.

# Planner disclosures

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

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# DISCLAIMER

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Please consult with legal counsel, billing & coding experts, and compliance professionals, as well as current legislative and regulatory sources, for accurate and up-to-date information.

# We gratefully acknowledge the support from

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NRTRC NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER

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TeleBehavioral Health 501

# Utilizing telehealth, A Brief Treatment Model, and the Wellness Approach to Provide Culturally Informed Services to Alaska Native People

JOSEPH FORSCHER, LPC, LCMHC

BEHAVIORAL HEALTH WELLNESS CLINIC DIRECTOR

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

MAY 16, 2025

**Barriers to Accessing Services** → **(“bear”-iers)**

**(sorry, I couldn’t resist)**

**Cultural Factors Influencing Services**

**Integrating EBPs Into Cultural Traditions**

**Approximately 134,000 bears call Alaska home**

MAY 16, 2025

# Welcome to Alaska!

We are the Behavioral Health Wellness Clinic

an Alaska Native Tribal Health Consortium clinic

this is our story

Behavioral Health Wellness Clinic
Alaska Native Tribal Health Consortium



We help people learn how to lead meaningful lives

The Alaska Native Tribal Health Consortium (ANTHC) is a non-profit Tribal health organization designed to meet the unique health needs of Alaska Native and American Indian people living in Alaska

# ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

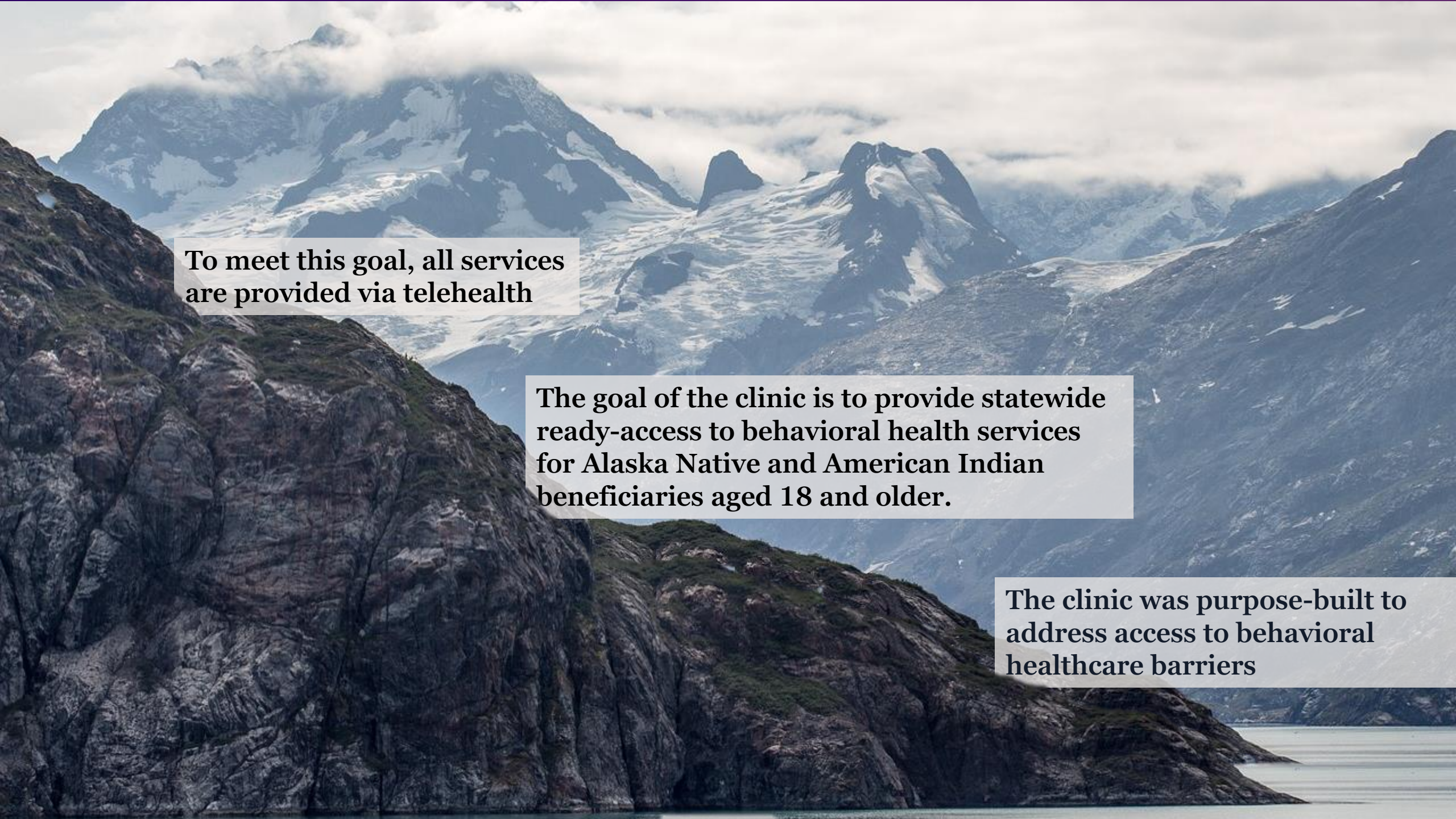
ANTHC partners with:

- Alaska Native and American Indian people
- The Tribal Health Organizations of the Alaska Tribal Health System

To provide world-class health services that include:

- Comprehensive medical services
- Wellness programs
- Rural water and sanitation systems construction
- Disease research and prevention
- Rural provider training

**ANTHC Vision: Alaska Native people are the healthiest people in the world**



To meet this goal, all services are provided via telehealth

The goal of the clinic is to provide statewide ready-access to behavioral health services for Alaska Native and American Indian beneficiaries aged 18 and older.

The clinic was purpose-built to address access to behavioral healthcare barriers

BHWC Mission Statement

## Promoting intergenerational wellness through compassionate and easy-to-connect to behavioral healthcare

## Supporting Tribal Health Organizations

Creating bridges to rural locations

Reducing bottleneck

Returning clients to home services

The seeds of our treatment philosophy and approach are sown into our Mission Statement

Promoting intergenerational wellness through compassionate and easy-to-connect to behavioral healthcare

intergenerational wellness means we address historical trauma

and aspire to provide culturally responsive services

easy to connect to means we provide tech support and a commitment to direct human contact

# Scope of Practice and Essential Features

Alaska is estimated to have between 175,00 and 200,000 moose

# Behavioral Health Wellness Clinic

## Scope of Practice

Individuals with moderate acuity level behavioral health issues

Who would benefit from brief treatment

Array of services provided include

- Open Access group therapy
- Individual therapy
- Case Management
- Comprehensive Assessment

# Our Services are Culturally Responsive

**Integrating cultural values and beliefs into behavioral health services for Alaska Native people is a valuable endeavor because:**

- **cultural involvement can be protective factors against risky behaviors, such as suicide, substance use disorders, and criminal legal involvement***

- **by reconnecting to traditional healing practices, a person may reclaim the strengths inherent in traditional teachings and practices****
    - **even if a person doesn't actively engage with their cultural background, this approach in therapy can still create an opportunity for the person to examine how factors might be impacting their behavioral health*****

*Allen J, Mohatt GV, Fok CC, Henry D, Burkett R; People Awakening Team. A protective factors model for alcohol abuse and suicide prevention among Alaska Native youth. Am J Community Psychol. 2014 Sep;54(1-2):125-39. doi: 10.1007/s10464-014-9661-3. PMID: 24952249; PMCID: PMC4119568.

**O'Keefe VM, Cwik MF, Haroz EE, Barlow A. Increasing culturally responsive care and mental health equity with indigenous community mental health workers. Psychol Serv. 2021 Feb;18(1):84-92. doi: 10.1037/ser0000358. Epub 2019 May 2. PMID: 31045405; PMCID: PMC6824928.

***Substance Abuse and Mental Health Services Administration. *Improving Cultural Competence*. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Administration, 2014.


# We Provide Services State-wide

**Because our purpose is to support, not supplant, the behavioral health services offered by the Tribal Health Organizations, it is crucial that the BHWC fosters strong connections to communities across Alaska.**

**Our collaboration with Tribal Health Organizations is key to being a true resource. We support them by relieving pressure on their behavioral health resources while fostering continuity of care.**

- **Because Alaska encompasses many distinct Alaska Native cultures, our strong partnerships with Tribal Health Organizations are vital in gaining a deeper understanding of each community's unique needs and characteristics.**

# We Offer Timely Access to Services

**Timely access allows for early identification and intervention of mental health issues. Addressing problems in their initial stages can significantly improve outcomes and reduce the need for more intensive and costly interventions.**

**The privacy afforded by telehealth in small, remote communities, where anonymity can be challenging, helps to lessen the stigma surrounding behavioral health and ultimately promotes increased help-seeking behavior.***

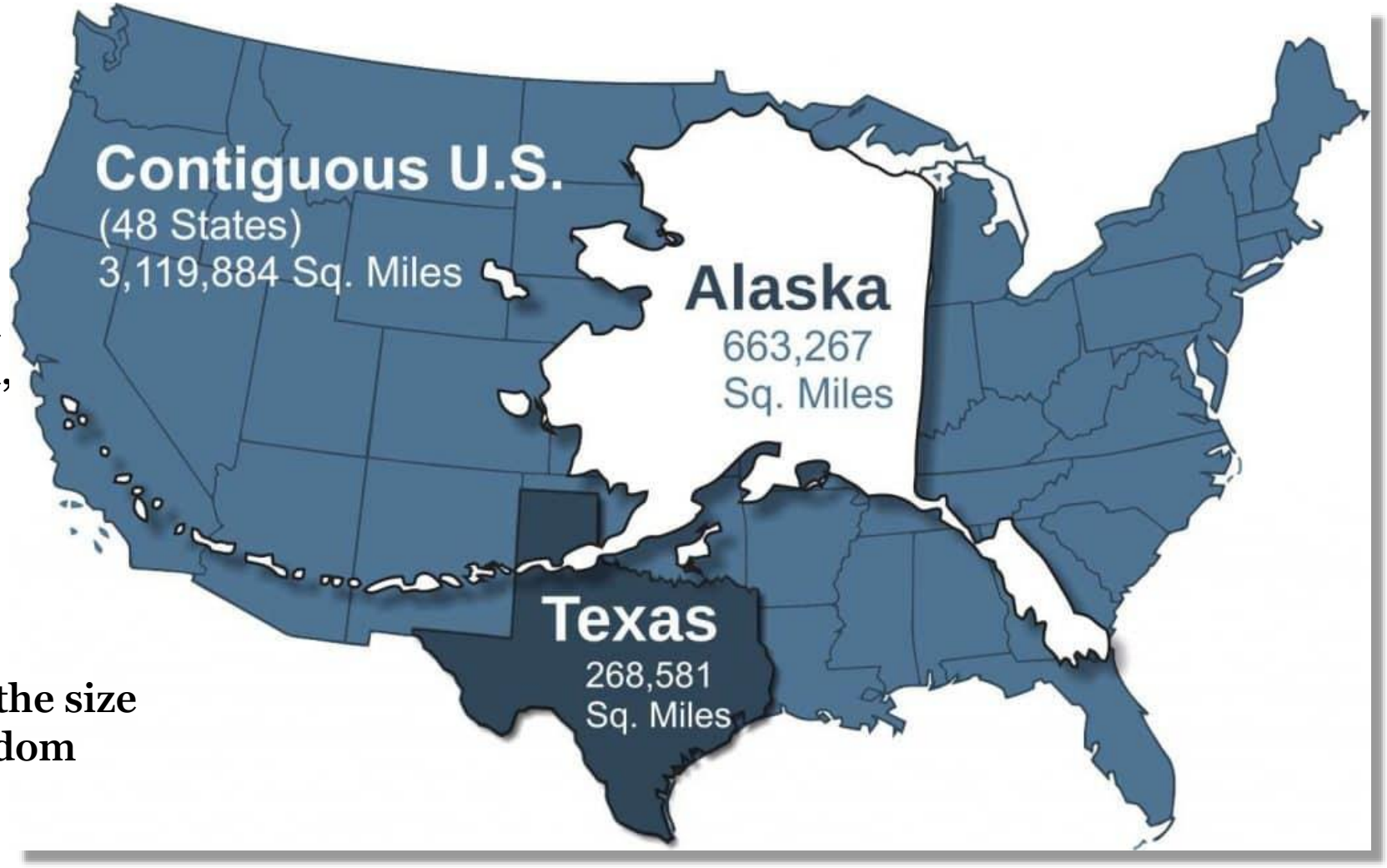
*Telehealth and Health Information Technology in Rural Healthcare

# Alaska

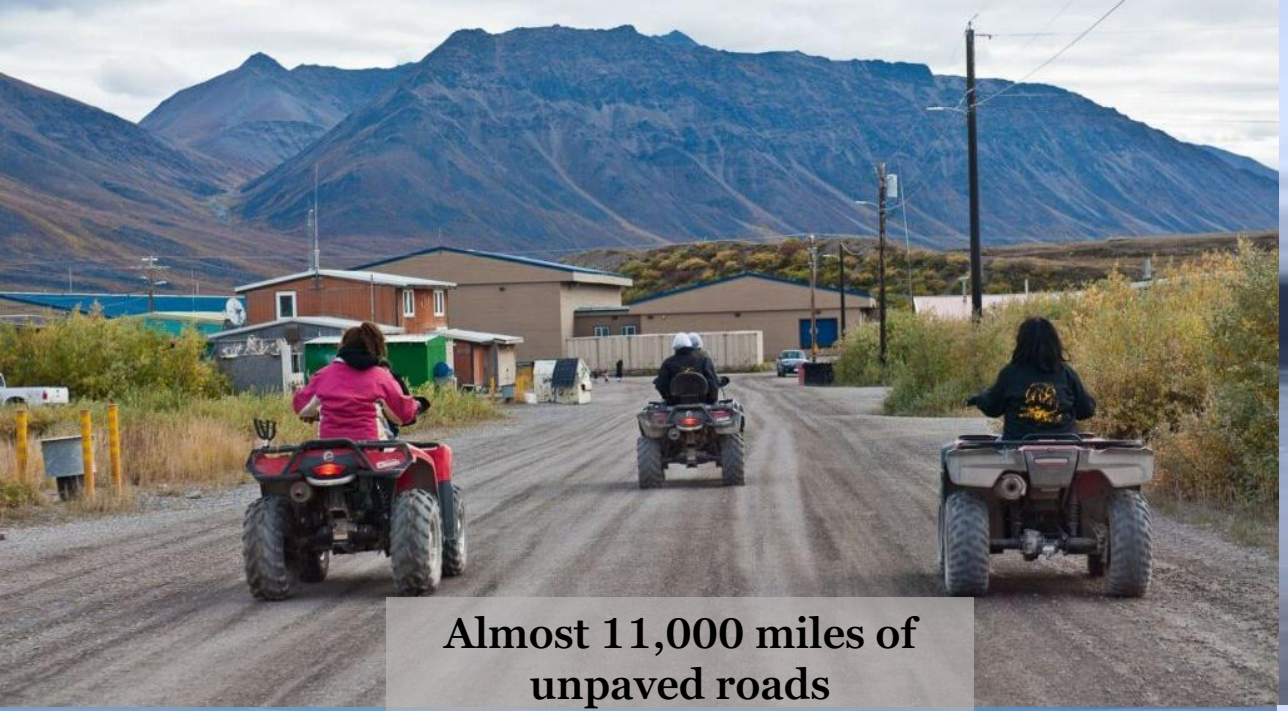
## Understanding its environment and how it impacts behavioral health

**Alaska is the largest state in the United States by a significant margin**

- **twice the size of Texas**
- **larger than the combined areas of Texas, California, and Montana**
    - **larger than many countries**
    - **about seven times the size of the United Kingdom**



# Things Are Different In Alaska



Almost 11,000 miles of unpaved roads

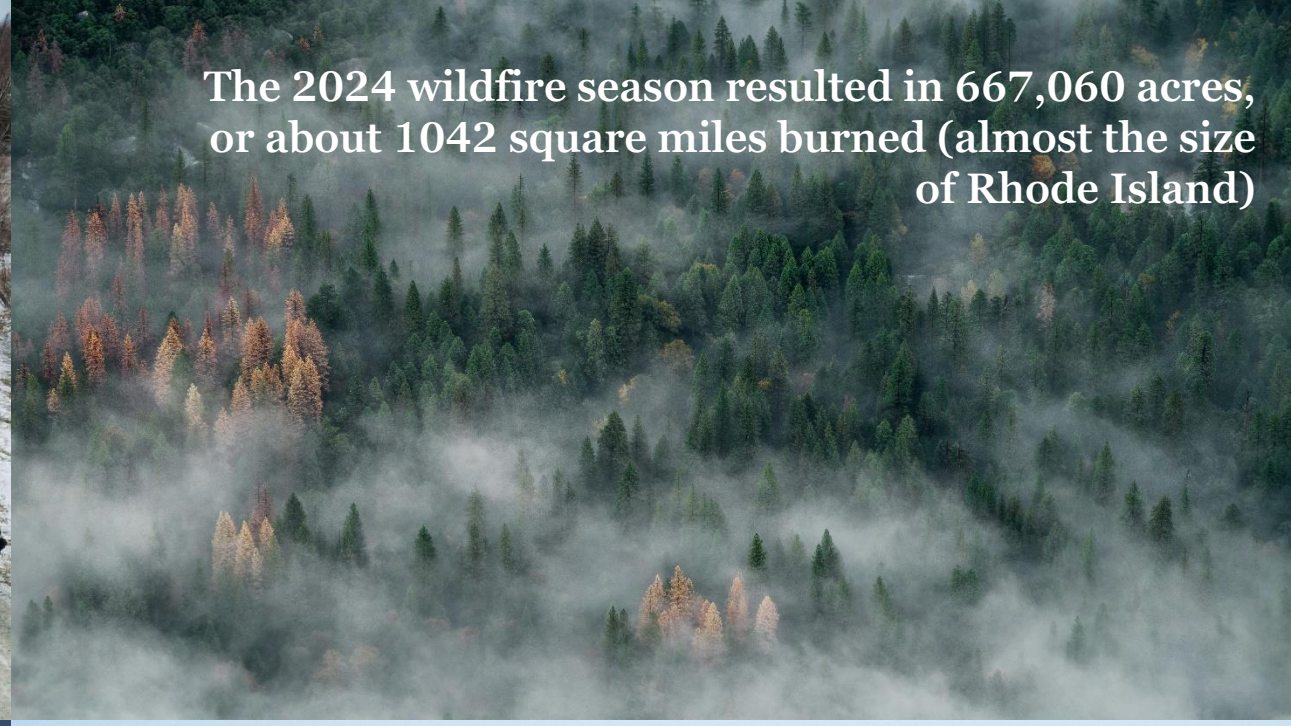
47,300 miles of shoreline including islands and inlets

The Brooks Range is roughly 700 miles in length and up to 200 miles wide

Approximately 100,000 glaciers in Alaska

# Barriers to Accessing Services

The aftereffects of an earthquake can limit travel



The 2024 wildfire season resulted in 667,060 acres, or about 1042 square miles burned (almost the size of Rhode Island)

In Utqiagvik, the northernmost village, they experience a period of no daylight for 64 days straight

The coldest temperature ever recorded in Alaska was minus 80 degrees at Prospect Creek Camp on Jan. 23rd, 1971

# Providing behavioral health services are shaped by unique geography and challenging environmental factors

**Geographical considerations:**

- vast distances and remote communities
- limited road systems
- active geological process


**Environmental factors:**

- increased risk of extreme weather events
- extreme variations in daylight hours
- untouched wilderness

Behavioral Health Wellness Clinic

Alaska Native Tribal Health Consortium

# Cultural Factors that Influence Behavioral Health Services for Alaska Native People

**Historical Trauma**

**Strengths and Resilience**

**Cultural Values and Beliefs**

**Cultural Competence of Providers**

# Historical Trauma

the ongoing
impact of

collective
intergenerational
suffering

caused by past
colonial oppression

it revisits ancestral wounds

on current generations

# Impact of Historical Trauma

Increased rates of PTSD, substance use disorders, depression, anxiety, and suicide

Breakdown of traditional family structures and parenting practices

Loss of cultural identity, language, and traditional ways of life

Distrust of government systems and Western approaches to healthcare

# Strengths and Resilience

It is important to recognize the inherent strengths and resilience within Alaska Native cultures

can be protective factors for behavioral health:

- Strong cultural identity and connection to heritage
- Close-knit family and community support systems
- Traditional spiritual practices and ceremonies
- Connection to the land and nature
- Resilience developed through generations of adapting to challenging environments

# Strengths and Resilience

**Elizabeth Peratrovich was a major force behind the passage of Alaska's Anti-Discrimination Bill in 1945.**

**During public comments, she famously said:**

**Elizabeth Peratrovich, Raven of the Tlingit Lukaax.ádi clan**

**"I would not have expected that I, who am barely out of savagery, would have to remind the gentlemen with 5,000 years of recorded civilization behind them of our Bill of Rights"**

# Cultural Values and Beliefs

## Holistic View of Health

- Mental, physical, emotional, and spiritual well-being are interconnected
- Behavioral health can be seen as an imbalance in these areas

## Emphasis on Community

- The well-being of the individual is closely tied to the well-being of the family and community

## Respect for Elders

- Elders are often seen as wisdom and traditional knowledge keepers
- They are a source of guidance for healing

## Importance of Traditional Healing Practices

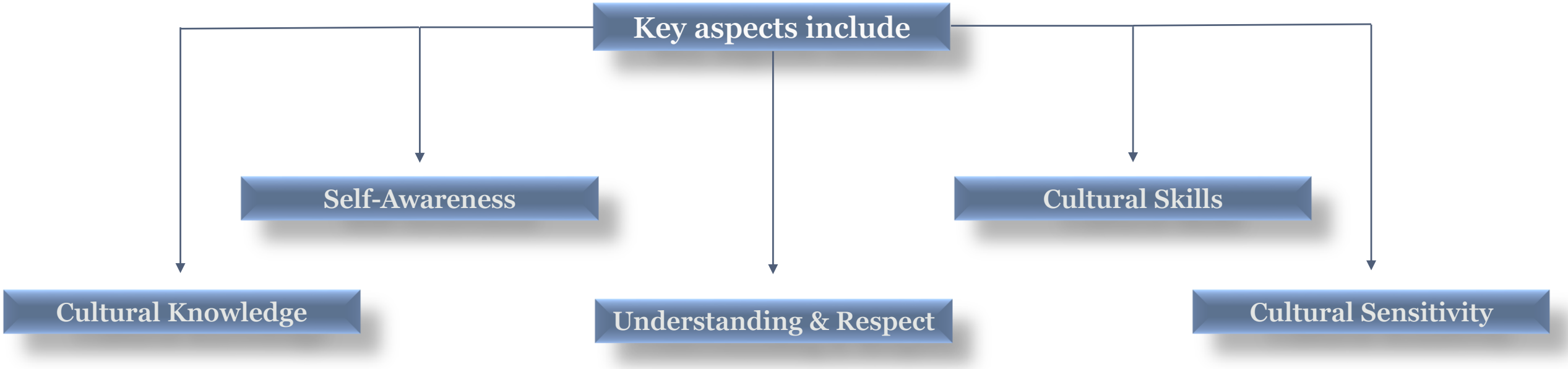
- Many Alaska Native people value and utilize traditional healing methods
- For example: talking circles, traditional medicine, and spiritual practices

# Cultural Competence of Providers

**Cultural competence can be defined as the ability of an individual or organization to:**

- **understand,**
- **appreciate, and**
- **interact effectively with**

**people from cultures or belief systems different from their own.**




https://www.apa.org/monitor/2015/03/cultural-competence

## Cultural Competence

Cultural competence is often thought of as a skill that can be learned and ultimately attained

Frequently described as a crucial requirement for working effectively with diverse client populations

The core assumption is that increased knowledge about a culture directly translates to greater competence in providing client care

## Cultural Humility

Cultural humility de-emphasizes cultural knowledge and competency and focuses on a life-long commitment to self-evaluation and self-reflection

This helps the service provider foster interpersonal sensitivity and openness that allows appreciation of the diversity within cultures and individual uniqueness

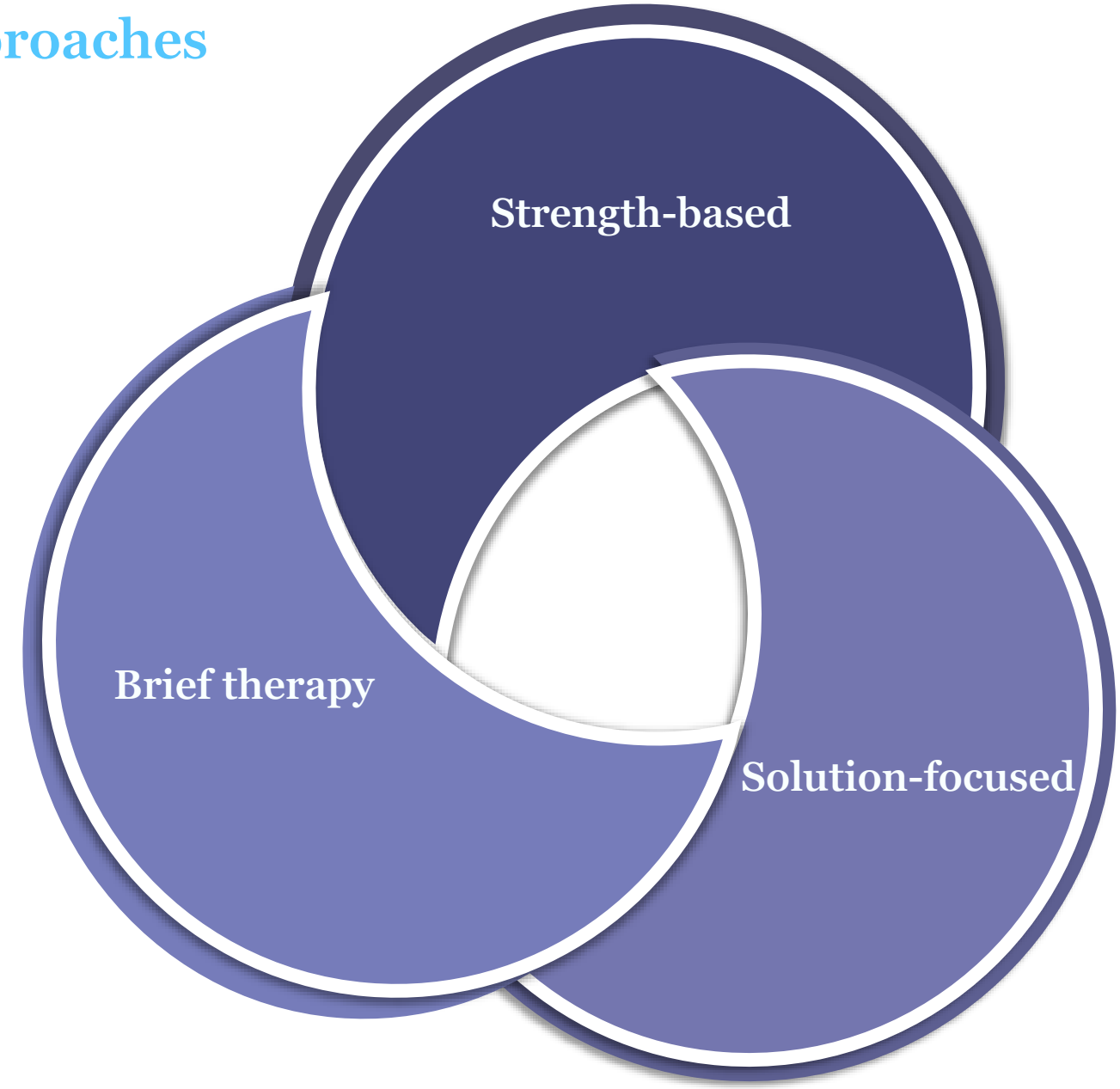
Cultural humility promotes a curious and other-oriented interpersonal style that is more aligned with person-centered care

# Integrating Evidence-based Treatment Models into Cultural Traditions, Beliefs, and Wisdom

## Treatment Approaches

Lower Dewey Lake Skagway AK

# Treatment Approaches

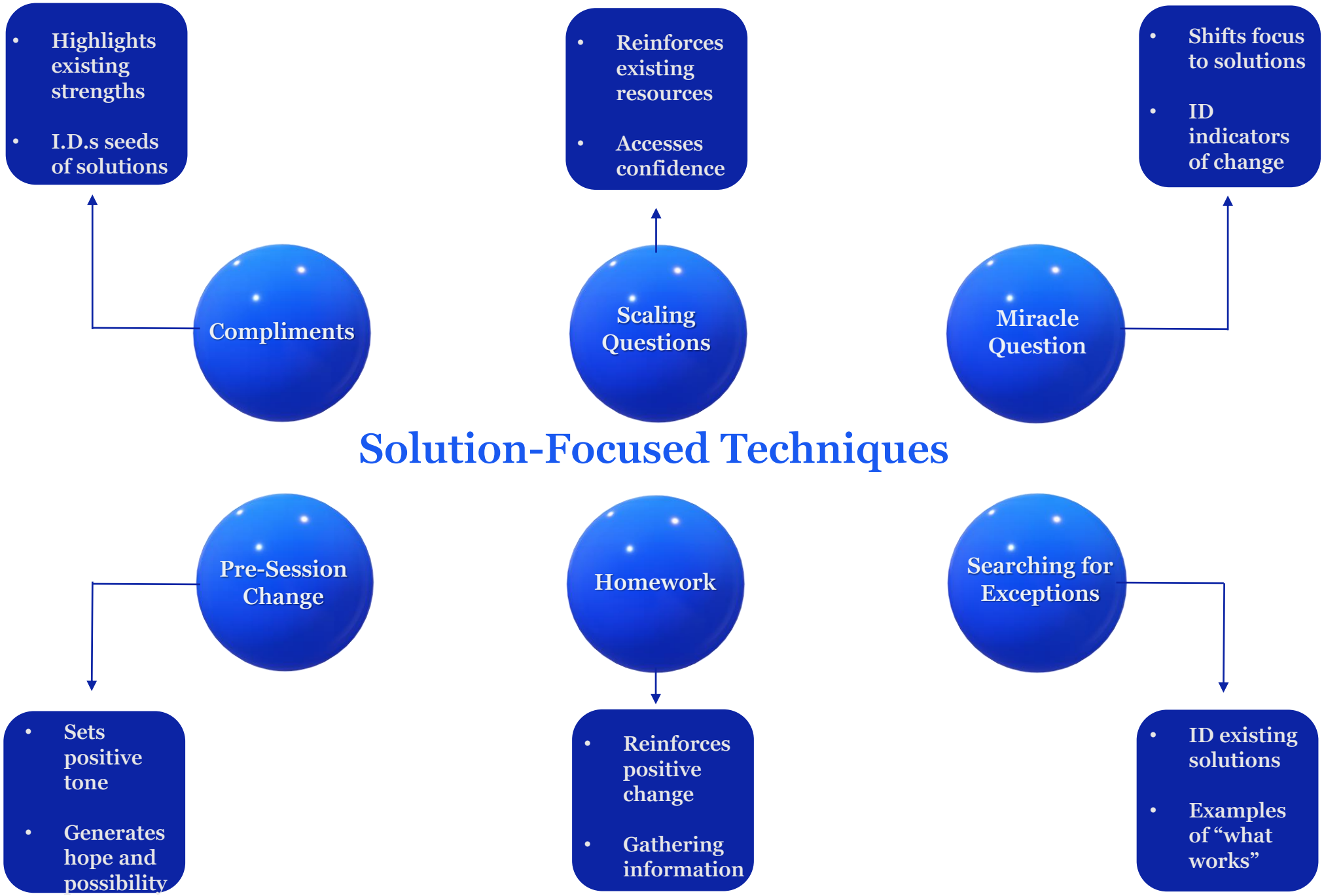


# Brief Therapy

- Intentionally structured to be brief
- Targets a particular problem or set of related issues
- Therapist and client collaboratively establish clear and well-defined goals
  - progress is regularly measured against these goals
- Primary focus is on the client's current situation and desired future outcomes
- Prioritizes the use of **effective techniques** that can facilitate change within a shorter timeframe

https://pmc.ncbi.nlm.nih.gov/articles/PMC8550582/

# Solution-Focused Techniques

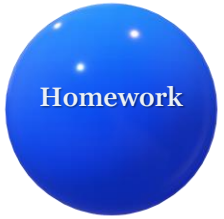


# Solution-Focused Techniques


"that's a very insightful observation you made about yourself"


"Suppose that tonight, while you were sleeping, a miracle happened, and the problem was completely solved. When you wake up tomorrow morning, what would be the very first thing you would notice that would tell you a miracle had happened?"


"Since the last time we met, has anything been a little bit better or different about the reason you are seeking therapy?"




"This week, try doing one small thing differently in your interactions with the person at work. Observe what happens as a result"


"On a scale of 0 to 10, where 0 represents (the problem) being as bad as it's ever been and 10 represents (the problem) being completely resolved, where are you today?"


"Can you think of time recently where you felt even a little bit less anxious in social situations than usual?"

https://pmc.ncbi.nlm.nih.gov/articles/PMC10098109/#ref27

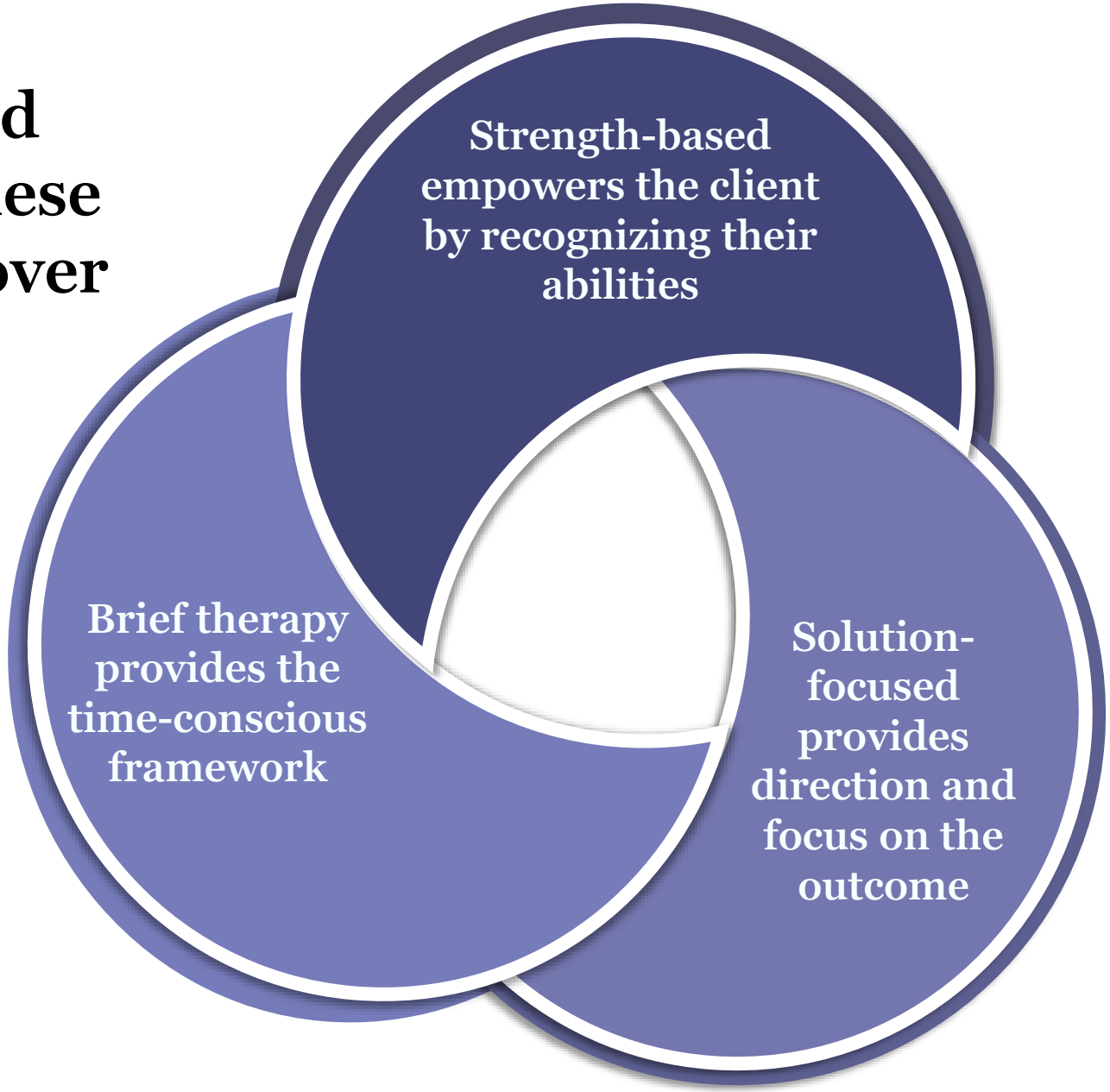
Solution-focused brief therapy in community-based services

# Strength-Based core assumptions

- Everyone possesses a unique set of talents, skills, knowledge, and positive qualities
- People are resilient and capable of growth and change
- Problems can be sources of challenge and opportunity
- Focusing on strengths fosters hope and empowerment
- Change is constant and inevitable

What is a Strength-Based Approach?

As we have combined and synthesize these approaches over the years…




…the BHWC treatment approach was born

# The Wellness Approach

**We embrace the Wellness Approach because it provides a broad framework that enhances our brief therapy, solution-focused, and strength-based clinical foundation**

**The Wellness Approach aligns with:**

- **Brief Therapy because it is focused and creates efficient progress toward well-being**
- **Solution-Focused because of the focus on the individual's capabilities and potential solutions**
- **Strength-Based because it highlights identifying and leveraging an individual's existing strengths, talents and resources**

**In general, the Wellness Approach is a good fit for the BHWC because of its holistic perspective. We like it because it reminds us to always consider the interconnectedness of health factors:**

- Emotional
- Physical
- Spiritual
- Social
- Mental

## Acceptance and Commitment Therapy (ACT)

This approach is a mindfulness based behavioral therapy that helps individuals accept difficult thoughts and feelings as a natural part of life while committing to actions that align with their personal values.

## Trauma-Informed Care (TIC)

This treatment framework recognizes the widespread impact of trauma on individuals and aims to provide services in a way that promotes healing, avoids re-traumatization, and supports individuals in rebuilding a sense of safety and control.

## Cognitive Behavioral Therapy (CBT)

This type of psychotherapy focuses on identifying and changing negative or unhelpful thought patterns and behavioral reactions. One of the central assumptions is that our thoughts, feelings, and behaviors are interconnected.

Sitka Alaska was originally the ancestral home of the Tlingit people, who lived there for over 10,000 years

# Trauma-Informed Care

Alaska Native peoples have experienced significant trauma, including historical and intergenerational, alongside systemic inequities.

Given these  profound impacts, a trauma-informed approach, which prioritizes safety, trust, collaboration, empowerment, and cultural humility is essential.

Behavioral health providers using this approach with Alaska Native people should seek a deep understanding of the unique historical and cultural factors that impact them.

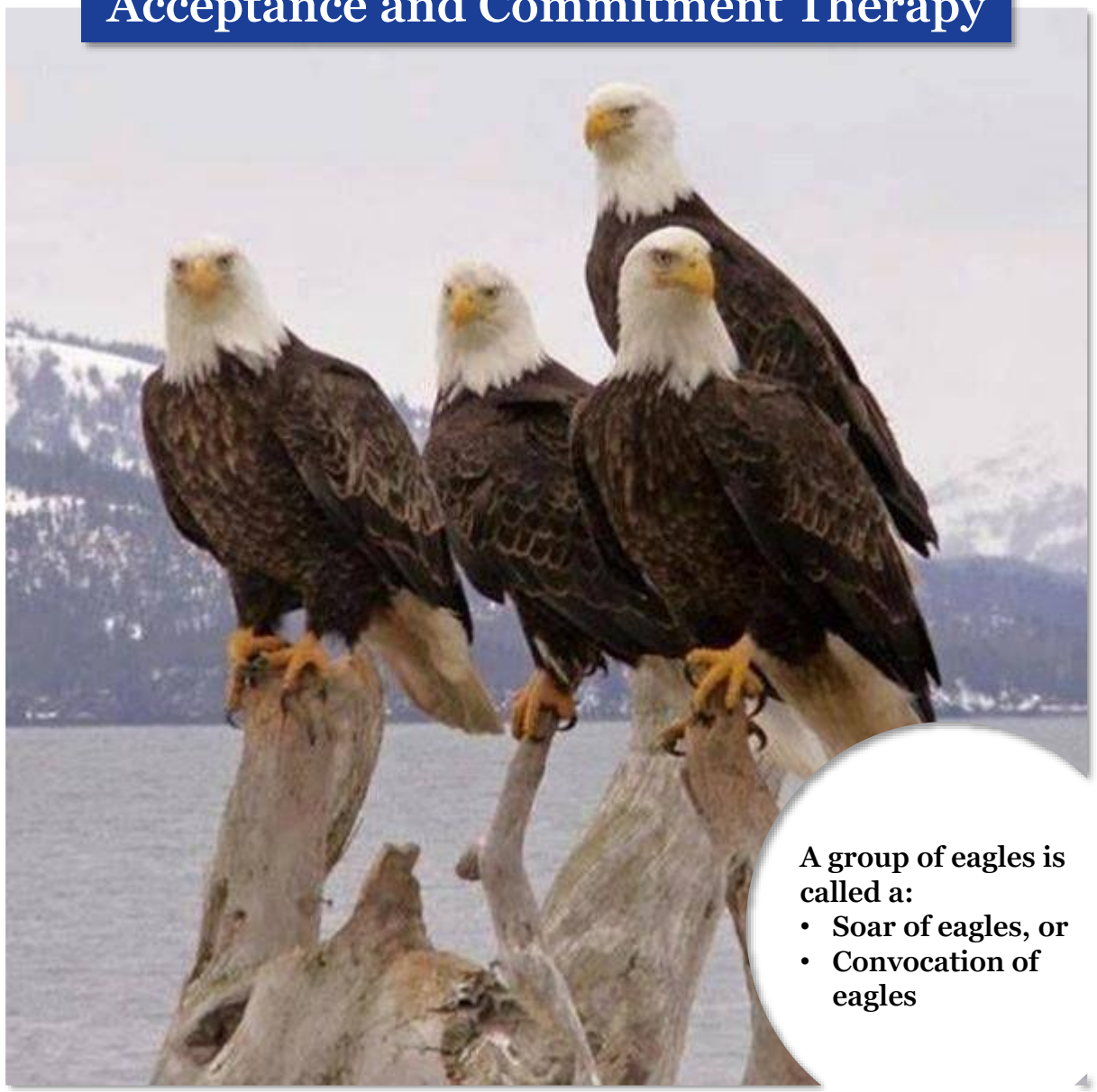
Integrating traditional healing practices and prioritizing trust and respect in therapeutic relationships is crucial.


CBT can be adapted to address specific issues like anxiety, depression, and substance use, which can be exacerbated by trauma and cultural stressors

Cultural adaptions might involve:

- Storytelling: Using traditional narratives and personal stories to illustrate CBT concepts
- Integrating indigenous knowledge: linking cognitive restructuring to traditional ways of knowing and understanding
- Addressing cultural identity: exploring how cultural identity influences thoughts and behaviors

# Acceptance and Commitment Therapy



A group of eagles is called a:
- Soar of eagles, or
- Convocation of eagles

ACT emphasizes universal human processes and contextual understanding which makes it adaptable across cultures

Cultural adaptions might involve:

- Clarifying culturally relevant values:
  - exploring values within the context of Alaska Native traditions and ways of life
- Adapting metaphors and exercise:
  - using metaphors and experiential exercises that resonate with Alaska Native experiences and worldviews
- Integrating spirituality:
  - acknowledging and incorporating the role of spirituality and traditional beliefs in well-being

## Continuing Medical Education Accreditation

Accreditation with Commendation:
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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NASW
National Association of Social Workers
WASHINGTON CHAPTER

This workshop has been approved for 1 CEU 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.

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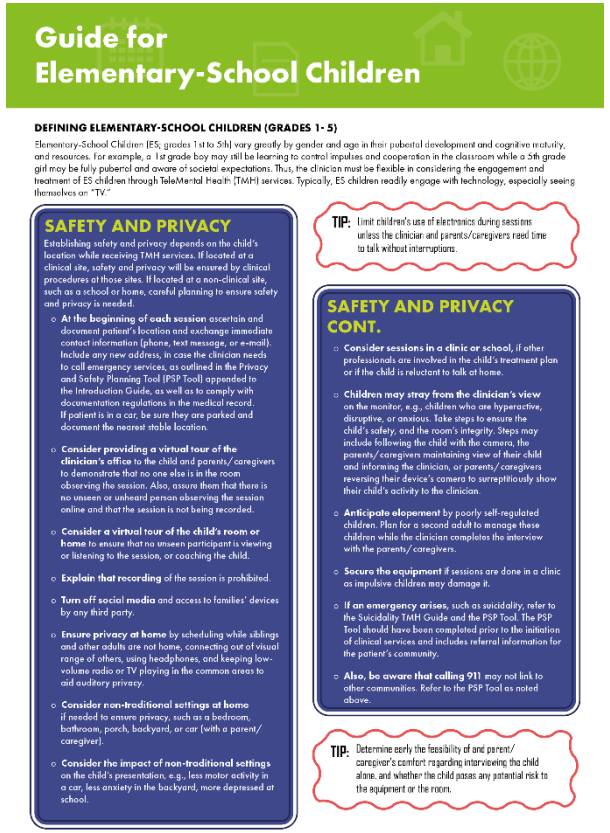
# TeleMental Health Guides for Infancy to Young Adults

## Guides (8)

- Infancy and Toddlers
- Pre-schoolers
- Elementary School Children
- Middle School Youth
- High School Teens
- Young Adults
- Neuropsychological Testing
- Suicidality



Guide for Elementary-School Children

DEFINING ELEMENTARY-SCHOOL CHILDREN (GRADES 1- 5)

Elementary-School Children (ES; grades 1st to 5th) vary greatly by gender and age in their pubertal development and cognitive maturity, and resources. For example, a 1st grade boy may still be learning to control impulses and cooperation in the classroom while a 5th grade girl may be fully pubertal and aware of societal expectations. Thus, the clinician must be flexible in considering the engagement and treatment of ES children through TeleMental Health (TMH) services. Typically, ES children readily engage with technology, especially seeing themselves on "TV."

SAFETY AND PRIVACY

Establishing safety and privacy depends on the child's location while receiving TMH services. If located at a clinical site, safety and privacy will be ensured by clinical procedures at those sites. If located at a non-clinical site, such as a school or home, careful planning to ensure safety and privacy is needed.

- **At the beginning of each session** ascertain and document patient's location and exchange immediate contact information (phone, text message, or e-mail). Include any new address, in case the clinician needs to call emergency services, as outlined in the Privacy and Safety Planning Tool (PSP Tool) appended to the Introduction Guide, as well as to comply with documentation regulations in the medical record. If patient is in a car, be sure they are parked and document the nearest stable location.
- **Consider providing a virtual tour of the clinician's office** to the child and parents/caregivers to demonstrate that no one else is in the room observing the session. Also, ensure them that there is no unseen or unheard person observing the session online and that the session is not being recorded.
- **Consider a virtual tour of the child's room or home** to ensure that no unseen participant is viewing or listening to the session, or coaching the child.
- **Explain that recording** of the session is prohibited.
- **Turn off social media** and access to families' devices by any third party.
- **Ensure privacy at home** by scheduling while siblings and other adults are not home, connecting out of visual range of others, using headphones, and keeping low-volume radio or TV playing in the common areas to aid auditory privacy.
- **Consider non-traditional settings at home** if needed to ensure privacy, such as a bedroom, bathroom, porch, backyard, or car (with a parent/caregiver).
- **Consider the impact of non-traditional settings** on the child's presentation, e.g., less motor activity in a car, less anxiety in the backyard, more depressed at school.

TIP: Limit children's use of electronics during sessions unless the clinician and parents/caregivers need time to talk without interruptions.

SAFETY AND PRIVACY CONT.

- **Consider sessions in a clinic or school,** if other professionals are involved in the child's treatment plan or if the child is reluctant to talk at home.
- **Children may stray from the clinician's view** on the monitor, e.g., children who are hyperactive, disruptive, or anxious. Take steps to ensure the child's safety, and the room's integrity. Steps may include following the child with the camera, the parents/caregivers maintaining view of their child and informing the clinician, or parents/caregivers reversing their device's camera to surreptitiously show their child's activity to the clinician.
- **Anticipate elopement** by poorly self-regulated children. Plan for a second adult to manage these children while the clinician completes the interview with the parents/caregivers.
- **Secure the equipment** if sessions are done in a clinic as impulsive children may damage it.
- **If an emergency arises,** such as suicidality, refer to the Suicidality TMH Guide and the PSP Tool. The PSP Tool should have been completed prior to the initiation of clinical services and includes referral information for the patient's community.
- **Also, be aware that calling 911** may not link to other communities. Refer to the PSP Tool as noted above.

TIP: Determine early the feasibility of and parent/caregiver's comfort regarding interviewing the child alone, and whether the child poses any potential risk to the equipment or the room.

TELEMENTAL HEALTH GUIDE FOR ELEMENTARY-SCHOOL CHILDREN

Case Example

Abdul is a 10 y/o Afghani refugee boy who presented with his mother due to the school's concern with his inattention and distractibility in class, restlessness and difficulty staying seated, yelling out answers impulsively, and falling behind academically. The Mother noted similar difficulties in the home, especially regarding homework. Both parents worked and lived in an urban neighborhood with poor transportation options, so they agreed to home-based TMH. The family used their smartphone for the sessions, with adequate, but not optimal, cell reception. Sessions were held in the parent's bedroom, for privacy. An older sister watched the siblings in another room or took them for a walk.

Abdul was readily engaged over the smartphone and told of his favorite videogame, his love of Legos, and his best friend at school, as well as the injustices of his siblings. The clinician conducted the interview by alternating between the mother's history and the child's input.

Even with the spotty connectivity, the clinician appreciated Abdul's good verbal skills, intellect, charming personality, as well his impulsive intrusiveness and mild mid-facial and guttural tic. To assess his gross motor skills, the clinician asked Abdul to do some movements, including some dance movements. He was awkward and had difficulty cooling down once wound up. To assess his fine motor skills, and to keep him occupied in order to obtain the mother's history, Abdul was asked to draw a picture of his favorite animal. He impulsively scribbled something and quickly returned to the smartphone to show his artwork: not an animal, but he enthusiastically told of its meaning, demonstrating his creativity and knowledge.

The clinician then asked Abdul to play with his Hot Wheels in front of his mother, allowing more time with the mother while monitoring Abdul. He did so, fairly quietly for a while, then became increasingly louder, and then disruptive. At various times, Abdul's mother quietly flipped the smartphone's camera to allow observation of Abdul's play without his knowledge. He did show symbolic play, although somewhat aggressive with the Hot Wheels breaking off some wheels.

Then, the clinician sent an ADHD rating scale and an anxiety rating scale to the older daughter's tablet so that the mother could complete these behavior reports in another room while the clinician spent some individual time with Abdul. The mother also logged into the school's website to check Abdul's grades, missing assignments, and the teacher's recent comments. Meanwhile, the clinician observed Abdul's play and engaged him verbally regarding his Hot Wheels. The clinician asked Abdul to trace his favorite Hot Wheel car and write the name of it along with his name on top of the paper. He showed some difficulties with tracing and penmanship but had correct spelling. He showed increased tic movements while engaged in this task.

The clinician made a diagnosis of ADHD with a concern about a fine motor disability and tics. They wrote a treatment plan on the "White Board" that included: a) the clinician requesting completion of behavior rating scales from selected teachers, to be uploaded into the clinician's website portal; b) making the child a "Focus of Concern" under Public Law 94-142 for further school evaluation and possibly special education services, and c) developing a structured plan for homework including turning it in reliably; and d) the mother reviewing the treatment plan on the website and reading information about ADHD treatment, including using behavior charts. As the family did not have a printer, the clinician also sent a hard copy of the treatment plan and readings. They made a plan for the mother to meet alone with the clinician in a week to set up a behavior program and discuss the relevance of a medication trial, consistent with evidence-based treatment for ADHD.

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[uwcolab.org/tmh-guides](uwcolab.org/tmh-guides)

# Additional Free Resources for Washington State Behavioral Health Providers

EDUCATIONAL SERIES:

- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- **UW TelePain series**

PROVIDER CONSULTATION LINES

- **UW Pain & Opioid Provider Consultation Hotline**
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- Perinatal Psychiatry Consultation Line

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