

**Tele-Behavioral Health:
Clinical and Evidence
Based Interventions
(Part 3 of 3)**

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Faculty

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Objectives

- Review risk management considerations when using multiples medians and modalities in the delivery of tele-behavioral health service
- Discuss assessment tools that can be used for substance abuse and mental health services

Objectives

- Explain therapeutic interventions that can be used in the delivery of tele-behavioral health services
- List risk management considerations for patients who are experiencing crisis situations.

**Tele-behavioral Health
Medians**

- Desktop
- Laptop
- Tablet
- Cell Phone

**Risk Management
Considerations**

Desktop, Laptop and Tablet

- Protect access with a unique password
- Use a Firewall and Norton antivirus program
- Don't share your device when logged on to any counseling software
- Set for routine and automatic updates

Risk Management Considerations

Cell Phone

- No client information should be stored
- Protect access with a unique lock (code, swipe, password)
- Use of security software for set up and automatic updates

Technology Considerations

- HIPAA
- Encryption
- Bandwidth
- Firewalls
- Camera and Microphone
- Computer Security
- Equipment Error vs. User Error

Where are Tele-behavioral Health Services Provided?

- Rural Clinic
- Residential Settings
- Community/Agency Settings
- Military Installations
- Detention Center or Correctional Facility

Who are the Clinical Disciplines of Tele-behavioral Health Services?

- Therapists
- Social Workers
- Alcohol and Drug Counselors
- Mental Health Counselors
- Psychiatrists
- Psychiatric Nurses and Nurse Practitioners

What are Some Tele-behavioral Health Clinical Services?

- Screenings and Assessments
- Patient/Client and Provider Consultations
- Individual Therapy
- Group Therapy
- Case Management
- Referrals and Linkages to Care

Clinical Considerations – Assessing for Therapeutic Fit

- All initial sessions should be conducted face to face
- Methods of verifying mutual identities when using non-visual medians
- Determination of location for distance services

Clinical Skills – Self Assessment

- Know yourself and how your style impacts the modalities of counseling
- Preference for email, phone, video-conference or face to face interaction
- What's in your toolbox?
- What do you use to help clients?

Clinical Skills – Tele-behavioral Health

Foster Engagement:

- Avoid monotone
- Use pauses
- Vary your responses
- Ask for Feedback

Clinical Skills – Tele-behavioral Health

Client/Patient Engagement continued:

- Ask clarifying questions, especially about emotions
- Use facial expressions and physical gestures
- Practice communication skills using body language

Evidence-based Interventions

SBIRT

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

SBIRT

Three Components:

1. **Screening** - A healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting

SBIRT – Components (Cont.)

2. **Brief Intervention** - A healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice

SBIRT – Components (Cont.)

3. Referral to Treatment - A healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services

SBIRT Assessment Tools

Patient Health Questionnaire (PHQ-9)

A nine-item depression scale used to assist primary care clinicians in diagnosing depression as well as selecting and monitoring treatment.

SBIRT Assessment Tools

Alcohol Use Detection Inventory Tool (AUDIT)

- A method of screening to help identify excessive drinking as the cause of a presenting illness
- Provides a framework to help drinkers reduce or cease alcohol consumption and avoid harmful consequences

SBIRT Assessment Tools

Drug Abuse Screening Tool (DAST)

The Drug Abuse Screen Test (DAST-10) was designed to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research. It can be used with adults and older youth.

Evidence-based Interventions

Motivational Interviewing

A counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.

Evidence-based Interventions

Solution Focused Therapy

Future-focused, goal-directed, and focuses on solutions, rather than on the problems that brought clients to seek therapy

Evidence Based Interventions

Cognitive Behavioral Therapies

Cognitive behavioral therapy is a psychosocial intervention that focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems.

Crisis Response Counseling Risk Management Considerations

- Not intended for all providers and patients/clients
- Patients who display signs of psychosis or serious mental health
- Patients who are suicidal with a plan of action

Emergency Response Counseling

Psychological First Aid (PFA)

- An evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of an emergency.
- Intended to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.

Emergency Response Counseling

Tele-behavioral Health: Critical Incident Stress Management (CISM)

- An adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem
- Can include pre-incident preparedness to acute crisis management to post-crisis follow-up.

Terminating the Client Session

- Tele-behavioral health services allows for the termination of counseling services to happen gradually over a period of time

Tele-behavioral Health Session

From Beginning to End

- 60 minute face to face initial diagnostic evaluation
- 45 minute sessions once per week for a monthly
- 30 minute sessions once per week for a month
- 15 minute check in's via phone once per week
- Session termination

The Final Tele-behavioral Health Session

- Always end on a positive note
- Re-assure clients/patients that they are cared for
- Commend clients/patients for making great use of their tele-behavioral health sessions
- Thank patients/clients for the opportunity to support their personal growth and development

The Final Tele-behavioral Health Session

Provide helpline resources



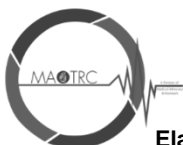
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