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FUTURE SHOCK
Technology &
Psychoanalysis –
Doom or Zoom®?

The Ethical Practice
of Telemental
Health



Affiliations & Disclosures

Supportive Televisiting Services, Social Service Board,
The New York Society for Ethical Culture, Director

Healthy Connections Psychological Services, PLLC, President

Frank J. Corigliano, Ph.D., Psychologist, P.C., President, Trainer

Choices Women's Medical Center, Director of Telehealth

Division of Psychoanalysis, New York State Psychological Association,
Member

Clinical Psychology Division, New York State Psychological Association,
Representative to Council

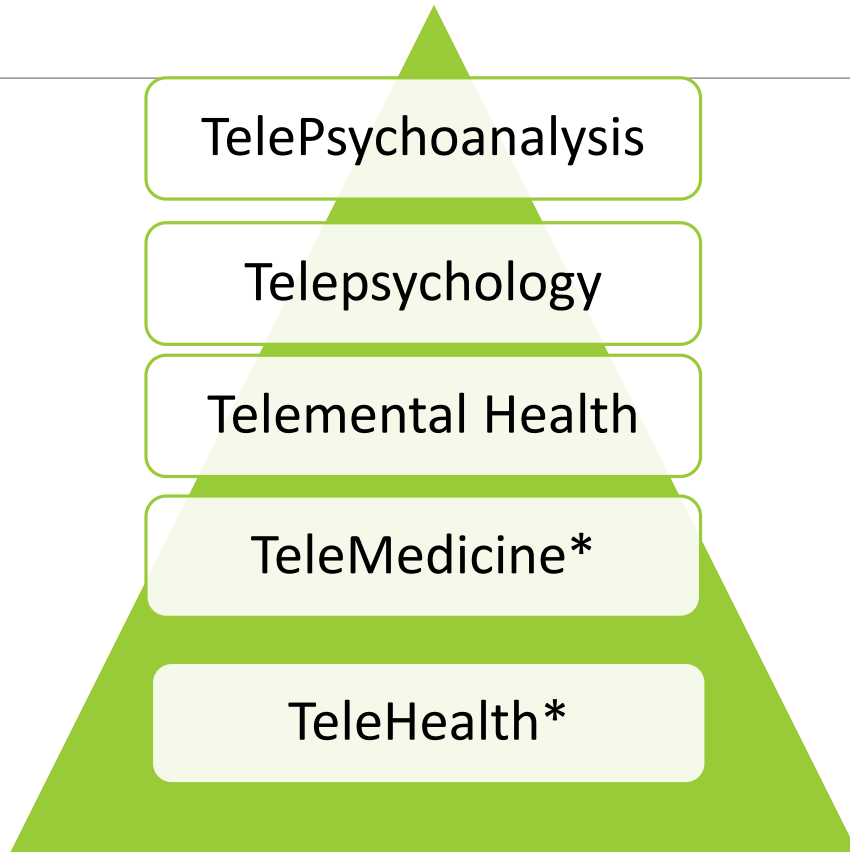
Ever feel like
you know
you could do
something
new...

exciting...
maybe a bit
dangerous?

but you just
don't fully
understand
how it's
going to
work?



“Tele” in Context





Telepsychotherapy

TeleCBT

TeleDBT

TelePsychoanalysis

TeleArtTherapy

TeleRehabilitation

TeleSocial Skills Training

Current Applications



Schools
Universities



Hospital/
Clinics



Prisons



Military



Place of
Work

Emerging Applications



Community
Centers
Libraries



Churches
Temples
Mosque



Emergency
Response
Centers



Homeless
Shelters



Mobile

Access & Delivery Models of Telemedicine



Tele Mental Health

RESEARCH BASE



Neuropsychological Assessment

C. M. Cullum et al., 2006

Hildebrand, Chow, Williams, Nelson, & Wass, 2004

Parikh et al., 2013

Stain et al., 2011

Diagnosing neurological conditions brain injury & dementia

Loh, Donaldson, Flicker, Maher, & Goldswain, 2007

Lott, Doran, Walsh, & Hill, 2006

Weiner, Rossetti, & Harrah, 2011

Neuropsych Assessment & Diagnosis Surge

The field of neuropsychology has seen a surge in the use of VC technologies for assessment purposes



Consumer acceptability of brief videoconference-based psychological assessment in older individuals with and without cognitive impairment

traditional face-to-face testing vs

examination by telepsychology

vbbv c

98% satisfaction rate

two-thirds indicated *no preference*

Even participants with cognitive impairment showed good acceptability of telepsychological assessment

Mili Parikh, Maria C Grosch, Lara L Graham, Linda S Hynan, Myron Weiner, James H Shore, C Munro Cullum
Clinical Neuropsychologist 2013, 27 (5): 808-17

Teleneuropsychology: evidence for video teleconference-based neuropsychological assessment

C Munro Cullum, L S Hynan, M Grosch, M Parikh, M F Weiner

Journal of the International Neuropsychological Society: JINS 2014, 20 (10): 1028-33

Brief Battery of standard NP tests commonly used in the evaluation of known or suspected dementia

Tests were administered via VTC and in-person to subjects

200 adults, rural and urban settings, 83 with cognitive impairment and 119 healthy controls

highly similar results across VTC and in-person conditions, significant intraclass correlations between test scores

Findings remained consistent in subjects with or without cognitive impairment and in persons with MMSE scores as low as 15

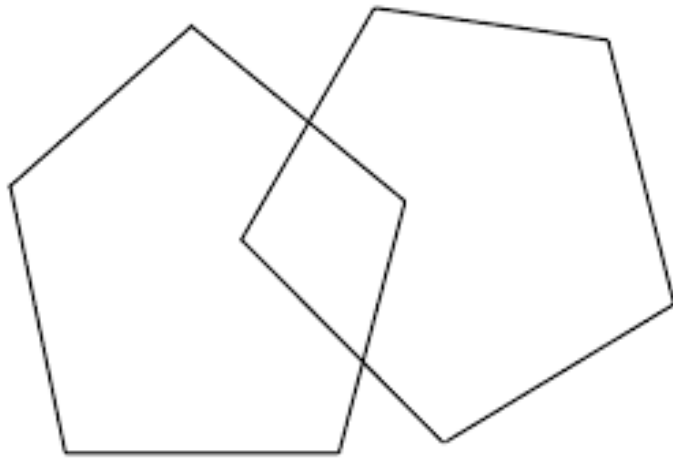
VTC-based NP testing is a valid and reliable alternative to traditional face-to-face assessment using selected measures

Teleneuropsychology: evidence for video teleconference-based neuropsychological assessment

C Munro Cullum, L S Hynan, M Grosch, M Parikh, M F Weiner

Journal of the International Neuropsychological Society: JINS 2014, 20 (10): 1028-33

MEASURES



Mini-Mental State Examination (MMSE)

Hopkins Verbal Learning Test-Revised

Digit Span forward and backward

Boston Naming Test – Short Form

Letter and Category Fluency

Clock Drawing

Video Teleconference Administration of the Repeatable Battery for the Assessment of Neuropsychological Status

Jeanine M. Galusha-Glasscock¹, Daniel K. Horton¹, Myron F. Weiner^{1,2} and C. Munro Cullum^{1,2,*}

RBANS: (VTC) vs face-to-face (FF)

>55 YO with and without cognitive impairment

Forms A and B in VTC and FF counterbalanced

Similar RBANS scores obtained in both conditions

Generally high correlations between administration methods

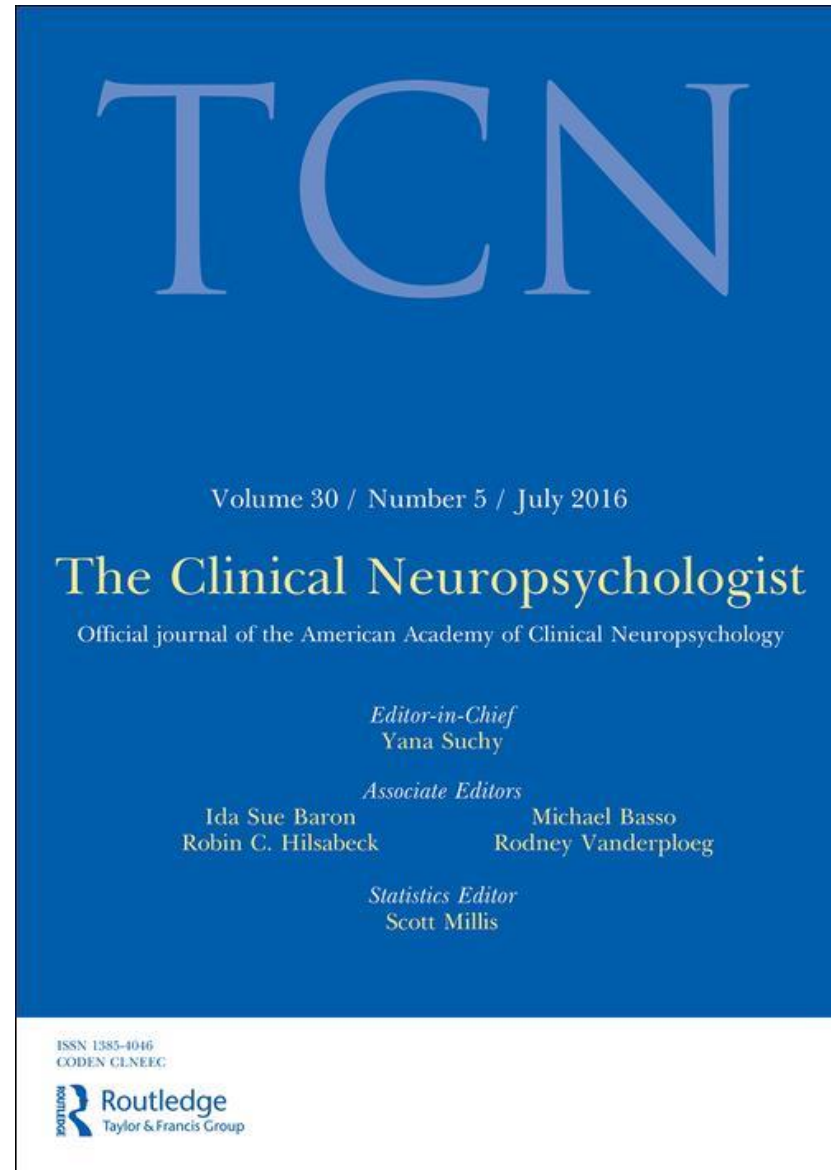
Results support the feasibility and reliability of remote administration of the RBANS via VTC.



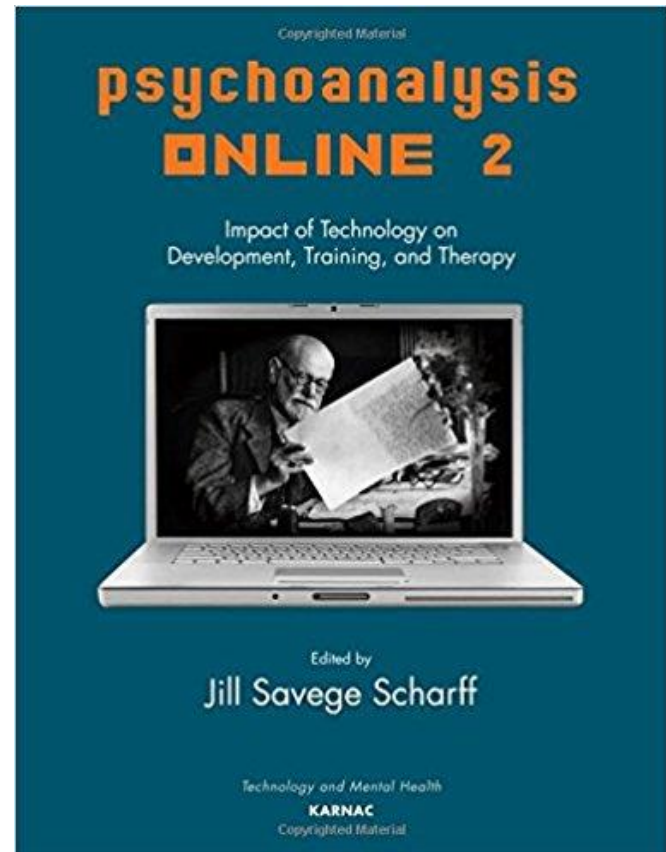
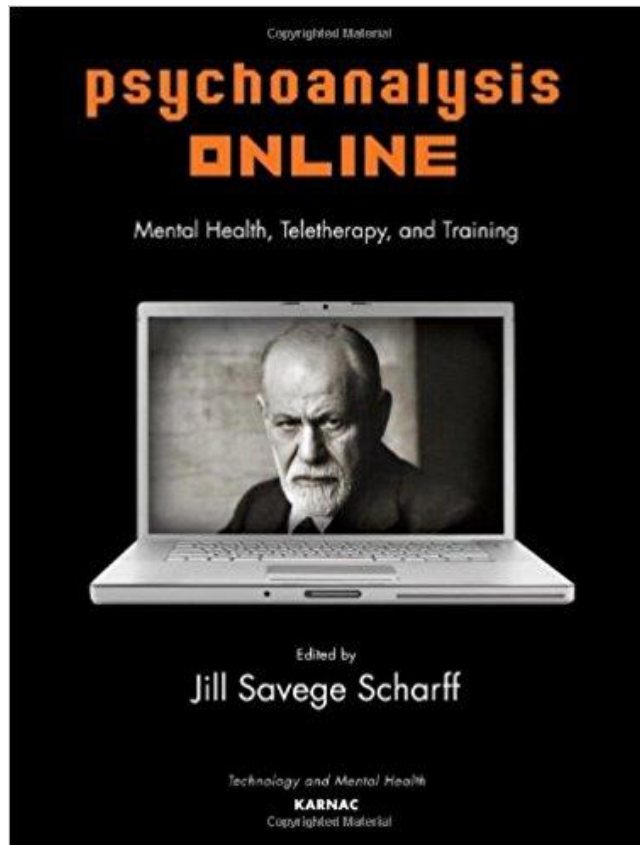
Initial practice recommendations for teleneuropsychology

Maria C Grosch,
Michael C Gottlieb, C
Munro Cullum, *Clinical
Neuropsychologist*
2011, 25 (7): 1119-33

Telemedicine refers to the use of electronic communications to deliver health-related services from a distance, and is particularly useful in bringing specialty services to remote and/or underserved areas.



Psychoanalysis Online



5 Services Model

Tele Psycho analysis



Psychoanalytic Assessment

- Triage & Case Assignment
- Brief Screeners
- Focused Projective Testing
- Comprehensive Psychoanalytic Evaluation



Intervention

- Psychotherapy
- Psychoanalysis



Psychoanalytic Supervision

- Specialty Supervision
- In Vivo Supervision
- Case Presentation Supervision
- Individual/Group Supervision



Psychoanalytic Consultation

- Interdisciplinary Consultation
- Integrated Care Consultation
- Cultural Competence
- Challenging Cases



Psychoanalytic Training/Education

- Telemedicine In-service
- Expanding Educational Opportunity
- Constructing Appropriate Referral Questions



Tele-Mental Health Assessment

Triage & Trauma

Brief Screeners

Clinical Interview

Focused Projective Testing

Comprehensive Personality Assessment

Suicide Risk and Safety Assessment

Return-to-Play Determination

Fitness for Duty Evaluation

Nuclear & Secure Facility Clearance

Mood assessment: depression, anxiety, trauma

Cognitive assessment: attention, executive functioning, memory, language, reaction time.

Behavioral analysis

Personality

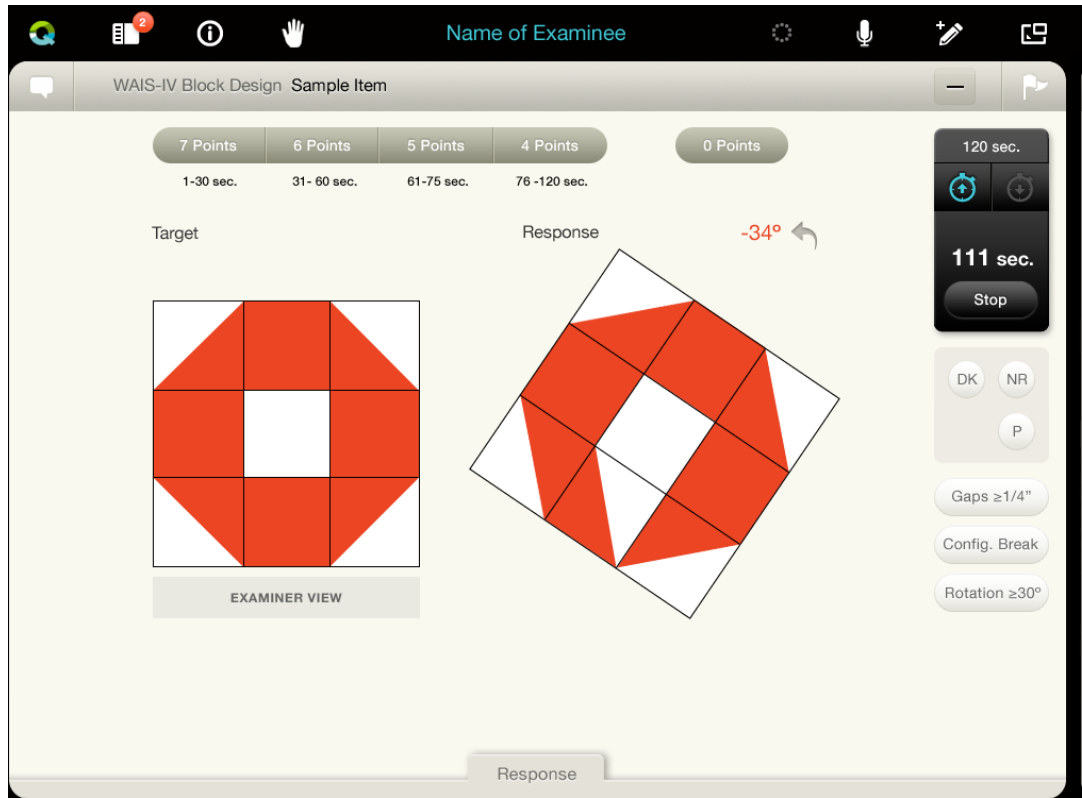
Physiological: breathing, heart rate, blood pressure

SECOND HEAD
DAMAGE TESTS
DIZZINESS
CUMULATIVE IMPACT
DEMENTIA
INJURY
PUGILISTICA
CONCUSSION
PLAY
TO
RETURN
NEUROPSYCHOLOGIC
DINGED
SYNDROME
HEADACHE

Return to Play



Computer-assisted Psychological Evaluation



Manipulables

Computerization of tasks that require the use of manipulable test materials,

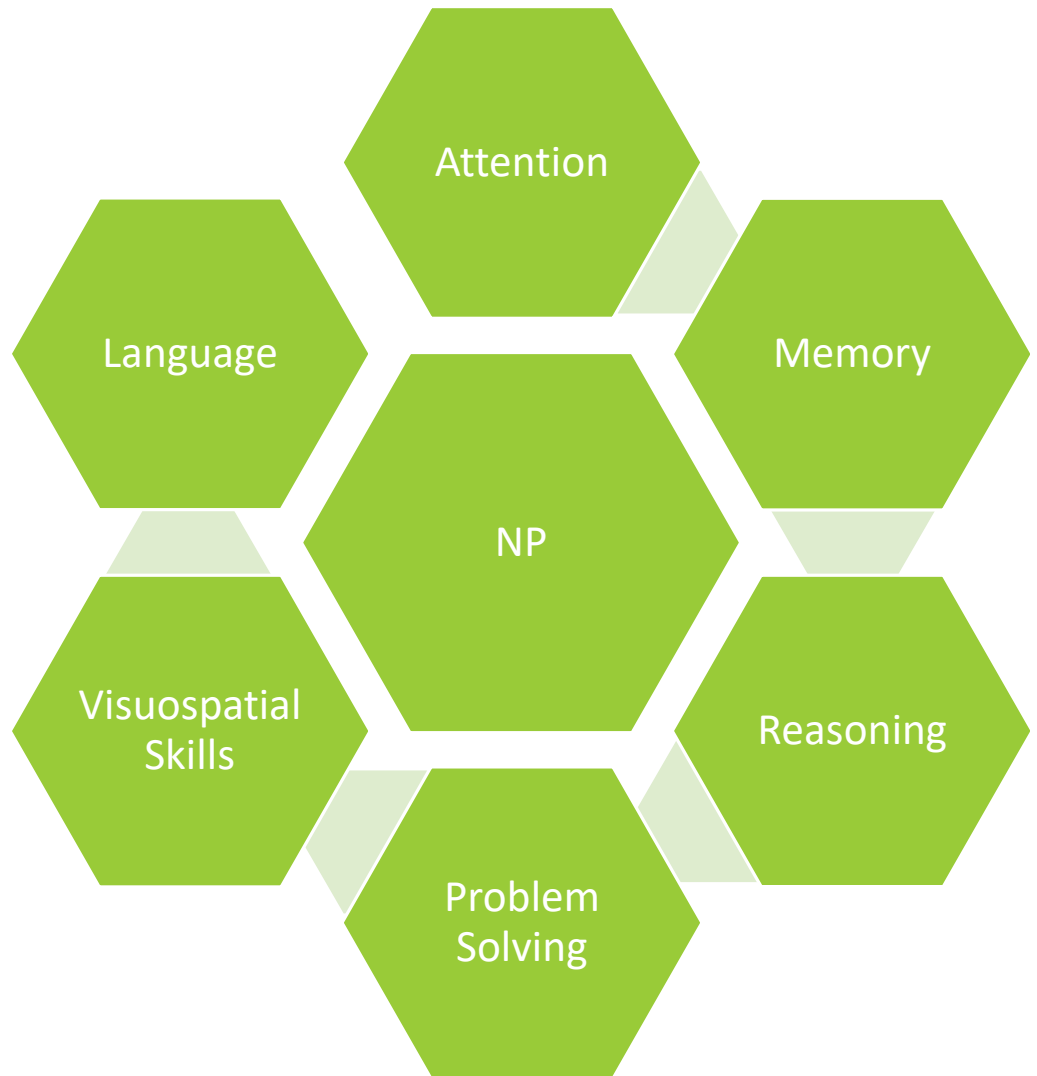
Or require the availability of equipment for the remote client as well as alteration in instructions and in some cases, administration procedures.

Psychology Technician



Common NP Domains

attention
memory reasoning
problem solving
visuospatial skills
language
motor functions
academic skills
emotional functioning





Tele-Intervention

Connecting to create change

Psychotherapy

Cognitive Remediation

Medication Management

Coping Skills Training

Individual therapy

Couples

Family

Group

Skills Building

Peer to Peer

Brief psychotherapy: Brief comprehensive psychiatric emergency room

Targeted psychotherapy: CBT-I (Insomnia)

Virtual Reality For school refusal

Mindfulness distress tolerance

Emotional regulation

Distress tolerance

Exposure therapy

Assertiveness training

Psychological Intervention

The Rehabilitation of Attention,

Tom Manly, Sarah Ward, and Ian Robertson

Learning and Memory Impairments,
Elizabeth L. Glisky and Martha L. Glisky

Visuoperceptual Impairments,

Steven W. Anderson

Models of Language Rehabilitation,
Jacqueline J. Hinckley

Apraxia, Caroline van Heugten

The Enigma of Executive Functioning: Theoretical Contributions to Therapeutic Interventions,

Keith D. Cicerone

The Rehabilitation of Neurologically Based Disturbances,

Lynn M. Grattan and Marjan Ghahramanlou

Emotion-Related Processing Impairments,

Claire V. Flaherty, Anna M. Barrett, and Paul J. Eslinger



Tele- Consultation Mayo Clinic & Telestroke

Cultural competence
consultation

Interdisciplinary
psychological
consultation

Consultation/Liaison



Tele-Supervision *Sharing your expertise & Training the next generation*

Specialty supervision &
Cultural Proficiency

In vivo real-time
supervision

Case presentation

Individual supervision

Group supervision

<https://weillcornell.org/neuropsych>



Tele-Psychoeducation

Telemedicine in-service

Preventive care

University Research Colloquium

Self-care

Identifying signs & symptoms of developmental delays, learning disabilities, attentional challenges

Healthy behaviors

Psychological first aid

Employee Assistance Programs

Obstacles to Telemedicine

Difficulty
seeing or
hearing

Lack of
competence
in clinical
teleconferenc
ing work

Biases toward
on-site
practice

Poor
Outreach &
Engagement

No
Telemedicine
Coverage

Quality
A/V

Competency-
based
Telepsych
Training

Institutional
Support
& Exposure

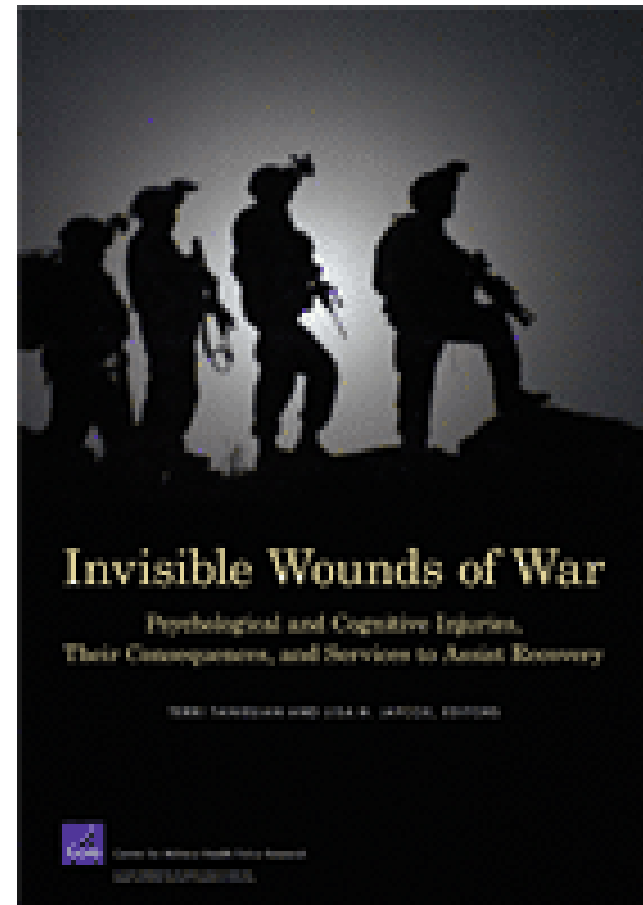
Professional
Advocacy

Payment
Parity

Top 3 Barriers to Mental Health Evaluation & Treatment

1. Treatment not confidential; could constrain future job assignments and career advancement
2. Medications may have unpleasant side effects
3. Even good mental health care is not effective

27 Invisible Wounds of War Rand Corporation (2008)



Barriers to Access to Mental Health Care for Military Families



- Emotional challenges
- Cost-prohibitive
- Cultural barriers
- Caregiving Responsibilities
- Inconsistent, unclear, and often harsh community engagement
- Inconvenience
- Limited number of culturally competent and trained medical professionals

Costs

Cost of treatment

Cost of transportation

Cost of childcare

Cost of pet care

Mistrust

Mistrust of military providers

Mistrust of civilian providers

Mistrust of mental health providers



Stigma, Shame, Guilt

Culture of strength

Avoidance of weakness

Concern about fitness for duty

Cultural barriers of

- independence
- Denial of problems
- Mistrust of doctors

History of inconsistent unclear and often harsh attempts at community engagement

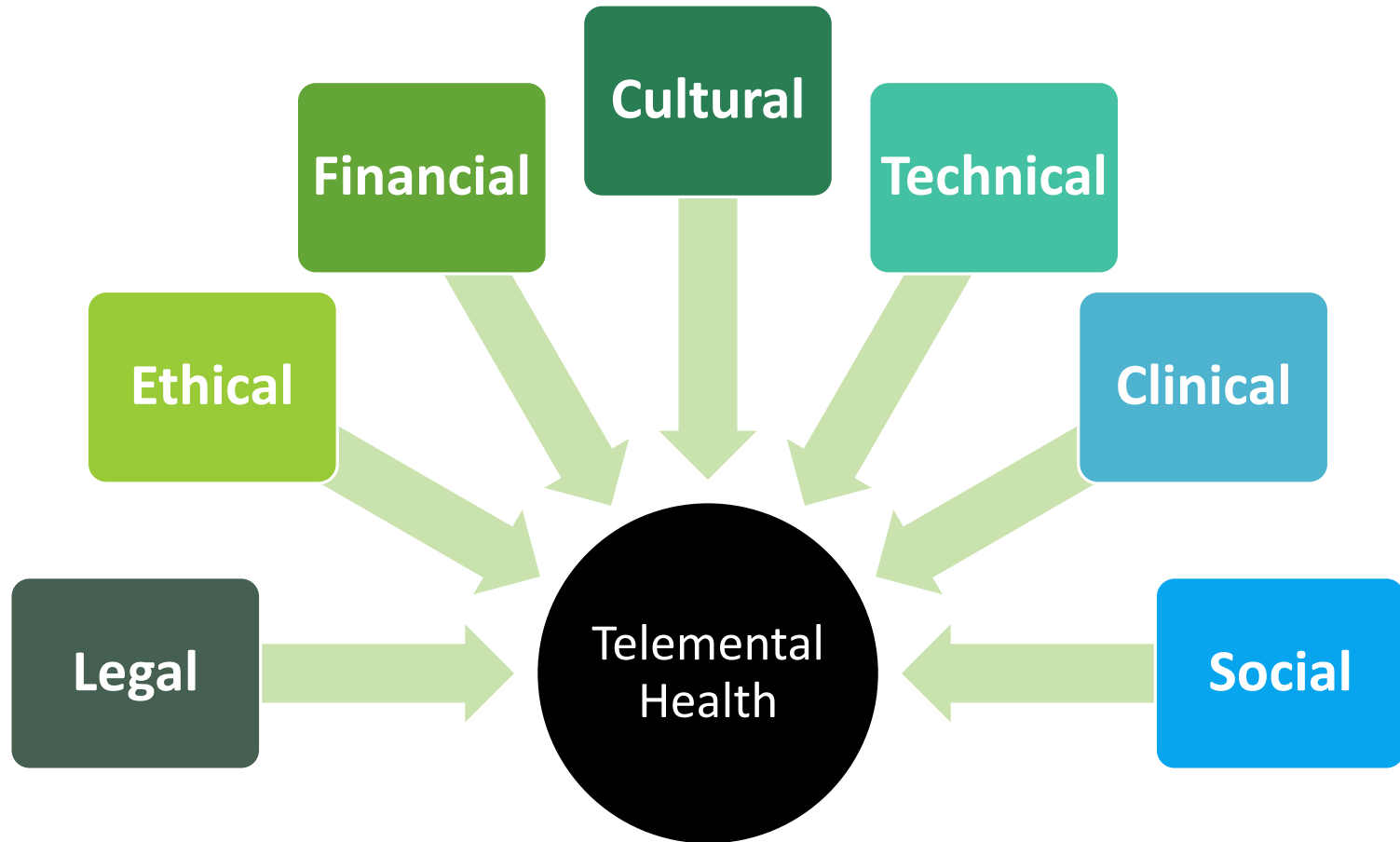


Telepsychology can help



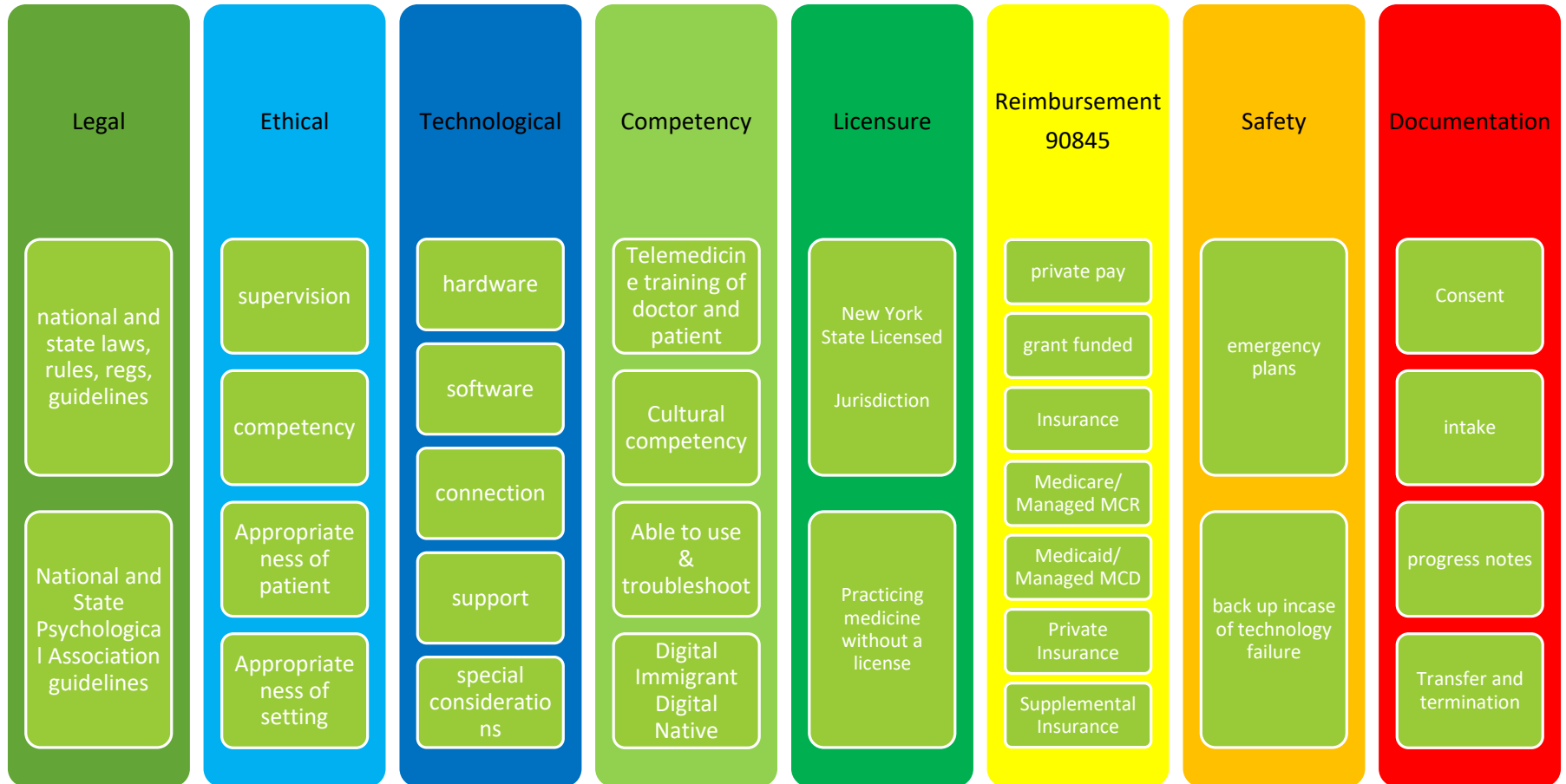
Depression and Sadness
Prenatal Health Care
PTSD
Traumatic Brain Injury
Anxiety, Stress, & Coping Skills
Post-partum Therapy
Addiction Treatment
Trauma-informed Care
Grief & Loss
Domestic Violence Support
Self-harm and Risky Behavior Counseling
Family Therapy
Healthy Relationship Courses
Refugee & Emergency Triage
Transgender Care
Military Sexual Abuse

Theoretical Underpinnings of TeleMental Health





Factors to Consider



Legal

National and state laws, rules, regulations, guidelines

National and State Psychological Association guidelines

Professional Association Guidelines

APAIT Sample Electronic Communication Policy

<https://trustinsurance.com/Resources/Articles/ArticleType/ArticleView/ArticleID/34>

Ethical Consultation APAIT

Dr. Dan Taub, Psychologist: 030217 THUR 04:00 PM

Telemedicine: “Our policy will cover you for anything you do that is psychology related. Telehealth is a very broad topic and a very hot topic in the psychology world. Speak to one of our attorneys that is also a psychology”

Q: Can a patient request PHI be sent via email?

A: It is very clear that you can use email.

Do you want to use email, they say yes in the consent. Only emailing, administrative information, canceling appointments, rescheduling. Clinical information as well.

Ethical Consultation APAIT

Outgoing

Appraver, hushmail. I would not advise sending to a gmail account.

hushmail will send an email

Incoming

They can do what ever they want.

Ethical Consultation APAIT

What happens if patient requests PHI to gmail and I do it?

If you are in your role as a psychologist, this is one of those areas that you could argue

email is not secure...

Sample consent form Trust insurance.com sample electronic communication resource

If sending to another professional, must take steps to be sure that it is secure, must use system.

Ethical Consultation APAIT

Respect to text: HIPAA is not clear, technology has outstripped the legal, do the same as with email, get the client's agreement. Be sure the client knows that texts are not secure and not a good way to share clinical information.

You can not promise to get back to them in any given period, not for emergency purposes.

Ethical

Supervision

Competency

Appropriateness of patient

Appropriateness of setting

Technological

Hardware

Software

Connection

Support

Special Considerations

Competency

Telemedicine training of doctor and patient

Cultural competency

Able to use & troubleshoot telehealth system

Digital Immigrant Digital Native

Licensure

New York State Licensed

Jurisdiction

Practicing medicine without a license

Reimbursement

Private Pay

Grant Funded

Insurance

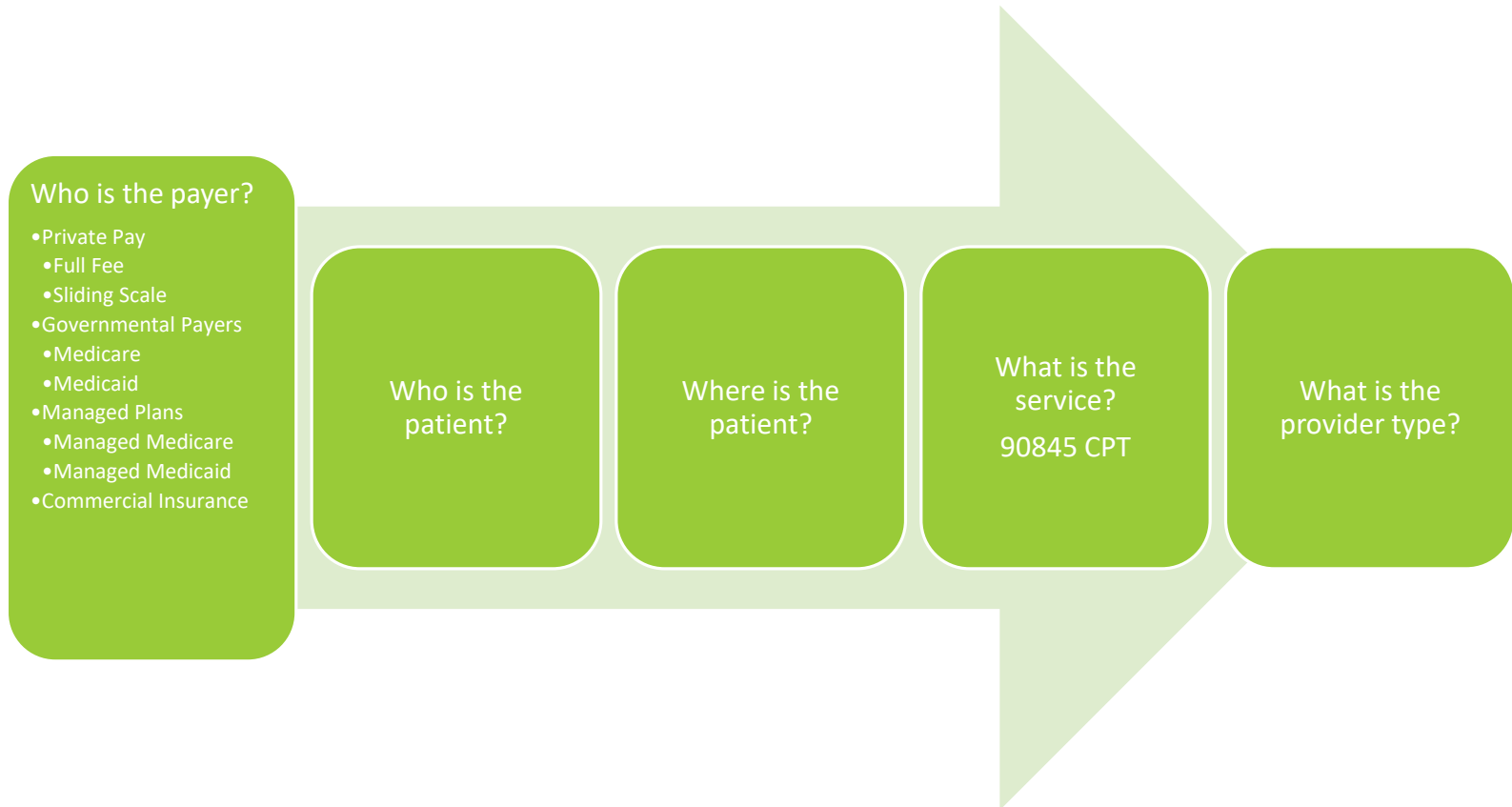
Medicare Managed/MCR

Medicaid Managed/MCD

Private Insurance

Supplemental Insurance

Reimbursement



Who is the Payer?

Private Pay	Governmental	Commercial	Military
Grant Funded	Medicare	Blues	TriCares
Agency Supported	Medicaid	United HealthCare	TriCare Standard
Self-pay	Managed Medicare	Aetna	TriCare Prime
Family-pay	Managed Medicaid	Upstate Engineers Healthcare	TriCare Reserve
Boutique Style Practice		Letter Carriers Union	TriCare For Life

Who is the “patient”?

Couple

Individual

Family

Child

Organization

Psychologist

Agency

Where is the patient?

Clinic

Hospital

Skilled Nursing Facility

Home

Deployed

Work

Who is the Provider?

Psychologist

Psychiatrist

Marriage & Family Therapist

Social Worker

Counselor

CASAC

Art Therapist

What is the service?

90791	Psychiatric diagnostic interview without medical services
90832	Individual psychotherapy, 30 minutes
90834	Individual psychotherapy, 45 minutes
90837	Individual psychotherapy, 60 minutes
90845	Psychoanalysis
90853	Group psychotherapy

Safety

Emergency plans

Back up incase of technology failure

Core Documents

Consent

Psychiatric Evaluation/ Intake

HIPPA Forms

Business Associate Agreement (BAA)

Social Media Policy

Progress Notes

Emergency Protocol

Transfer and termination



Gaining confidence through experience & knowledge

APA Guidelines

APA Division 29, Psychotherapy Report

ATA Guidelines, 2013

ATA Guidelines, 2009

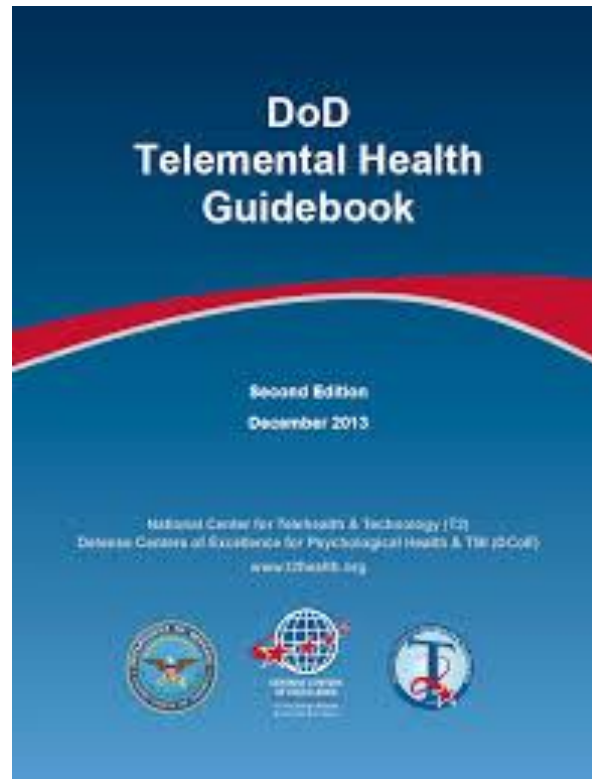
New York State Board of Psychology Practice Alert

Department of Defense Guidelines, 2013

APA Guidelines for the Practice of Telepsychology, 2013

- I. Competence of the psychologist
 - II. Standards of care in the delivery of telepsychology services
 - III. Informed consent
 - IV. Confidentiality of data and information
- I. Security and transmission of data and information
 - II. Disposal of data and information and Technologies
 - III. Testing and assessment
 - IV. Interjurisdictional practice

DOD Telemental Health Guidebook, 2013



DOD Telemental Health Guidebook, 2013

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Continuum of Community-Engaged Mental Health Care

Community-based Consultation

- Telemedicine Consultations with Community Leaders

Community-based Assessment

- Community members are referred for assessment at local community institution

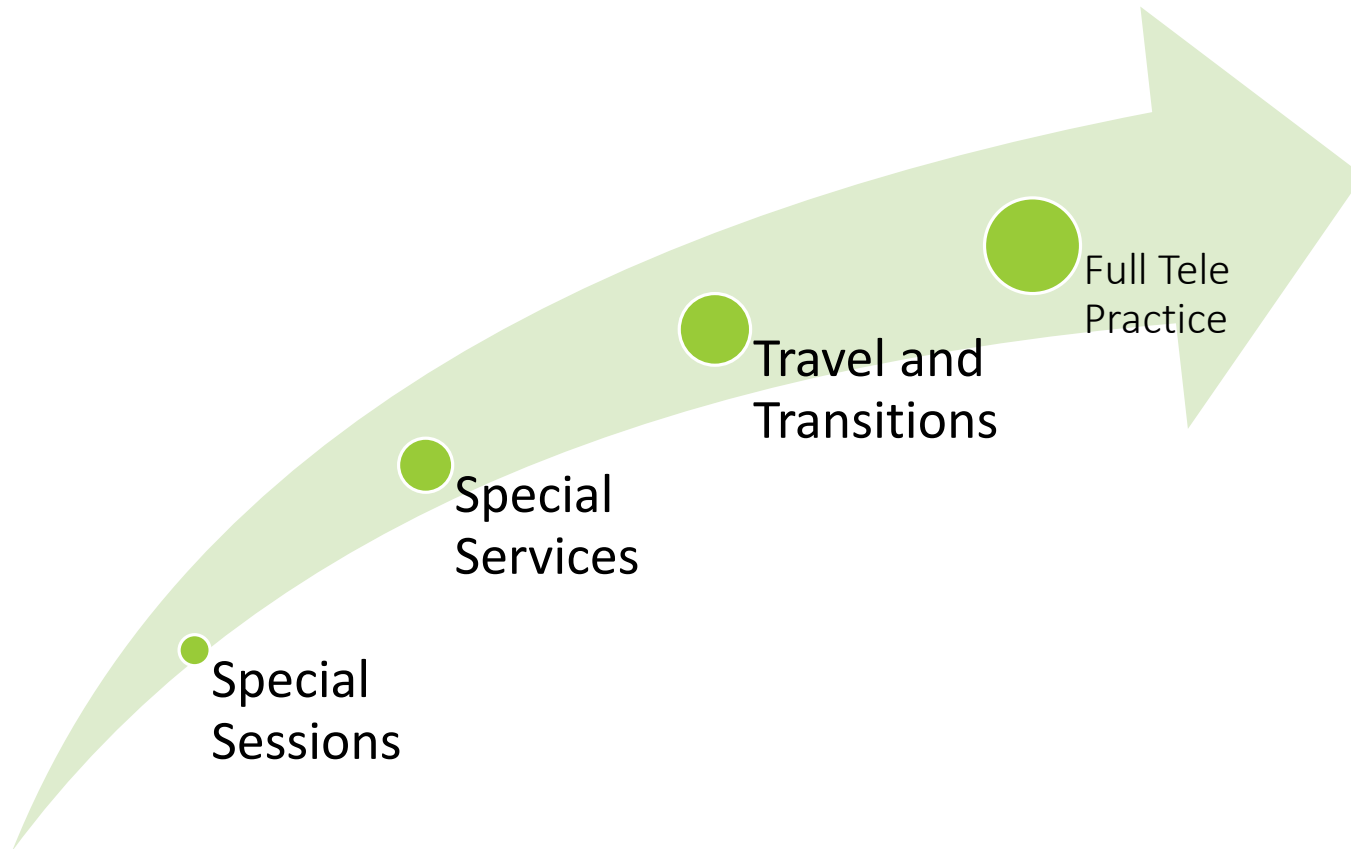
Community-based Short-term Treatment

- Community members return to community institution to receive short-term care

Ongoing Treatment

- Community member transitions to office-based care, continues with community-based telecare, or a combination of both

How much Telemental Health is right for you & your patients?





Getty Im

Special Sessions

Emergency Sessions

Extra Sessions

Make-up Sessions

Shifting Sessions

Special Services & Boutique Practices



Psychoanalysis

Intakes & Options
Counseling

Follow-ups

Collaterals

Skills coaching

In vivo treatment



Travel and Transitions

Bicoastal

Away at school

House upstate

Fire Island

APA convention

Snow Birds

Full Telepractice

No geographic barriers to access

Able to service multiple facilities, regions, deployment settings

Able to provide patient-based access to care

The patient location drives the service rather than the doctor's location

Potential mobility for the doctor

Unprecedented ability to integrate specialty consults



Case Study: Supportive Televisiting Services

Building Resilience & Reducing the Trauma of Separation

Collaborators & Supporters

The New York Society for Ethical Culture

The Social Service Board

Be the Evidence Project & Fordham University

The Jericho Taskforce

Cisco Systems

New York Yankees

Tipping Point for Telemedicine

Within 5 years more clinical sessions will
be conducted via telehealth
(2014 ATA citation)

Telepsychiatry (TP) has been in use for more than 40 years. A recent article in the *American Journal of Psychiatry* found telemedicine-based depression treatment can yield better outcomes than care with locally available staff (Fortney et al., 2013).

Given the demonstrated effectiveness and acceptability among patients, providing a comprehensive training program to DB psychiatrists will position our members on the leading edge of technological advances in the field.

Mobile Apps

THE PSYCHOLOGIST IN YOUR POCKET

Mobile Apps for Mental Health

Mood Management

Cognitive Remediation

Trauma Treatment

Health Tracking

Exercise

Suicide Prevention

Child Care

Army Family Readiness Groups

Telemental Health Apps



<http://t2health.dcoe.mil/products/mobile-apps>



T2 Dream EZ



Dream EZ, is based on a nightmare treatment called imagery rehearsal therapy (IRT). -Dr. David Cooper, a psychologist, T2 mobile apps lead

A dream log with a rating function – to track the intensity of dreams

Sleep tools such as muscle relaxation and diaphragmatic breathing exercises to help the user reduce feelings of stress and anxiety, and promote better sleep

Reminders prompt users to practice the new version of the dream before going to sleep, and to log the previous night's dream after they awake

A summary section that users can share with their health care provider to show how they've been doing between appointments.

Training Resources

Supportive Televisiting Services

- Social Service Board
- BPGNY
- NY Chapter APA
- AHMHA

Northeast Region TeleHealth Center

TeleMental Health Institute

- Marlene M. Maheu, Ph.D.
- Monthly webinars, single topics, full certification \$1,500
- <http://www.telementalhealthinstitute.com/>

Online Therapy Institute

- DeeAnna Nagel, LPC, DCC & Kate Anthony, DPsych, FBACP
- Monthly Open Office Hours in SecondLife
- Online Workshop Modules
- Certificate Programme \$1,500
- <http://www.onlinetherapyinstitute.com>

Zur Institute

- <http://www.zurinstitute.com/telehealthresources.html>

Dr. Frank J. Corigliano
www.DrCorigliano.com

Questions & Notes

