TeleMental Health for Latinos: Expanding Access through Technology

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Presentation Overview

- Why TeleMental Health for Latinos at LCDP
- Fears, Barriers, Limitations and How We Overcame Them
- Program Preparation and Implementation: The Importance of Research, Planning, Building Protocols, and Training
- Technical, Clinical, and Administrative Implications
- Cultural Considerations for Implementation with the Latino Community/ Ethical Considerations for Social Workers Using Telehealth
- Program Evaluation and Outcomes
- The Future of Telemental Health
ABOUT LA CLINICA

- La Clinica del Pueblo is a federally qualified health center (FQHC) located in the District of Columbia.

- La Clinica was founded in 1983 by Salvadoran refugees and US health advocates to serve thousands of refugees arriving to local area in early 80s.

- Seventy-five (75%) of La Clinical’s patients are Central American immigrants from El Salvador, Honduras, and Guatemala.

- Our client base continues to be made up primarily of Central American families experiencing separation/reunification; exposure to violence; and lack of access to care due to immigration status.

- Services in 2013: 3000+ patients received 22,000+ medical, mental health, substance use, social, health education, and support services. 8000+ Limited English Proficient persons received 13,000+ interpretation services.
Scope of Mental Health Services

- Mental Health Services in the form of Individual, Group, Crisis and Family Interventions
- Psychiatric evaluation & Medication Management
- Behavioral Health Integration services in Primary care
- Substance Use Services
- High School Mental Health Based Program
- Community Awareness (Media, Workshops, Presentations in the Community)
Why TeleMental at La Clinica

- Latinos account for 11.1% of the population in the District of Columbia (1) yet there is a critical lack of culturally and linguistically appropriate social and mental health services available. The low socioeconomic status of the majority of La Clinica's target population results in significant health disparities. (US. Census Bureau 2013).

- Compared to the general population, Latinos are more likely to be poor and less likely to have health coverage (“Demographic Profile of Hispanics” 2011). Latinos are one of the highest uninsured populations in the District of Columbia, at 15% (“Demographic Profile of Hispanics” 2011).

- Despite years of searching, La Clínica has been able to identify only a handful of culturally competent psychiatrists in the DC metro area.

- Research pointed us to telemental health as an intervention to address significant barriers in mental health (Richardson, Frueh, Grubaugh, Egede, & Elhai, 2009).
Fears, Barriers and Assumptions

**Myth**
Our community is not computer literate nor have access to internet or technology.

**Fact**
There have been great strides in closing the digital divide. Our community is already highly connected. They are using technology to communicate with family ie Skype, WhatsApp, Tango (Lopez, Gonzalez-Barrera, & Patten, 2013).

**Fear**
If we go into the homes of clients, how do we control issues of privacy and confidentiality.
Fears, Barriers and Assumptions

**Assumption**
Our patients value personal connectedness and rely heavily on nonverbal interactions. They need physical proximity to build rapport and feel cared for.

**Assumption**
Older providers and staff will not buy into this modality.

**Fear**
Telehealth is not HIPPA secure.

**Fear**
Providers can not adequately address client crisis with this modality.
What is TeleMental Health?

“The use of electronic information and telecommunications technologies to support distance clinical health care, patient and professional health-related education, public health, and health administration,“ (Mid-Atlantic Telehealth Resource Center, n.d.).

- Video Conferencing (synchronous)
- Store and Forward (asynchronous)
- Remote Patient Monitoring
- eHealth
- ECHO
- etc.

At least 43 terms to describe telemental health services such as: telepsychology, telepsychiatry, telebehavioral health, video therapy, online therapy, distance counseling, video conferencing, etc.

Three main services: text (email or text) video and avatar (use of digital character that usually represents a real person)
TeleHealth and Its History

Brief History of Telehealth (Faris, 2013, “Early History, para 2.)

- Roots date back to 1906.
- First incarnation of Dr. Willem, inventor of EKG, devised way to transmit this data over telephone lines
- 1920 popular science magazine foretold “radio doctor” modern telehealth is traced to 1955.
- Remote clinic in Nebraska established a closed circuit TV connection with a hospital 100 miles away.
- By 2000, videoconferencing between medical facilities common in rural areas.
Why is Healthcare Levering Telehealth?

- Reduce the cost of care for the client and for the health care system
  - Less use of ER
  - Decreased hospitalization for chronic illness

- Improve access
  - Reduces provider scarcity
  - Overcomes time and distance

- Improved health outcomes
- Higher client participation in care
- Reduces stigma
# Program Preparation & Implementation

## RESEARCH
- Literature Reviews from American Telehealth Association, Veteran Affairs, University of Virginia, MATRC Technical Assistance
- Standards and criteria set by regulating bodies such as Medicaid, Medicare, state legislation, BOM, ASWB etc.
- Local, regional, and national resources: What organizations around you are already doing this?
- IT professionals for technology recommendations
- Consultants (legal, technical)

## PLANNING
- Building a Program Workplan
  - What are your goals and objectives?
  - Create a logic model
- Staff and Space
  - Take an inventory of what you have and what you need
- Building a program budget
  - Personnel, consultants, equipment, space, tools, platform etc.
- Pick a platform
  - Cloud based vs. software
  - Is it HIPAA secure?
- Building protocols and work flows
Program Preparation & Implementation

IMPLEMENTATION

● Funding
  ● There are lots of opportunities for this
  ● Don’t rely solely on grants

● Practice
  ● Doesn’t make perfect, but helps a lot

● Training
  ● Training/certification institutes
  ● CEUs
  ● Conferences
  ● Webinars
  ● Literature

● Take the Leap
  ● Be flexible
TeleHealth Resource Centers by Region

Images Credit: American Telemedicine Association Jan 2016
LCDP TeleHealth Initiative Program: Two Arm Program

**TELEPSYCHIATRY**
- Site to site model
- Psychiatrist is the distant site
- LCDP is the originating site
- At this time, offering telepsychiatry only to LCDP medical clients

**TELEMENTAL HEALTH**
- Site to site model (or hub and spoke model)
- LCDP is the distant site
- Partner organizations are the originating sites
  - Maryland Multicultural Youth Center
  - Next Step
  - Empoderate

Distant site (provider location)

Originating site (patient location)
TeleMental Health Space

LCDP Main Site in D.C.

Empoderate Site in D.C.

MMYC Site in D.C.

LA CLÍNICA DEL PUEBLO
Program Evaluation Methodology

Our Research Questions:

- To what extent has the TMHI been implemented as planned?
  - To what extent did TMHI meet recruitment and services delivery objectives?
  - What are the characteristics of clients served by the TMHI?

- To what extent is the TMH modality *appropriate* for providing mental health services to the target population?
  - To what extent are TMHI clients satisfied with the TMH modality for mental health service provision?
  - To what extent are the TMHI clients comfortable with TMH as a mode of mental health service provision?
  - To what extent do TMHI clients identify benefits of the TMH modality?
  - To what extent are TMH providers satisfied with the TMHI modality?
  - To what extent are TMH partner sites satisfied with TMH modality?

- To what extent is the TMH an *effective* modality for mental health service provision for the treatment population?
  - To what extent have TMHI clients’ clinical outcomes improved with treatment?
  - Is there a significant difference between the clinical outcomes of TMHI clients compared to the comparison group clients?
Program Evaluation Methodology

Data Collection:
- Electronic Medical Record data
- Pre-post-satisfaction surveys
- Focus group
- In-depth interviews
- Clinical tool score
  - PHQ-9
  - GAD-7
  - SCARED
  - PROMIS

Statistical Methods:
- Treatment vs. control group
- Univariate, bivariate, and multivariate analysis
Program Evaluation Limitations

Performing an evaluation in a clinic setting is bound to confront several limitations.

- Electronic Medical record is the main source of Data
- Conflict between provider needs and data needs
- Difficult to accurately and consistently collect data
- Lack of a control group for both arms of the program
- Difficult to fully measure all the potential costs and benefits of the program
- Some outcomes are difficult to measure
- Budget Limitations
- Capacity Limitations
Technical, Administrative, Clinical Implications from Therapist’s Perspective

TMH Benefits and Barriers, TeleHealth Institute:

- **Enables** reaching more clients but opens the way to extra danger.
- **Restricts** one's "field of view" and creates room for error
- **Focuses** attention on a discourse, but can also bring distractions
- **Distorts** meaning but this can actually clarify a message
- **Enhances** precision, pins things down...or interferes with attempts to clarify
- **Extends** the range of communication modes and can get through to more
Technical, Administrative, Clinical Implications from Therapist’s Perspective

Technical

● Some important aspects that impact delivery: video resolution, sound camera angle, monitor size, lighting.

● Get familiar with technology/platform features.

● Most common areas of client dissatisfaction associated with technical difficulties that interrupted sessions (Luxton, Pruitt, & Osenback, 2014).

● What’s your back up plan if technology fails?

● Practice. In addition to trainings, conduct dry runs about different types of scenarios you may encounter.
  ● Dealing with crisis

● Patients are more comfortable at receiving telemental health services than clinicians at providing it (Glueck, 2013, p 30).
Technical, Administrative, Clinical Implications from Therapist’s Perspective

**Clinical**

- Is every client a good fit for TMH? The initial screening. Creating a criteria for selecting clients.

  “Patients with certain "habit" problems such as chemical abuse or eating disorders may be hard to assess at a distance, what with restrictions on the kind of data that can be picked-up via text chat, telephone calls or videoconferencing and what with the common tendency to deny and minimize associated with such conditions.”-TeleHealth Institute.

- Getting clients onboard.

**The first session**

- Informed consent.
  - Discuss benefits, barriers and limitations
- Allow some time to orient client to technology and modality.
- Allow time for additional “casual chat”.
- Address fears and misconceptions.
- Authentication
Technical, Administrative, Clinical Implications from Therapist’s Perspective

Clinical/Technical

- Assessment. Dealing with the limitations of obtaining essential nonverbal information.
  - Lighting in room, high bandwidth, screen size, camera angle may impact ability to obtain nonverbal information/our ability to assess (Luxton, et al., 2014).
  - American Telemedicine Association recommends 384 bandwidth and minimum of 640 x 360 resolution at 30 frames per second.
  - Making use of tech features, zooming in and out.
  - Ask additional questions for clients to self-report symptoms.
  - Collateral interviewers.

- Pay attention to impact of technology on specific clinical challenges and address them
  - impact/meaning of ending the session (turning off platform) while client is still in the room.
Technical, Administrative, Clinical Implications from Therapist’s Perspective

**Clinical Presentation Skills (TeleMental Health Etiquette and TelePresence)**

- Use of self.
  - Consider upper body language, posture, tone of voice, how movements may impact what client sees.
    - i.e. Water drinking
    - Eye contact

- What does your environment look like? Would it be distracting to client?

- Can client see you well and vise versa?
Technical, Administrative, Clinical Implications from Therapist’s Perspective

**Clinical**

- **Rapport building**
  “The spontaneous, conscious feeling of harmonious responsiveness that promotes the development of a constructive therapeutic alliance,” (Sadock, Sadock, Ruiz & Kaplan, 2009).

- Key element of establishing rapport is the ability to respond to the emotions of another person.

- “Empathic communication involves ability to perceive accurately and sensitively the inner feelings of client,” (Hepworth, Rooney, Rooney, & Strom-Gottfried, 2010, p 95).

**Client A.** Previous experience with in-person therapy. Upon initial assessment, client noted he wanted to have “regular therapy.” Upon crisis, when client showed up to distant site client requested to speak to TMH therapist despite an in person therapist being available at the time of crisis. Upon opportunity to switch to in person therapy, client stayed in TMH.

- **Nonverbal communication.** How it can differ in TMH.
  - Eye contact
  - What silence could mean in a Telemental session.
Client’s Response To Treatment

Clinical

Most studies have not found major differences in the therapeutic alliance when comparing services provided over video in comparison to in person (Glueck, 2013, p 30). Most studies have focused on patients ratings.

Client B.
Recent immigrant arrival. Client presented with depression and anxiety symptoms. During initial session, PHQ9 indicated a score of 18 and GAD7 a score of 9. By eight session, PHQ9 indicated a score of 5 and GAD7 a score of 7. In addition to TMH, smartphone apps for relaxation, and mindfulness used to complement therapy.

Client C.
Diagnosis: Major Depressive Disorder, Recurrent, Severe. During initial assessment, PHQ9 indicated a score 24. A safety plan was created due to client’s disclosure of suicidal ideation and past attempt. Upon re-assessment at 6th session, client showed decrease of symptoms with a PHQ9 score of 7. By 11th session, when client had to move, his PHQ9 score was 3.

Client D.
Upon first session, PROMIS score was 54 (score t of 70.4, which indicates severe depression) and SCARE score was evaluation which indicated a total score of 49, a total score of 25 may indicate presence of anxiety. Seven sessions later, PROMIS score was 41 (t-score 61.8 signaling moderate depression) and SCARE indicated an overall score of 37,
Client’s Response To Treatment – From Post Test

Data from 18 surveys

<table>
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<tr>
<th>Question</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>I was Comfortable Being Alone In the Room</td>
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<td></td>
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<tr>
<td>strongly agree</td>
<td>9</td>
<td>50.0</td>
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<tr>
<td>agree</td>
<td>8</td>
<td>44.4</td>
</tr>
<tr>
<td>disagree</td>
<td>1</td>
<td>5.6</td>
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<tr>
<td>Total</td>
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<td>100.0</td>
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<tr>
<td>Clearly See Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>strongly agree</td>
<td>9</td>
<td>50.0</td>
</tr>
<tr>
<td>agree</td>
<td>9</td>
<td>50.0</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>100.0</td>
</tr>
<tr>
<td>I Felt Emotionally Supported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>strongly agree</td>
<td>9</td>
<td>50.0</td>
</tr>
<tr>
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<td>5.6</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>100.0</td>
</tr>
<tr>
<td>Therapist was Focused on Me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>strongly agree</td>
<td>9</td>
<td>50.0</td>
</tr>
<tr>
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</table>

Some major factors contributing to client's satisfaction and rapport building: focus of therapist on client, client’s perception of being emotionally supported, feeling safe and secure being alone in counseling room while therapist comes through video.
Results from Post Survey
Partial correlation analysis unwrapped a significant number of relationships between the variables included in the survey which also provide guidelines on factors to take into account in TeleMental health sessions: (in the following 'r' stands for correlation coefficient which is strength of correlation and ‘p’ stands for level of significance)

1. When the appointment occurred on time patients tended to confide in therapist and were able to speak more freely (r=.471; p=.06)
2. When patients saw the therapist clearly they tended to also hear clearly (r=.730; p=.001)
3. When patients saw the therapist clearly they were also more comfortable using the computer (r=.713; p=.0001)
4. When patients saw the therapist clearly they thought that they received adequate information (r=.778; p=.0001)
5. When patients saw the therapist clearly they also felt more emotionally supported (r=.577; p=.02)
6. When patients heard the therapist clearly they were comfortable being alone in the room (r=.582; p=.01)
7. When patients heard the therapist clearly they also felt that they received adequate information (r=.600; p=.01)
8. When the patients heard the therapist clearly they also felt that the therapist was focused on them (r=.600; p=.01)
9. When the patients heard the therapist clearly they felt comfortable confiding in and speaking freely with the therapist (r=.488, p=.05)
10. When the patients were comfortable using the computer they also were comfortable confiding in and openly speak with the therapist (r=.746, p=.001)
11. When the patients were comfortable using the computer they were also comfortable being alone in the room (r=.643, p=.005)
12. When the patients were comfortable with using the computer they also felt they received adequate information (r=.671, p=.003)
13. When the patients were comfortable using the computer they felt emotionally supported (r=.720, p=.001)
14. When the patients were comfortable using the computer they also felt they received adequate information (r=.713, p=.001)
15. When the patients felt emotionally supported they were comfortable being alone in the room (r=.678, p=.003)
16. When the patients felt emotionally supported they felt that they received adequate information (r=.577, p=.02)
17. When patients felt they could confide in and speak freely with the therapist they felt they received adequate information (r=.475, p=.05)
18. When the patients felt that they could confide in and freely speak with the therapist they saw that the therapist was focused on them (r=.640, p=.01)
Preliminary conclusion, since TelementalHealth therapy involves patients not being in the same room as the therapist, it is critical that appointments start on time, patients see, and hear the therapist clearly in the room, they know that the therapist is focused on them, they feel that they have received adequate information, that they are emotionally supported, they also feel comfortable using the computer and confide in and speak freely with the therapist.
Technical, Administrative, Clinical Implications from Therapist’s Perspective

**Administrative**
- Consider budgeting extra time to prepare for sessions.

  **Dealing with extra tasks**
  - Sending platform invitation to partner site
  - Sending worksheets prior to session or documents, etc.
  - Coordinating sessions
    - In addition to coordinating with client, coordination with partner site over space
  - Consider HIPPA when exchanging information.
    - Platform encryption
  - Release of information/Consent form.
  - Secure site for sharing confidential information, password enabled documents
"We have found the TeleMental Health program to be of great value and benefit to those youth who have participated in it. This program has allowed us to address the urgent need to offer more accessible, affordable and culturally competent mental health services to youth in the area. We observe that participants feel comfortable coming in to a safe space to have their counseling sessions and we look forward to continue implementing this model. We are grateful for our partnership with La Clinica del Pueblo, especially in these times of uncertainty when support services for immigrant families are needed much more than ever."

Angela Gonzalez, Host Homes Program Manager, Maryland Multicultural Youth Centers
Other Considerations for TMH Providers

Telemental Health Etiquette

- Neutral colors clothing, avoid shiny jewelry or anything that may present as distracting (Belez et. al., 2009)
- Close window blinds to avoid glare
- Mute audio and/or video until client arrives
- Develop rapport with partner organizations
- Therapist Mindset
  - Flexibility
  - Creativity
- Observe, follow intuition, explore and take action
- Consult--supervision, other TMH providers, literature, clients, standards
Cultural Considerations for Implementation with Latino Community

- Digital immigrants vs digital natives
  - Consider client’s exposure to technology

- Immigration Status. Clients who have undocumented status may be wary of video due to fear of being recorded and “found out”.

- Age group considerations when planning sessions. For example, Interaction with teens over telemental health may differ from interaction via in person therapy.

- Consider whether client may be good fit for therapy
Ethical Consideration for Social Workers

NASW has created guidelines on use of technology: *Standards for Technology in and Social Work Practice* and currently adopting changes to new version

Standards of clinical practice include those that concern:
- The manner in which professional practice is conducted and
- The quality of care delivered

- Competency: population, technology and local regulations where client is from.

- Services delivered via video should approximate in person traditional services.

- Are telemental health services advancing me/organization or client?

- Clients need to fully understand the risks of receiving services through online technologies.

- Client denies TMH, our obligation to still serve or refer client.
  - Client choice
The Future of TeleHealth

- Behavioral Health Integration
  - Substance Use
  - Comprehensive health teams

- Direct-to-Client Care
  - Home
  - Schools
  - Community Centers
  - Work

- Leveraging telehealth in other communities
  - Immigrant population
  - Urban and non-rural populations

- Emerging research
  - Across populations, ages, and diagnosis

- New Technologies

- Training Curriculums for Different Professions

Resources

American Telemedicine Association
www.americantelemed.org

Telemental Health Institute
Certificate Training Approved by ASWB
www.telehealth.org

Telemental Health Guide
www.tmhguide.org

Telemental Health Professional Training Series
Credentialing Program
www.startelehealth.org

Telehealth Resource Center
www.telehealthresourcecenter.org

Mid-Atlantic Telehealth Resource Center
www.matrc.org
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