

Client selection, intake, and  
assessment in Telemental  
Health

Sara Smucker Barnwell, PhD  
Tuesday, May 26, 2020

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Telehealth Learning Series: Tuesdays, 5-7 PM

May 12: Introduction to Telemental Health  
May 19: Preparing your office for Telemental Health  
**May 26: Client selection, intake, and assessment in Telemental Health**  
June 2: Clinical engagement in Telemental Health  
June 9: Emergencies, disruptions and pitfalls in Telemental Health  
June 16: Risk Management in Telemental Health

Register @ NWATTC website

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Your presenter

Sara Smucker Barnwell, PhD  
Licensed clinical psychologist in WA  
VA Telemental Health Team  
APA Telepsychology Guidelines  
CESATE fellow  
Unapologetic telehealth evangelist

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Learning objectives

- Client selection
- Intakes, assessment
- Building your practice

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Class structure

- Didactic lecture
- Live Q &A at section breaks
- Video demonstrations
- Submitted questions [nwattctelehealth@gmail.com](mailto:nwattctelehealth@gmail.com)
- Live Q & A

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Disclaimers

- During a technology presentation, technology will fail
- Offer best practice recommendations based on clinical work, literature review and regulatory experience
- Identifying personal best practices and guidance in developing area

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### Disclaimers

- Always review state regulations
- Consult with your own legal counsel
- Consult with your risk management coverage
- I do not provide legal advice nor clinical advice

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### Conflicts



Provides telehealth training



Known telehealth evangelist

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### Agenda: Preparing your office

- Client selection
  - Inclusion, exclusion
- Intakes, assessments, termination
  - Special populations (neuropsychology, forensic, youth)
- Building your TMH practice
  - Advertising, staff
  - The role of physical space

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The balance

- Brief review
- Deep dives
- Your questions answered
- On demand prior classes



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You look familiar...

Is this your first class?  
Please respond in chat window

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Definitions and examples  
(Abbreviated)

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### Operational definitions

#### Telemental Health (TMH):

The provision of any mental health service using telecommunication technologies

...videoconferencing

Access is at the heart of this mission

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### HIPAA

#### Health Information Portability and Accountability Act (HIPAA):

Federal law (*Pub.L. 104-191, 100 Stat. 1936, enacted August 21, 1996*) that aims to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs

- HIPAA Privacy Rule
- HIPAA Security Rule

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### Protected Health Information (PHI)/ ePHI

- Names
- Full-face photographic images
- Geographical subdivisions smaller than state
- All dates (birth, death, discharge)
- Phone/ fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account Numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device/ serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol(IP) address
- Biometric identifiers, including finger and voice prints
- Any other unique ID numbers, code, or characteristic

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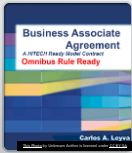
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### Business Associates Agreement (BAA)



Contract between HIPAA covered entity and HIPAA Business Associate (BA) that is used to protect personal health information (PHI) in accordance with HIPAA guidelines.

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### Novel Coronavirus/ COVID-19

- Current public health crisis
- Social distancing and "stay home" orders
- Telepractice as a tool to protect public health
- Some providers now mandated to telehealth

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### Client selection

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### Client selection criteria

Research suggests equivalence of in-person and many remote treatments and high satisfaction  
Observe usual standards of care/ APA ethics code  
Technology is not a clinical specialty though it requires competence

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### Cultivating clients

Assess why remote service v. in-person  
This assessment is evolving  
Little empirical/few legal reasons to exclude specific clients; question of risk management  
Assessing service appropriateness is ongoing

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### Your practice

What population do you serve  
What services do you offer  
What practice do you want

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Client characteristics

- Client vision and hearing
- Preference for modality
- Practical adaptability



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Client characteristics

- Health status/ status of loved ones
- Jurisdictional requirements/ rules
- Care access (e.g., distance, medical, financial)

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Client clinical characteristics

- Diagnosis
  - Avoidance, Delusions regarding technology, others
- Treatment history
- Stability

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### Client SUD history

- SUD considerations (UAs, reporting)
- Transportation concerns
- Medication assisted treatment for opioids
  - DHHS/OCR announcements also apply
  - Special considerations for controlled substances

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### Client characteristics

- Client care environment (e.g., office, home)
- Insurance/ reimbursement
- Privacy/ stigma

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### Client technical capabilities

- Technical ability
- Teaching
- Age, gender, education, experience < good explanation



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**Client technical capabilities**

Does the client possess technical resources

- Computer/ mobile device access
- Adequate internet speed
- Hardware/software
- Mobile device, phone

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**Not the perfect client**



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**Emergency probability**

Clients receiving interactive remote care have emergency plan

Consider what you will do in case of medical or psychiatric emergency (e.g., local hospital, wellness check, others).

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### Emergency probability

- Problems that do not meet mandated reporting threshold but cause concern
- Availability of support person
- Where will patient discharge if no longer appropriate

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### Remember your clinical considerations



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### Assessment

**Emergency Considerations**

1. What is the patient's condition?  
 2. Is the patient's condition stable or unstable?  
 3. What are the patient's vital signs?  
 4. What are the patient's symptoms?  
 5. What are the patient's risk factors?  
 6. What are the patient's social history?  
 7. What are the patient's family history?  
 8. What are the patient's current medications?  
 9. What are the patient's allergies?  
 10. What are the patient's previous medical history?  
 11. What are the patient's current laboratory tests?  
 12. What are the patient's current imaging studies?

**Other Considerations**

1. What is the patient's level of consciousness?  
 2. What is the patient's orientation?  
 3. What is the patient's speech?  
 4. What is the patient's motor function?  
 5. What is the patient's sensory function?

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Take away

- Convenience is neither a solely determining nor deterring factor
- Not every client is appropriate
- No codified exclusion criteria

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Take away

- Know your jurisdictional rules regarding COVID-19
- Decisions made using research and risk management
- As with in-person practice, you are not obligated to provide service, but once begun you are obligated to refer for continued care

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Vignette: Dr. Evil

- Client seeks services for alcohol use disorder
- Active use, comorbid Panic Disorder
- Avoidance of social circumstances
- Moderate suicidal ideation without active plan or intent
- History of self harm

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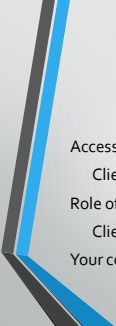
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Considerations

- Accessibility of other treatment options
- Client health, willingness for in person care, referral availability
- Role of exposure
- Client willingness to pursue safe exposure
- Your comfort with remote emergency management

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Live Q & A

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Intakes, assessments,  
termination

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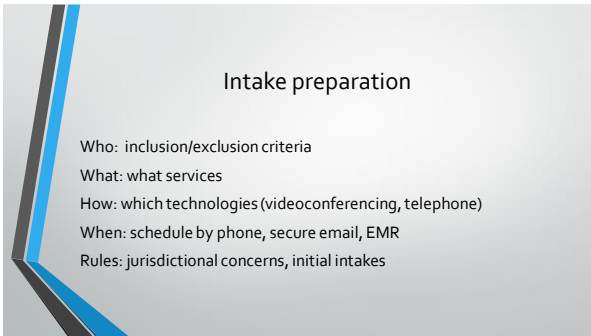
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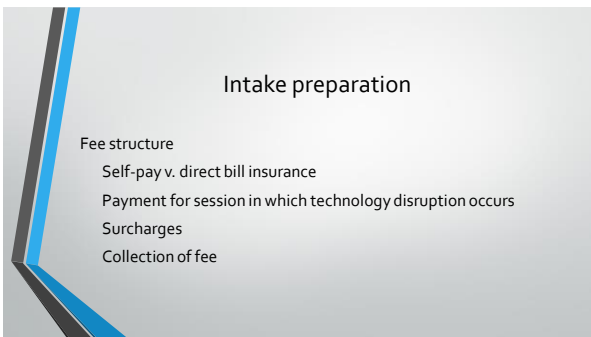
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**Intake preparation**

- Your space: austere background, adequate lighting, soundproof
- Consider use of headphones
- Home office v. professional office
  - Privacy
  - PHI
  - Smart speakers

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**Intake preparation**

- Intake documentation
  - Telehealth informed consent, emergency plan, questionnaires, payment, ROI
  - Simple documents; verbal consent

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**Intake preparation**

- Secure document exchange
  - Mail, fax, downloads from your website
  - Secure email programs, secure FTP, EMR

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### Intake preparation

- Communicate expectations
- Video call mechanics/ embed this in reminders
- Boundaries
- Interruptions, help
- For clients new to modality, 5 minute "test" check in

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### Initiating the intake

- Confirm client can hear/see you
- Confirm location and setting security
- Silence devices, windows, notifications

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### Initiating the intake



REVIEW RISKS AND BENEFITS



REVIEW EMERGENCY PLAN



ANSWER ANY REMAINING NON-CLINICAL QUESTIONS

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Conducting the intake



Advance information      Engage with usual skills      Ask questions

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Conducting the intake



Consider structured clinical interview  
SCID-V      Pace may differ

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Assessment measures



Collect in advance      Verbally review      Screen sharing

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Behavioral observations

-  Eye contact, facial expression  
May not offer same information
-  Looking away v. distractions in home environment
-  Body posture and movements (gait, psychomotor agitation)

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Behavioral observations

-  VOICE VOLUME/  
VOCALIZATIONS
-  OLFACTORY DATA
-  LOSS AND GAIN

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**Intake conclusion**

- Engagement/ how to meet their needs
- Additional intake session is indicated
- Discuss future homework/ information transfer

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**Intake conclusion**

- Usual concluding statements
- If appropriate, propose an engagement (a number of sessions, treatment plan)
- If accepted, schedule the next appointment/ invite client to schedule online
- Review options or possible referral out/ where will referrals go
- Answer patient's questions

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**Assessment**

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### Remote assessment

- Norm availability
- Licensing, permissions
- Consultation

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### Remote assessment

- Observed administration
- Impacts of remote assessment on self report
- Potential secondary gain issues

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### Online psychometric assessment

- Many more tests now online
- Remote MMPI administration
- Batteries constructed for remote administration
- Observations/ psychometricians

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Consider



IS REFERRING QUESTION STILL THE SAME      CAN THE TEST BE ADAPTED      ARE NORMS AVAILABLE

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Consider



LICENSING      ABBREVIATE      CAN IT WAIT

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Special populations

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### Forensics

-  COURT AVAILABILITY IN YOUR JURISDICTION
-  WILL ADAPTATION WITHSTAND EXAMINATION
-  SECONDARY GAIN
-  GOING INTO JAIL

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### Youth

- Zoom fatigue
- Relevance of referring questions for IEP
- Consider abbreviated sessions
- Consider increased parental involvement where appropriate

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### Neuropsychological

- Permissions, licensing
- Necessity of physical exam
- Feedback sessions
- Watch the marketplace
- Interorganizational practice committee

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Vignette: Dr. Impossible

- Forensic assessment case
- Parental fitness
- Quarantine configuration
- Academic impacts

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Considerations

- Courts open/ closed
- Stability of living situation
- Withstand attorney's review
- Current school configuration
- Is delay appropriate

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Termination

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Termination and referral



Termination occurs for diverse reasons      Referral resources      Know your telehealth community

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Termination and referral

Termination due to modality  
What is clinically advisable  
Role of avoidance v. preference  
Your recommendations

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Vignette: Dr. Venture

Client treated for comorbid benzodiazepine use and anxiety disorder  
Does not like modality  
Frustrated

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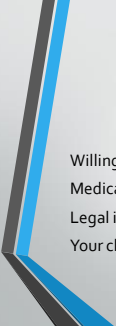
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### Considerations

- Willingness/availability of referral
- Medical safety
- Legal involvement
- Your clinical judgement

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### Live Q & A

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### Building your TMH practice

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### Building a TMH practice

- Role of physical space
- Referrals
- Documentation
- Training and consultation

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### Advertising

Practice website

National registries

Additional ads

Relationships in community you wish to serve

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### Outreach

- Primary care
- Specialty clinics
- SUD, medication assisted opioid care
- Community organizations
- Consider offering free psychoeducation to membership

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**Physical space**

- Office space
- Emergency management, assessment
- Jurisdictional requirements



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**Technology investment**

- Products designed for healthcare
- Videoconferencing, telephone
- Document transfer (email, fax, secure message)
- EMR

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**Administrative staff**

- Integrating administrative staff into use of TMH
- Coordinate 1 treatment "room" for patient
- Administrative login to EMR/ videoconferencing product

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Administrative staff



- What do we want them to accomplish
- Measure collection
- Confirm privacy, visibility
- Review risks/benefits

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Coronavirus considerations

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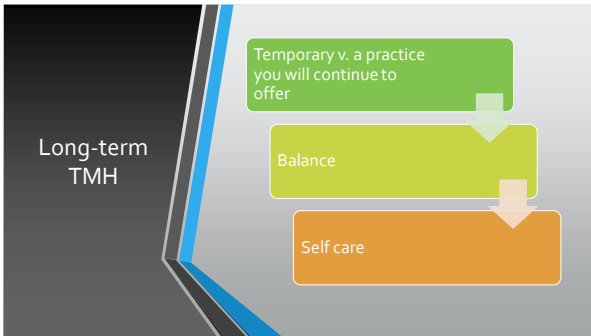
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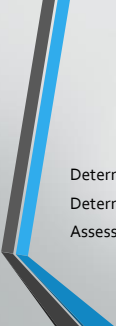
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### Client selection

- Determine and document your inclusion/exclusion criteria
- Determine what services you want to offer who
- Assessment is ongoing

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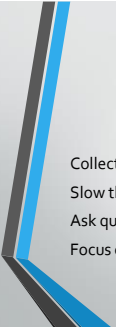
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### Intakes

- Collect information beforehand
- Slow the pace
- Ask question, structured interviewing
- Focus on rapport

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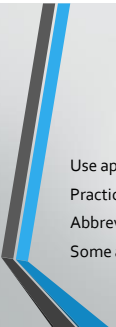
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### Assessment, special populations

- Use appropriate online assessment when possible
- Practical considerations
- Abbreviated batteries
- Some assessments will be delayed

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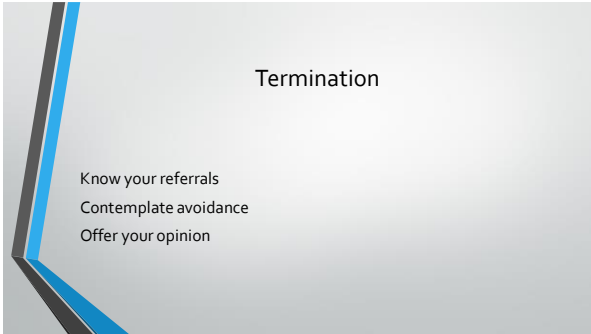
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Termination

- Know your referrals
- Contemplate avoidance
- Offer your opinion

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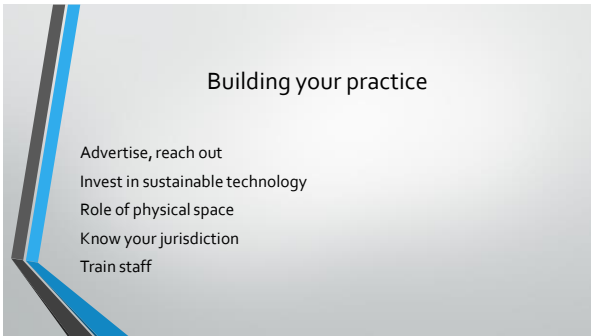
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Building your practice

- Advertise, reach out
- Invest in sustainable technology
- Role of physical space
- Know your jurisdiction
- Train staff

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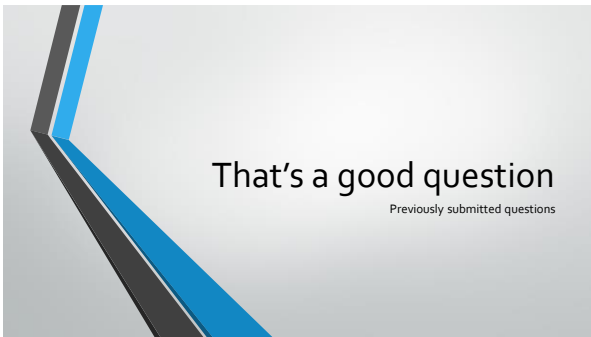
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That's a good question

Previously submitted questions

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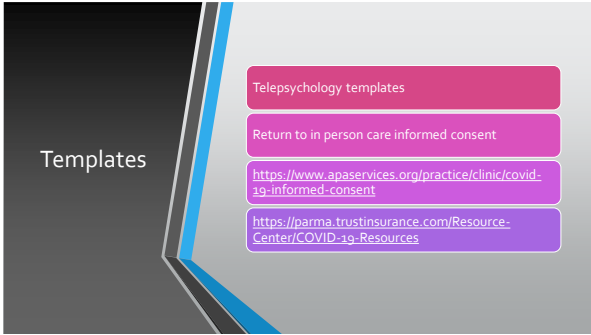
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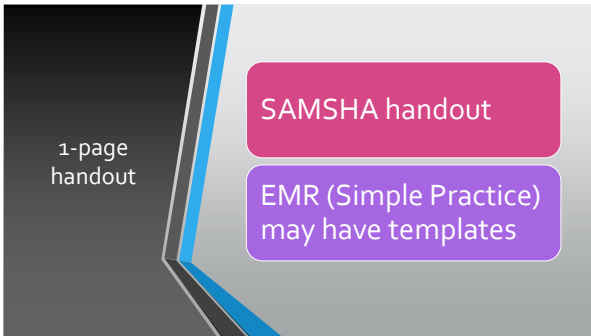
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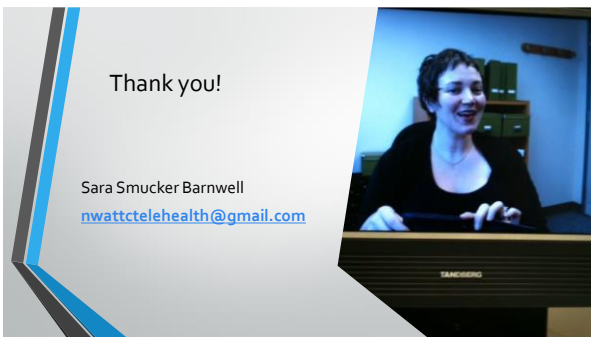
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