

TELE-BEHAVIORAL HEALTH IN THE TIME OF COVID-19

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- **Last revision: April 1, 2020**

DISCLAIMER

- The information in this PowerPoint is intended to be a part of an interactive course
- The information contained in this material can change as we learn more about the brain and the ways it is impacted by the environment, trauma, medications, substances of misuse, and other things
- Always follow the guidelines of your agency, ethical and legal standards of your certifying Board, evidence-based practice methods; local, state and Federal laws as well as your judgement and commonsense when working with clients

QUESTIONS?

If you have any questions during the presentation, please use the Q & A option. I may not be able to answer all questions during the presentation, but I (or one of my teammates) will respond to you following the presentation.

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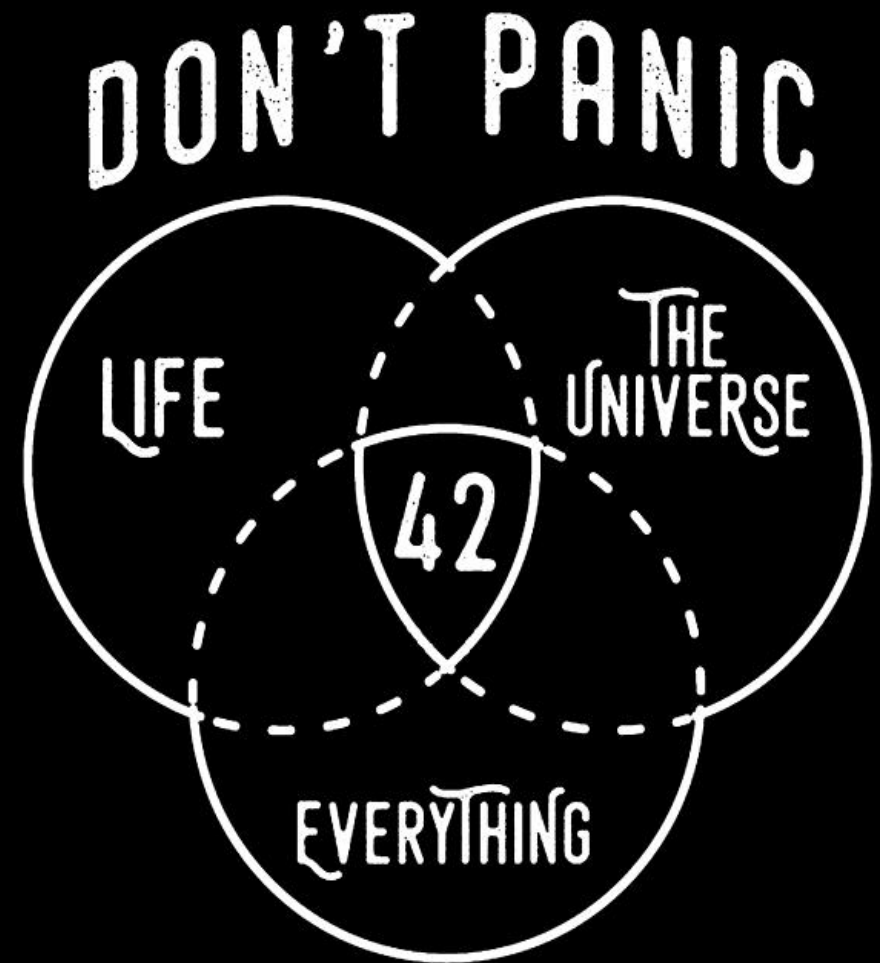
I. INTRODUCTION

Take a deep breath

“Don’t Panic”

AND

“Unprecedented”



FEAR & ANXIETY (APA, DSM-5)

- We have to acknowledge that this current situation has all of us, practitioners and our clients, on edge
- **Fear** = Emotional response to a real or perceived threat
- **Anxiety** = Response/Anticipation of future threat
- I anticipate that talking about the COVID-19 situation will take some (or most) of the time in your discussions with your clients, and I personally think this is appropriate
- At the same time, it is imperative that we as care providers remain self-aware of our own fear and anxiety and that we take care of ourselves before, during and after our interactions with clients

5 MINUTE SELF-CARE

@ STACIESWIFT

WRITE DOWN
3 NICE THINGS
ABOUT YOURSELF

STEP OUTSIDE
FOR SOME FRESH
AIR

DRINK
SOME
WATER

DO A SHORT
MINDFULNESS
BREATHING
EXERCISE

BOOK THE
APPOINTMENT
YOU'VE BEEN
PUTTING OFF

LISTEN
TO A SONG
THAT MAKES
YOU
SMILE

FIND A
VIDEO OF
CUTE
ANIMALS
ONLINE

II. USING TELE-BEHAVIORAL HEALTH

FIRST THINGS FIRST...

The Virginia Department of Medical Assistance Services has made it clear that no additional burdens will be placed on providers for utilizing tele-behavioral health during this state of emergency

If you have questions, **do not hesitate** to contact:

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TELE-BEHAVIORAL HEALTH

- We first need to admit that most of us do not enjoy “connecting” with clients this way; “I didn’t go to school for this!”
- We also need to acknowledge (and DMAS is aware) that not all clients have ready access to the technology to participate in tele-behavioral health and so we have to improvise
 - Therefore practitioners and clients are using phones, Skype and FaceTime to conduct sessions
- Clinicians do not have to use HIPAA-compliant video conferencing technology and Health & Human Services will waive any penalties for HIPAA violations related to the platform used during this emergency - <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

TELE-BEHAVIORAL HEALTH

- Before engaging in tele-behavioral health, it is important that you understand the licensing requirements for your state AND your client should they live in another state
- It is also important that you make sure that your malpractice insurance covers tele-behavioral health (most do) AND that the client's health insurance provider also covers tele-behavioral health services
 - DMAS is allowing telehealth and telephonic communication for CMHRS, ARTS, outpatient, inpatient services to minimize the spread of COVID-19
- In light of the COVID-19 public health emergency, many states have loosened the requirements for tele-health; please see the DMAS March 19 Memo and DMAS March 27 Memo

INFORMED CONSENT TO TREATMENT

- Informed consent should be obtained in prior to the start of tele-mental health and that verbal consent should be documented
 - Make reasonable attempts to get these physically signed within 45 after the end of the state of emergency
- I recommend that the clinician review all aspects of the Consent to Treatment form with the client prior to the start of treatment to ensure that the client understands what is expected in treatment and the limits of what the clinician can and cannot disclose without the client's permission
- The National Association of Social Workers has developed an example of a Tele-mental Health Informed Consent you can find at:
<https://www.socialworkers.org/LinkClick.aspx?fileticket=fN67-dWQReM%3d&portalid=0>

INFORMED CONSENT TO TREATMENT

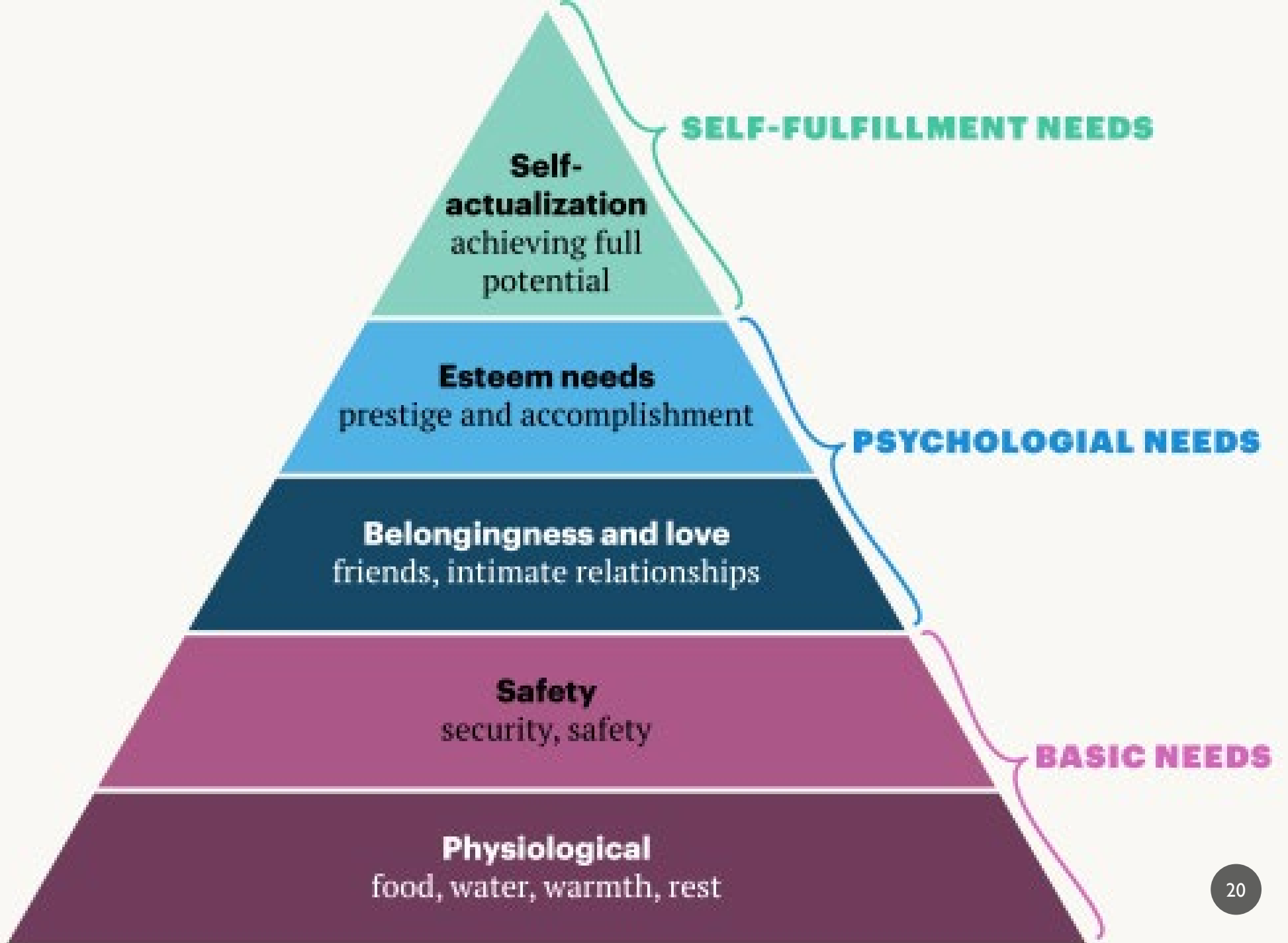
- I recommend you develop your own **Consent form**, based on the NASW material, or something similar
- In addition to ensuring that the client is **Knowledgeable** about the treatment process and is **Competent** to understand the risks associated with treatment, a Tele-Behavioral Health Consent must also address:
 - Risks associated with tele-behavioral health
 - Exceptions to confidentiality
 - How to handle technical issues (also a good place to address issues like muting yourself when on a group call unless you're talking)
 - Service interruption
 - Emergency situations (medical, behavioral health or otherwise)

Platform Name	Meets HIPAA Standards	Free/Paid	Individual/Group
<p>https://doxy.me/ Pricing: https://doxy.me/pricing</p>	Yes	Free Version & Paid	Individual; Group (paid version only)
<p>https://zoom.us/ Pricing: https://zoom.us/pricing</p> <p>Support: https://zoom.us/docs/en-us/covid19.html</p>	Yes	Free Version & Paid	Both
<p>Regroupconnect.com Clinician Resource: https://www.regrouptelehealth.com/for-clinicians/</p> <p>Pricing: https://www.regrouptelehealth.com/telepsychiatry-solutions/</p>	Yes	Prices Vary	Both
<p>https://www.securevideo.com/ Pricing: https://www.securevideo.com/#compareplan</p>	Yes	14 day free trial & \$50/user/month	Both
<p>https://vsee.com/ Pricing: https://vsee.com/pricing/</p>	Yes	Basic - Paid (\$49/mo.)	Both

Platform Name	Meets HIPAA Standards	Free/Paid	Individual/Group
<p>Clocktree = https://www.clocktree.com/ Pricing: https://www.clocktree.com/pricing?utm_session=66246430</p>	Yes	\$29/mo., \$59/mo., & \$89/mo. plans	Individual (\$89/mo. plan allows up to four participants)
<p>Spruce - https://www.sprucehealth.com/ Pricing: https://www.sprucehealth.com/plans/plans.html#pricing-chat-now</p>	Yes	One user: \$24/mo. Multiple users: \$49/mo.	Both
<p>Bluestream https://www.bluestreamhealth.com/ https://www.bluestreamhealth.com/rapid-response/</p>	Yes	Rapid Response - Free	Individual

III. INITIAL AREAS TO FOCUS ON WITH TELE- BEHAVIORAL HEALTH

START BY CHECKING IN ON THE BASICS



PHYSIOLOGICAL NEEDS

- Does your client have:
 - Food
 - Shelter
 - Medication and medical services
 - Employment or financial assistance
 - The ability to self-quarantine if sick or exposed
- If not, how can you help your client access services?
- It is imperative that you stay up-to-date on services available in the areas where your clients live

SAFETY NEEDS

- How safe does your client feel at home?
- Remember the potential for increased risk of inter-partner violence, especially in areas (or specific homes) under quarantine—know the resources available in your client’s community
- Also remember to screen for depression and potential suicidal ideation
- Is your client able to practice “social distancing” while also remaining safe?

NEXT, ADDRESS RECOVERY/TREATMENT NEEDS

RECOVERY/TREATMENT NEEDS

- We must remember that many of our clients with SUD fall into higher-risks groups for COVID-19 due to co-occurring medical issues and/or compromised immune systems
- Many people with SUD now find themselves with fewer supports than before the onset of COVID-19
- Some people on MAT are still being required to go to their clinics for medication, on a daily basis, even if this means decreasing social distancing from others (and clinics are advised to follow guidance to allow for fewer visits)
- Since many people with SUD also deal with co-morbid mental health issues, we have to help them attend to these areas as well

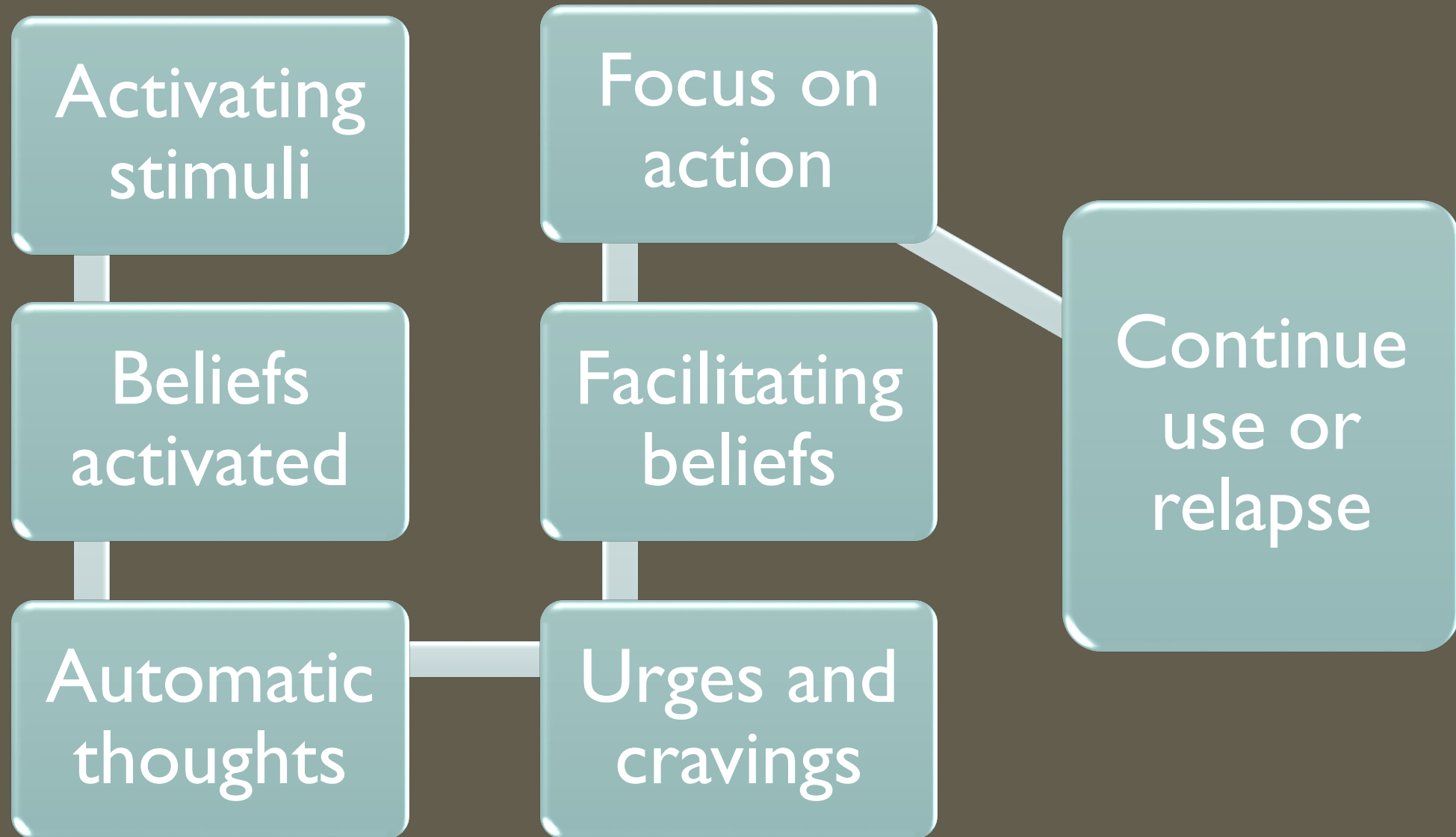
RECOVERY/TREATMENT NEEDS

- I would not use this time to “dig deep” into a client’s issues, SUD or otherwise
- I would instead focus on encouraging our clients to:
 - Create structure in their lives
 - Adhere to medical directions, including the use of psychiatric medications and MAT
 - Maintain contact with supportive peers, Certified Peer Recovery Support Specialists, their counselors, 12-step and other peer-support groups (even in a virtual setting)
 - Being graceful toward themselves if they make a mistake, and this includes lapses and relapses
- Understand some of the basic aspects of SUD

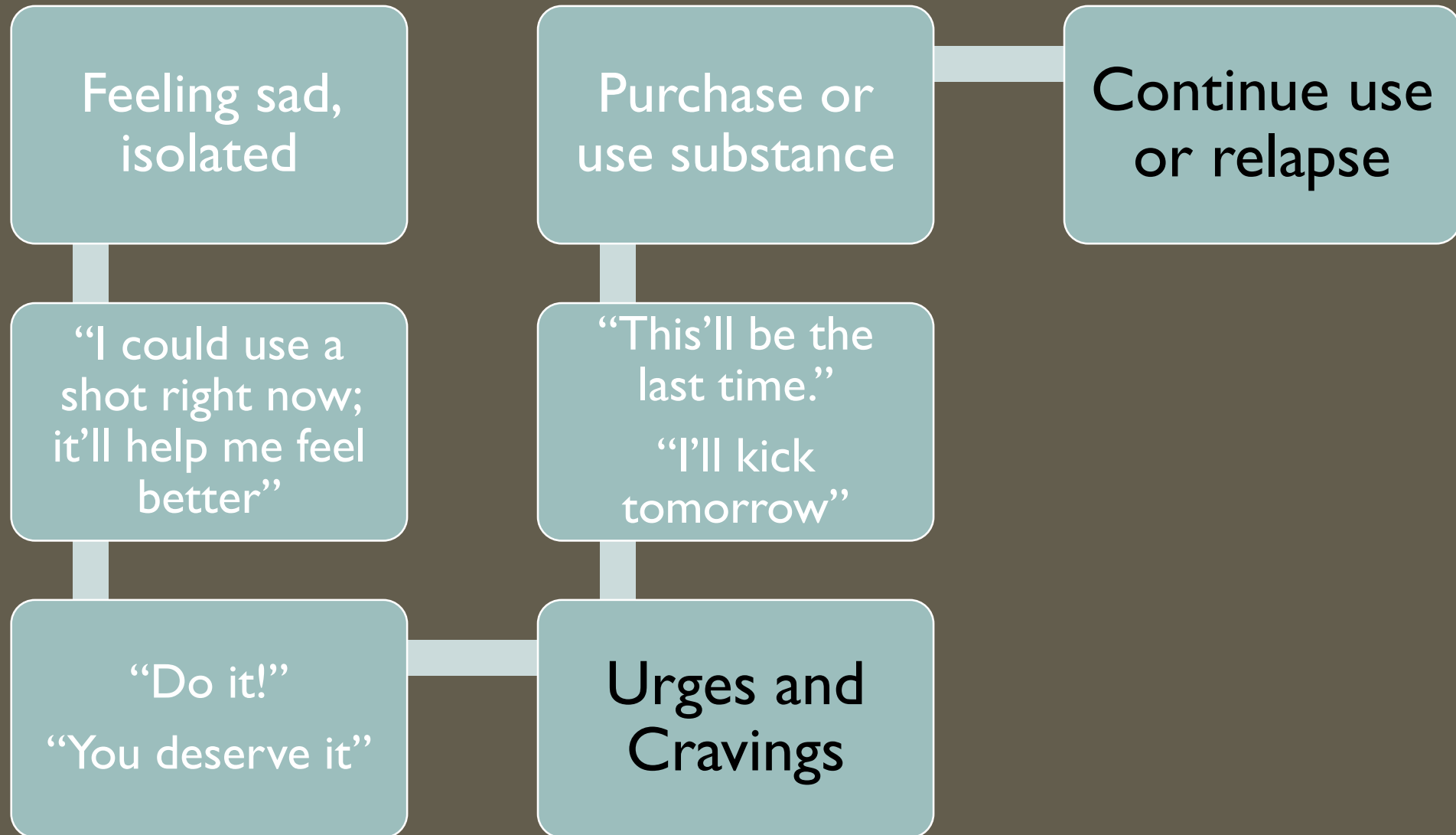
SUD TREATMENT APPROACHES

- I believe that Cognitive Behavioral Treatment approaches are better suited in a tele-behavioral health approach given that they are more concrete
- This is especially helpful when working with people with SUD by:
 - Examining triggers to use
 - Helping to plan to decrease amount or frequency of use
 - Engaging in alternative/safer behaviors
 - Changing the thinking patterns behind SUD or related problems

COGNITIVE MODEL OF SUBSTANCE ABUSE (BECK, ET AL.)



AN EXAMPLE OF THE COGNITIVE MODEL



STEPS IN COGNITIVE THERAPY

- Help your client identify their automatic thoughts
 - “What am I thinking right now?”
- Help them recognize that these automatic thoughts are not completely valid
 - “Is what I am thinking true?”
- This helps the client to move toward seeing themselves more realistically
 - This also allows them to see situations differently
- Use some of the tools used in counseling
 - Reminder cards/statements: “When I feel _____, I will _____ instead of _____.”
 - When this happens, they will hopefully have less need to use substances
- Therapy will also focus on developing new habits to replace the older ones (substance use)
 - “What could you do differently?”

BREAKING DOWN THE EXAMPLE

- Feelings (Activating Stimuli)
 - Self-awareness/self-talk: “I am vulnerable when I am angry, sad, lonely, depressed, scared, etc.”
- Thoughts of using (Beliefs)
 - Use a decisional balance (see next slide): Drink/no drinking; Use/no use
- Find ways to recognize and challenge automatic thoughts
- See cravings and urges as temporary
 - Wait five minutes before doing anything else
- Challenge facilitating beliefs
 - What are some ways to distract yourself or do something different?
- Carry out the plan to do something different
 - Listen to music, call your sponsor

DECISION BALANCE

Make the Change

Don't Change

PROS

CONS

OTHER WAYS TO PRACTICE SELF-CARE

- Exercise: Get outside if you can, especially as the weather is getting nice
 - Avoid congregating with a lot of people (practice your social distancing—but you can still walk, talk and visit with others from a distance)
- Prayer/Meditation/Yoga
- Artistic expression/music
- Consider volunteering if safe and appropriate
- Journaling
- Being a part of a spiritual/peer support community: Checking things out virtually now can have some advantages

TREATMENT AS REALISTIC HOPE

UPCOMING BEHAVIORAL HEALTH SUD TRAINING

SUPPORT 101 Classes:

- SUD Overview (Biopsychosocial-spiritual aspects of SUD; Basic neurobiology of addiction)
- Substances of Misuse (Opioids, alcohol, stimulants, cannabinoids, CNS depressants; includes intoxication and withdrawal symptoms)
- SUD Treatment Basics
- Start up your OBOT
- Screening & Assessment
- **Suicide Assessment, Screening and Intervention**
- **Crisis & De-escalation Techniques**

UPCOMING BEHAVIORAL HEALTH SUD TRAINING

SUPPORT 201 Classes:

- SUD, MAT and Providing Trauma-informed care (for all clinic [including support] staff)
- **Client engagement (Motivational interviewing & Case Management/Care Coordination)**
- Group therapy skills (basic)
- Individual therapy skills (psychodynamic approaches, CBT)
- Co-occurring Disorders
- Drug Testing & Privacy Laws

EVEN MORE RESOURCES YOU CAN USE NOW

https://www.abctcentral.org/eStore/index.cfm?mz=110&prid=260&s_category_id=8

Beck Institute

<https://beckinstitute.org/treating-substance-misuse-disorders-cbt/>

Some CBT oriented apps for patients

<https://www.health.com/condition/infectious-diseases/coronavirus/virtual-therapy-mental-health-apps>

Headspace is offering free memberships for healthcare professionals for meditation and mindfulness help

<https://www.headspace.com/covid-19>

Good Lancet article on effects of Quarantine:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)

QUESTIONS?

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