

## **The Webinar will begin promptly at 12pm**

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

## **Follow-up questions?**

### **Contact**



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# DEEPENING THERAPEUTIC ENGAGEMENT IN THE VIRTUAL SPACE

## **PRESENTED BY:**

**Suzanne Daub, LCSW**

**Caitlin Thomas-Henkel, MSW**

**November 16, 2021**

**12:00pm – 1:00pm EST**

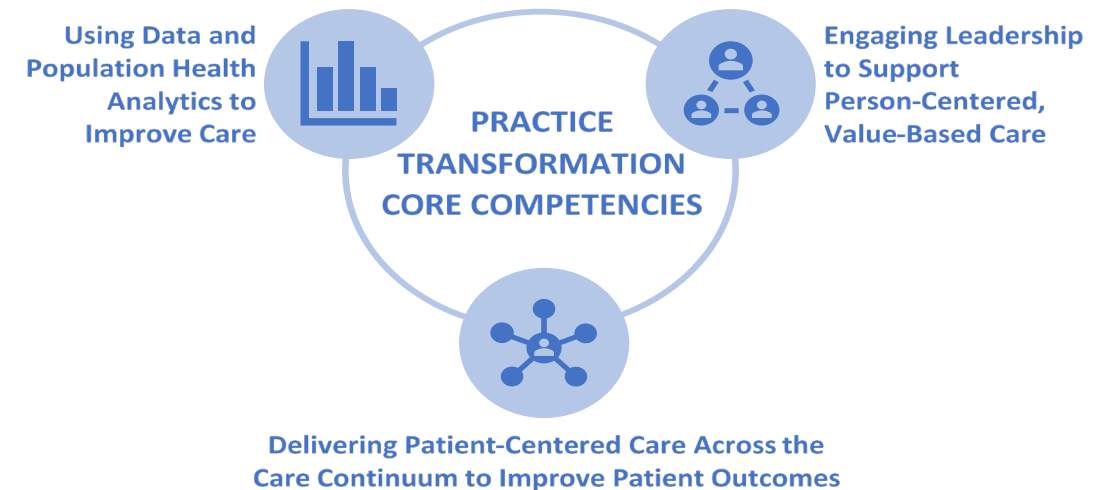
The Integrated Care Technical Assistance Program (ICTA) is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

# WHAT IS INTEGRATED CARE DC?



- >> Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- >> Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



# PRESENTERS



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# DISCLOSURES



Faculty	Nature of Commercial Interest
Suzanne Daub, LCSW	Suzanne discloses that she/he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients
Caitlin Thomas-Henkel, MSW	Caitlin discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Elizabeth Wolff, MD, MPA CME Reviewer	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

## Deepening Therapeutic Engagement in the Virtual Space

- » Welcome and Program Announcements
- » Telehealth, the opportunity and evidence
- » Preparation as an essential element to telehealth
- » Strategies to increase and deepen engagement
- » Closing Remarks/Q&A



# OBJECTIVES

1. Become familiar with the research evidence about using telehealth in behavioral health
2. Know how to fully prepare for a telebehavioral health visit
3. Be able to identify key strategies for preparing for and responding to clinical and technological challenges when providing telehealth
4. Be able to articulate telebehavioral health engagement strategies



Image permitted by DC Department of Health Care Finance

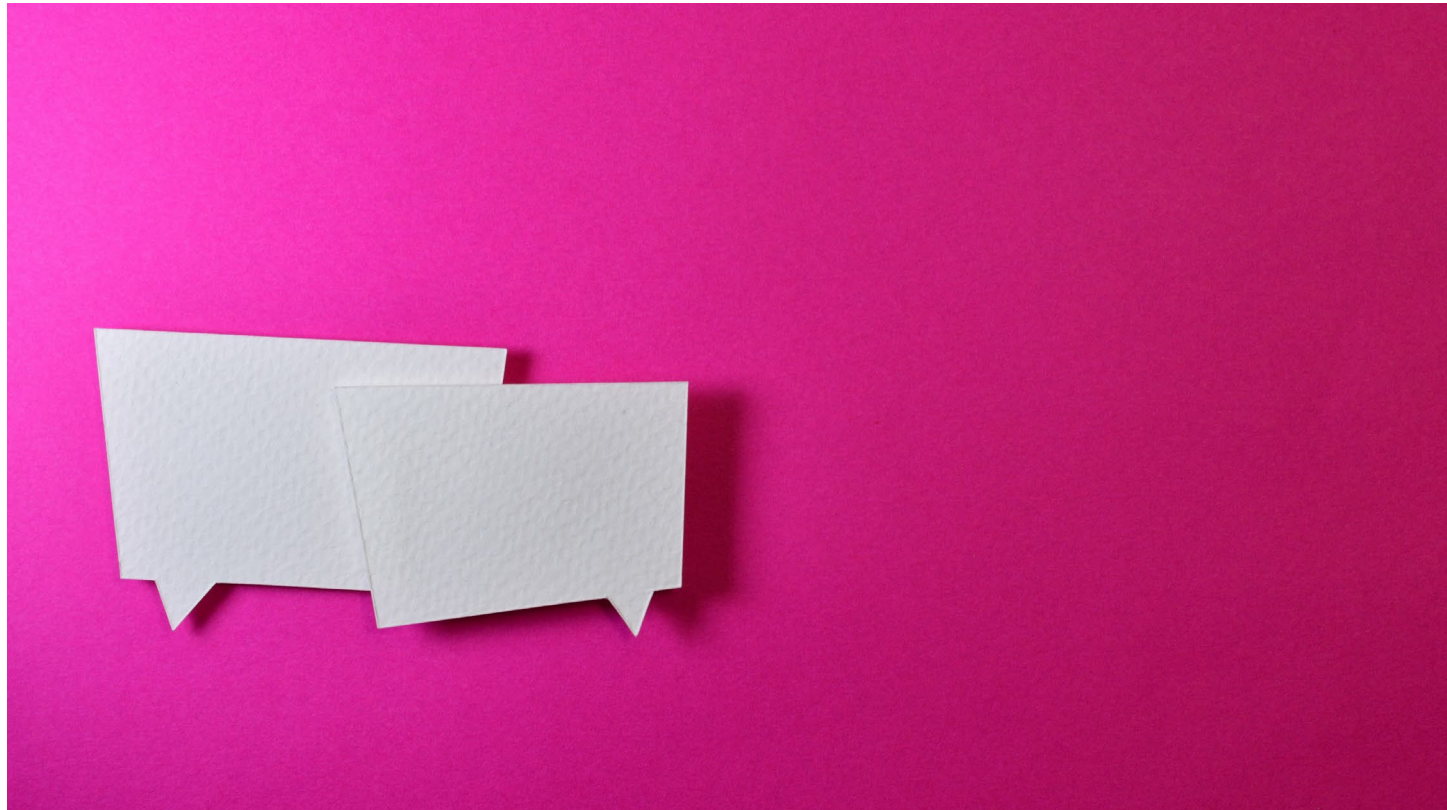


- More than 50% of Americans will be diagnosed with a mental health disorder such as anxiety or depression during their lifetime
- Approximately 21 million Americans have a substance use disorder
- Population-based surveys suggest one in six US children aged two to eight years has a mental, behavioral, or developmental disorder

- Centers for Disease Control and Prevention
- SAMHSA: Key substance use and mental health indicators in the United States: results from the 2015 national survey on drug use and health
- McCord, Kaminski, (2019)

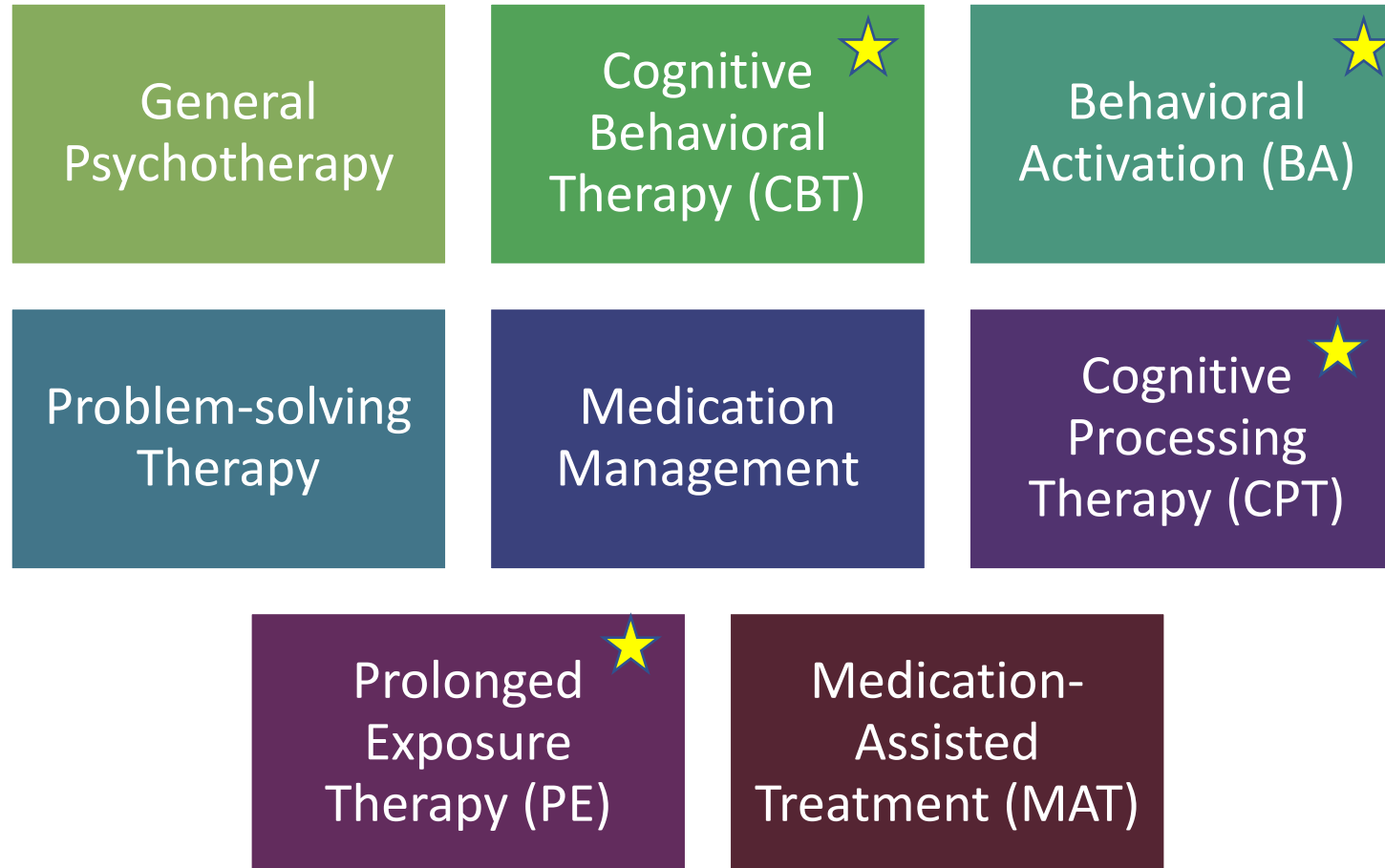
- » National shortages of psychiatric, nonpsychiatric and SUD treatment providers
- » Access to treatment gap is particularly evident among vulnerable populations
  - Racial and ethnic minorities
  - Limited access to multi-lingual or multi-culturally specific providers
  - Children and adolescents
  - Rural communities
  - Individuals with special health care needs
- » Telehealth may have the ability to fill at least some of these gaps in access to care

>> The most unexpected and positive thing about telehealth is...



- As Effective as In-Person Care
- Studies indicate that there are largely no significant differences between telehealth and in-person care for adults with anxiety, depression, substance use disorder, and post-traumatic stress disorder for the following outcomes
  - Symptom improvement
  - Patient satisfaction
  - Quality of life, and
  - Medication and treatment adherence
- Liked increased access, not having to travel long distances, less time in waiting rooms
- As Effective as In-Person Care for Common Behavioral Health Conditions

# EVIDENCE BASED APPROACHES VIA TELEHEALTH



- Lazur, B., Sobolik, L., King, V., Telebehavioral Health: An Effective Alternative to In-Person Care. Millbank Memorial Fund, Issue Brief October 2020
- Substance Abuse and Mental Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders. SAMHSA Publication No. PEP21-06-02-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021.

# WHEN IS TELETHERAPY CONTRAINDICATED?



Individuals may not be good candidates for online care if they are

- Experiencing significant emotional distress
- Actively suicidal, homicidal, or severely emotionally distressed
- Find the technology difficult or frustrating
- Isolated and crave social interaction or feel the need to get out of the house

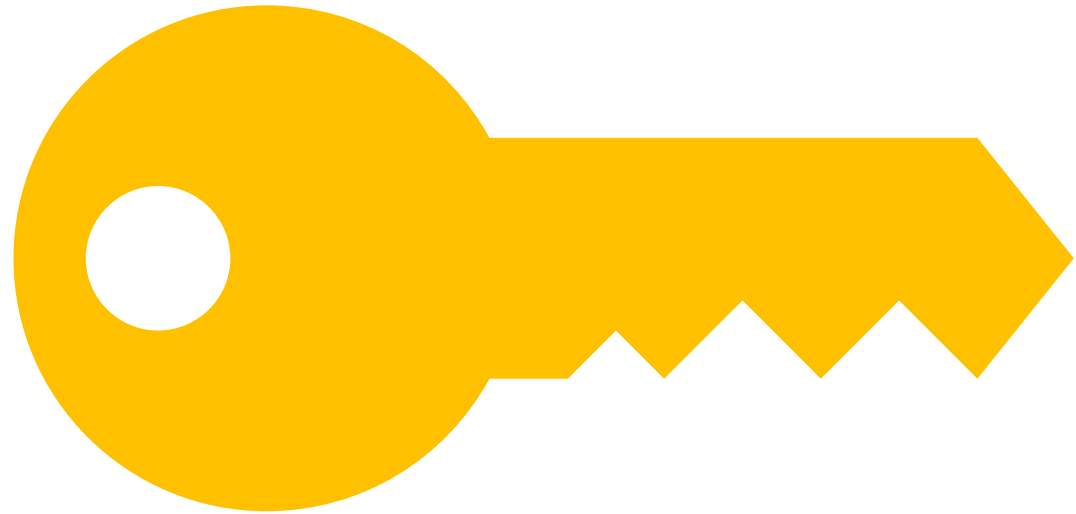
Use of good clinical judgment is imperative

Substance Abuse and Mental Health Services Administration. *Using Technology-Based Therapeutic Tools in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 60. HHS Publication No. (SMA) 15-4924. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015

# TELEBEHAVIORAL HEALTH BEST PRACTICES



PREPARATION  
IS KEY



Telehealth modalities may not be appropriate for all members at all points of their treatment plans

Some treatment and follow-up care requires in-person visits (e.g., urine drug screenings for members on medication for SUD)

Some members may benefit from a hybrid approach

- » Assess for
  - Comfort or willingness to engage with telehealth
  - Access to technology or high-speed Internet
  - Apprehension about using technology or concern about the privacy risks involved
- » Conduct a health technology trial-run
  - Ensure the member knows how to mute the audio and disable video in case they want privacy during disruptions
- » Adopt a “Let’s try it and see if you like it” approach
- » Remind members that they can discontinue telehealth at any time

# SET TELEHEALTH NORMS



The camera angle and quality, screen size, and other factors can limit the ability to read a member's behavior



Ask that the member dress appropriately



Remind members not to multi-task while engaging in the session, such as texting or using the Internet



Empower the member to share if they are having difficulties hearing or engaging with the provider

- >> Where is the person?
- >> Document the reason you are doing telehealth
- >> What is the plan if you get disconnected?
- >> Begin by asking if this is still a good time to talk, if they are comfortable with a remote visit, if they feel they have sufficient privacy

- Develop a plan for how to stay on the phone with the person while arranging emergency rescue
- If risk becomes imminent and cannot be managed remotely or with local supports, arrange for member to go to the nearest ED or call 911
  - Stay on the phone if possible
  - Remember that 911 is a national number and will route you to the authorities closest to where the call originates from, not to the location of the member

<https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/creating-an-emergency-plan/>

<https://sprc.org/system/files/private/event-training/COVID-19TelehealthWebinar.pdf>

# INCREASING ENGAGEMENT DURING TELEHEALTH VISITS



- >> Words account for about 10% of the overall message
- >> Tone of voice accounts for about 40%
- >> Body language accounts for the remaining 50%

# GETTING AND STAYING FOCUSED



Shut down or get  
away from  
distracting  
devices

No multitasking

Listen more  
“richly”, especially  
when using  
telephone only

Tune in with  
intention

Fixed point of  
gaze

- >> Liberal use of Motivational Interviewing basics
- >> Project a little more in terms of gestures
- >> Verbal communication may replace handshakes, handing a tissue box, etc.

>> Comments help convey we are still with the other person, as gives the other a visual picture of us in thought

“I’m just thinking about what you just shared...”

“I want to sit with that, for just a minute. It sounds so important, what you just said”

“I’m happy to be talking to you today”

“I have a big smile on my face right now, hearing you say that”

- >> Check-in to see how the person is experiencing teletherapy
- >> Listen carefully for cues that the person has disengaged
  - One-word answers
  - Long silences
  - Moving around
- >> Restlessness or distraction may indicate anxiety or another emotion – opportunity to prompt
- >> When you ‘hear’ this, it is time to say something
  - I wonder how you are feeling right now in this moment?

>> The adaptations or strategies I have learned today that I have found especially helpful and plan to implement to increase engagement...

- » Telebehavioral health addresses important gaps in access
- » Preparation is essential
- » Lean on clinical basic, we can all do this well!
- » Evidence based approaches can be adapted to telehealth with outcomes similar to face-to-face care
- » Improve engagement through very intentional listening, verbalizing, and leveraging technology



- >> Substance Abuse and Mental Health Services Administration. Using Technology-Based Therapeutic Tools in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 60. HHS Publication No. (SMA) 15-4924. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015
- >> Using Technology-Based Therapeutic Tools in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 60 Part 3: A Review of the Literature
- >> Substance Abuse and Mental Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders. SAMHSA Publication No. PEP21-06-02-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021
- >> APA: Informed consent checklist for telebehavioral health services: <https://www.apa.org/practice/programs/dmhi/research-information/informed-consent-checklist>

# Q&A

## CONTACT US



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- >> Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
  
- >> The webinar recording will be available within a few days at:  
<https://www.integratedcaredc.com/learning/>
  
- >> **Upcoming Webinar:**
  - **Medicare SUD Bundled Payments**, December 8, 12:00pm – 1:00pm EST
  - **TeleMAT Part 1: Showcase of Tele-MAT Grantees: Lessons Learned from the Field**, January 11, 12:00pm – 1:00pm EST
  - **TeleMAT Part 2: Treating Addiction, including MAT via Telehealth. What does your care team need to know?** January 25, 12:00pm – 1:00pm EST
  
- >> For more information about Integrated DC, please visit:  
<https://www.integratedcaredc.com/>