Telehealth Competencies and Remedies for Violations

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Learning Objectives

- Briefly describe the role of telehealth competencies in understanding needed skills, attitudes, and knowledge of relevance to telehealth practice.
- Outline the steps to using the CTiBS Telebehavioral Health Competencies for self-assessment of telehealth practices.
- Refine awareness of boundary issues that may be elevated in or unique to tele-mental health
- Craft impactful board interventions for boundary violations in the context of tele-mental health

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Telebehavioral Health Competencies

- Interprofessional
- Measurable knowledge, attitudes and skills
- Required by most professional associations
- Required by most states
- A mystery to most professionals, regardless of their in-person therapeutic acumen

Coalition for Technology in Behavioral Science (CTiBS.org)

An Interprofessional Framework for Telebehavioral Health Competencies

Self-Assessment Tool for Individuals & Organizations

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CORRECTION

Correction to: An Interprofessional Framework for Telebehavioral Health Competencies

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Introduction

In 2001, the Institute of Medicine (IOM) released a report that highlighted the inadequacies of health care professional training and assessment of ongoing proficiency to enhance patient care and safety (IOM 2001). The IOM's subsequent *Health Professions Education Summit (HPES)* then identified objectives for educational reform for the following health professionals in the United States: nurses, pharmacists, physician assistants, physicians, and allied health professionals, including, for example, psychologists, counselors, and social workers (IOM HPES 2003b). The IOM thereby identified *a set of simple, core competencies that all health clinicians should possess, regardless of their discipline, to meet the needs of the twenty-first-century health care system* (p. 45). These included the ability to:

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Use information technology (IOM 2003a, p. 45)

Since then, educational reforms related to competencies has made significant advances. In fact, the above-mentioned competencies are now often considered a foundation for workforce development. They provide indicators

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This article is being reprinted to show Appendix Table 5 Interprofessional Framework for Telebehavioral Health Competencies which was omitted in the original version.

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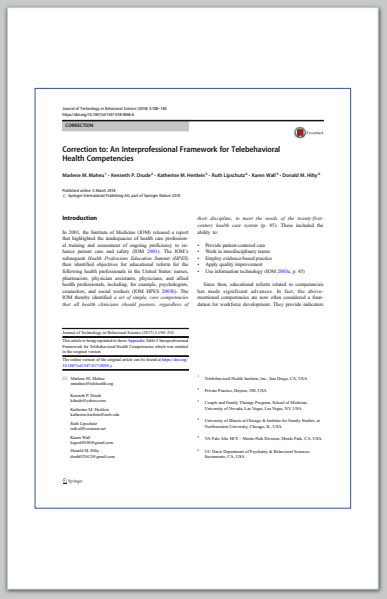


Correction to: An Interprofessional Framework for Telebehavioral Health Competencies

TBH COMPETENCIES
1. CLINICAL EVALUATION & CARE

- Assesses for client/patient appropriateness for TBH services
- Assesses and monitors client/patient comfort with TBH
- Applies/adapts in-person clinical care requirements to TBH & Treatment

CTiBS TBH Three Levels of Competence: Novice, Proficient & Authority

NOVICE	PROFICIENT	AUTHORITY
I.A **SUBDOMAIN -- Assessment and Treatment** I.A.1 Identifies factors related to clients'/patients'[1CEC1] appropriateness for TBH services and considers that some clients/patients may not be appropriate.	I.A. **SUBDOMAIN -- Assessment and Treatment** I.A.1 Systematically assesses and identifies clinical, diagnostic, setting, population and other factors that would preempt, complicate or exclude a technology e.g., prisons may not allow use of Internet; adaptive devices may be needed for special populations. Identifies and resolves conflicting administrative, clinical and other barriers.	I.A. **SUBDOMAIN -- Assessment and Treatment** I.A.1 Develops, researches and disseminates peer-reviewed and when possible, evidence-based procedures to address complex clinical, setting, population and other factors that would otherwise preempt, complicate or exclude TBH service. Investigates conflicting administrative, clinical and other barriers.

TBHI

PROFICIENT

SUBDOMAIN -- Assessment and Treatmen

.A.1 Systematically assesses and identifies clinic diagnostic, setting, population and other factors that would preempt, complicate or exclude a technology e.g., prisons may not allow use of Internet; adaptive devices may be needed for pecial populations. Identifies and resolves nflicting administrative, clinical and other iers.

How to Conduct TBH Competency Self-Assessment

- *Read/think through* the processes needed or each domain, objective & competency (i.e., adapting in-person protocols to telehealth delivery using each modality such as telephone, video, text, apps, Remote Patient Monitoring, etc.)

How to Conduct TBH Competency Self-Assessment
(cont.)

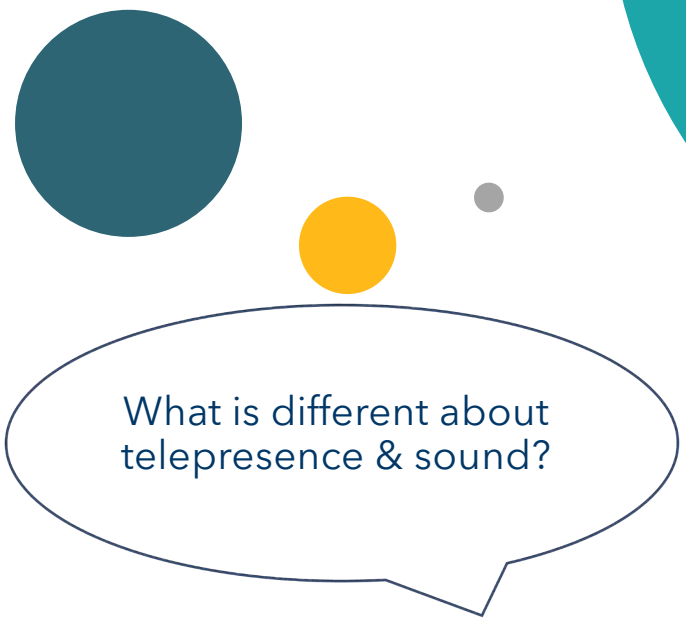
- Case-based learning can inform individual or small group training discussions to develop and implement evidence-based telehealth protocols.

How would you handle informed consent differently when using telehealth?

- What's the same/different?
- What are your options online?
- What does the evidence-base say?
- What is your written plan?

Telehealth Informed Consent Checklist

1. Understands the need for discussion.
2. Clinician makes notes on their version of document if signed document is not in hand.
3. Answers all questions and notes issues addressed and questions answered.
4. Obtains signed/dated copy, which is evidence that the discussion occurred.
5. If working over state lines, what are each state's requirements? Documents adherence to the more stringent of the two sets of regulations.



- What's the same/different?
- What are the complications that can occur online?
- How can you minimize distractions?
- What is your written plan?

How would you assure your own cultural humility and sensitivity?

- What's the same/different online?
- Training & what does the evidence-base say?
- Ask more questions?
- What is your written plan?

Cultural Humility

What about privacy, confidentiality & security?

- What's the same/different online?
- Training & what does the evidence-base say?
- What are your written telehealth policies?

Privacy, Confidentiality, Security

- What is privacy in-person vs online?
- What is confidentiality in-person vs online?
- How are they different, one from the other?
- How are they both different from security issues?
- What is their HIPAA-policies and practices?
- What are their state-based privacy policies and practices?

How is documentation different online?

- What's the same/different online?
- Training & what does the evidence-base say?
- Have your documents been reviewed by informed professionals?

Progress Note

Client Name_____ Date of Birth _____

Session Date_____ Start/Stop Time_____/_____ CPT _____

Diagnosis ☐Same ☐New _____

Medications ☐None ☐No Change ☐Medication Increased ☐Medication Reduc
☐Self-Terminated Medication ☐Went off Medication as Recommended ☐Not Assess
☐New _____

Communication: Other Providers Since Last Session ☐N/A ☐ROI on File
Date _____ PCP _____
Date _____ Other_____
Client Refuses _____

Risk Factors ☐None ☐Suicidal Ideation ☐Suicidal Plan ☐Homicidal Ideation
☐Homicidal Plan ☐Substances ☐Domestic Violence Assessment_____
Description_____
Action Taken on Risk Factor(s)_____

Mood / Affect as Described Between Sessions

☐Angry	☐Expansive	☐Irritable	☐Having Trouble Concentra
☐Anxious	☐Fatigued	☐Labile	☐Expressing Loss of Pleasure
☐Appropriate	☐Flat	☐Manic	☐Expressing Worthlessness
☐Bright	☐Frustrated	☐Sad	☐Worried
☐Constricted	☐Guilty	☐Suspicious	☐WNL
☐Depressed	☐Hopeful	☐Tearful	☐Difficult or Unable to Asses
☐Distressed	☐Hopeless	☐Other _____	

Comment _____

Mood / Affect in Session

☐Angry	☐Expansive	☐Irritable	☐Having Trouble Concentra
☐Anxious	☐Fatigued	☐Labile	☐Expressing Loss of Pleasure
☐Appropriate	☐Flat	☐Manic	☐Expressing Worthlessness
☐Bright	☐Frustrated	☐Sad	☐Worried
☐Constricted	☐Guilty	☐Suspicious	☐WNL
☐Depressed	☐Hopeful	☐Tearful	☐Difficult or Unable to Asses
☐Distressed	☐Hopeless	☐Other _____	

Comment _____

Interpersonal ☐Interactive ☐Guarded ☐Hostile ☐Withdrawn Other_____

Quantitative Measures ☐None Given ☐BDI _____ ☐BAI _____ ☐GAD ____
☐MAST _____ ☐Other _____

Current Symptoms ☐Increased ☐Decreased ☐New ☐Fluctuating ☐No Chan

Telehealth Documentation

- Informed Consent
- Intake
- Risk Assessment
- Progress Note
- Termination Note
- Referral
- HIPAA Notice of Privacy Practices
- Business Associate Agreement(s)
- Course Completion Certificates for telehealth training

An Interprofessional Framework for Telebehavioral Health Competencies

Maheu et al., 2018

Download your FREE copy here:

https://telehealth.org/interprofessional-telebehavioral-health-competencies/

Let's discuss…

Boundary Violations in the Context of Tele-Mental Health

Mr. Boxwood

- Mr. Boxwood is a therapist in his fifth year of practice. Due to the pandemic, he transitioned his caseload from in-person to TMH visits. One client, Ms. Lilac, began dressing in increasingly provocative, scanty clothing for their sessions.

Ms. Fern

- Ms. Fern is an experienced MFT who has recently gone through a divorce. She is working with a separated couple regarding parenting issues with their 15 year-old son. Ms. Fern notices some intriguing books on the mother's bookshelf, which prompts her to engage in text conversations with her about common reading interests. These messages become increasingly personal.

Ms. Azalea

- Ms. Azalea is a mid-career therapist whose spouse contracted COVID from a co-worker. All of Ms. Azalea's family became ill; tragically, her spouse died. After taking two weeks off work, she began seeing TMH clients again. A few of her clients reported to the state SW Board that Ms. Azalea appeared to be wearing a bathrobe during their TMH appointments.

Mr. Ivy

- Mr. Ivy is a 47 year-old therapist who has been treating a college music student for about a year. Due to the pandemic, the student was taking classes from home and their therapy sessions transitioned to TMH. Occasionally the student's mother, who had lost her job, came into view to say hello to Mr. Ivy. Mr. Ivy assisted the mother in finding new work-from-home opportunities. He connected a music producer friend with his client. One evening, while drinking, he texted a sexually explicit photo of himself to his client.

Therapy via Telehealth

TMH is here to stay–for good reasons

- Easier access
- Timely interventions
- Flexible
- Less costly (no transportation/parking, less time off work)
- Public health safety
- Meets increased mental healthcare needs attributed to the pandemic

Therapy via Telehealth

- Even though TMH pre-dated the pandemic, the pandemic (and all its associated upheavals and stressors) is why TMH is so much more common now.
- Examine issues related to TMH itself
- Examine the effect of the pandemic on TMH

Jane Addams (1860-1935)

Founder of social work profession in US
Nobel Peace Prize winner
Founder of major settlement house in Chicago
Model: to live among the people served and bring them social services

Establishing boundaries in therapy

- Formal office setting reinforces asymmetry between therapist and client
- Therapist models professional conduct and language w/ coworkers, staff, other clients
- Physical objects may separate therapist and client
- Privacy, confidentiality

Boundary Issues in TMH

- No formal office setting where therapist models professional conduct
- Therapist and client are in each other's lap(top)s and faces
- No separation by physical objects
- Setting is limited to what the client can see in a small frame
- Asymmetry of professional relationship more difficult to maintain
- Distracting intrusions from children, pets
- More like Jane Addams living among those she served

Boundary Issues Elevated in TMH

- Privacy, confidentiality
  - The most private space for a client may be their bedroom
- More complicated with couples or families
- Increased potential for missing body language
- Flexibility may make early/late/extended appointments more likely
  - Perception of convenience
  - Hours may not be regulated by an employment setting
- Emailing and texting at off-hours

Boundary Issues Unique to TMH

- Therapists and clients may not have clear expectations for what professional boundaries look like in TMH
  - Attire
  - Setting/background
- Therapists may need more self-care (e.g., lack important transition time, processing time)
- "Voyeuristic" intimacy when inside another's home
  - Invasive
  - Threatening

Boundary Issues Unique to TMH

- Isolation—risky for both therapist and client
- Temptations to get too loose and casual about COVID-chat
- Flexibility—more frequent and casual interactions
- Mistaken assumption that geographical distance protects against crossings and violations
  - Can lead to dropping your guard
  - Can lead to compensating by oversharing/self-disclosure

Risks and Prodromes of Boundary Violations

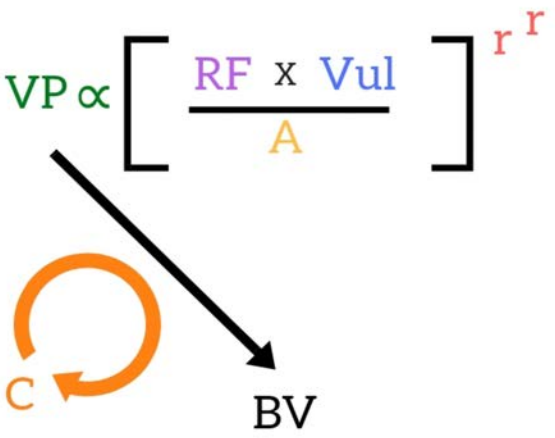
"What were they thinking?"

- Cold ethics vs. hot ethics
- Predictably Irrational
  - Dan Ariely, PhD, PhD, Psychology and Behavioral Economics, Duke University

Risks and Prodromes of Boundary Violations

- Premise: *Everyone* has a violation potential (and yet not everyone violates)
- Why do some violate?
  - Professional risk factors
  - Personal vulnerabilities
  - Accountability measures
  - Resistance
  - Catalyst

Risks and Prodromes of Boundary Violations



VP = Violation Potential
RF = Risk Factors
Vul = Vulnerabilities
A = Accountability
r = resistance
C = Catalyst
BV = Boundary Violation

PBI Formula ©

Risks and Prodromes of Boundary Violations

Risk Factors (RF)

- Practice type
- Practice location
- Clinical discipline
- Client population
- Professional isolation
- History of prior discipline

Risks and Prodromes of Boundary Violations

Vulnerabilities (Vul)

- Personal problems
- Family issues (marriage, health, transitions)
- Mental health issues
- Addictions
- Unmet emotional needs
- Poor development or training experiences w/ boundaries
- Hx trauma, PTSD

Risks and Prodromes of Boundary Violations

Accountability Measures (A)

- Supervision
- Peer review
- Adhering to policies, standards
- Staying up to date with laws, regulations, practices
- Keeping within scope of practice
- Respecting professional boundaries

Risks and Prodromes of Boundary Violations

Resistance (r): the inability to fully acknowledge one's professional role

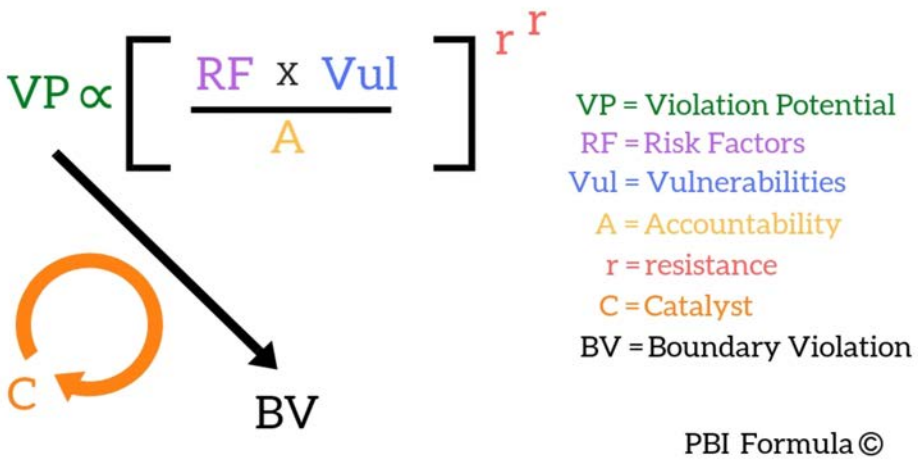
- Rationalization
- Denial
- Other-blaming ("They never taught me this in training…")
- Defensiveness ("Other people do worse and don't get in trouble")
- Justification ("I was only advocating for my client")
- Repression
- Intellectualization

Risks and Prodromes of Boundary Violations

Catalyst (C)

- A person who pushes your buttons
- A crisis at home or at work
- Transitions (even happy transitions can be destabilizing)
- Trauma
- Losses
- Development of a psychiatric illness
- Something that puts the therapist in a “hot” state

Risks and Prodromes of Boundary Violations



Association of Social Work Boards

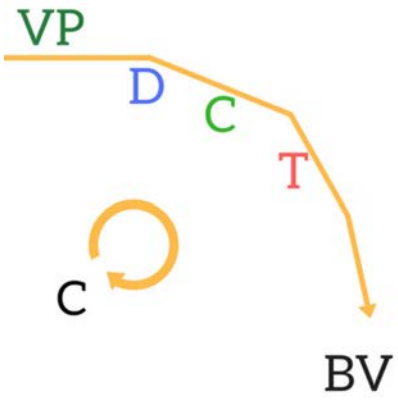
Content of Complaints

- Low-level complaints may be harbingers of worse things to come
  - "My therapist is unpredictable": feedback (email, text) provided during non-business hours leads to client expectations
  - "My therapist yelled at me": loss of temper at client's rapid-fire calls/emails/texts; excessive punctuation or emojis
  - "My sessions don't feel private": client's interpretation of therapist's changing backdrop, session location, or background noise from children/pets
  - "My therapist uses my money to go on fancy vacations": holding sessions while the therapist is on vacation draws attention to differences in SES
  - "My friend told me to complain about how my therapist is treating me": emails or texts can be taken out of context, edited, misused

Content of Complaints

- Many issues never get reported to a regulator
- Those that do rise to regulator attention
  - Likely have been preceded by lesser misdeeds
  - Are often very serious by the time of the complaint

The Slippery Slope Continuum of Severity



VP = Violation Potential
D = Boundary Drift
C = Boundary Crossing
T = Boundary Transgression
BV = Boundary Violation
C = Catalyst

The Slippery Slope Continuum of Severity

- **Drift**

Private thoughts about clients for the therapist's own pleasure, rather than in the service of therapeutic care (e.g., sexual, romantic, rescue, savior fantasies)

- **Crossing**

Stepping outside standard of care, professional role, office policy, typical practices. "I usually don't do this, but …"

- **Transgression**

Sharing personal information, intentionally initiating non-clinical contact or relationship

- **Violation**

Frank exploitation of trust, knowledge, influence, or emotions derived from the professional relationship

Variability in Offending Therapists

- Not all boundary violators are created equal
  - Age: young/naïve, mid-life crisis, older/complacent, out of touch
  - Physical or mental illness, addiction(s)
  - Remorseful vs. resistant/defensive
  - A one-off vs. a pattern or grooming
  - History of previous complaints or discipline
- Variability guides the crafting of interventions

Variability in Offending Therapists

- **All cases**
  - RF = nature of practice and client population; tele-health setting
- **Mr. Boxwood/provocative Ms. Lilac**
  - RF = young, naïve
  - A = did not seek supervision, allowed increasingly inappropriate attire to continue
  - r = denial
- **Ms. Fern/connects with mother over books**
  - Vul = recent divorce (also C)
  - A = practice of informal texting w/ clients. In her own therapy?
  - r = rationalization re: loneliness, interest in books; intellectualization re: son

Variability in Offending Therapists

- **Ms. Azalea/COVID makes her ill, kills spouse**
  - RF = mid-career false sense of invulnerability
  - Vul = her illness, spouse's death; acute grief
  - A = inadequate time away. In her own grief counseling? Adequate support?
  - r = denial, justification
  - C = crisis, transition, trauma, loss
- **Mr. Ivy/music student**
  - RF = age (average for sexual BV); prior history (grooming)?
  - Vul = addiction(s)
  - r = rationalization, denial, justification, repression

Impactful Board Interventions

- Respond to yellow (caution) or red (warning) flags
- **Timely--order remediation to begin right away**
  - Virtual learning environment facilitates swift remedial intervention
- Titrated to severity
- Avoid simple slaps on the wrist (e.g., fine, online coursework)
- Combine remedial education w/ other penalties

Impactful Board Interventions

- Remediating a lapse in professional conduct is a *process* of adaptation, re-creation, rehabilitation, and recommitment to the profession and its ideals
- Taking a course is only one step
- A person may have completed a course, but they have only just begun the remediation process

Impactful Board Interventions

Proportional but ***effective*** discipline in response to violations in conduct, ethics, rules, and laws that brings about ***positive change*** in behavior, professional skills, and ethical and legal processing

Impactful Board Interventions

Proportional

- Titrates discipline to the severity of the offense
- Considers therapist's history, context
- Carefully weighs aggravating and mitigating factors
- Recognizes that different types of offending therapists exist
- Considers the elements of the therapists' situations (RF, Vul, A, r) if you know them

Impactful Remediation Programs

Effective

- Choose the right course—see handout
- Participants should be expected to
  - expand their insight into the elements of their situations that led to "hot ethics"
  - confront resistance(s)
  - improve reasoning and judgment by developing accountability measures and safeguards
  - deepen understanding of the dynamics of exploitation and boundary violations
  - face up to the harms they have caused

Impactful Remediation Programs

Positive Change

- To accomplish learning—even during revocation or suspension
  - Zero tolerance for bad behavior does not preclude education and remediation
- Linear (longitudinal) remediation course or coaching to complement other types of monitoring (supervision, probation, rehab, etc.), as *many violators continue to recover and grow over time*

Impactful Remediation Programs

Positive Change

- Live seminar (virtual ≠ online)
- Process orientation (c/w content only)
- Intense: requires introspection and honesty
- Preceded or accompanied by formal fitness assessment, Professional Health Program involvement, even therapy
- Include formulation of a specific plan to modify risk factors and vulnerabilities and increase accountability measures

Impactful Remediation Programs

Positive Change

Development of insights

- What contributed to the "hot" irrational thinking
- Many clients who are exploited by therapists have been exploited before
- It is the job of the therapist to understand
  - their own boundary violation potential and
  - the reality that every client has an exploitation potential

Stay in touch ☺

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