Telecare Issues in Pastoral Counseling: What do Providers Need to Know?

Thomas W. Miller, Ph.D., ABPP
Kentucky Board of Examiners in Psychology
APA/ASPPB/APAIT Joint Task Force
Professor Emeritus & Senior Research Scientist
Center for Health, Intervention & Prevention,
University of Connecticut
Department of Psychiatry, College of Medicine,
University of Kentucky
Where are we going?

- Examine the 21st century use of current technology in the delivery of pastoral care
- Review a brief history of the use of various forms of Telecare.
- Consider Telecare issues for Pastoral counseling & the research to date
- Explores what providers need to know in utilizing such technology.
- Consider some of the lessons learned by the APA Task Force on the development of Guidelines and Standards
Learning Objectives

- **Objective 1:** Defining Telecare within the framework of pastoral counseling
- **Objective 2:** Review the History of telecare in the United States
- **Objective 3:** Understand pastoral counseling issues through a Telecare model
- **Objective 4:** Review the Lessons Learned in the use of Telecare technology
What is Pastoral Telecare?

“The provision of pastoral care & counseling services over a distance through the use of information and communications technology”
Operational Definitions: Pastoral Counseling Telecare

- Telecare is defined as the provision of counseling services using telecommunication technologies.

- Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010).

- Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, email, chat, text, Internet (e.g., self-help websites, blogs, and social media) and future technology.
"Now inhale deeply, Mrs. Saunders."
Home based vital signs unit
Are you a Pastoral Counselor with 2020 Vision?

- The Counselor with 2020 Vision
- Thomas W. Miller†
- Article first published online: 23 DEC 2011
- DOI: 10.1002/j.2161-007X.1976.tb00582.x
- 1976 American Counseling Association

The Counselor with 2020 Vision

The time span between 1975 and the year 2020 is the same as that between 1930 and 1975, 1885 and 1930, and 1840 and 1885. Looking at these periods, we begin to realize that, in the past, 45-year segments have produced innumerable changes. The mid-1800s, for example, brought a revolution in social justice, changes in the relationship of individual to individual, individuals to society, and society to individuals. The year 1930 brought worldwide economic collapse and the extensive involvement of the United States in the world economy. Wars have marked repeated generations, as has domestic turmoil.

The 45 years standing before us hold remarkable potential for change. One might look at the future by asking if history repeats itself in the cycle so apparent to past historians. One might begin by asking what the prevailing notion of the scale and scope of our society will be in a little less than 50 years. How will this prevailing notion emerge? Will it be, as some have suggested, through war or through the acceptance of necessity?

In attempting to project what counseling will be like in the year 2020, we must consider the effects of automation, the importance and influence of technological change, and the progress we have made to develop and to understand more clearly our society, our fellow humans, and, most important of all, ourselves.

The literature reveals numerous predictions, the value of which must be weighed in the light of present understanding and present foresight. Riesman (1967) projected a classless society in the year

Thomas W. Miller is a clinical psychologist, Veterans Administration Hospital, Buffalo, New York, and clinical associate professor, S.U.N.Y., Buffalo.
In attempting to project what counseling will be like in the year 2020,
we must consider the effects of automation,
[control systems and information technologies to optimize productivity in the delivery of services]
the importance and influence of technological change, and
the progress we have made to develop and to understand more clearly our society, our fellow humans, and most important of all, ourselves.
What was I reading?

Meritocracy in Pastoral Counseling?

- **Meritocracy**, is the implementation of advancement based upon intellectual talent and often, is determined by demonstrated achievement in the field (pastoral counseling) where it is implemented.
- **Meritocracy** conceptualizes merit in terms of tested competency and ability

**What are the Driving Forces in 2012?**
Forces of Change in the 21st Century

- Social change; religious influence in our lives
- Education and training in pastoral counseling
- Technology, telecare and video teleconferencing
- Consortium of schools serving the professions
- Clinical models & emerging networks of care
- Integration of services delivery, prevention interventions & wellness programs
- Scientists and practitioners collaboration
- Evidence-based science and practice
- Technology, individual and manually developed Electronic records, integrated systems of information data; social networks
- Accessibility to information and multiple care options
- Consumer knowledge base & independent choices
Telecare: It’s History

- 1950: Willem Einthoven’s transfer of electrocardiograms by teleradiology
- 1960: NASA built telemedicine technology into early spacecraft & spacesuits
- 1964: U.S. National Institute for Mental Health (NIMH), funds Nebraska Psychiatric Institute two-way closed-circuit TV link to State Hospital system
- 1967: Boston's Logan International Airport is linked to Massachusetts General Hospital (MGH), using a two-way microwave audio/video link.
- 1970: Tele-mental health, for medication management in New Hampshire, Maine, Kansas, Nebraska, Alaska, Arizona, IHS and DVA
- 1971: The U.S. National Library of Medicine's Lister Hill National Center chose 26 sites in Alaska to provide telemedicine services
- 1972: NASA used its Space Technology for tele-medical care in space
Telecare: 1970-1999

- **1977**: Canada's Memorial University, Newfoundland initiates a Canadian distance education and medical care via Telehealth.
- **1984**: The North-West Telemedicine in Australia Q-Network.
- **1989**: Armenia earthquake, US to Soviet Union telehealth technology.
- **1993**: Department of Veterans Affairs initiates telemedicine between hospitals and links to Federal Prison, IHS & Criminal Justice System.
- **1993**: Kentucky Telecare launch telemedicine programs for education, training, supervision & programs in direct patient care.
Telemedicine/Telehealth Projects in MD
Maryland Rural Health Association

- Rural Maryland has over 280,000 60+ Seniors and by 2030 several rural counties in Maryland will experience dramatic increases by over 100% in their 60+ populations.
- St. Mary's, Frederick, Charles, and Calvert counties will experience an over 200% increase in their Senior population by 2030. Rural Maryland has concentrations of older, poorer Seniors living in poverty and eligible for Medicare Savings Programs (MSP).
- Maryland Department of Health and Mental Hygiene (DHMH) report 30 facilities have some level of telehealth service planned or implemented.

State Office of Rural Health (SORH, 2011)
Kentucky Telecare Model

- Surgical Consultations
- Gastroenterology
- Child & Adult Psychiatry
- Developmental Pediatrics
- Pre-Operative Screening & Post-Op Follow Up
- ENT
- Dermatology
- Endocrinology
- Memory Disorder Clinic
Kentucky Telecare Services

- Ophthalmology
- Industrial Medicine
- Correctional Medicine
- Tumor Board
- Tuberculosis Clinic
- Hospice / Palliative Care
- Public Health
- Group Home Christian Services
Kentucky Telecare Services

- Mental Health Services
- Kentucky State Department of Corrections
- Federal Prison Lexington Kentucky
- Indian Health Service (IHS)
- Methodist Home for Children /FBCC
- Lexington Fayette County School System
- Commonwealth of Kentucky, Child and Adult Protective Services
Packet 8 Videophone
Health Care Specialists and Underserved Patients

Community Center(s)

Urgent Treatment Clinics

Regional Medical Center

Core Components

Telepractice from an Urban Medical Center and Community Clinics & Care Centers

- Secure two-way interactive technology
- Internet based Health Education
- Electronic Medical Record
- Chat rooms for support
- Electronic bulletin boards for education & training, programs

Web Based Health education and referral information 1

Chat room for community support groups 2

Consultation between Medical Centers & Rural Clinics 3

Individual face-to-face consultation with onsite patient and clinician 4
Model for Pastoral Counselors

A Telehealth Consultation Model

Application: Providing Rural Services for ADHD Patients

University of Medical Center
Information Technology Infrastructure

- Secure two way interactive technology
- Video teleconferencing
- Internet based case conference
- Chat rooms for group discussion
- Web based or ITV staffing sessions
- Electronic bulletin boards for interdisciplinary communication
- On-line scheduling system and calendar

Core Components

- Web based clinical case review
- Chat room for group discussion
- Video conference call system
- In-person consultation with rural clinician
Telemedicine & Telehealth

- **Telemedicine** is the use of medical information exchanged from one site to another via electronic communications to improve, maintain, or assist patients' health status.
- Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote health care that does not always involve clinical services.
- Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education, and nursing call centers, are all considered part of telemedicine and telehealth (ATA, 2007).
WHY Consider Telecare Services?

- Nearly 80 million Americans live in a mental healthcare professional shortage area, according to the U.S. (Health and Human Services Health Resources and Services Administration)

- Substance Abuse and Mental Health Services Administration survey found that less than one-quarter of the estimated 45 million American adults who have a mental illness received treatment.
Where is the Research on Telecare?

- A 2008 meta-analysis of 92 studies found that the differences between Internet-based therapy and face-to-face were not statistically significant (Journal of Technology in Human Services, Vol. 26, No. 2).

- A 2009 review of 148 peer-reviewed publications examining the use of videoconferencing to deliver patient interventions showed high patient satisfaction, moderate to high clinician satisfaction and positive clinical outcomes (Clinical Psychology: Science and Practice, Vol. 16, No. 3).

Research on Telecare

- A 2010 study in the *Journal of Clinical Psychiatry* (Vol. 71, No. 7) found that videoconferencing can be successful in treating post-traumatic stress disorder.
  - In that study, researchers compared the effectiveness of 12 sessions of anger management therapy delivered via video to in-person delivery of the same treatment to 125 rural combat veterans with PTSD. The researchers found that the video-based anger management therapy was just as effective as the face-to-face care.

Ref: Is Telepsychiatry Equivalent to Face-to-Face Psychiatry? Results From a Randomized Controlled Equivalence Trial (2010) Richard O'Reilly; Joan Bishop; Karen Maddox; Lois Hutchinson; Michael Fisman; Jatinder Takhar

*Psychiatric Services* 71:7, 1176-86
VA Telemedicine Center

- New technologies such as telehealth help improve health care services for veterans and families.
- Telehealth in VA helps ensure veteran patients get the right care in the right place at the right time and aims to make the home into the preferred place of care, whenever possible.
- If the home, or place of residence, is going to be the preferred site of care the caregiver in the home and caregiver support in the local community becomes ever more important.
VA HSR&D Telehealth applications with faith based community programs.

- http://www.va.gov/cfbnpartnerships/
- The VA Center for Faith-based and Neighborhood Partnerships serves Veterans & their families.
- The VA Center for Faith-based and Neighborhood Partnerships Reduces Unintended Pregnancies, provides Maternal and child health
- Promotes Responsible Fatherhood and Strong Communities
- Fosters Interfaith Dialogue & Cooperation.
- Provides health and mental health services

Efficacy of nurse telehealth care and peer support in augmenting treatment of depression in primary care

Patients who received nurse telehealth care had 50% improvement at 6 weeks (p=0.01) and at 6 months (p=0.003) than patients who received usual physician care. The groups did not differ for 50% improvement on BDI score at 6 weeks (p=0.28),
• Tele-nursing is the use of “technology to deliver nursing care and conduct nursing practice”
• Telehealth care includes radiology, pharmacy, nursing and psychology care.
• Results suggest it can be delivered safely in home and remote clinics.
The study assessed the efficacy of using a less costly, low-bandwidth telemedicine system to evaluate clients in rural areas versus having them come into the clinic.

Comparison of their responses revealed scoring differences yielded no significant difference.

Patients valued the access to care. The authors conclude that select occupational therapy evaluation data can be accurately transmitted and properly scored using low-bandwidth telemedicine systems.

- Telepsychology found to be beneficial in treating social anxiety disorders, anxiety in cancer patients, depression in adolescents and children, and symptom reduction in anxiety disorders, depression, and behavioral health problems through telepractice.

- Challenges include secure internet/telephone connection, access to technology, need for encryption and password protection when transferring confidential written material (assessments, medical records etc.), and limited observation (body language, micro-expressions, hygiene, eye contact, physiological responses, etc.).

- **Practical Implications:** When used efficiently, telepsychology resources can benefit both patient and therapist in treating and monitoring healthcare
Technology has the ability to improve the speed, consistency, and convenience of collaborative assessment and therapeutic treatment.

Clients in lower socioeconomic groups or rural locations may have difficulty obtaining internet access as frequently as is required. This could be especially counterproductive to treatment.

Practical Implications

Using Internet-based collaborative assessments and treatment, clinicians will be able to better utilize their expertise to design treatment plans addressing the client’s health care needs.

- Among primary care patients diagnosed with depression, most indicate a preference for psychotherapy over antidepressant medication.
- 325 primary care patients diagnosed with Major Depressive Disorder were randomized to receive cognitive behavior therapy from a psychologist either by telephone (T-CBT) or face-to-face.
- The T-CBT group had a significantly lower attrition rate (20.9 percent) than the face-to-face CBT group (32.7 percent). For both groups, therapist-rated and self-reported symptoms of depression showed significant improvements post treatment, when compared to baseline.
- However, at a six-month follow-up, patients who had received face-to-face CBT were significantly less depressed than those who had received T-CBT,
- Face-to-face psychotherapy may be more durable over time.

Practical Implications
- Telephone CBT can be effective for typical patients in primary care, and it appears to reduce some of the barriers to regular psychotherapy attendance.
- T-CBT is a reasonable option to improve access and provide therapy to underserved individuals
Internet-based CBT was compared to a short intervention concentrating on problem solving therapy for the treatment of depressive symptoms among adults. In the study, 263 Internet-based cognitive behavioral therapy (CBT), Internet-based short-intervention problem-solving therapy (PST), or waitlist (WL).

After eight weeks, as compared to the WL, both CBT and PST showed significant improvements, which was maintained after twelve weeks.

No significant differences were found between the CBT and PST on the assessment scores at weeks eight and twelve, but patients who received PST exhibited a significantly faster response to treatment than CBT, by having significantly improved scores at week five.

Practical Implications

A clinician must consider the patient's level of independence and need for personal contact with the therapist, and discuss these issues with the patient, when considering whether or not to suggest a program like Internet-based CBT or PST.
The quality of the therapeutic alliance is a primary concern many psychologists have regarding telepsychology.

Therapeutic alliance via technology vs face to face.

Psychologists rated therapeutic alliance higher for face-to-face versus telepsychology psychotherapy.

Practical Implications:

Regardless, given the importance attributed to therapeutic alliance as a predictor of treatment response and adherence, psychologists using videoconferencing for psychotherapy may want to use a client-rated measure of the therapeutic alliance, or otherwise pay particular attention to the client’s impression of the therapist, to gage the therapeutic bond and maximize treatment response.

In Summary

- Research has demonstrated that there may be some efficacy in the use of telecare services.
- Telecare using CBT or PST may be beneficial through telecare technology.
- Several disciplines have produced evidence based research in support of telecare technology.
- Questions remain as to long term outcomes.
So What's the Problem?

- At **PsyShrink**, psychological services are offered from an *experienced team* of native English speaking psychologists worldwide.
- Clients living anywhere in the world seek therapy at PsyShrink due to the convenience of the *eTherapy* services, both online and by phone including *Individual Therapy*, *Couples Therapy*, *Child & Adolescent Therapy*, *Family Therapy* and *Group Therapy*.
- On this homepage, you will find detailed information regarding these services and you can conveniently book in an appointment for a face-to-face or online therapy session through the *PsyShrink Bookings Calendar*. 
Ask the “Internet Therapist”

- We provide quality, comprehensive online counseling and medical information via audiovisual, e-mail, chat, and telephone.
- We are a complete healthcare clinic online.
- We offer a full range of hypnotic audiotapes and mental health counseling and educational tapes.
“On-line Child & family service” Ads

- Provides a range of child and adolescent on-line services to children, young people and their families, including but not limited to:
  - Psychometric assessment
  - Anxiety management
  - Cognitive Behavior Therapy
  - Parent Management Training and parenting support
  - Assessment and treatment of mood disorders
  - Support for emotional, social or adjustment problems
  - Relationship and attachment disorders
Meet our Professional Counseling experts  $4/min to Less than $8/min

- Top Rated Therapist & Published Author here to provide insight, advice and support for all your relationship, anxiety, depression, stress, marital, family and relationship problems... $7.99/minute
- Need Solutions? I get right to the point! Sexuality, Anxiety, Women's Issues, Relationships, Porn Addiction, Men's Psychology,... $6.99/minute
- Need help with depression, anxiety, or a relationship problem? I've helped a lot of people. $4.49/minute
- We all need objective, compassionate and insightful care in order to understand, comfort, nurture and motivate ourselves when our coping or ... $6.45/minute
- Want to feel better but don't know how? Find support and hope with simple and easy solutions with an experienced and compassionate therapist, ready... $6.85/minute
“The “Tool Kit”

- Tool Kit can be downloaded for $69.97 includes:
  - **Personal Information** and **Insurance Forms**.
  - **Biopsychosocial Assessment** – comprehensive self-assessment form, helps clients begin formulating goals for counseling before they even have their first session.
  - **Client's Own Progress Note** – Aids clients in making the most of their therapy experience, tracks homework assignments.
  - **Financial Evaluation Form** & sliding scale, fees.
  - **Discharge Letter & Evaluation form** – Two documents in one. A discharge letter that includes an evaluation form & self-feedback form.
  - **Client Services Log** – Use to track appointments & payments.
What Best Practice Guidelines were identified by the APA Task Force?

- Guideline 1: Competence of the Provider
- Guideline 2: Standards of Care in the Delivery of Telecare Services (Code of Conduct, Statutes, Regs)
- Guideline 3: Informed Consent (Verbal & Written)
- Guideline 4: Confidentiality of Data, notes, exchanges
- Guideline 6: Disposal of Data, Info & Technologies
- Guideline 7: Testing and Assessment
- Guideline 8: Interjurisdictional Practice
Guideline 1: Pastoral Counselors who provide telecare services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees or other professionals.

Is the provider competent?

Is the recipient competent?

Is the medium appropriate?
Standards of Care

- **Guideline 2:** Pastoral Counselors make every effort to ensure that ethical and professional standard of care are met at the outset and throughout the duration of the telecare services they provide.

- They are held to the same standard of care/competence/conduct as they would when providing more traditionally based services.
Informed Consent

- **Guideline 3:** Pastoral Counselors make every effort to obtain and document written informed consent
  - that specifically addresses the unique concerns related to the telecare services they provide.
  - When doing so, pastoral counselors are cognizant of the applicable laws and regulations,
  - as well as organizational requirements that govern informed consent in this area.
Confidentiality

Guideline 4: Pastoral Counselors who provide telecare services make every effort to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks to loss of confidentiality inherent in the telehealth, telecare and telecommunication technologies.
Guideline 5: Pastoral Counselors who provide telecare services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure. Inform the client/patient of any limits of confidentiality, security, and privacy unique to the telecare service being provided.
Data Disposal

- **Guideline 6:** Pastoral Counselors who provide telecare services strive to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.
- Inform the client/patient of any limits of confidentiality, security, and privacy unique to the telecare service being provided.
Guideline 7: Pastoral Counselors should consider the unique issues that may arise with specific treatment approaches and test instruments and assessment approaches designed for in-person implementation when providing telecare services.

They ensure compliance with all applicable laws, rules, regulations, and standards for practice.
Guideline 8: Pastoral counselors are encouraged to be familiar with and comply with all relevant laws and regulations when providing telecare services to clients/patients in the state, as well as across jurisdictional and international borders. They ensure compliance with all applicable laws, rules, regulations, and standards for practice.
Lessons learned

What are the Liability issues?

- **Liability for Negligence**
  - Occurs when “reasonable care” is not provided as measured by the expected standard of care.

- **Liability for Abandonment**
  - Occurs when equipment fails and care is needed. Back-up for care is necessary.
So What are the Critical Issues?

- Know the Research  What is reasonable Care?
- Know the Law & Regulations
- Behave according to Ethical Guidelines and Codes of Conduct
- Manage professional boundaries
- Know Security limits & standard of care
- Appropriateness of service via telecare
- Assure secure record keeping and data management
- Understand Interjurisdictional care
- Plan for Crisis Management
- Know the provider is competent for telecare services
- Know the recipient is competent for telecare services
- Know the medium used is appropriate for care needed
Telecare Issues in Pastoral Counseling

- Telecare is a powerful tool requiring ethical and legally responsible thinking and behavior on the part of all pastoral counselors who utilize our new and emerging technologies.

- Are you a Person with 2020 Vision?

- Thank you

- Comments and Questions Welcome