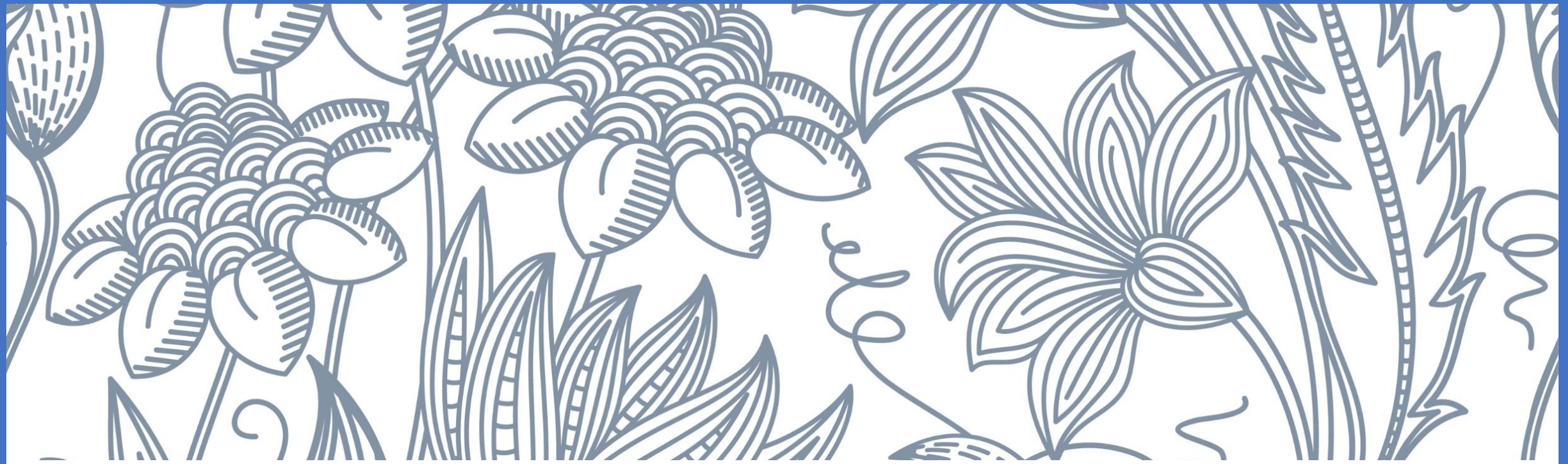


Telemental Health for Justice-involved Populations after COVID

Yuanting Zhang, PhD
Office of Domestic Violence and Sex Offender Management

SOMB

Sex Offender Management Board

Presentation to the Sentencing Alternatives/Decisions & Probation Working Group
of the Sentencing Reform Task Force of the Colorado Commission on Criminal and Juvenile Justice, August 6, 2021

What is Telemental health (TMH)?

- Definition: A therapist or counselor provides psychological counseling and support over the internet through email, video conferencing, online chat, or a phone call.

- Telemental health is also referred to as tele-behavioral health, telecare, telepsychiatry, e-therapy, video-counselling (VC) and video-conferencing.

- TMH “is not a clinical service itself, but rather a mode of service used to connect patients or providers ….” (Kramer, Ayers, Mishkind, & Norem, 2011).

Findings & limitations

- Majority of studies indicated that TMH is effective and at least equivalent with conventional face-to-face modality in terms of clinical assessments and treatment outcomes (Chakrabarti, 2015; Hubley, et al., 2016; Sucala et al. 2012; Williams, 2021).

- Limited studies on subgroups with various disorders or for the forensic and correctional setting.

- Lack of randomized clinical trial (RCT) design or control group (Chakrabarti, 2015; Sucala et al., 2012), lack of non-inferiority designs (Hubley et al., 2016), small sample sizes and less than six-month follow-up (Chakrabarti, 2015).

TMH vs. Face to Face	Advantages	Disadvantages
Nelson & Duncan (2015)	Adolescents felt TMH gave them "space"; greater participation from underserved areas	In-session intoxication may not be noted; TMH coordinator is needed
Shealy et al. (2015)	Convenience; decrease stigma	Internet connection issues; Medicaid reimbursement may depend on states
Kazdin (2015)	Applied to a larger scale when needed; lower costs; convenience & flexibility; potential for rural, diverse or vulnerable populations	Attrition might be high for treatment with minimum human assistance
Goldschmidt (2016)	Cost-saving; more comfortable; less stigma; allows other family members to be in & out; juveniles may be more comfortable with the technology	Body language may be hard to interpret online; household distractions, privacy and other technology issues; may not be suitable for ID/DD patients
Kip et al. (2018)	Positive feedback from prison patients; increasing access; fun to use; tailored to specific needs; effective and efficient; elicit more sensitive information; standardized delivery	not suitable for everyone; technology issues; therapeutic relationships (emotional distance); lack of clear protocols & guidelines
Kocsis & Yellowlees, (2018)	Patients felt more at ease; more eye contact and forthcoming, and felt more in control. Suitable for patients who are potentially assaultive, dangerous.	

Does it work for our clients?

- Privacy issues, technical challenges (e.g., firewalls, reliable servers and other IT support) and patient-counselor relationships were among the biggest concerns (Hubley et al., 2016).

- In general, inmates were supportive of TMH, especially for treatment related to sexual abuse and sexual dysfunction (Tucker et al., 2006).

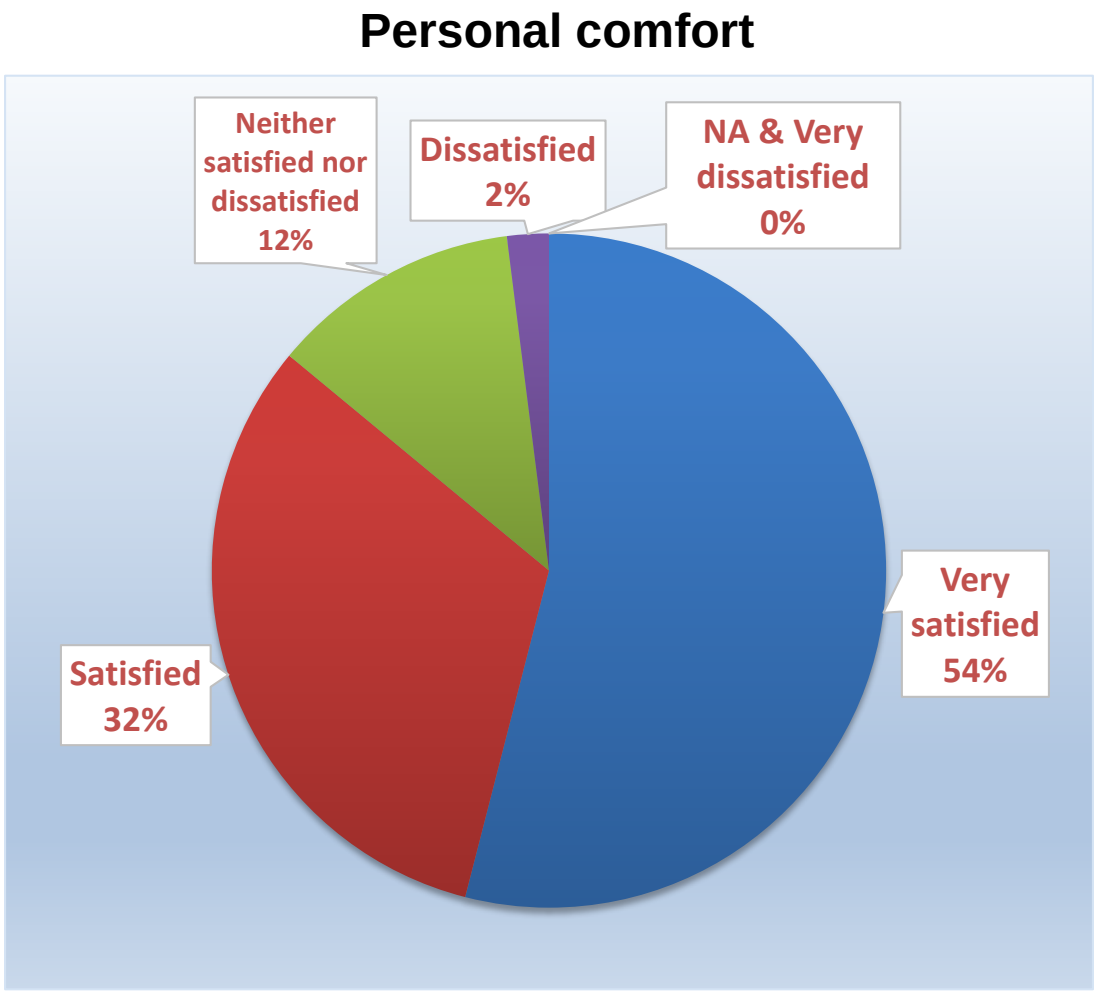
- Researcher recommended using TMH as an adjunct tool, as needed, to supplement conventional care and hybrid models (mixed modes of face-to-face with the telemental health) (Chakrabarti, 2015).

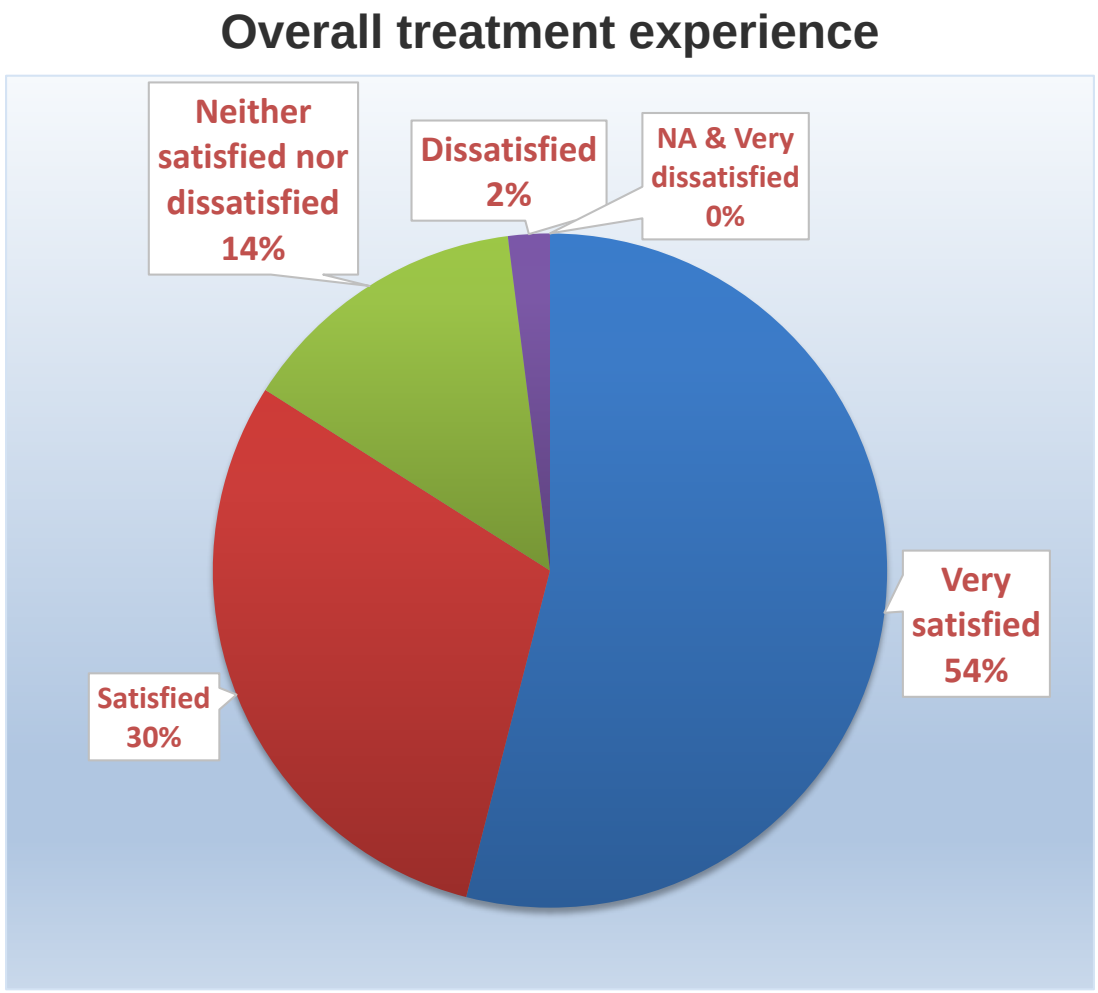
- TMH shows promises in rural settings (Krider & Parker, 2021).

Surveys

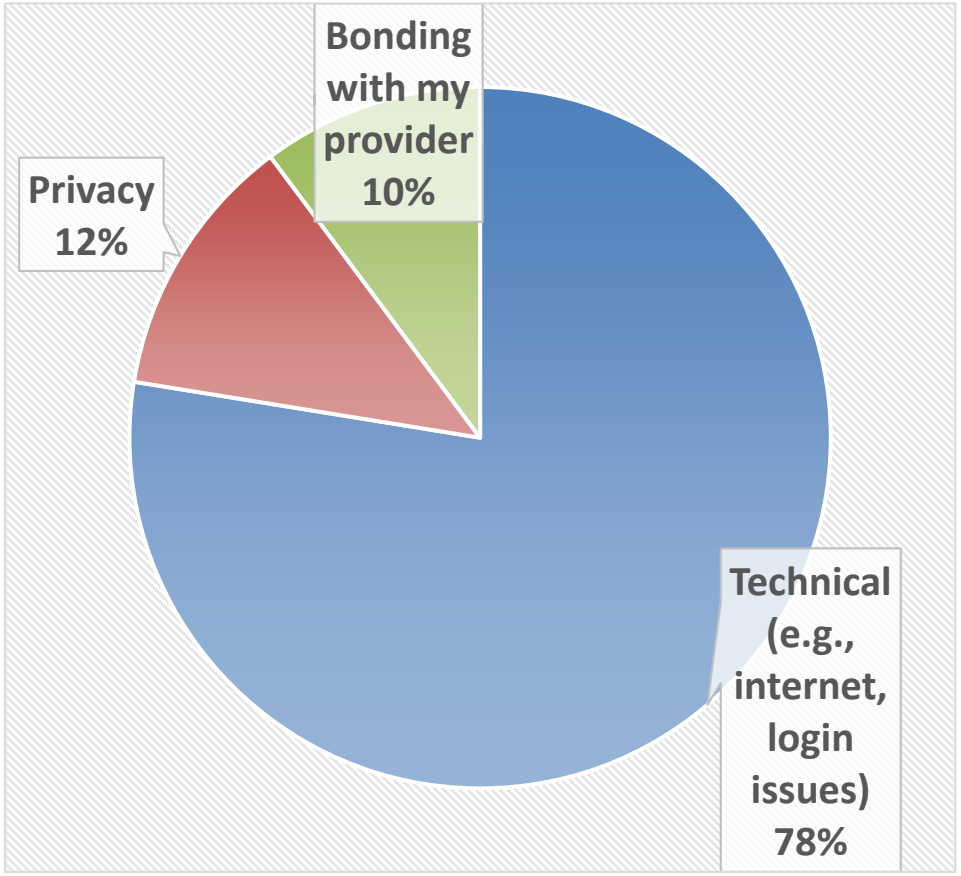
- Time frame: Aug. 1st-Sept. 15, 2020
- Three separate surveys:
  - Clients (**n=50**, 37 Males and 13 Females)
  - Domestic Violence & Sex Offender Treatment Providers (**n=124**)
  - Stakeholders (**n=77**), (52% work with adult SO; 14% with juveniles; 5% with adult domestic violence offenders)
    - 77% Probation officers
    - 13% Parole officers
    - 10% Others (family advocates, victim representatives)

Client Satisfaction





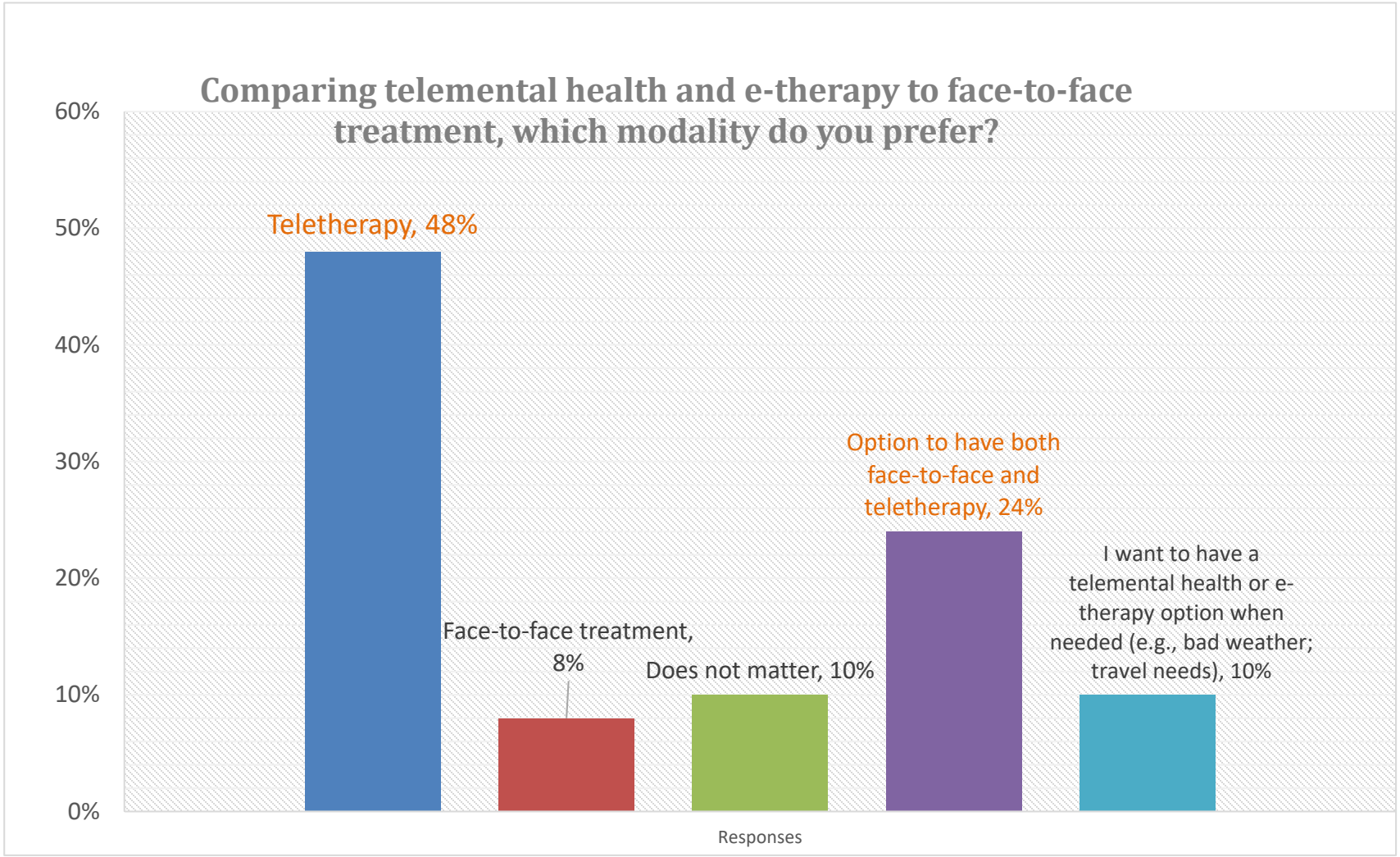
Difficulties Clients Encountered



Comments from the Clients

- *"**payment** when I have to pay cash"*
- ***technical difficulties***
  - *Volume and buffering*
  - *Zoom worked better*
  - *bandwidth creates lag and drop off*
- *"I think **privacy,** I live literally in the middle of nowhere southern Colorado, and the online option is a great thing..."*
- *"…all people in my class followed instructions regarding privacy."*
- *I feel like I shouldn't have been recommended for group because PTSD needs….*
- *"I feel the lack of human interactions cheapens the therapy"*

Client Preferences



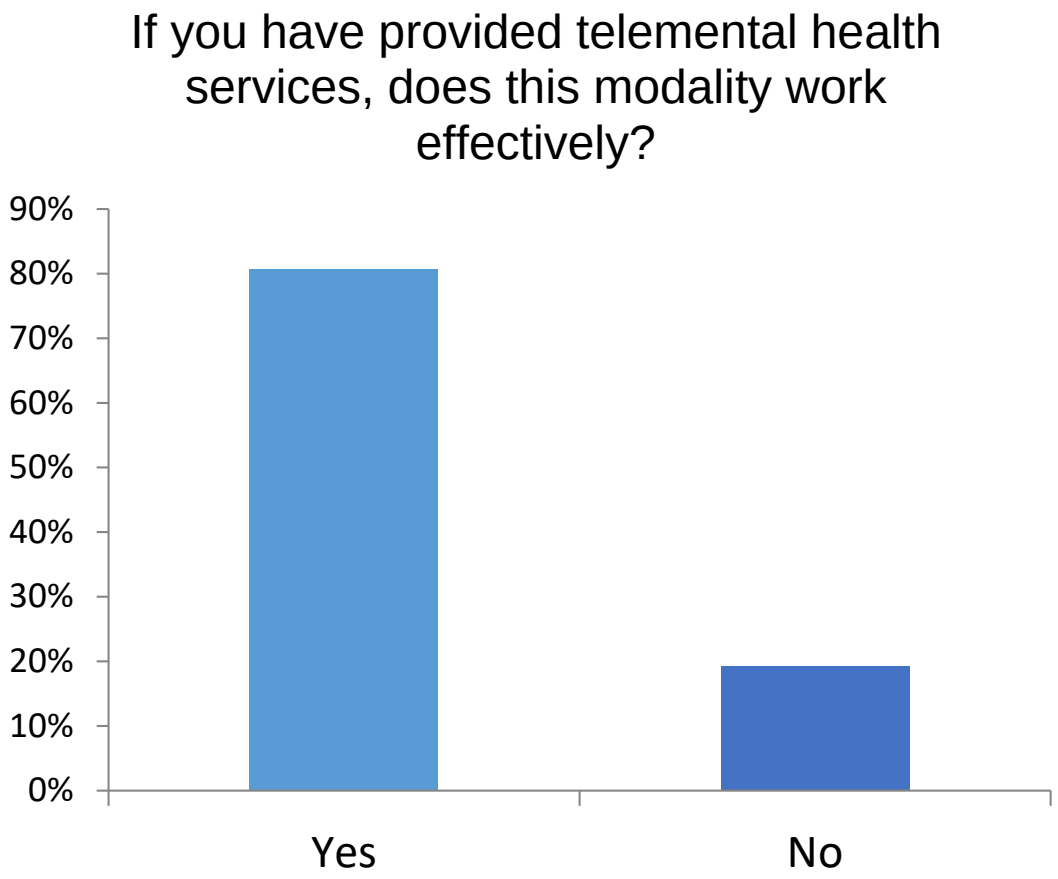
Clients' Comments

- *"Teletherapy works best for me its hard to drive every time because of my disabilities"*
- *"Soooo convenient. nothing replaces face to face obviously, but I have not felt disconnect from the people involved so far"*
- *"e-therapy is as good or better than sitting in a room with people…."*
- *"I would like both, when weather or other unforeseen problems comes up, then that's when I feel the teletherapy is a real benefit."*

General Comments from Clients

- *It was great!!! (4 comments) /Very nice provider/I really like e-therapy and hope it can be continued.*
- **Less Stressful:** *Really takes a lot of stress off of my family!/Very comfortable it takes the face to face stress out of it*
- **Safer/ Convenient**
  - *"I think this is the best because I did have to travel an hour every week to my classes"*
  - *"Telemental health option provides ability to attend class when in person isn't possible i.e. car breaks down, sickness, or out of town."*
- **Increase attendance/Allow to gain trust**
  - *"I think it will **increase attendance** for those who may **have children or have full time jobs**."*
  - *"Telemental health has been great for me since I don't have a car."*
  - *"If teletherapy is the future, then I would like the option of having the option of attending two sessions a week. This would allow more time with the therapist and also the other clients on the teletherapy. It would give us the ability to gain trust in the process."*
- **Better learning Experience**: *"Enjoying the sessions. Learning about anger management, and it's helping me learn not to be physical."/" I truly look forward to class every week I have gotten a lot out of it …."*
- *"short eval. ,quick diagnosis…"*
- *"It feels mechanical instead in person"*

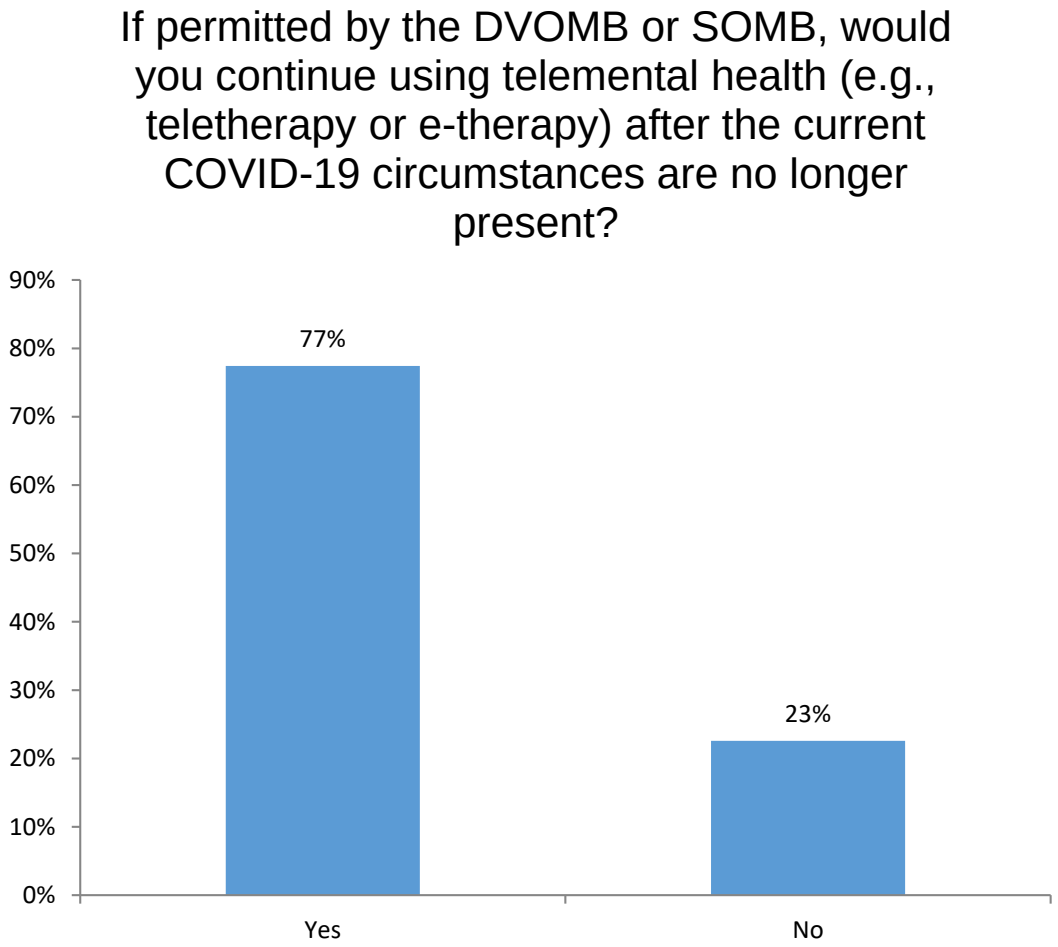
Provider: TMH Effective?



Provider Comments

- A close second
- It is difficult to engage and monitor juvenile clients
- It allows more frequent family therapy for juvenile clients - especially when families live over an hour away.
- Clients can easily be disengaged and distracted, low accountability; missing important cues; miscommunication; takes away from the group dynamic and connection.
- Depending on the therapeutic relationship with the client; suitable for established clients and smaller groups (7 or less), introverted clients; rural, clients that are high risk, ill, remote, low income
- Telehealth works well for **intake evaluations**

Provider: Continue TMH?

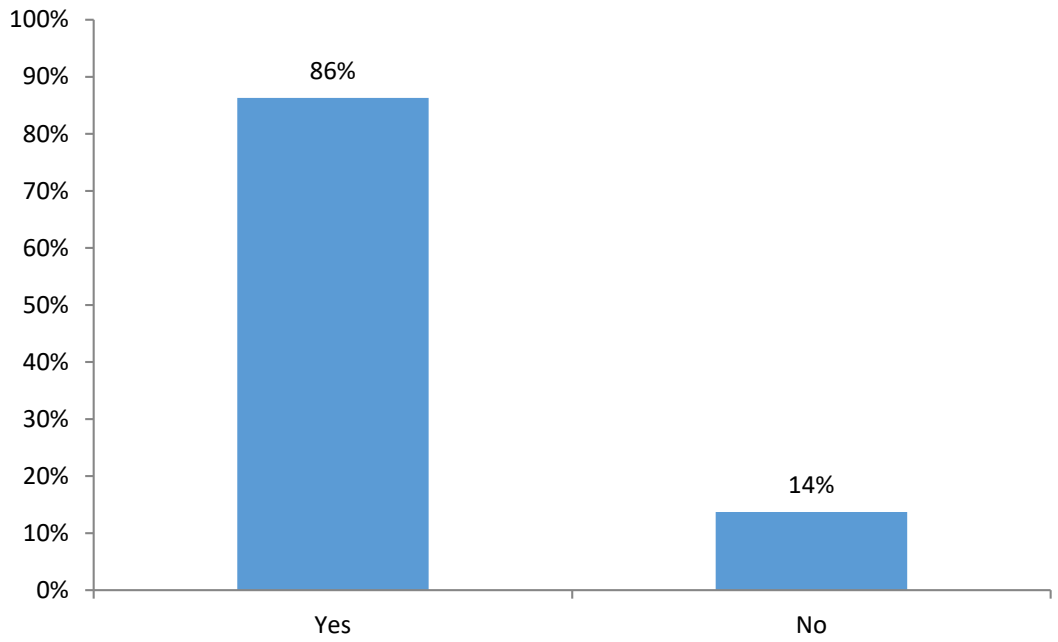


Provider comments

- Helpful for those of us that are super busy!
- Only for certain clients: individuals with health concerns or may be at high risk; effective with female offenders
- Not full time but to supplemental face to face for clients that drive over an hour to group.
- Only under extenuating circumstances: infectious or medically high-risk people.
- It lacks the personal touch and energy that group provides.

Provider View on TMH after COVID

After the COVID-19 circumstances are no longer present, would you like the ability to continue doing telemental health without submitting a variance request to be reviewed by the Application Review Committee (ARC) on a case-by-case basis?

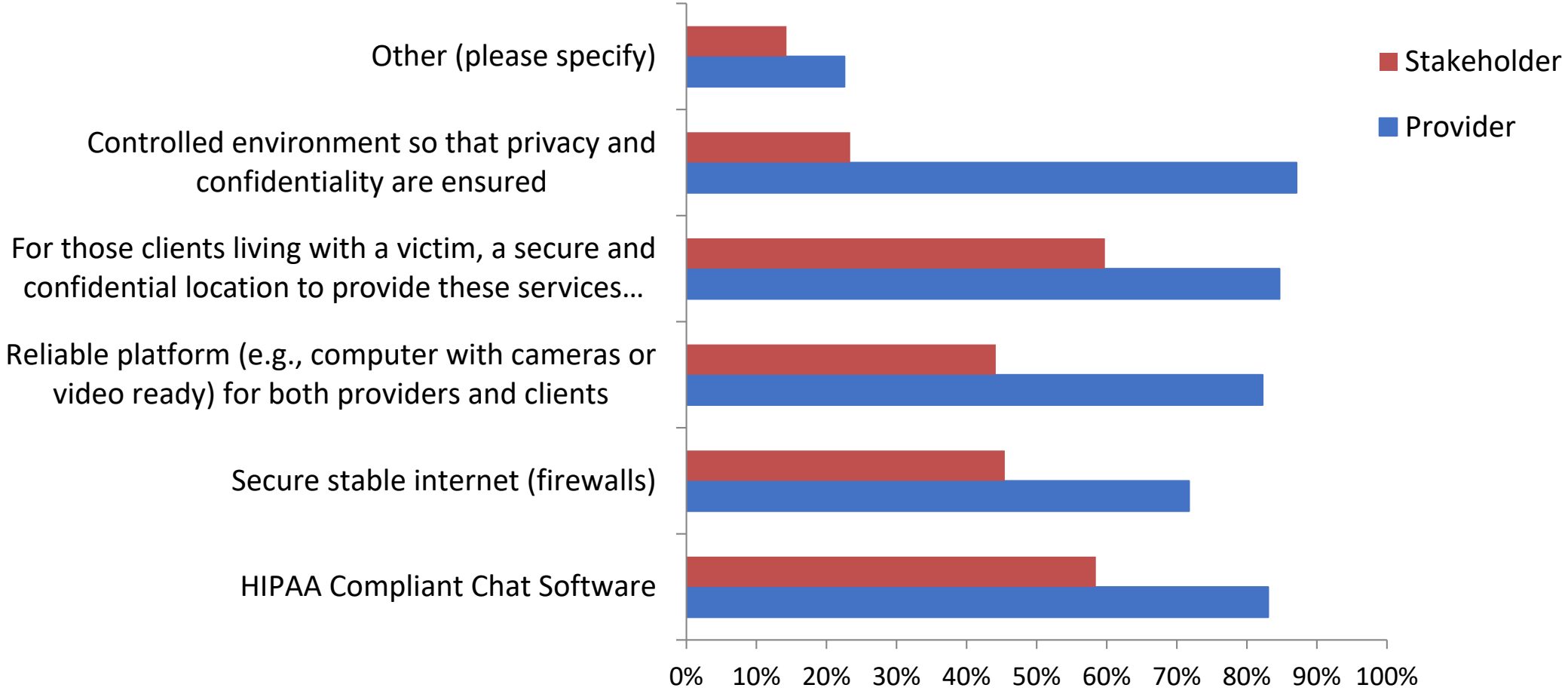


Provider Comments on TMH after COVID

- Suitable for certain clients and providers (evaluators)
- Circumstances: Providers travelling without needing a sub; Snow-days and inclement weather; people who do not have transportation/cannot drive/visual impairments; clients with significant health issues or social anxiety
- ….select cases to continue with TMH will promote efficiency, flexibility, and individualization of services.
- ….clients have a trauma background in some cases do better over the telephone....
- Trust providers make determinations about its appropriateness; though, some providers may become lax ....
- No ARC delay or overwhelming oversight; I realize the importance, yet unrealistic. It's like management who makes decisions for processes that don't know what the people in the trenches are facing.

Stakeholders & Providers: TMH Guidelines - Requirements

What should be required for effective telemental health services? (Select all that apply)



Note: Stakeholders were not able to "Select all that apply" for this question.

What should be required for effective TMH?

Providers

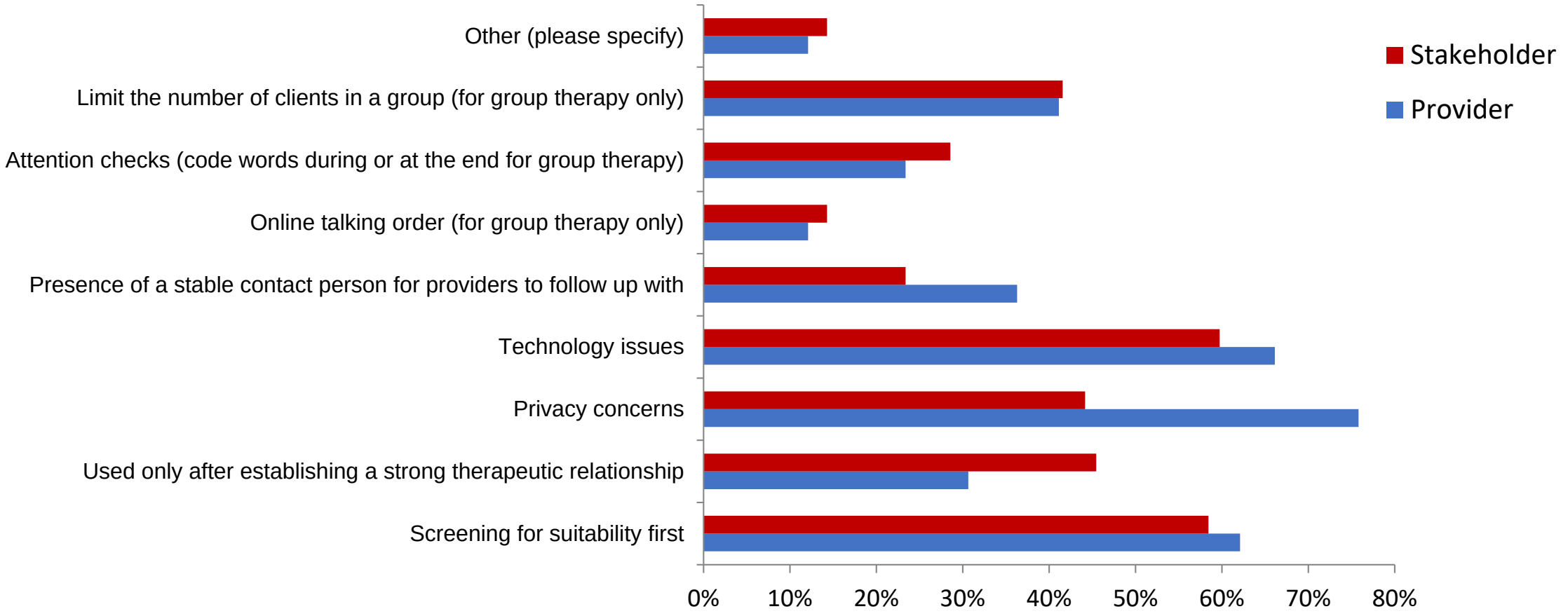
- Requiring clients having firewalls, certain access or devices in the informed consent (though clients may not be able to acquire them).
- Smartphones/phone for clients work just fine.
- Be present on camera during group
- Payment, treatment contracts with specifics on teletherapy.
- Telehealth consent forms
- Grants available for low income clients and those that live in remote communities.
- Client signing a disclosure statement acknowledging not near the victim during the session & no one else can hear or see the session.
- Institutions like prisons and halfway houses should offer private spaces for clients to use during teletherapy

Stakeholder

- I agree with all, except that a perpetrator should NEVER be living with the victim (SO cases), but of course not in victim presence (DV cases)
- I cannot select multiple answers: secure internet, reliable platform for both providers and clients, controlled environment
- A commitment from providers that they will provide a full session that closely replicates the in-person experience (content of meeting, skills development and length of time).
- Most clients are wanting to go back to in person groups. The agency who stayed open for smaller in person groups I feel had the best overall benefit for clients.

Stakeholders & Providers: TMH Guidelines - Protocols

What kind of guidelines or protocols should the DVOMB and SOMB suggest for effective telemental health services? (Select all that apply)



TMH Guidelines/Protocols

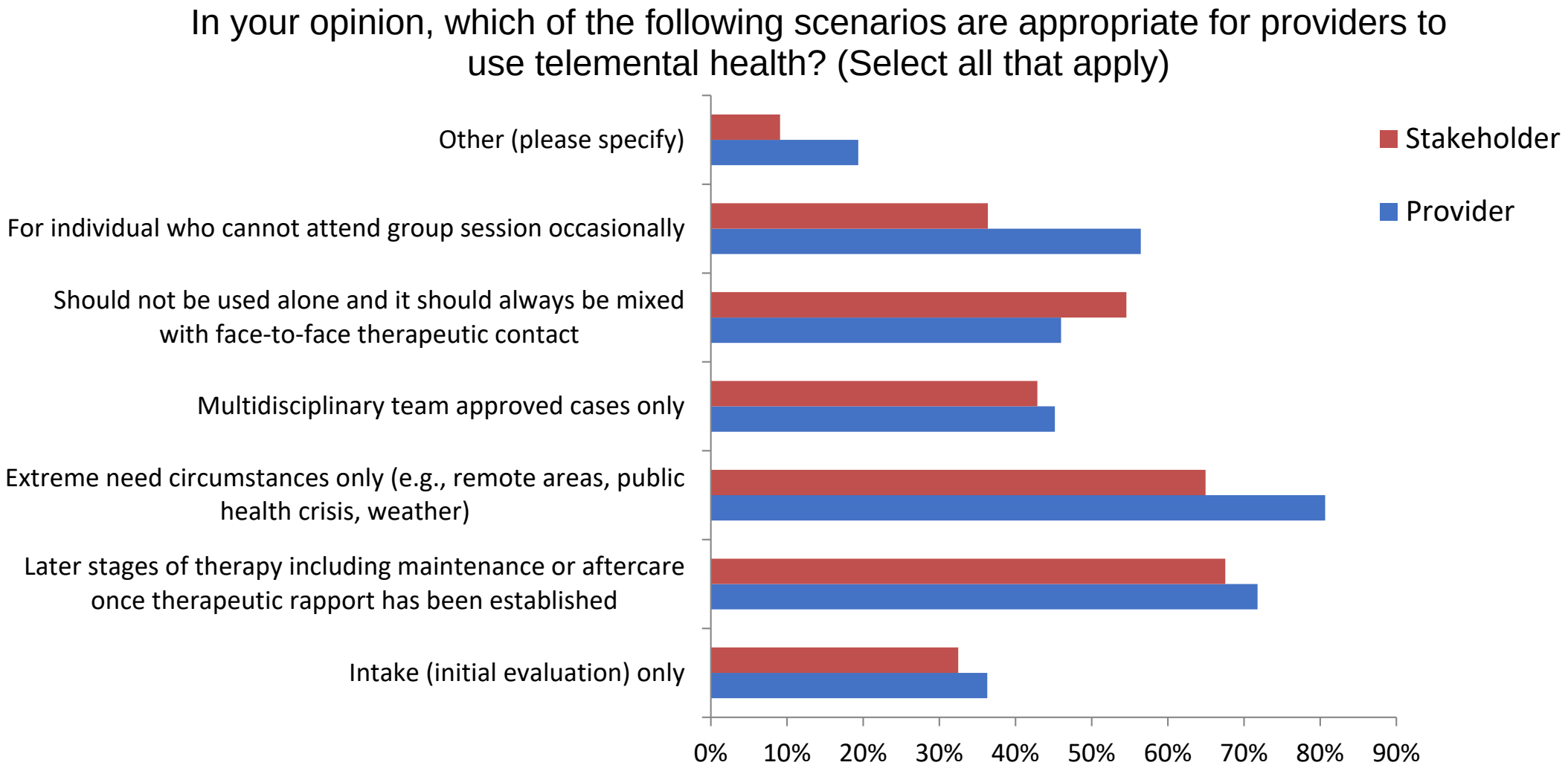
Provider

- Attention checks and talking orders are helpful group skills, but should not be dictated by SOMB/DVOMB
- Intake makes sense in this format; establishing a strong therapeutic relationship before TMH
- Ability of treatment providers to make determinations based on clinical judgment and collaboration with CSTs/MDTs
- SOMB guidelines are always appreciated as shoulds not many shalls
- we use breakout groups in zoom & limit our group size
- The validity and reason to utilize the service
- Our clients already struggle with communication and inappropriate human interaction…technology does not help
- HIPPA compliant platform

Stakeholder

- Therapists need to be engaged as well. I was told the therapist left the session to let her dogs out and was helping the DISH install guy when group was going on.
- MTT /CST should decide on TMH suitability
- A Quick check in for 15 minutes with no discussion is not therapy….
- I do not believe the clients are getting the full benefit from treatment without full face to face contact.
- Case by case
- Disqualification criteria: DD/ID, attention issues, prior attempts that have failed, etc.
- Where they can supplement classes at times.
- It should be discontinued.

Stakeholder & Provider Views on TMH Scenarios



TMH Suitability

Provider

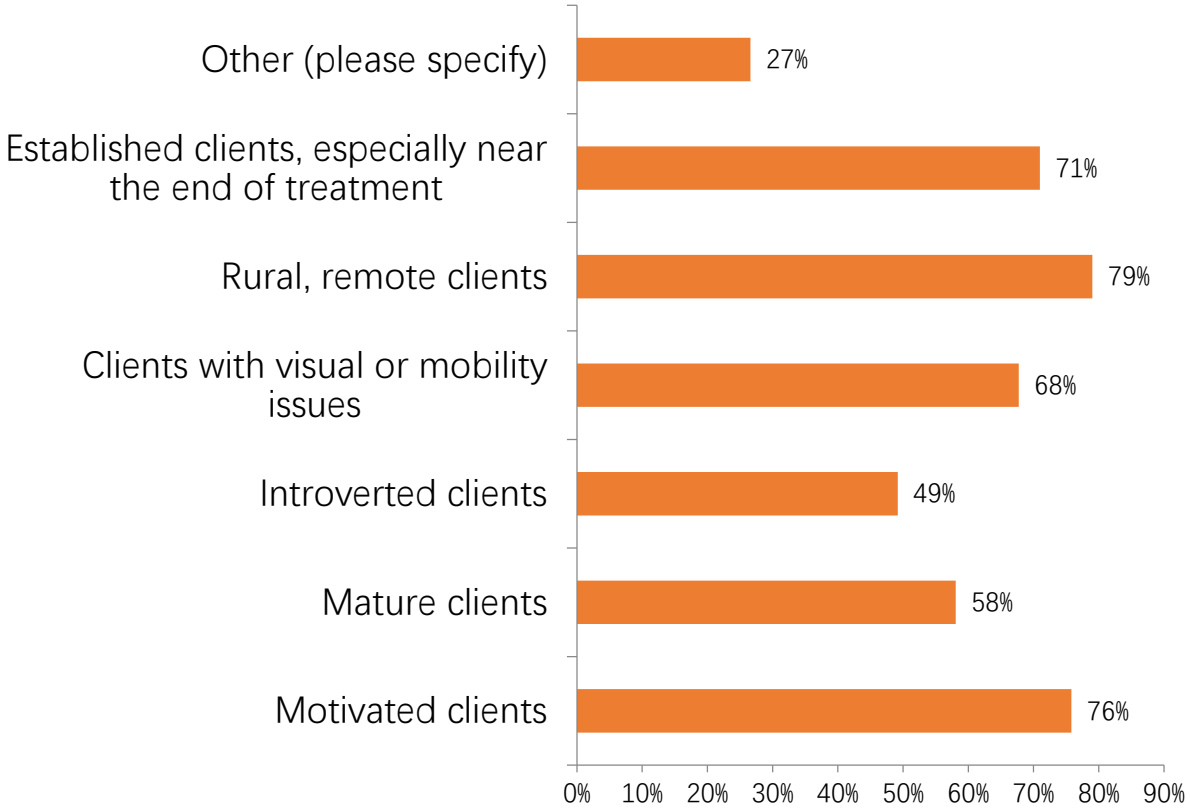
- MTT should be able to discuss and approve. Some DV eval may be appropriate.
- Clinician time off for self-care
- The cost of maintaining group office space and video will increase treatment costs to clients. Mixing a live group with a video is likely to cause more headaches. Providing group video treatment and individual face/face treatment to high risk clients would allow smaller office spaces and more effective treatment.
- I wouldn't want teletherapy to only be allowed in "later stages" of therapy. Sometimes the majority, or all of treatment, would be through teletherapy [MTT decision]. Sometimes you'd want to do face-to-face but not have it mandated.
- Clients who have past trauma and struggle in crowded waiting areas.
- Effective with clients that have had a FTF intake

Stakeholder

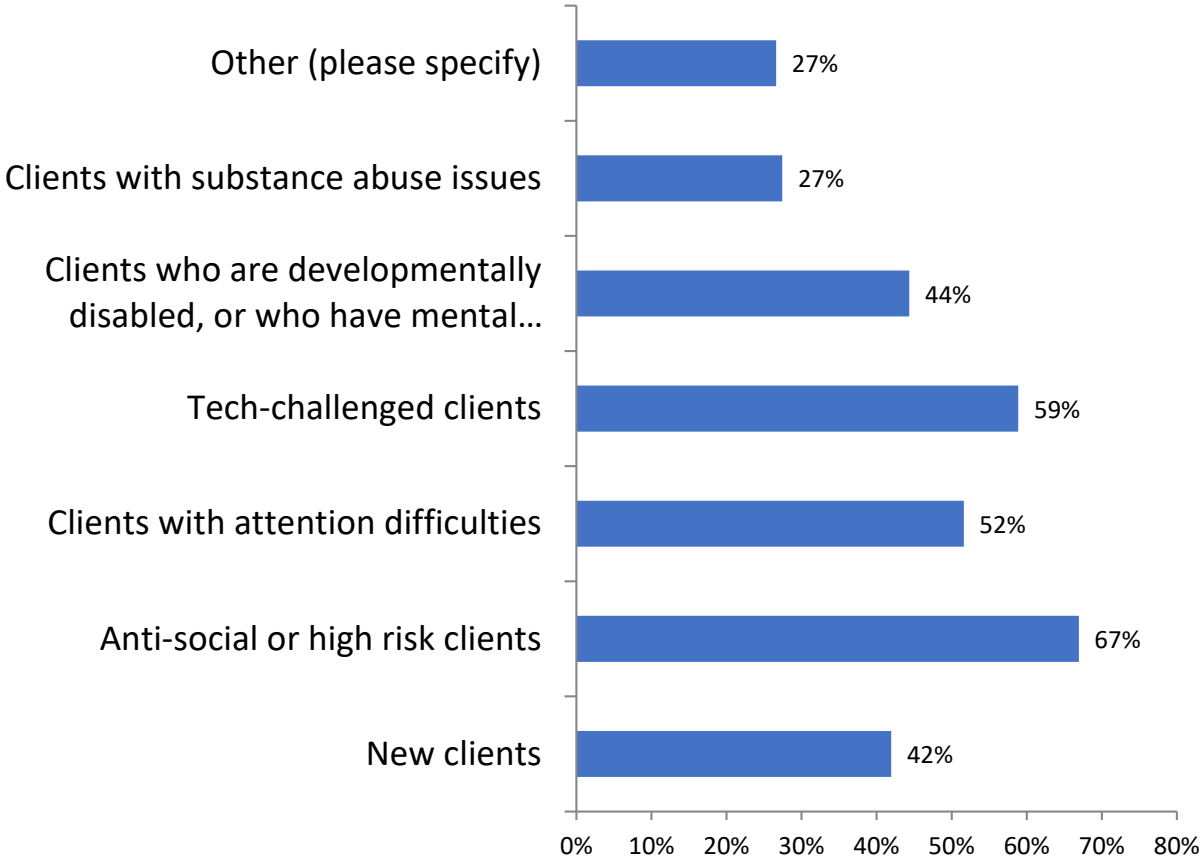
- The lack of best practices by the SOMB as indicated by the State Audit requires an evaluation of the entire treatment guidelines.
- This has eliminated transportation barriers. This also allows my clients to have access to groups/services that are offered in other probation districts.
- Rural and remote areas of the state benefit greatly from telehealth.
- Have in-person check in from time to time and not strictly via telehealth.
- It must be case by case
- It should be discontinued.

Provider's Views on Client Suitability

Clients more suitable for TMH



Clients may not be suitable for TMH



Provider Comments on TMH Suitability

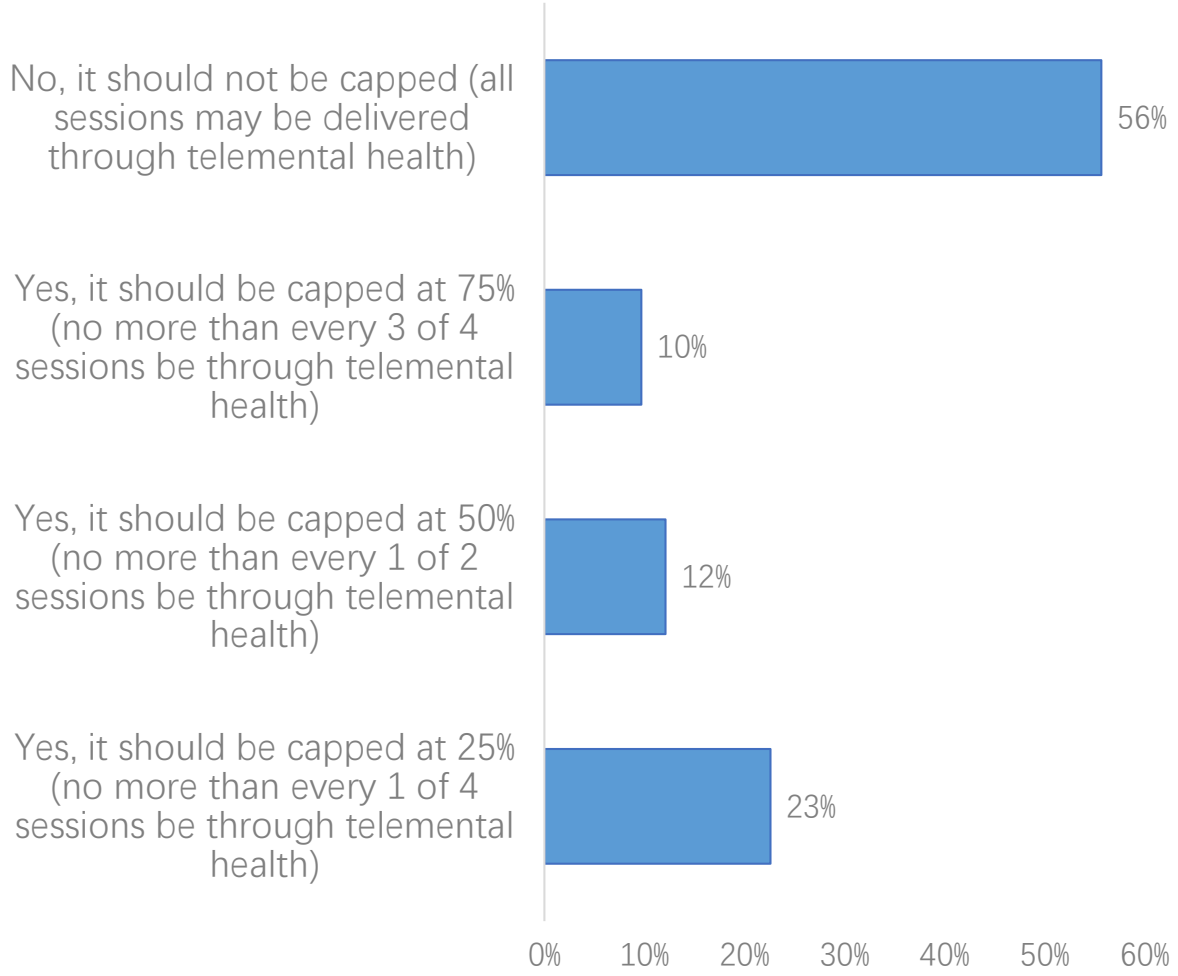
Most Suitable

- Immune-compromised/suppressed client; clients with mental health issues such as agoraphobia
- Clients who could pose a danger or threat to the clinician/agency
- Clients with social anxiety or those without a driver's license
- Clients who have a computer with a camera in a private room only
- Those who medically cannot attend

Least Suitable

- Clients who demonstrate unwillingness/inability to participate
- The EVAL should be used to help screen/FTF intake
- TMH suitable if clients are getting 2nd clinical contact
- Confidentiality & when victim is present
- Level C female offenders that appear appropriate; antisocial or high risk are probably not suited
- High risk level C clients that take no accountability/sociopaths
- SUD clients have had a high rate of relapse during isolation.
- Any client who has major health issues/difficulty conversing
- Case by case. Folks with auditory limitations/who engage in problem behavior during sessions
- Clients managing significant denial of offending behavior

Should TMH be capped at a certain limit?

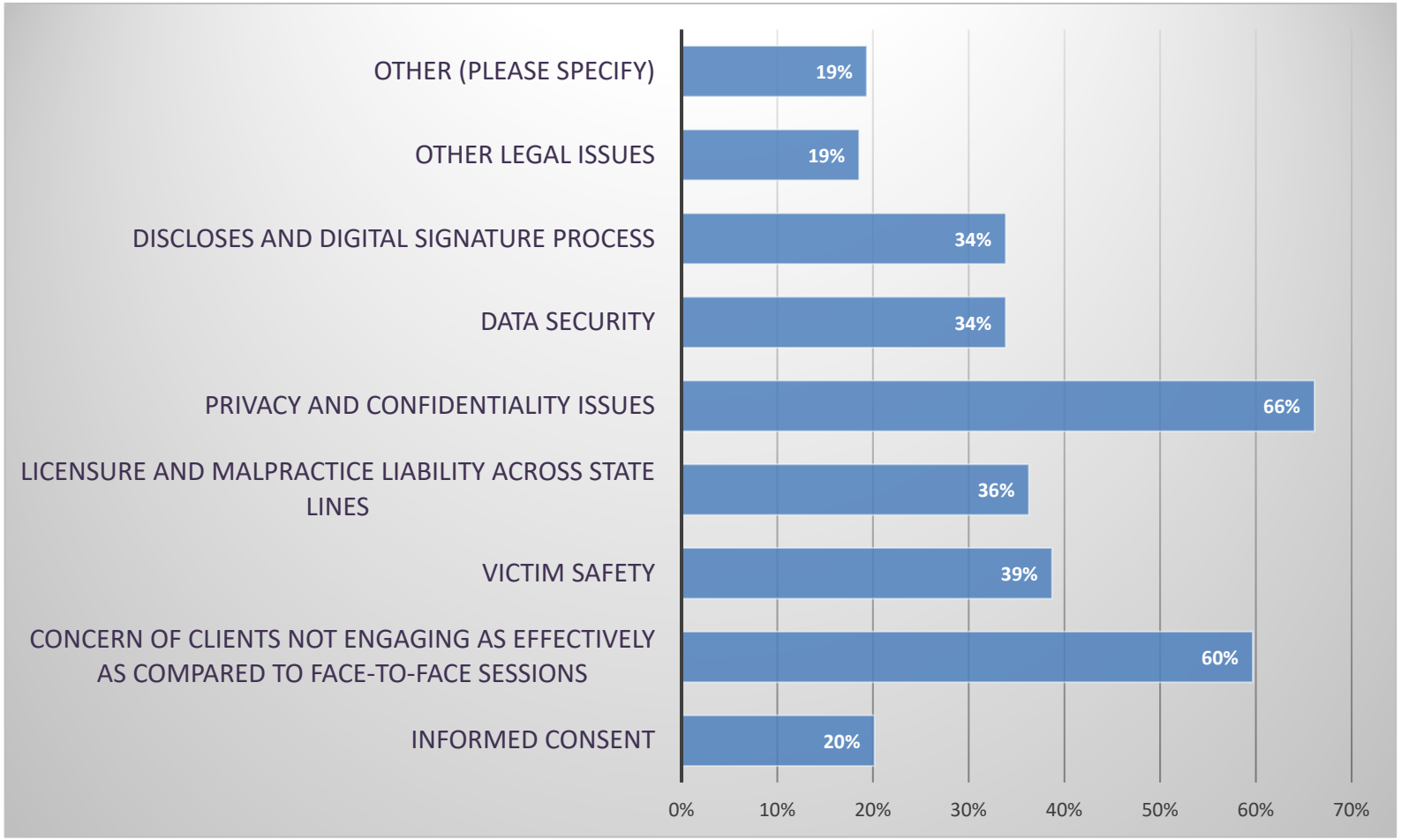


Provider Comments

- This depends on the reasons for the telehealth. Not capped for rural access but capped for occasional usage
- MTT / provider should consider suitability/frequency
- Decisions about the format for treatment should be made by providers in collaboration with CSTs/MDTs.
- It should be based on the agency and client need, not a board decision. There should always be a second option when appropriate and necessary.
- It varies and should be discussed between probation officer/CST/MDT and provider
- Group sessions via video and 1on 1 for high risk clients or clients in need
- This doesn't work at all - it has to be variable - conditional - tied to why telehealth is being used. It can be 100% when someone is sick or recovering from surgery.

Concerns about TMH

[Treatment Provider] What concerns do you have about telemental health? (Select all that apply)

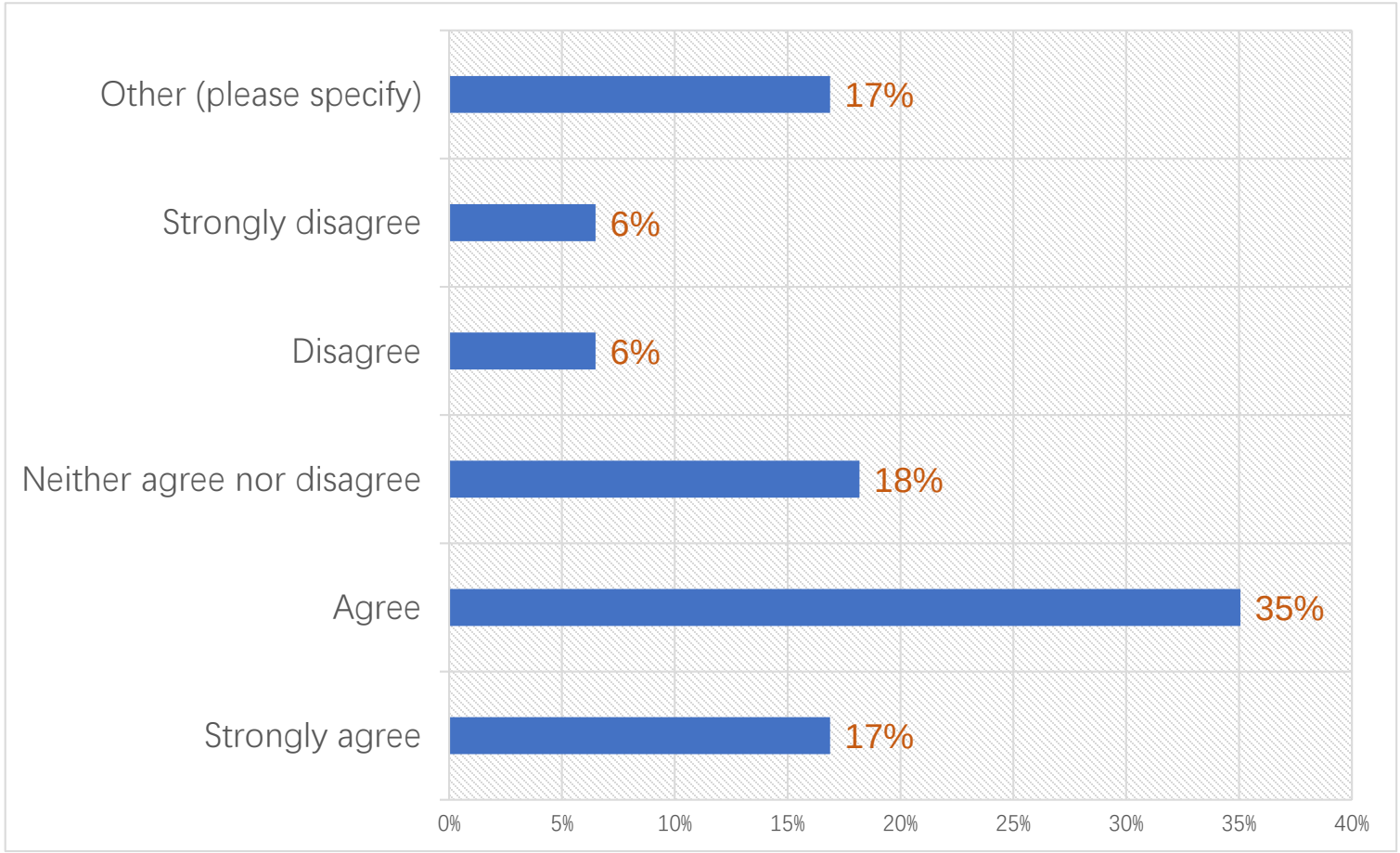


Provider Comments

- Homeless clients
- Increase workload
- Payment/Charges could be different
- SO clients are not allowed to be on the internet, so electronic signatures or digital paperwork would not work for clients unless they have monitored computer/internet access.

Stakeholder Views on Benefits of TMH

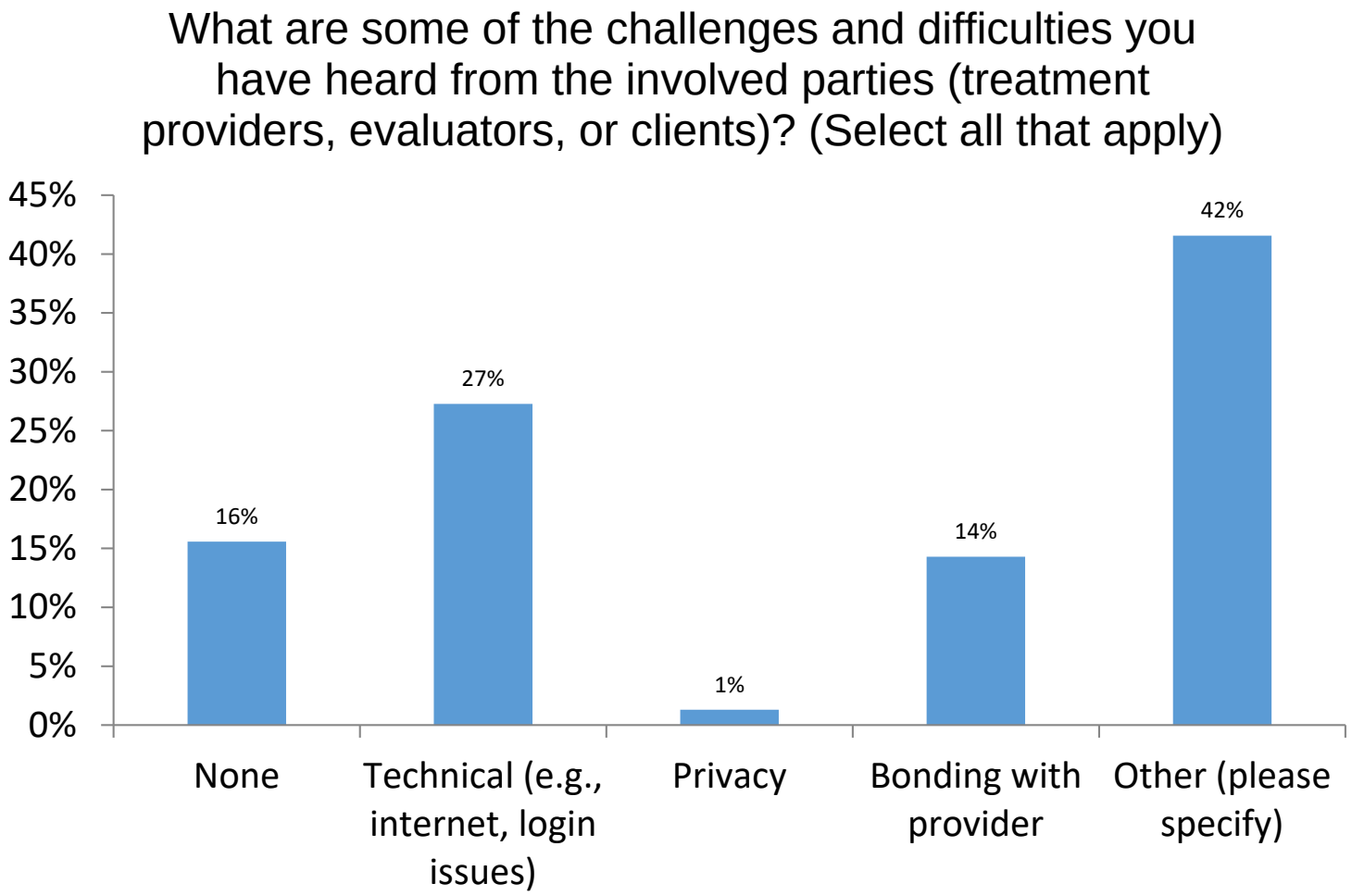
Have you recently received client feedback on the benefits and concerns of telemental health services? If you have, do you believe that telemental health services during the COVID-19 period have provided benefits to clients who have committed domestic violence or sex offenses?



Stakeholder Comments

- Mixed feedback from clients (e.g., talking over each other)
- Can't replace the in-person experience and interaction
- Accommodate Spanish speaking treatment
- "Client are ripped off by being charged the same and therapists are providing half-assed services"

TMH Challenges



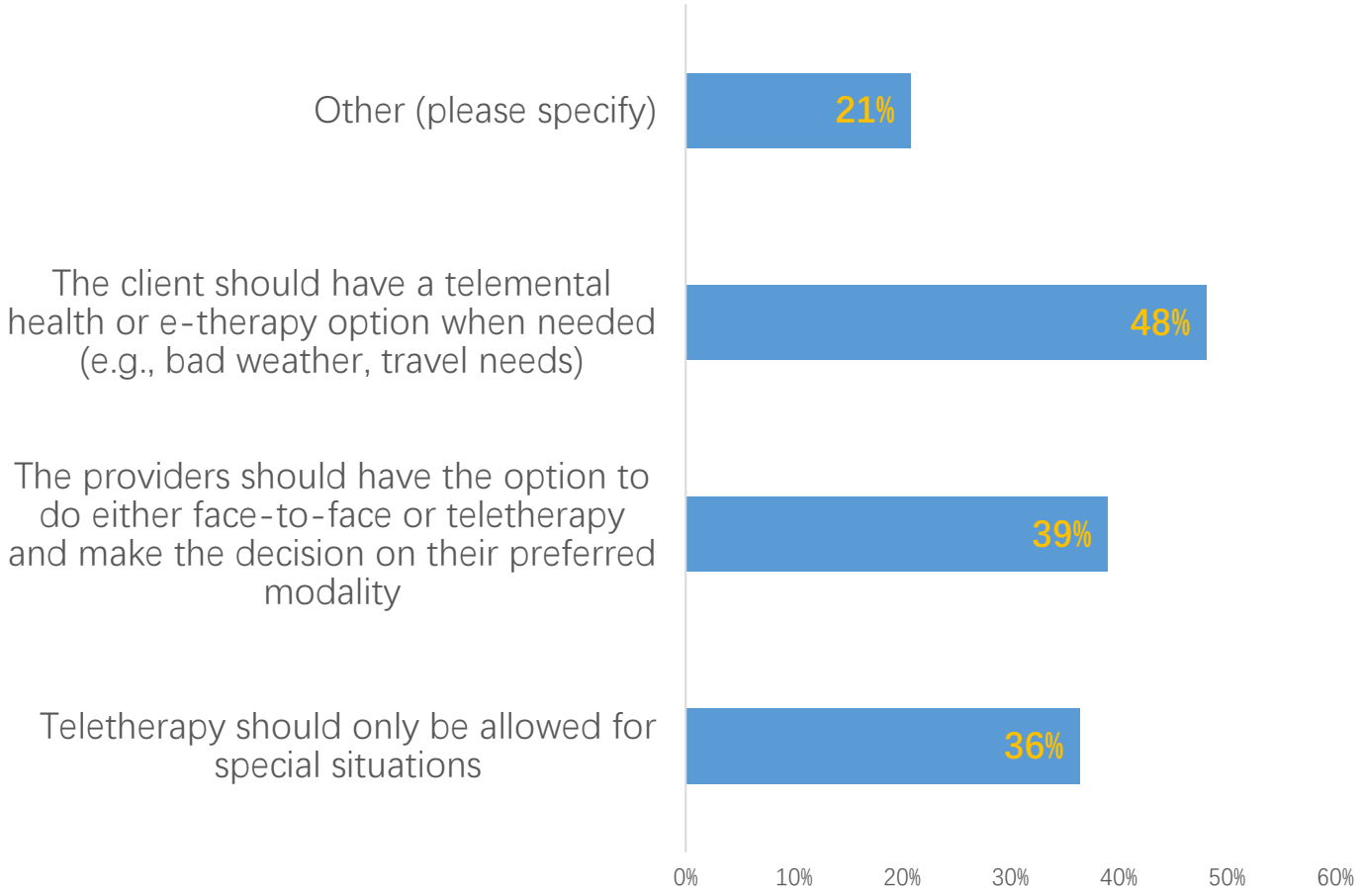
Note: The setting is wrong for this question. Stakeholders were not able to select all.

Stakeholder Comments

- Clients talking over each other
- Group therapy on phone is not beneficial
- Easier to "fall through the cracks“ for certain clients
- Lack of engagement, involvement, and accountability
- Easier for SO clients to manipulate
- Clients no access to technology; internet bandwidth and login issues for rural districts

Stakeholder View on Modes Interchangeability

Comparing telemental health and e-therapy to face-to-face treatment, do you believe that they should be used interchangeably?



Stakeholder Comments

- MTT and CST should decide appropriateness for TMH usage
- Client and providers should have some say in preferences
- More effective for youth
- Should be discontinued
- Only used in extreme cases

Final Comments from the Stakeholders

- Need to study recidivism rates and TMH
- Some clients thrived, some regressed
- Phone groups are not effective
- More access to specialized providers– Spanish speaking juvenile SO clients, female DV clients who are Spanish speakers, compliant clients who lack transportation and are lower risk, etc.
- Not appropriate for SO clients
- Greatly in need for remote/rural areas, help reduce stress/anxiety
- Possible after establishing therapeutic relationship
- Billing for an hour to the client or vouchered by the department and only doing 10 minutes is morally and fiscally inappropriate

Limitation & Conclusions

- Limitation: Not probability surveys, results are not generalizable
- Settings were wrong for 3 stakeholder questions
- Summary
  - Majority wants more TMH
  - Depends on the therapeutic relationship
  - For special circumstances only

Questions?

Any feedback is greatly appreciated!

- My contact info.: yuanting.zhang@state.co.us, phone: 303.239.4526