



## Telemental Health for Justice-involved Populations after COVID

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### 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-counseling (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).



## Research findings before COVID-19

- Majority of studies indicated that TMH is effective and at least not inferior to face-to-face modality in terms of clinical assessments and treatment outcomes (Chakrabarti, 2015; Hubley, et al., 2016; Sucala et al. 2012).
- 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).
- In general, clients were supportive of TMH, especially for treatment related to sexual abuse and sexual dysfunction (Tucker et al., 2006). Patients felt more at ease; more eye contact and felt more in control. Suitable for patients who are potentially assaultive, dangerous (Kocsis & Yellowlees, (2018).
- 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) are encouraged (Chakrabarti, 2015).

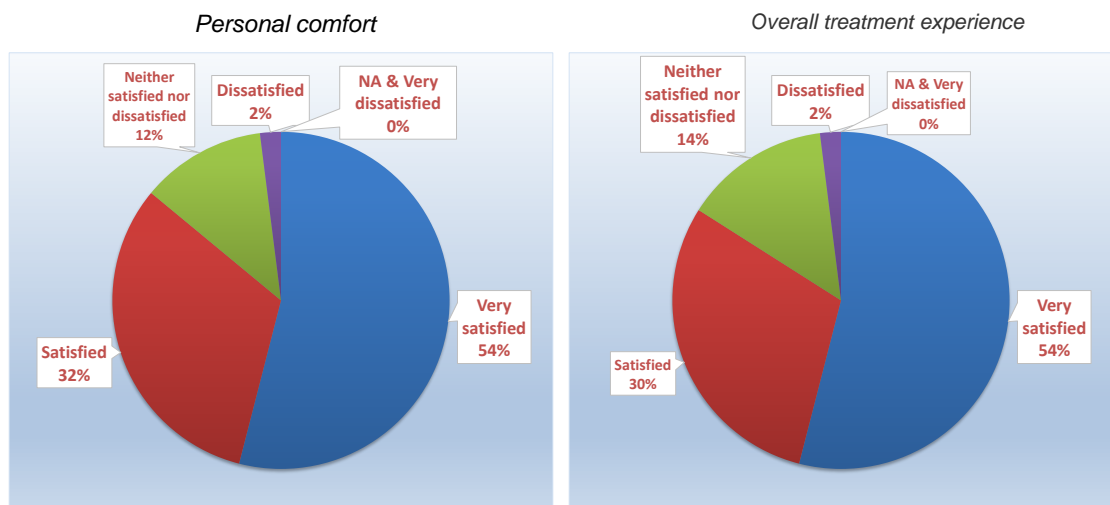
## Research findings during COVID-19

- End-to-end encryption for Clinicians (Iyengar and Fung, 2020) may use smartphones (in addition to computers) in delivering TMH (DeAngelis, 2020).
- Practical competence for clinicians to deliver online interventions, including assisting patients when they face logistical issues (Liem & Hao, 2020)
- Ireland example: TMH make can give the practitioners more time to focus on severe mental conditions (Bamijoko-okungbaye, & Idemudia, 2020).
- The biadaptive model separating mental health needs from criminogenic risk factors for justice-involved persons has shown promise (Morgan, Kroner, & Mills, 2018; Gaspar et al., 2019).

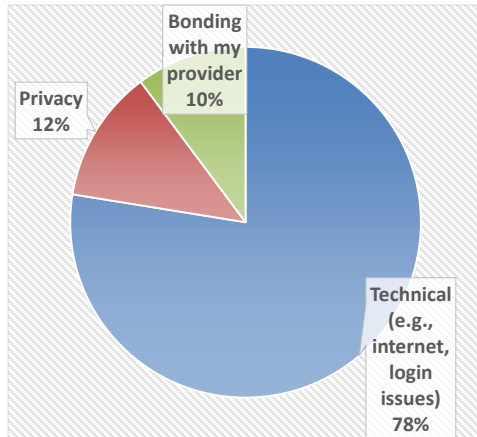
# SOMB Surveys

- 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



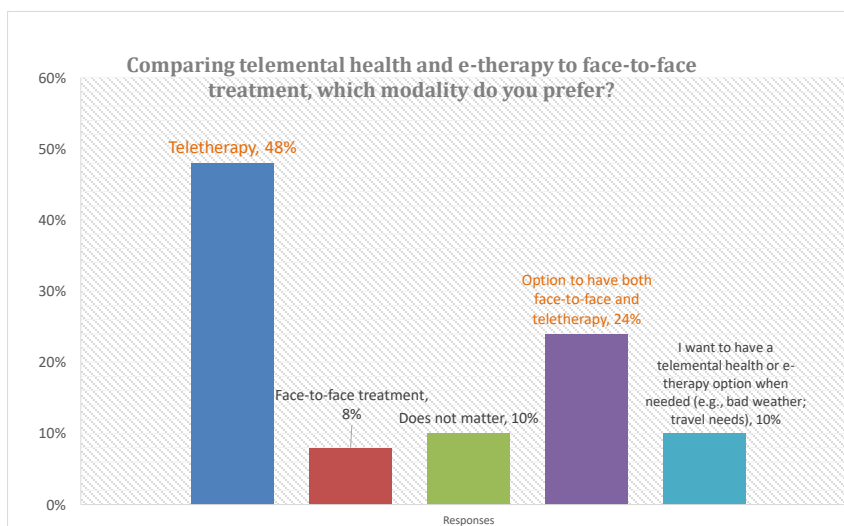
## Difficulties Clients Encountered



### 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



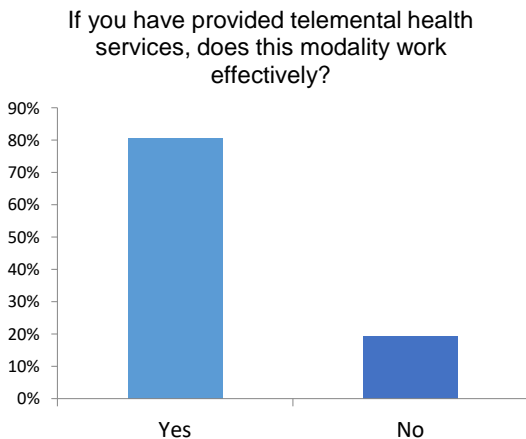
### Clients' Comments

- "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 Feedback

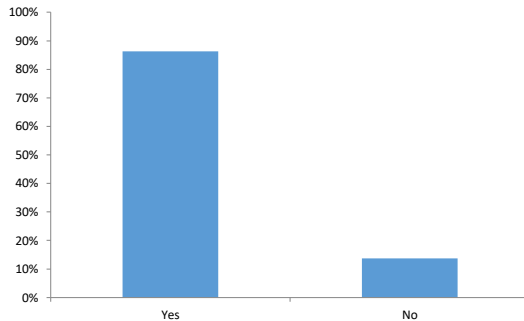


### Provider Comments

- 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 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?

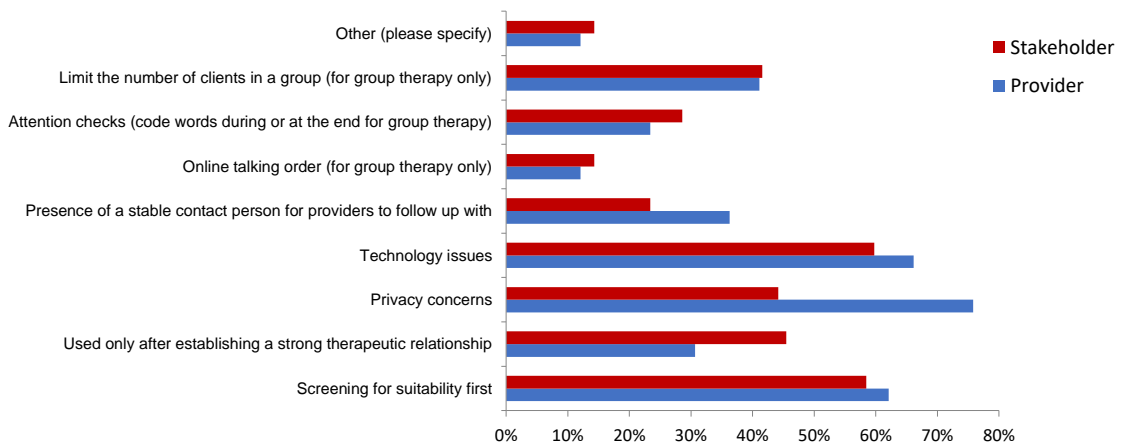


### Provider Comments on TMH after COVID

- 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.

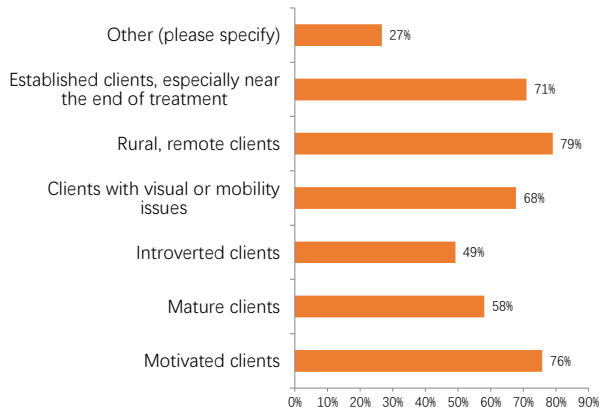
## Stakeholder & Provider Views on TMH Guidelines

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

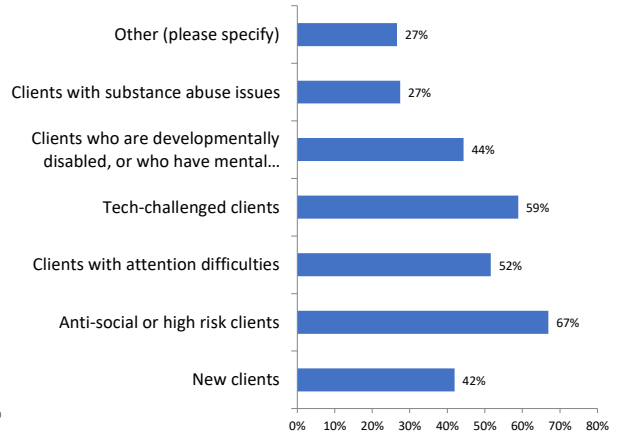


## Provider's Views on Client Suitability

### Clients more suitable for TMH

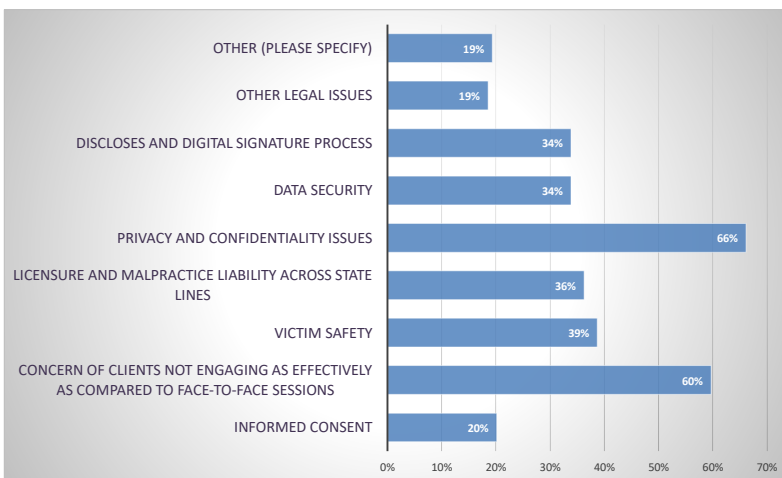


### Clients may not be suitable for TMH



## 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.

# Questions?

## Thank You!



Any feedback is greatly appreciated!

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