FUTURE SHOCK
Technology &
Psychoanalysis –
Doom or Zoom®?
The Ethical Practice of Telemental Health

FRANK J. CORIGLIANO, PH.D., PSYCHOLOGIST

MOBILE/DIRECT: 212-242-5033

DRCORIGLIANO@DRCORIGLIANO.COM
TWITTER @DRCORIGLIANO　LINKEDIN
Affiliations & Disclosures

Supportive Televisiting Services, Social Service Board, The New York Society for Ethical Culture, Director

Healthy Connections Psychological Services, PLLC, President

Frank J. Corigliano, Ph.D., Psychologist, P.C., President, Trainer

Choices Women’s Medical Center, Director of Telehealth

Division of Psychoanalysis, New York State Psychological Association, Member

Clinical Psychology Division, New York State Psychological Association, Representative to Council
Ever feel like you know you could do something new... exciting... maybe a bit dangerous?

but you just don’t fully understand how it’s going to work?
“Tele” in Context

- TelePsychoanalysis
- Telepsychology
- Telemental Health
- TeleMedicine*
- TeleHealth*
Telepsychotherapy
TeleCBT
TeleDBT
TelePsychoanalysis
TeleArtTherapy
TeleRehabilitation
TeleSocial Skills Training
Current Applications

- Schools
- Universities
- Hospital/Clinics
- Prisons
- Military
- Place of Work
Emerging Applications

- Community Centers
- Libraries
- Churches
- Temples
- Mosque
- Emergency Response Centers
- Homeless Shelters
- Mobile
Access & Delivery
Models of Telemedicine

- Institution to Institution
- Institution to Individual
- Individual to Individual
- Direct to Consumer
- Indirect to Consumer
Tele Mental Health

RESEARCH BASE
Neuropsychological Assessment

C. M. Cullum et al., 2006

Hildebrand, Chow, Williams, Nelson, & Wass, 2004

Parikh et al., 2013
Stain et al., 2011

Diagnosing neurological conditions brain injury & dementia
Loh, Donaldson, Flicker, Maher, & Goldswain, 2007

Lott, Doran, Walsh, & Hill, 2006

Weiner, Rossetti, & Harrah, 2011

Neuropsych Assessment & Diagnosis Surge

The field of neuropsychology has seen a surge in the use of VC technologies for assessment purposes
Consumer acceptability of brief videoconference-based psychological assessment in older individuals with and without cognitive impairment

traditional face-to-face testing vs examination by telepsychology

98% satisfaction rate
two-thirds indicated no preference

Even participants with cognitive impairment showed good acceptability of telepsychological assessment

Mili Parikh, Maria C Grosch, Lara L Graham, Linda S Hynan, Myron Weiner, James H Shore, C Munro Cullum

Clinical Neuropsychologist 2013, 27 (5): 808-17
Teleneuropsychology: evidence for video teleconference-based neuropsychological assessment

C Munro Cullum, L S Hynan, M Grosch, M Parikh, M F Weiner

Brief Battery of standard NP tests commonly used in the evaluation of known or suspected dementia

Tests were administered via VTC and in-person to subjects

200 adults, rural and urban settings, 83 with cognitive impairment and 119 healthy controls

highly similar results across VTC and in-person conditions, significant intraclass correlations between test scores

Findings remained consistent in subjects with or without cognitive impairment and in persons with MMSE scores as low as 15

VTC-based NP testing is a valid and reliable alternative to traditional face-to-face assessment using selected measures
MEASURES

- Mini-Mental State Examination (MMSE)
- Hopkins Verbal Learning Test-Revised
- Digit Span forward and backward
- Boston Naming Test – Short Form
- Letter and Category Fluency
- Clock Drawing
Video Teleconference Administration of the Repeatable Battery for the Assessment of Neuropsychological Status

Jeanine M. Galusha-Glasscock1, Daniel K. Horton1, Myron F. Weiner1,2 and C. Munro Cullum1,2,*

RBANS: (VTC) vs face-to-face (FF)

>55 YO with and without cognitive impairment

Forms A and B in VTC and FF counterbalanced

Similar RBANS scores obtained in both conditions

Generally high correlations between administration methods

Results support the feasibility and reliability of remote administration of the RBANS via VTC.
Telemedicine refers to the use of electronic communications to deliver health-related services from a distance, and is particularly useful in bringing specialty services to remote and/or underserved areas.
Psychoanalysis Online
5 Services Model

Psychoanalytic Assessment
- Triage & Case Assignment
- Brief Screeners
- Focused Projective Testing
- Comprehensive Psychoanalytic Evaluation

Intervention
- Psychotherapy
- Psychoanalysis

Psychoanalytic Supervision
- Specialty Supervision
- In Vivo Supervision
- Case Presentation Supervision
- Individual/Group Supervision

Psychoanalytic Consultation
- Interdisciplinary Consultation
- Integrated Care Consultation
- Cultural Competence
- Challenging Cases

Psychoanalytic Training/Education
- Telemedicine In-service
- Expanding Educational Opportunity
- Constructing Appropriate Referral Questions
Tele-Mental Health Assessment

Triage & Trauma
Brief Screeners
Clinical Interview
Focused Projective Testing
Comprehensive Personality Assessment
Suicide Risk and Safety Assessment
Return-to-Play Determination
Fitness for Duty Evaluation
Nuclear & Secure Facility Clearance

Mood assessment: depression, anxiety, trauma
Cognitive assessment: attention, executive functioning, memory, language, reaction time.
Behavioral analysis

Personality

Physiological: breathing, heart rate, blood pressure
Return to Play
Computer-assisted Psychological Evaluation
Manipulables

Computerization of tasks that require the use of manipulable test materials,

Or require the availability of equipment for the remote client as well as alteration in instructions and in some cases, administration procedures.
Psychology Technician

I'm a Psychology Technician

ψ

I solve problems

You don't know you have

in ways you can't understand
Common NP Domains

- attention
- memory reasoning
- problem solving
- visuospatial skills
- language
- motor functions
- academic skills
- emotional functioning

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Tele-Intervention

Connecting to create change

Psychotherapy
Cognitive Remediation
Medication Management
Coping Skills Training
Individual therapy
Couples
Family
Group
Skills Building
Peer to Peer

Brief psychotherapy: Brief comprehensive psychiatric emergency room
Targeted psychotherapy: CBT-I (Insomnia)

Virtual Reality For school refusal
Mindfulness distress tolerance
Emotional regulation
Distress tolerance
Exposure therapy
Assertiveness training
Psychological Intervention

The Rehabilitation of Attention,
The Enigma of Executive Functioning: Theoretical Contributions to Therapeutic Interventions,
Tom Manly, Sarah Ward, and Ian Robertson
Keith D. Cicerone

Learning and Memory Impairments,
The Rehabilitation of Neurologically Based Disturbances,
Elizabeth L. Glisky and Martha L. Glisky
Lynn M. Grattan and Marjan Ghahramanlou

Visuoperceptual Impairments,
Emotion-Related Processing Impairments,
Steven W. Anderson
Claire V. Flaherty, Anna M. Barrett, and Paul J. Eslinger

Models of Language Rehabilitation,
Jacqueline J. Hinckley

Apraxia,
Caroline van Heugten

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Tele-Consultation
Mayo Clinic & Telestroke

Cultural competence consultation
Interdisciplinary psychological consultation
Consultation/Liaison
Tele-Supervision
Sharing your expertise & Training the next generation

Specialty supervision & Cultural Proficiency

In vivo real-time supervision

Case presentation

Individual supervision

Group supervision

https://weillcornell.org/neuropsych
Tele-Psychoeducation

Telemedicine in-service

University Research Colloquium

Identifying signs & symptoms of developmental delays, learning disabilities, attentional challenges

Preventive care

Self-care

Healthy behaviors

Psychological first aid

Employee Assistance Programs
Obstacles to Telemedicine

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<th>Difficulty seeing or hearing</th>
<th>Lack of competence in clinical teleconferencing work</th>
<th>Biases toward on-site practice</th>
<th>Poor Outreach &amp; Engagement</th>
<th>No Telemedicine Coverage</th>
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<td>Competency-based Telepsych Training</td>
<td>Institutional Support &amp; Exposure</td>
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<td>Payment Parity</td>
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Top 3 Barriers to Mental Health Evaluation & Treatment

1. Treatment not confidential; could constrain future job assignments and career advancement

2. Medications may have unpleasant side effects

3. Even good mental health care is not effective

Barriers to Access to Mental Health Care for Military Families

- Emotional challenges
- Cost-prohibitive
- Cultural barriers
- Caregiving Responsibilities
- Inconsistent, unclear, and often harsh community engagement
- Inconvenience
- Limited number of culturally competent and trained medical professionals
Costs

Cost of treatment
Cost of transportation
Cost of childcare
Cost of pet care
Mistrust

Mistrust of military providers
Mistrust of civilian providers
Mistrust of mental health providers
Stigma, Shame, Guilt

Culture of strength

Avoidance of weakness

Concern about fitness for duty

Cultural barriers of
  ◦ independence
  ◦ Denial of problems
  ◦ Mistrust of doctors

History of inconsistent unclear and often harsh attempts at community engagement
Telepsychology can help

- Depression and Sadness
- Prenatal Health Care
- PTSD
- Traumatic Brain Injury
- Anxiety, Stress, & Coping Skills
- Post-partum Therapy
- Addiction Treatment
- Trauma-informed Care
- Grief & Loss
- Domestic Violence Support
- Self-harm and Risky Behavior Counseling
- Family Therapy
- Healthy Relationship Courses
- Refugee & Emergency Triage
- Transgender Care
- Military Sexual Abuse
Theoretical Underpinnings of TeleMental Health
Factors to Consider

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<th>Technological</th>
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<th>Licensure</th>
<th>Reimbursement 90845</th>
<th>Safety</th>
<th>Documentation</th>
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<td>supervision</td>
<td>hardware</td>
<td>Telemedicine training of doctor and patient</td>
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<td>emergency plans</td>
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<td>competency</td>
<td>software</td>
<td>Cultural competency</td>
<td>Practicing medicine without a license</td>
<td>grant funded</td>
<td>back up in case of technology failure</td>
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<td>Appropriate ness of patient</td>
<td>connection</td>
<td>Able to use &amp; troubleshoot</td>
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<td>Insurance</td>
<td></td>
<td>progress notes</td>
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<td>Appropriate ness of setting</td>
<td>support</td>
<td>Digital Immigrant Digital Native</td>
<td></td>
<td>Medicaid/Managed MCR</td>
<td></td>
<td>Transfer and termination</td>
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Digital Immigrant Digital Native

Cultural competency

New York State Licensed Jurisdiction

Telemedicine training of doctor and patient

Able to use & troubleshoot

Digital Immigrant Digital Native

Emergency plans

Medicaid/Managed MCD

Medicare/Managed MCR

Private Insurance

Supplemental Insurance

Grant funded

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Legal

National and state laws, rules, regulations, guidelines
National and State Psychological Association guidelines
Professional Association Guidelines

APAIT Sample Electronic Communication Policy

https://trustinsurance.com/Resources/Articles/ArticleType/ArticleView/ArticleID/34
Ethical Consultation APAIT

Dr. Dan Taub, Psychologist: 030217 THUR 04:00 PM

Telemedicine: “Our policy will cover you for anything you do that is psychology related. Telehealth is a very broad topic and a very hot topic in the psychology world. Speak to one of our attorneys that is also a psychology”

Q: Can a patient request PHI be sent via email?

A: It is very clear that you can use email.

Do you want to use email, they say yes in the consent. Only emailing, administrative information, canceling appointments, rescheduling. Clinical information as well.
Ethical Consultation APAIT

**Outgoing**

Appriver, hushmail. I would not advise sending to a gmail account.
hushmail will send an email

**Incoming**

They can do whatever they want.
Ethical Consultation APAIT

What happens if patient requests PHI to gmail and I do it?

If you are in your role as a psychologist, this is one of those areas that you could argue

email is not secure...

Sample consent form Trust insurance.com sample electronic communication resource

If sending to another professional, must take steps to be sure that it is secure, must use system.
Ethical Consultation APAIT

Respect to text: HIPAA is not clear, technology has outstripped the legal, do the same as with email, get the client's agreement. Be sure the client knows that texts are not secure and not a good way to share clinical information.

You can not promise to get back to them in any given period, not for emergency purposes.
Ethical

Supervision

Competency

Appropriateness of patient

Appropriateness of setting
Technological

Hardware
Software
Connection
Support
Special Considerations
Competency

Telemedicine training of doctor and patient
Cultural competency
Able to use & troubleshoot telehealth system
Digital Immigrant Digital Native
Licensure

New York State Licensed

Jurisdiction

Practicing medicine without a license
Reimbursement

Private Play

Grant Funded

Insurance

Medicare Managed/MCR

Medicaid Managed/MCD

Private Insurance

Supplemental Insurance
Reimbursement

Who is the payer?
• Private Pay
• Full Fee
• Sliding Scale
• Governmental Payers
  • Medicare
  • Medicaid
• Managed Plans
  • Managed Medicare
  • Managed Medicaid
• Commercial Insurance

Who is the patient?

Where is the patient?

What is the service?
90845 CPT

What is the provider type?
## Who is the Payer?

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<th>Governmental</th>
<th>Commercial</th>
<th>Military</th>
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<td>Grant Funded</td>
<td>Medicare</td>
<td>Blues</td>
<td>TriCares</td>
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<td>Agency Supported</td>
<td>Medicaid</td>
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<td>Managed Medicare</td>
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<td>Boutique Style Practice</td>
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<td>Letter Carriers Union</td>
<td>TriCare For Life</td>
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Who is the “patient”? 

Couple 
Individual 
Family 
Child 
Organization 
Psychologist 
Agency
Where is the patient?

Clinic
Hospital
Skilled Nursing Facility
Home
Deployed
Work
Who is the Provider?

Psychologist
Psychiatrist
Marriage & Family Therapist
Social Worker
Counselor
CASAC
Art Therapist
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<th>Code</th>
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<td>90791</td>
<td>Psychiatric diagnostic interview without medical services</td>
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<td>90832</td>
<td>Individual psychotherapy, 30 minutes</td>
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<td>90834</td>
<td>Individual psychotherapy, 45 minutes</td>
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Safety

Emergency plans

Back up incase of technology failure
Core Documents

Consent
Psychiatric Evaluation/ Intake
HIPPA Forms
Business Associate Agreement (BAA)
Social Media Policy
Progress Notes
Emergency Protocol
Transfer and termination
Gaining confidence through experience & knowledge

APA Guidelines
APA Division 29, Psychotherapy Report

ATA Guidelines, 2013
ATA Guidelines, 2009

New York State Board of Psychology Practice Alert

Department of Defense Guidelines, 2013
APA Guidelines for the Practice of Telepsychology, 2013

I. Competence of the psychologist

II. Standards of care in the delivery of telepsychology services

III. Informed consent

IV. Confidentiality of data and information

I. Security and transmission of data and information

II. Disposal of data and information and Technologies

III. Testing and assessment

IV. Interjurisdictional practice

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# DOD Telemental Health Guidebook, 2013

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Continuum of Community-Engaged Mental Health Care

- **Community-based Consultation**
  - Telemedicine Consultations with Community Leaders

- **Community-based Assessment**
  - Community members are referred for assessment at local community institution

- **Community-based Short-term Treatment**
  - Community members return to community institution to receive short-term care

- **Ongoing Treatment**
  - Community member transitions to office-based care, continues with community-based telecare, or a combination of both
How much Telemental Health is right for you & your patients?
Special Sessions

Emergency Sessions
Extra Sessions
Make-up Sessions
Shifting Sessions
Special Services & Boutique Practices

Psychoanalysis
Intakes & Options
Counseling
Follow-ups
Collaterals
Skills coaching
In vivo treatment
Travel and Transitions

Bicoastal
Away at school
House upstate
Fire Island
APA convention
Snow Birds
Full Telepractice

No geographic barriers to access
Able to service multiple facilities, regions, deployment settings
Able to provide patient-based access to care
The patient location drives the service rather then the doctor’s location
Potential mobility for the doctor
Unprecedented ability to integrate specialty consults
Case Study: Supportive Televisiting Services

Building Resilience & Reducing the Trauma of Separation
Collaborators & Supporters

The New York Society for Ethical Culture
The Social Service Board
Be the Evidence Project & Fordham University
The Jericho Taskforce
Cisco Systems
New York Yankees
Tipping Point for Telemedicine

Within 5 years more clinical sessions will be conducted via telehealth (2014 ATA citation)

Telepsychiatry (TP) has been in use for more than 40 years. A recent article in the *American Journal of Psychiatry* found telemedicine-based depression treatment can yield better outcomes than care with locally available staff (Fortney et al., 2013).

Given the demonstrated effectiveness and acceptability among patients, providing a comprehensive training program to DB psychiatrists will position our members on the leading edge of technological advances in the field.
Mobile Apps

THE PSYCHOLOGIST IN YOUR POCKET
Mobile Apps for Mental Health

Mood Management
Cognitive Remediation
Trauma Treatment
Health Tracking
Exercise
Suicide Prevention
Child Care
Army Family Readiness Groups
Telemental Health Apps
T2 Dream EZ

Dream EZ, is based on a nightmare treatment called imagery rehearsal therapy (IRT). -Dr. David Cooper, a psychologist, T2 mobile apps lead

A dream log with a rating function – to track the intensity of dreams

Sleep tools such as muscle relaxation and diaphragmatic breathing exercises to help the user reduce feelings of stress and anxiety, and promote better sleep

Reminders prompt users to practice the new version of the dream before going to sleep, and to log the previous night’s dream after they awake

A summary section that users can share with their health care provider to show how they’ve been doing between appointments.
Training Resources

Supportive Televisiting Services
- Social Service Board
- BPGNY
- NY Chapter APA
- AHMHA

Northeast Region TeleHealth Center

TeleMental Health Institute
- Marlene M. Maheu, Ph.D.
- Monthly webinars, single topics, full certification $1,500
  - [http://www.telementalhealthinstitute.com](http://www.telementalhealthinstitute.com)

Online Therapy Institute
- DeeAnna Nagel, LPC, DCC & Kate Anthony, DPsych, FBACP
- Monthly Open Office Hours in SecondLife
- Online Workshop Modules
- Certificate Programme $1,500
  - [http://www.onlinetherapyinstitute.com](http://www.onlinetherapyinstitute.com)

Zur Institute
- [http://www.zurinstitute.com/telehealthresources.html](http://www.zurinstitute.com/telehealthresources.html)

Dr. Frank J. Corigliano
- [www.DrCorigliano.com](http://www.DrCorigliano.com)
Questions & Notes