


Telepsychology, Clinical Presence, and the Therapeutic Relationship

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Continued Impact of COVID-19
Social, Clinical, Professional, and Personal Changes

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Social Impacts of COVID-19

- Isolation
- Anxiety/Depression/Trauma
- Unpredictable futures
- Financial uncertainty and strain
- *Deaths of Despair*
- Shelter-in-place orders
- Changing understandings of the virus
- Closing of schools
- Increase in interpersonal violence reports
- Others?

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Impact of COVID-19 for Psychologists

conomic Impacts, loss of work.

- Closing of physical offices.
- Swift move to telepsychology.
- Concern for the physical wellbeing of our clients and of ourselves.
- Economic impacts/loss of work.
- Impact to graduate studies and internships.
- Others?

Others?

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Professional Impacts of COVID-19

- Legal and ethical issues for our practices.
 - e.g. interstate licensing.

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Personal Impacts of COVID-19

- Isolation
- Unpredictable futures
- Financial uncertainty and strain
- *Living at work*
- Parenting: *Zoom Kindergarten*
- Fatigue and burnout
- Others?

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Basic Existential Concerns for Humans

- Death
- Isolation
- Identity
- Freedom/Responsibility
- Meaning


(Taylor & Nanney, 2011, p. 195)



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Isolation

• Isolation, from an existential viewpoint, represents a felt psychological experience rather than a physical one. It represents the degree to which one's subjective experience of the world can be related to or, at the very least, understood by others (Taylor & Nanney, 2011, p. 197).



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| Isolation and Presence | |
| | <p>•The therapeutic relationship is uniquely geared towards addressing the heightened sense of psychological isolation during this time.</p> |

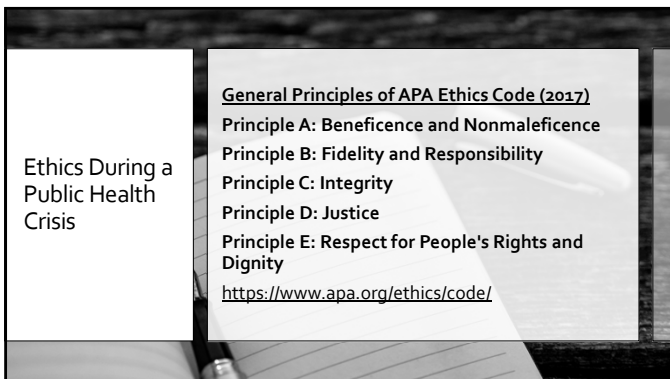
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Ethics During a Public Health Crisis

Section 2: Competence
2.02 Providing Services in Emergencies
 In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended, or appropriate services are available.
2.06 Personal Problems and Conflicts
 (a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.
 (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.

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Ethics During a Public Health Crisis

Section 3: Human Relations
3.04 Avoiding Harm
 (a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.
3.10 Informed Consent
 (a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person **or via electronic transmission** or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (emphasis added)

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Ethics During a Public Health Crisis

Other aspects of ethics to consider:
 Section 4: Privacy and Confidentiality
 Section 6: Record Keeping and Fees
 Boundaries
 Possible interruption in practice –
 • Staying with telehealth post-pandemic?
 • 3.12 Interruption of Psychological Services
 Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations.

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Ethical and Legal Issues of Telepsychology: Guidelines for the Practice of Telepsychology (2013)

Guideline 1: Competence of the Psychologist
 Psychologists who provide telepsychology 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.

Guideline 2: Standards of Care in the Delivery of Telepsychology Services
 Psychologists make every effort to ensure that ethical and professional standards of care and practice are met at the outset and throughout the duration of the telepsychology services they provide.

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Guidelines for the Practice of Telepsychology (2013)

Guideline 3: Informed Consent
 Psychologists strive to obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements that govern informed consent in this area.

Guideline 4: Confidentiality of Data and Information
 Psychologists who provide telepsychology services make reasonable 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 use of the telecommunication technologies, if any.

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Guidelines for the Practice of Telepsychology (2013)

Guideline 5: Security and Transmission of Data and Information
 Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information relating to their clients/patients from unintended access or disclosure.

Guideline 6: Disposal of Data and Information and Technologies
 Psychologists who provide telepsychology services make reasonable efforts 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.

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Guidelines for the Practice of Telepsychology (2013)

Guideline 7: Testing and Assessment
Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services.

Guideline 8: Interjurisdictional Practice
Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders.

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Breakout Rooms

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Q & A

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Determining Whether Telehealth is a Good Option for the Patient

- Does the client have access to a telehealth platform, and are they able to use it?
- If this is ongoing treatment, is the client making progress? Is there decline?
- Is the next phase in treatment feasible for continuing remotely, or does it require face-to-face contact?
- Documentation is key.

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Russell and Essig (2020) Guidelines for Patients Using Telepsychology

- Privacy
 - Comfort
 - Tissues and a glass of water
 - Take time before and after session
 - Turn off all other devices
 - Consistency – same place, same time
- Russell, G.I. & Essig, T. (2019). Bodies and screen relations: Moving treatment from wishful thinking to informed decision-making. In A. Govrin & J. Mills (Eds.) *Innovations in Psychoanalysis: Originality, development, progress* (pp. 228-249). Routledge.

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Guidelines for Patients Using Telepsychology

- Know where your patient is:
Address
Location of parked car
Color of car/License #



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WA State Laws and Guidance: Pre-2020

- [Office of the Attorney General memorandum on telepsychology \(2017\)](#)
- [Telepsychology guidelines](#) from Examining Board of Psychology
- [SB 5175](#) (2015) – requires commercial payers and Medicaid to pay for telehealth treatment if they would pay for the treatment if it was provided in person, as long as the individual plan covers telehealth
- [SB 6519](#) (2016) – established the [Washington State Telehealth Collaborative \(WSTC\)](#) and further defined payment requirements for telehealth
- [SB 6399](#) (2018) – directed the WSTC to develop a payment pilot program, as well as to make recommendations regarding training

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Laws, Proclamations, and Orders: During 2020

- [SB 5385](#) (2020) – will require payment for telehealth to be equivalent to payment if the treatment was delivered in person. This will become effective in plan year 2021. *Note: Went into effect on 3/25/2020 by [Proclamation 20-29](#) signed by Governor Inslee and stays in effect "until the termination of the COVID-19 State of Emergency or May 31, 2020, whichever occurs first."
- In [Proclamation 20-24.1](#) (signed 5/18/2020), the Governor wrote, "I support extending Proclamation 20-29, which requires telemedicine payment parity through year-end 2020, when the new parity law in SB 5385 will formally take effect. However, the extension must be approved by the Legislature."
- In [OIC Emergency Order No. 20-02](#) (signed 3/24/2020), Insurance Commissioner Mike Kreidler stated that non-HIPAA compliant platforms could be used for telehealth and that audio-only telephone is included in the definition of telemedicine.

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Law Taking Effect in 2021

- [SB 6061](#) (2020) – will require training for any provider using telehealth. Find the free 20-min training video created by WSTC under [Telehealth Tools](#) (scroll down the page).
This law takes effect on January 1, 2021. The law also allows providers to meet this requirement by completing an alternative telemedicine training that is similar to the WSTC's training.

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New Normal?

From legal and practical standpoints, there are more questions than answers:

- Will telehealth payment parity remain in effect before the original laws effective date of 1/1/2021?
- Will audio-only telephone still count in the WA State definition of telemedicine?
- Will the CMS waivers for audio-only telephone and home-based services remain in effect?
- Will non-HIPAA compliant platforms continue to be allowed to be used?
- Will commercial insurance companies change their requirements for telehealth billing... again?
- Will many of us NOT return to our offices? From [Slate.com](https://www.slate.com): "Therapists Are Doing Sessions in Locked Bathrooms While Patients Call in From Their Cars; Sessions have moved out of the office. Will we ever go back?"

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Principle E: Respect for People's Rights and Dignity

•Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination

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COVID-19: The Disproportional Impact on Marginalized Groups

- Safety risks to people of certain ethnic, racial, and Identity Groups
- SES, Age, and Health Inequities
- Unstable Living Situations/Homelessness
- Stigma, Xenophobia, and Discrimination
- Loss of Religious Supports, Rituals, Communities
 - (Psychology Training Diversity Enhancement Council, 2020)

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Providing Multiculturally Sensitive Care

- Approach our recommendations with cultural humility and appreciate the limits of our own knowledge; be mindful of our biases, ask questions, and approach ourselves and others with compassion.
- Ask patients about the fit of our recommendations and/or treatment plans, and engage in collaborative problem-solving for anticipated barriers.
- Contribute to the spread of accurate information.
- Practice compassionate and deliberate self-care; be aware of signs of burnout – we cannot engage in effective care of others if we do not care for ourselves.
 - (Psychology Training Diversity Enhancement Council, 2020)

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COVID-19: Neurological and Cognitive Impacts * (of what we know so far)**

- Loss of taste and smell
- Confusion
- Encephalitis (Inflammation in the Brain)
- Guillain-Barre Syndrome
 - Ellul, M.A., et al. (2020). Neurological associations of COVID-19. *The Lancet Neurology*, online 2020 19:9, 767-783.
- Headaches
- Dizziness
- Weakness and Fatigue
- Eye movement problems
- Seizures
- Stroke
- Delirium
 - Fotuhi, M. et al. (2020). Neurobiology of COVID-19. *Journal of Alzheimer's Disease* 76:1, 3-19.

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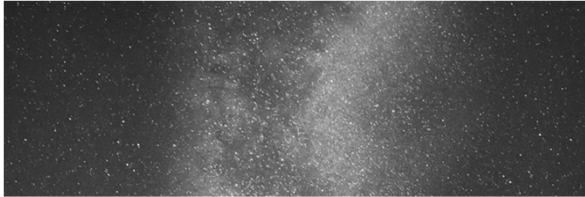
COVID-19: Neurological and Cognitive Impacts * (of what we know so far)**

- Lack of Focus
- Foggy Brain
- Difficulty processing information
- Physical/Nerve pain interfering with sleep
 - (Client Reports)

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| Case Study: COVID-19 Infection | |
| | “Georgia” |

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| Integrating the New Normal Guides, Instruments, Information |

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| Integrating the New Normal into Practice | <ul style="list-style-type: none">• Openness to new experience <i>PLUS</i> critical reflection.• Examine how we have shifted our work and think about the clinical rationale for it, or lack thereof. |
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Reopening Your Practice

Q: Would you return to your office if allowed?

A: "I'm a psychotherapist, so to go back to the office would require me to sit in close proximity to about 20 different people a week for an hour at a time each. ... As long as insurance continues to cover telehealth sessions, I will keep doing that for the foreseeable future, even though I absolutely despise doing Zoom therapy—it's better than the alternative."

—Marissa, Illinois

From Slate.com – [Going to the Movies, Getting a Haircut, Hugging Your Parents, 6,000 people on what they're comfortable doing in our new world.](#)

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Reopening Your Practice

- Check with your malpractice insurance carrier (e.g. The Trust, American Prof Agency) and with your professional organization (APA, AMHCA, ACA).
- Check on guidance from public health and governmental agencies as the situation changes.
- American Professional Agency Checklist: https://www.americanprofessional.com/wp-content/uploads/APA-ALERT_Nuts-and-Bolts-Re-Opening-During-COVID-19-Checklist.pdf

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WA State Phased Reopening

https://www.governor.wa.gov/sites/default/files/SafeStartWA_4May20_spm.pdf



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| To Consider | <ul style="list-style-type: none">•Do good & don't do harm•Commit to your clients/patients•Read-up and keep learning (it's a practice, not a perfect)•Work within your scope of practice•Prepare and plan for clinician illness or death, family illness, or other impacts or interruptions to your practice |
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| To Consider - Telehealth | <ul style="list-style-type: none">•Develop strategies to mitigate potential problems:<ul style="list-style-type: none">• Disruptions to connections• Privacy at home• Payment• Competing adult responsibilities•Think about ways to maintain and enhance the therapeutic relationship via technology<ul style="list-style-type: none">• Supplemental ways of communicating• Making "better than nothing" something that is actually helpful. |
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**A Marathon,
not a Sprint:
Taking Care of
the Care
Provider**

- From Slate: "Therapists Are Doing Sessions in Locked Bathrooms While Patients Call in From Their Cars; Sessions have moved out of the office. Will we ever go back?"
- From Axios: "Another pandemic woe: Zoom fatigue"
- From New York Times: "Why Zoom Is Terrible; There's a reason video apps make you feel awkward and unfulfilled"

Stress → Amygdala → Hypothalamus → Adrenal glands
→ rest of HPA axis

- Decreased prefrontal cortex abilities and negative impact of allostatic load on body
- Lots of movement! Model-free learning (trial-and-error thinking)!

- Make modifications to your self-care and be prepared to make changes the longer this goes on

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Showing up for you, so you can show up for your clients

If you have a loved one who is an emergency worker or essential worker, redirect your energies and support that person as your top priority. Identify their needs, and then meet those needs.

Aisha S. Ahmad (2020) Why you should ignore all that Coronavirus-inspired productivity pressure. *Chronicle of Higher Education*.

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**Disciplined
Flexibility and
a Flexible
Discipline**

- Know that there will be periods where you won't be as functional as you were before.
- Think more about harm reduction than abstinence in your personal vices.
- Know when enough is enough and where to get support.
- Accept when *good enough* is good enough.
- Ask for help and support when you want it, even if you think you don't really need it. (Find your inner princess).
- Laugh a lot, and cry too - just don't cry louder than your clients when you are in session.
- **Get what you need in order to show up for the people who need you with all your presence, person, and attention.**

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What's the New Normal, and How Will We Recognize It?

• Explorers . . . were always lost, because they'd never been to these places before. They never expected to know exactly where they were. Yet, at the same time, many of them knew their instruments pretty well and understood their trajectories within a reasonable degree of accuracy. In my opinion, their most important skill was simply a sense of optimism about surviving and finding their way (Solnit, R. 2005, p. 14 quoting historian Aaron Sachs).

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**Resources:
Additional
Training in
Telepsychology**

APA:
[Telepsychology Best Practices 101: Clinical Evaluation and Care: Cultural Competencies](#)
[Ethical guidance for the COVID-19 era](#)
[Telehealth Continuing Education Resources](#)

Person Centered Tech:
[Telemental Health Certificate Program](#)

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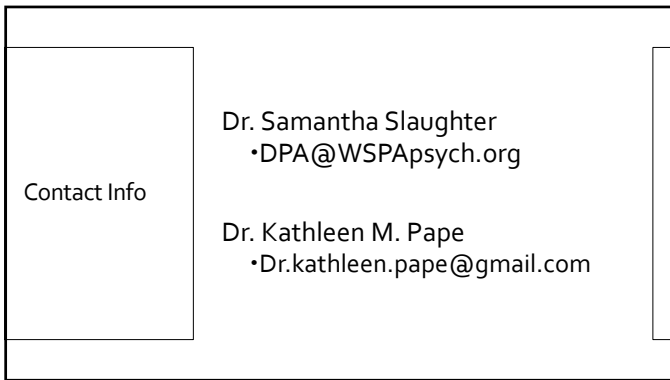
Other Resources

- Washington State Psychological Association – https://www.wspapsych.org/covid_19.php
- Behavioral Health Training, Workforce and Policy Innovation Center - <https://bhi-telehealthresource.uwmedicine.org/training-ta>
- Washington State Telehealth Collaborative – <https://www.wsha.org/policy-advocacy/issues/telemedicine/washington-state-telemedicine-collaborative/>
- Northwest Regional Telehealth Resource Center – <https://www.ntrc.org/>
- Trust Practice and Risk Management Association – <https://parma.trustinsurance.com/Resource-Center/COVID-19-Resources/Practice-Resources>
- American Psychological Association – <https://www.apa.org/topics/covid-19>

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