

A small green bird with a white eye-ring is perched on a branch of a cherry blossom tree. The background is filled with soft, out-of-focus pink and white blossoms. The text is overlaid on the right side of the image.

Equipping Healthcare Providers to Work Systemically with Patients & Families During Telehealth Visits

Jessica Goodman, PhD, LMFT

Families and Health Special Interest Group

May 20, 2021

Agenda/Objectives

Consolidate and summarize

Consolidate and summarize competencies from the peer-reviewed literature that are relevant to family- and relationally-centered telehealth.

Impart

Impart guidance on, and examples of how to evaluate BPS, relational- and family-centered telehealth delivery, based on the presenter's own experience.

Highlight

Highlight known approaches to BPS care that align with relational-/family-centered telehealth competencies, and re found in the literature.

Discuss

Discuss a case example, applying personal experience and telehealth competencies to determine next steps

There Are Many Telehealth Competency Domains Found in the Literature

- There many telehealth competency domains, covering:
 - Training/Education
 - Legal and Regulatory
 - Ethical
 - Documentation
 - Professionalism
 - Technology
 - Practice-Based Learning (e.g., Quality Improvement)
 - System-based Practice (e.g., interprofessional teamwork; collaborative primary care)
 - Clinical Assessment and Care Delivery

Domain	Subdomain	Professional or Peer-Reviewed Document	Address Relational/Family-centered Care
Assessment	Rapport building	AAMC, 2021	
		Hilty et al., 2017	
		Springer et al., 2021	
	Assess/reassess appropriateness, readiness	AAMC, 2021	
		ACA, 2014	
		ATA/APA, 2018	
		Hilty et al., 2017	
		APA, 2013	
	Consider relational- and systems-involvement	AAMC, 2021	X
		ATA/APA, 2018	X
		NASW et al., 2017	X
		Springer et al., 2021	X
	Collect History and Contextual Information	AAMC, 2021	X
		Hilty et al., 2017	
		APA, 2013	
	Conduct appropriate physical examination, collect relevant data	AAMC, 2021	
		Hilty et al., 2017	
	Administer tools, tests, assessments (e.g., make adjustments and maintain integrity of the application when appropriate)	Hilty et al., 2017	
		APA, 2013	
		AMFTRB, 2016	
	Hertlein, 2016		
Case management and treatment planning	Hilty et al., 2017		
Best practices in telehealth (empirical literature; professional standards)	APA, 2013		
	Blumer et al., 2015		
Organize patient space, cameras, etc. to observe important behaviors, relational interactions	Hertlein et al., 2017	X	
Risk assessment (e.g., SI, IPV)	All address SI risk assessment		
	A number address IPV	X	

Domain	Subdomain	Professional or Peer-Reviewed Document	Address Relational/Family-centered Care
Intervention	Evaluate safe and effective virtual versions of interventions; or, change interventions/approaches if not possible	Hertlein et al., 2021	X
	Increase use of questions focused on physical experience, body language for relational dynamics, risk , experience of sessions, etc.	Hertlein et al., 2021	X
	Managing multiple voices and dynamics	Hertlein et al., 2021	X
	Focus the camera on certain areas or individuals to encourage or block specific communication flow; consider how the arrangement of furniture impacts dialogue	Hertlein et al., 2021	X
	Diffuse intense and chaotic situations to enhance the safety of all participants	Springer et al., 2021	X

Domain	Subdomain	Professional or Peer-reviewed Document	Address Relational/Family-centered Care
Cultural Competence & Diversity	Awareness of culture and preferences	Hilty et al., 2017	X
		ATA/APA, 2018	
		NASW et al., 2017	
		APA, 2013	
		AMFTRB, 2016	
		Springer et al., 2021	
	Awareness of biases	AMFTRB, 2016	
	Language and interpreter needs	Hilty et al., 2017	
		ACA, 2014	
		NASW et al., 2017	
		APA, 2013	
		AMFTRB, 2016	
	Social determinants impact on health and care	Hilty et al., 2017	
		NASW et al., 2017	
	Climate encouraging reflection, discussion of cultural issues	Hilty et al., 2017	
	Accessibility (e.g., economic, cognitive, sensory, etc.)	NASW et al., 2017	
	AMFTRB, 2016		
Approaches, models, and skills attuned to clients' cultural or marginalized experiences	AMFTRB, 2016		

Consider How to Evaluate Clinical Delivery of BPS, Relational- and Family-Centered Telehealth Delivery

Identify:

- Competencies or standards for your profession(s), **plus**
- Telehealth competencies in the literature, **including**
 - Those specifically inclusive of relational- and family-centered/focused treatment
- In integrated care, we may include/consider multiple professional competency documents, given the interdisciplinary nature of our work

For clinicians at your site, consider how to replicate your current evaluation format (provided it's working for you), so the telehealth competencies can fit-in more seamlessly

Example: Diagnostic Interviewing



Competency Evaluation Example: Diagnostic Interviewing

Description: Application of diagnostic interviewing skills to effectively gather medical/biological, psychological, and social information with individuals, couples, and families, to guide assessment, diagnostic reasoning, and case formulation, is adapted to unique considerations and changing context present in telehealth care delivery. (Addresses COAMFTE Core Competencies 1.3.1-1.3.9; 2.2.2-2.2.3; 2.3.1-2.3.4, 2.3.6-2.3.9)

Original/In-person	Telehealth
<p>3 - Good ability to follow a logical format to obtain information, demonstrating empathy for patient and others in attendance via nonverbal behavior and reflections, and avoiding jargon. Supervision focus is on refining one (or more) of the following areas: input on strategies to engage difficult patients (e.g., overly talkative, reticent), engagement of "non-identified patients", adapting interviewing style to cultural context, developmentally appropriate language, gathering adequate information with which to complete a genogram, balancing patient's lead and adhering to planned structure. And/or other focus:</p> <hr/>	<p>3 - Able to identify adjustments in approach, tools, style in order to conduct a comprehensive biopsychosocial, relational diagnostic interview and assessment. Supervision focus is on refining several of the following areas in relation to considerations specific to telehealth care delivery: input on strategies to engage difficult patients (e.g., overly talkative, reticent), engagement of "non-identified patients", adapting interviewing style to cultural context, developmentally- or culturally- appropriate language and approach, adapting genogram or other assessment approaches to telehealth with the needs of a specific population in mind.</p>

Approaches Pre- and Early-Telehealth Encounter

- Collaborate with family members to establish norms with respect to listening, speaking and turn taking¹
- Consider how access to the families' environment (e.g., home) will inform assessment and intervention¹
- Who will/should/can join the identified-patient (IP) for the encounter? ¹
 - With identified-patient's agreement, invite "curious" and available family members to join the encounter^{2,4}
 - Ask patients who, if anyone, is in the room with them⁴
- Will individual patient or subsystems (e.g., parents, child) need to meet with the clinician separately? Where are private/confidential physical space available? ¹
 - How can "breakout rooms" be used to support the process?
- Consider relational dynamics, practicalities, and encounter or treatment goals to determine: ^{1,3}
 - If all individuals should be in the same room, within camera view
 - If so, direct them in how to setup their chairs or sit, prompt them to face, speak to, and notice one another
 - Direct them on how far away to sit from the camera to facilitate reading body language
 - If individuals should be in separate rooms, on separate devices
- Establish boundaries early in encounter to minimize intrusions, distractions, and disruptions^{2,5}
- Increase time spent on rapport-building, when possible⁴

¹Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family process, 59*(3), 974-988.

²Heiden-Rootes, K., Ferber, M., Meyer, D., Zubatsky, M., & Wittenborn, A. Relational teletherapy experiences of couple and family therapy trainees: "Reading the room," exhaustion, and the comforts of home. *Journal of Marital and Family Therapy*

³Hertlein, K. M., Drude, K. P., Hilty, D. M., & Maheu, M. M. (2021). Toward proficiency in telebehavioral health: Applying interprofessional competencies in couple and family therapy. *Journal of Marital and Family Therapy*. 10.1111/jmft.12496

⁴Springer, P. R., Bischoff, R. J., Taylor, N. C., Neuhaus, V., & Leow, C. (2021). Competency-based training in the supervision of relational telemental supervision. *Journal of Marital and Family Therapy, 47*(2), 375-391

⁵Wrape, E. R., & McGinn, M. M. (2019). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of marital and family therapy, 45*(2), 296-308.

Assessment & Intervention

- Use screen share or white board to create BPS-S genograms, timelines, ecomaps, validated assessments¹
- Incorporate observations of relational-dynamics, children's behaviors, etc. in the home environment to better attune treatment and support for families²
- Direct family- or relational-group on physical space and technology setup³
 - If high conflict, consider whether separate rooms/cameras is appropriate
 - Otherwise, discuss seating arrangement and angles, distance from camera, etc. to facilitate interaction with one another, the clinician, and ability to read body language
- Utilize increased verbal direction to deliver experiential interventions (e.g., enactments, storytelling)
- With high-conflict couples and families^{1,3,5}
 - Proactively agree to a "time-out" signal at the beginning of encounter
 - Problem solve how each member of the couple/family will "cool down" out of the presence of others (e.g., walk around the residence, deep breathing)
 - Request family members to join encounter from separate devices when necessary

¹Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family process*, 59(3), 974-988.

²Heiden-Rootes, K., Ferber, M., Meyer, D., Zubatsky, M., & Wittenborn, A. Relational teletherapy experiences of couple and family therapy trainees: "Reading the room," exhaustion, and the comforts of home. *Journal of Marital and Family Therapy*

³Hertlein, K. M., Drude, K. P., Hilty, D. M., & Maheu, M. M. (2021). Toward proficiency in telebehavioral health: Applying interprofessional competencies in couple and family therapy. *Journal of Marital and Family Therapy*. 10.1111/jmft.12496

⁴Springer, P., Bischoff, R. J., Kohel, K., Taylor, N. C., & Farero, A. (2020). Collaborative care at a distance: Student therapists' experiences of learning and delivering relationally focused telemental health. *Journal of marital and family therapy*, 46(2), 201-217.

⁵Wrape, E. R., & McGinn, M. M. (2019). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of marital and family therapy*, 45(2), 296-308.

Throughout Encounter

- Use individual names to prompt participation and direct conversation from each member of system^{1,4} and return to foundational listening skills for staying “in” the session when “Zoom fatigue” sets in^{4,6}
- Use verbal cues such as “How do you feel?” or, “And what is your body saying? Can you tune into that and describe it to me?” when body language is difficult to read¹
- Pause to check-in with individuals in the family-relational system about how they are experiencing the encounter/session-telehealth context ¹
- Elicit questions, feedback, and reactions much more often than if offering the same intervention in person, to offset pitfalls of screen distance, reduced body language, disengagement, and screen fatigue^{3,5}
- Increase directness in defining and pursuing goals¹
- Increase flexibility with respect to encounter tasks¹
- Project self 15% more (voice/animation) throughout session²
- Adopt a stance of “critical consciousness” to mitigate challenges to providing culture-, race-and, gender-appropriate care³

¹Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family process*, 59(3), 974-988.

²Hilty, D. M., Maheu, M. M., Drude, K. P., Hertlein, K. M., Wall, K., Long, R. P., & Luoma, T. L. (2017). Telebehavioral health, telemental health, e-Therapy and e-Health competencies: The need for an interprofessional framework. *Journal of Technology in Behavioral Science*, 2(3), 171-189.

³Hogue, A., Bobek, M., Levy, S., Henderson, C. E., Fishman, M., Becker, S. J., ... & Wenzel, K. (2021). Conceptual framework for telehealth strategies to increase family involvement in treatment and recovery for youth opioid use disorder. *Journal of Marital and Family Therapy*, 47(2), 501-514.

⁴Heiden-Rootes, K., Ferber, M., Meyer, D., Zubatsky, M., & Wittenborn, A. Relational teletherapy experiences of couple and family therapy trainees: “Reading the room,” exhaustion, and the comforts of home. *Journal of Marital and Family Therapy*.

⁵Springer, P., Bischoff, R. J., Kohel, K., Taylor, N. C., & Farero, A. (2020). Collaborative care at a distance: Student therapists' experiences of learning and delivering relationally focused telemental health. *Journal of marital and family therapy*, 46(2), 201-217

⁶Wrape, E. R., & McGinn, M. M. (2019). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of marital and family therapy*, 45(2), 296-308.

Special Considerations for Encounters that Include Children

- For child & adolescent encounters, consider how telehealth can expand the family system available to participate²
- Have a flexible plan for the encounter¹
 - Consider structuring encounter with a briefer segment including children, and then one focused on the caregiver(s)
- Encourage children to actively participate¹
- Ask caregivers to suspend expectations for their child's behavior that may have been formed by having the child in virtual school¹
- Stress that children can move around the room/change locations if confidentiality is not compromised¹
- Ask caregivers to help set up the space with items to facilitate child involvement (e.g., art supplies, fidget toys, stuffed animals, items to share with the clinician)^{1, 3}
- Clinician has available in their location a variety of toys, props, and materials¹
- Addressing challenges of distraction (e.g., normalizing, having a playful conversation about it, developing strategies with the child and family (e.g., making a game of seeing how long they can go without being distracted, incorporating a brief "break" with a fun activity or discussion, mindfulness exercises)¹
- Adapt and expand interventions to video format (e.g., "mirroring" and joining child's play, using online games (e.g., Jeopardy Labs (<https://jeopardylabs.com/>) emotion-labeling boards) and other virtual tools (e.g., whiteboard on Zoom for games such as "grow a flower" or to complete worksheets)¹
- Problem-solve with adolescents and their families around concerns including privacy/confidentiality (e.g., white noise, parents take a walk, use a car), self-consciousness/anxiety (e.g., desensitization, screen-sharing), and engagement (e.g., shorter, more frequent sessions)¹

¹Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family process, 59*(3), 974-988.

²Hogue, A., Bobek, M., Levy, S., Henderson, C. E., Fishman, M., Becker, S. J., ... & Wenzel, K. (2021). Conceptual framework for telehealth strategies to increase family involvement in treatment and recovery for youth opioid use disorder. *Journal of Marital and Family Therapy, 47*(2), 501-514.

³Heiden-Rootes, K., Ferber, M., Meyer, D., Zubatsky, M., & Wittenborn, A. Relational teletherapy experiences of couple and family therapy trainees: "Reading the room," exhaustion, and the comforts of home. *Journal of Marital and Family Therapy.*

Case Example

The Martinez's are a family of five. The father is Luis (36), mother, Isabella (37), and three children Valentina (16), Carlos (14), and Sofia (12). Carlos, recently diagnosed with a learning disability, has an individualized education plan; however, his uncontrolled juvenile diabetes has made him miss several days of school per month during the past year, during the pandemic. Sofia, who typically received all As in school, had seen a slight decrease in her grades and since returning to school in-person reports that she has experienced a lot of bullying because of her weight. Valentina, who had gestational diabetes during pregnancy, chose adoption for her baby two months ago and is now returning to high school in-person. Luis was recently approved for disability, following his fourth accident on the job in construction, leading to permanent need for assistance walking and pain medication. Isabella has a history of experiencing depressive and anxious symptoms and medical issues that affect her functioning (high blood pressure, diabetes, high cholesterol, and obesity), and lost her job in food service in the pandemic. At a past primary care visit, Isabella shared with the IBHC that they frequently experience "tension" in their relationships with one another due to the stressors they are under. The family dropped out of care with their diabetes specialist, and Isabella and Carlos have each had three emergency department (ED) visits this year. A primary care telehealth visit is scheduled for Carlos today, at 5 pm. Isabella scheduled this visit as a follow-up to Carlos' recent ED visit and hospitalization for ketoacidosis.

References

- American Counseling Association (ACA). (2014). *Code of ethics*. https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf?sfvrsn=96b532c_2
- Association of Marital and Family Therapy Regulatory Boards (AMFTRB). (2016). *Teletherapy guidelines*. <https://amftrb.org/wp-content/uploads/2017/05/Proposed-Teletherapy-Guidelines-DRAFT-as-of-09.12.16.pdf>
- Association of American Medical Colleges (AAMC). (2021). *Telehealth Competencies Across the Learning Continuum*. AAMC New and Emerging Areas in Medicine Series. Washington, DC.
- American Telemedicine Association (ATA) & American Psychiatric Association (APA). (2018). *Best practices in videoconferencing-based telemental health*. <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide>
- Blumer, M. L., Hertlein, K. M., & VandenBosch, M. L. (2015). Towards the development of educational core competencies for couple and family therapy technology practices. *Contemporary Family Therapy*, 37(2), 113-121.
- Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family process*, 59(3), 974-988.
- Hertlein, K. M., Drude, K. P., Hilty, D. M., & Maheu, M. M. (2021). Toward proficiency in telebehavioral health: Applying interprofessional competencies in couple and family therapy. *Journal of Marital and Family Therapy*. 10.1111/jmft.12496
- Hilty, D. M., Maheu, M. M., Drude, K. P., Hertlein, K. M., Wall, K., Long, R. P., & Luoma, T. L. (2017). Telebehavioral health, telemental health, e-Therapy and e-Health competencies: The need for an interprofessional framework. *Journal of Technology in Behavioral Science*, 2(3), 171-189.
- Hogue, A., Bobek, M., Levy, S., Henderson, C. E., Fishman, M., Becker, S. J., ... & Wenzel, K. (2021). Conceptual framework for telehealth strategies to increase family involvement in treatment and recovery for youth opioid use disorder. *Journal of Marital and Family Therapy*, 47(2), 501-514.
- Joint Task Force for the Development of Telepsychology Guidelines for Psychologists (APA). (2013). Guidelines for the practice of telepsychology. *The American psychologist*, 68(9), 791-800. <https://doi.org/10.1037/a0035001>
- Maheu, M. M., Drude, K. P., Hertlein, K. M., Lipschutz, R., Wall, K., & Hilty, D. M. (2017). An interprofessional framework for telebehavioral health competencies. *Journal of Technology in Behavioral Science*, 2(3), 190-210.
- NASW, ASWB, CSWE, & CSWA. (2017). *Standards for technology in social work practice*. https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf
- Springer, P., Bischoff, R. J., Kohel, K., Taylor, N. C., & Farero, A. (2020). Collaborative care at a distance: Student therapists' experiences of learning and delivering relationally focused telemental health. *Journal of marital and family therapy*, 46(2), 201-217.
- Springer, P. R., Bischoff, R. J., Taylor, N. C., Neuhaus, V., & Leow, C. (2021). Competency-based training in the supervision of relational telemental supervision. *Journal of Marital and Family Therapy*, 47(2), 375-391.
- Wrape, E. R., & McGinn, M. M. (2019). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of marital and family therapy*, 45(2), 296-308. Wrape, E. R., & McGinn, M. M. (2019). Clinical and ethical considerations for delivering couple and family therapy via telehealth. *Journal of marital and family therapy*, 45(2), 296-308.



- Questions?