Webinar Title: Using Apps in Clinical Practice: Competency Considerations

Date and Time: Wed, Oct 2, 2019 2:00 PM - 3:00 PM EDT

Good afternoon and welcome to the webinar, "using apps and clinical practice

competency considerations". All participants are muted throughout the

webinar. Please use the questions tab to submit any questions, questions will be

answered within the last 15 minutes of the presentation, and now we will have an

introduction of our speakers by Dr. Marlene Maheu.

[Dr. Marlene Maheu] Hello and welcome. I am the executive director of the Telebehavioral Health Institute, Inc. which is online and where we offer courses that, in full transparency, are very similar to the one that's here. I wanted to mention that, and also I am the executive

director of the Coalition for Technology in Behavioral Science which is the group

that is collaborating with the APA to bring you this program today. My co-presenters here are Dr. Shawna Wright, who is the associate director of the University of Kansas' Center for telemedicine and telehealth. Through her experience with providing treatment to rural areas, she's acutely aware of the impact of the shortage of providers and how telehealth can be used to remedy a lot of those problems. She was also one of the founding members of C tips. And

our other guest today is Dr. Steven Schueller, who's an assistant professor of psychological science at the University of California Irvine. His work focuses on making mental health services more accessible and available through technology. He also serves as the executive director of cyberguide.org, a project that is online and identifies, evaluates, and disseminates information about digital mental health products. We organized this program today to give you an orientation to some of the work that has been done about Apps, and how to evaluate apps, and introduce apps and think about using apps in professional practice. This is a also of collaborative effort with CTIBS that has come up with competencies for telebehavioral health. That was one of the initiatives that see tips took on several years ago, about five years ago, and now we have published the competencies and that will serve as a structure for the talk today. So I just want to give you a little outline of how competencies fit into the big picture. A lot of people understand that there are laws and states that then get boiled down into regulations for our specific professions, and related to that or ethical standards but ethical standards typically are developed by professional associations that may be adopted by a licensing board, along with other regulations, but they typically start as an independent thing by a group of practitioners in a state

or a National Association like the APA. And some groups like the APA have come up with guidelines related to the topic area, so we have guidelines for the practice of telepsychology here at the APA. And out of the guidelines and the evidence-based that builds a guideline are competencies, and so what CTIBS did was come up with competencies, and I'll give you a screen shot of the publication for this, built competencies across interprofessional groups. So we looked at how telehealth really is something that all other professions are adopting and there's a tremendous amount of overlap. I would estimate about 98 percent overlap across the different fields, with of course medical and non-medical being a big divide, but really not that

significant because all the rest of it as patient care. And then when we look at

Social Work, Counseling, Psychology, and a lot of the more allied professions than

the tremendous amount of overlap. There again with differences across states, so

when we when we boiled all of that down with a fairly large interprofessional

group and comments from everybody we came up with seven domains, and this is

what was published in the article that I just showed you. The domains then were

further defined into subdomains with objectives and specific practices, which in essence are competencies. Those practices are further delineated into novice proficient and authority, and I think one of the points that a lot of people miss is that everything we do if we practice

or video has to be mediated by that camera, or for working through text

messaging. Everything we're supposed to be doing that is mediated by that text

messaging interface, and now with today's discussion with apps. So we're going to

look at a number of the issues as they are boiled down into these specific

objectives, and we've come up with questions based for them. There are five

basic objectives for this app's section in the competencies document that I

showed you earlier. So the first question is "what should I consider when assessing

someone's ability to use a clinical app?" and how we're going to proceed here is

that we will alternate who's going to be taking what question and kind of have a

little discussion. So this one was Stephen’s question to take first.

[Dr. Steven Schueller] Great, thanks Marlene. So I think there's a lot of things that come into consideration when assessing a client's ability to use a clinical app. The first thing, I think, is really important is just to understand a person's technical resources and what they have available to them. I think something that gets overlooked a lot is that all these apps are available both on the Android and iPhone platform and a person is not going to go buy an iPhone just because

you have a really cool iPhone app for them to use. And so what are your clients actually using, and I think we could look at national rates around adoption of these different devices, but really you know your population of the people, the folks that you work with, is going to have different sort of access to devices. And so really get to know the people that you work with, and what they have. And then I think, relatedly, although smartphone ownership is quite ubiquitous, which means most people have smartphones, sometimes those devices are shared, sometimes they don't have an memory on their devices to download apps, and so you also want to look into what other sort of resource constraints they might have in the technology. I think then you might move this sort of issues of technical literacy. Have they used technologies before? Have they used health technologies before? Have they ever used an app to track or managed in the aspect of their own sort of self condition, why they're rather a health or a mental health issue. Do they have any issues that might get in the way of using a mobile app? Some of these apps require a lot of manual dexterity. Some of these apps might have audio and visual features that might get in the

way, and I think that there's this perception that just because something's up there on the Google Play or Apple iTunes Store it must be easy to use and people must like it, and I think that that's really not true. And there's been some research that shows that among mental health apps when they've been used with the target end users, with clients like the ones you might see in

your practice, there are a lot of sort of usability issues or user experience concern issues that get in the way of using one of these products. I think another thing we have to consider, and this is something that I think about a lot in my work, actually the work that we do at cyber guide, is whether there's any evidence base for this product. There's somewhere between 10 to 20,000 mental health apps that are out there, and very few of these apps have any direct

scientific evidence behind them and so one of the things that we really try to

do at cyber guide is we try to evaluate the existing evidence base and then

review that and disseminate it to help clinicians understand which products do

have evidence behind them, and which products do not.

[Maheu] Shawna, do you have anything you'd like to add?

[Dr. Shawna Wright] I might just add a couple of points, I think that Steven did a really good job covering that. One that he mentioned is I just want to underscore it, you know, are those devices that might use an app shared? Particularly if you're working with someone who may be experiencing domestic violence, or any kind of violence in the home, where we might have

a perpetrator that might have access to that device as well. So safety concerns

are things that I always look at when we introduce an app. And then the other

piece would just be, you know, we're going to use these app as adjunct to the

therapies that we do, and so assessing your of your clients ability to

understand your treatment model and to really have buy-in, in terms of meeting

your treatment goals and the purpose behind you know introducing that app is

really important as well, that they understand why you're doing it and how

it fits with the therapy that you're doing.

[Maheu] Great, so we'll move on to the other issue about evidence-based. How do I think about evidence-based apps for an individual or a group? And this really, thank you, this is a really complex question because we are seeing more and more research come out about apps.

However, if you do those searches for apps, a lot of times the research that publish

talks about using an app, but they're not necessarily researching that app. And so it's

really important to look at the literature, and I know we're going to

talk later about where to go to look for the evidence base for apps, but one of

the things that I really encourage you to consider is also going to the to

the developer of that app, to ask them "have they've done their own research" or

"do they know who is researching those apps" to kind of really get a sense of

what what's been studied in the app, and knowing the developer and whether or not

that app was developed based on evidence related to a treatment. So we can have

evidence-based apps, and evidence-informed apps, but it's built on evidence-based

treatment. So knowing the development process, who's behind that and what

investment did they put into the development of that app is, is really

important. Before you go out and hand it to a client to use, you want to know what

that background is. Hopefully, I know that the more and more I've seen apps at

introduced at professional conferences, and that's a great way to get in and if

someone introduces an app to you as a professional in a conference setting to

go up and say what do you know, what's been researched, and to kind

dig in. And I know in short-term we're going to talk about how to introduce

apps to individuals or groups that were treating, so I'm going to hold off on

responding to that, but I think that again I'm going to mention that treatment plan. And so if we know that we're using a CBT approach to an app, I mean to, to treatment, does that app support the approach that we're taking? Because we don't want to cause confusion with clients when we introduce an app, it should be an adjunct and a support to what we're already doing and to concepts that we've already introduced.

[Maheu] Stephen, do you want to add anything?

[Schueller] Yeah, I think Shawna that made some excellent points. I just want to highlight, I think just the complexity that's also in this space. So I think that, in terms of thinking about

sort of the evidence base for an app, there is no one app that's gonna be

useful for everybody. And so I think that evidence really helps guide us to apps

that might be useful to consider, and I think that places like "cyber guide" or

professional organizations, or conferences are a good place to sort of highlight

which apps might be useful for you to consider, but I really think that every

clinician also needs to do a dive into the apps that they're considering to ask

questions like the ones that Shawna highlighted of you know "is this app

consistent with the treatment that I'm aiming to provide?". "Are there

evidence-based content within this app that aligns with the way that I won't be

providing treatment?". "Is this appropriate for the types of clients that I see?", and

that might be issues of, you know, developmental appropriateness if you

work with youth and adolescents, cultural appropriateness if you work with

individuals from different populations, and so I think like there's the evidence

base and then there's also the review of the app itself to sort of understand the

evidence, and I think that as I mentioned there are useful sources to understand

the overall evidence, is there an indication that there's some clinical

effectiveness behind this app? I think there's been other endeavors like the

American Psychiatric Association's at the valuation framework, which helps

provide a good guideline for thinking about how you, as a provider, should think

about evaluating these tools, and I think that's a really important step that

needs to be added into the sort of consideration of the evidence base is a

provider's own review of the app prior to recommending it to a client.

[Maheu] Thank You Steven. I'd also like to add that when you approach a developer, if they don't respond to you, then that's probably for a reason. Okay, either the communication

channel is broken down, maybe they're not around anymore, or they just don't want

to respond because your questions on a point that they don't have an answer

to. In other words, maybe they just made a lot of this up in the app and that's

really there is no evidence base. So if you don't get an answer, I think that

there's a worthwhile answer in and of itself, to really take it seriously and

not proceed with something because it's convenient. It does require some legwork

as both of you talked about, and that's our job as a professionals to do

that legwork before we advocate for any particular app, or vendor for an app, or

any of that. So it's a little bit harder for a lot of people to do than others,

but it really does, it boils down to not believing the stars at the App Store or

the Android store in place, because those can be influenced by people simply

buying timed and going to paying someone to go click those star ratings and

making stuff up in their, in their reviews. So it's kind of on us to choose

really important apps, and better that we choose one really good one that is more

broad-based than five different ones that were just kind of shotgunning our

attention. We've also got some questions coming in to the desk and I'm, since I'm

moderating the desk, I'm just gonna let the audience know I appreciate, renee is

sending a bunch of things in talking about an ongoing literacy check. Just a

regular and, but also an ongoing literacy check with regard to the app because

maybe somebody is confused when you first start working with them, maybe

their meds need to be somehow balanced out, and they're not

understanding it but maybe this app would work for them at a different time

you know, so don't just rule something for somebody. I also think that really gauging the client, or the patient's, awareness of the security issues and if they have concerns about where's all

this information going, that's a legitimate concern for us to look into,

where is this data going? And who are these people? And what country is that

stuff getting stored in? Is the stored up on the iCloud, which is not HIPAA

compliant. You know, just what, just how secure is this thing? So though they may

have questions about security, which is usually their number-one concern, but we

need to take those questions seriously and ask the questions ourselves to the

people that would be in the know. Once again, no answer means there's no answer

to that question. So maybe we need to veer away from them.

[Maheu] So I'll move on to the next point which is "how do I introduce a clinical app to an

individual or a group?". Steven, do one take that one first?

[Schueller] Sure, yeah. So I think one of the things that's really important when you introduce a clinical app to someone in your practice, be an individual or a group, is to set the

expectations about the use of that app. How frequently do you expect them to use

the app? What will an app use look like? How much time should they set aside for

using the app? Is this something that's going to take five minutes of your time to use it? Is it going to take an hour every time they use it? Also, how that app is going to be integrated back into the treatment setting. Similar to assigning a homework assignment, you want to follow up on that homework assignment to make sure that the client understands it and to make sure it's useful to them. An app should be treated the same way that these are not just set them and forget

about them tools, these are tools that you want to be checking in on making

sure that the client is using it, that they're understanding it, that it's helping them. Maybe integrating some of the data or the information gained from that app back into the treatment setting. So I think the expectations are really sort of a key aspect. Another thing that you want to work with through client is walking through some of the key features of that app. So maybe opening up the app with them and showing them what the different features are and how they work. And I think that this is another sort of important reason why it's critical to

pilot the app yourself, so that you're able to demonstrate and talk through

those key features. A client might also need some assistance with installing

that app, and so I think this is another thing to sort of pay attention to is

that if you are having them install the app, whether or not you have access

to Wi-Fi and a treatment clinic where you're with clients so that they can

download it, especially some of these bigger apps might need Wi-Fi. Or that you

would provide them instructions about how to install this app themselves that

they can do at home, and then you would follow up on that installation on when

they come into your office. I think another important sort of aspect is to

just understand the client's fears or their concerns about using an app, and to

be clear about some of the issues we've already talked on privacy concerns,

concerns around different features or limitations of the app, whether or not

using that up in public and what that might say, or if someone discovers the

app. I find that something we often have to do, this goes back to the issue

just about general technological illiteracy, is help train clients how

to use some basic features of their phones, maybe put a lock code on their

phone if they don't have one, or other aspects of that to make sure that some

of these concerns might be able to be mitigated.

[Wright] And I just want to underscore something that, that Steven said and that, as providers, we want to make sure that we've piloted those apps ourselves. So learning about a great app, whether we do that through an educational experience or through a conference and seeing the

bells and whistles as someone else demonstrates, demonstrates that app to us

us is one thing, but to really use it in practice as an adjunct to the therapy

we're doing. I think it's really honest as a provider to be familiar enough with

that app to know you know, is there going to be a glitch? Or is there, do I need to

have a workaround? And can I navigate this app and know how it works before

I introduce it. So I'm really glad that you mentioned that. And just to tack on a

little bit to the privacy or the fears about you know, what remains private or

how is data shared, we have a whole range with these 10 to 20,000 mental health

apps, we have a whole range of what these apps do. You know some, some might

motivate you to stay on track with your homework, some I might encourage you to

journal, some might teach you skills or reinforce meditation, those types of

things. So we really need to consider "is our client putting information in to

those apps?" and if so is it "does it protected health care information?" and if

so "who's going to have access to that?" and how do we need to know that

before we introduce those apps to our clients so that, that they're sure that

their information will be private, and or we can assure them "this is just to guide

you, you don't have to enter any personal information you just have to check in

and it'll, it'll give you your homework for the day and you practice on your own

without putting your information in." Those types of things are really

important to make sure that the client that you're using the admin is

comfortable with the app.

[Maheu] Thank You, Shawna. I also, and you're listing out different types of apps. I think we should make it clear that when we're using the word app, what we're talking about is a piece

of software that the person can use to interact with themselves, to track things,

to maybe listen to, a lot of people now are using apps that help them sleep at night, they will listen to music or they will have stories that read to them. So there's a defined purpose for the app that oftentimes can be standalone, and every now and then those apps can connect with us. Let's say a remote patient monitoring app that's measuring, if you want to think about it

in real simple terms, the number of steps that you're doing you're, you're making a

day. Alright so sort of an exercise tracking app that you, when you wear the phone on you it sort of tracks your movement, that type of app is very different because it collects data and it then can

transmit that data. Alright, when we start transmitting data, that becomes

telehealth, and it is illegal to do that over state lines. So if your person is

with you, I'm licensed in California, if my client or my patient is here with me

in California and we're exchanging information through an app that's

collecting a remote patient monitoring, for which there is a CPT code now by the

way, I write for me to read that data then, that's okay because I'm licensed in

California. If my patient goes to a different state, let's say Iowa, because

there's a family crisis there and data is coming in to me, then that can be

considered telehealth so it gets really tricky, and it's also if that data gets

transmitted over state lines, so that also counts if the person is using an

app, which is simply a link with a picture on the front end of it to

connect with a video platform, because some people look at their phones and

they say "oh my video platform is here I'm going to click that", that's an app. We

call it an app, but it's really not an app in the way that we're talking about

today, that's basically a fancy link that you would see an email, that you click,

but then you might get an app to click that and it'll send you someplace

through the internet. What we're really talking about today is mostly the type

of app that you have on your phone that collects information about you, that you put

things into. So it's hope that they're two separate worlds. Steven, can you can

you say more about that?

[Schueller] Yeah, I was actually, I wanted to go back to the

earlier point you were making about the different types of things that these

apps do. I think that, I was talking earlier about sort of expectations and

you know, I talked all about sort of expectations around their use, but I

think another aspect of expectations is being clear you know, why you're using

this app and what's the treatment call? And I think that a majority of these

things break down into educational, so apps that provide some psychoeducation

or didactic lessons to be able to teach the client something. There's a lot of

apps that are used for some sort of tracking purposes, so ones that do automated

tracking, like Marlene mentioned, that might track your steps, apps that might

be able to track things like symptom or mood, that might be able to bring some

additional information into the therapy room. There's also a lot of apps that

have interactive tools that sort of reinforce therapy lessons, so these apps

might be sort of digital versions of worksheets that we might have

traditionally done paper and pencil versions and therapy and now the app is

really convenient to be able to teach those and also is convenient because

people carry their phones around with them nearly everywhere they go and they

don't have to worry about keeping track of those worksheets. It makes me think of

a story of a client I was working with, asking them about some of the worksheets

that they had from a previous therapist and there's like "oh yeah I know exactly

where all those worksheets are, they'll all in the shoebox, I put them in the

shoebox after every session" and I was like "cool, where's that shoebox" and "I have no idea

anymore". Whereas you know, people keep track of their phone, it's usually always

within an arm's reach and so it's a good place to sort of store some of those

things. And so I think that you know, we can think about these tools as providing

additional sort of training or education around some of the goals that we have in

session reinforcing sort of use of homework or monitoring symptoms or

triggers or things that go on in their daily lives. There's a lot of different

reasons why we might use these apps. I think another thing that's actually sort

of interesting around the treatment calls is sometimes I'm seeing some

clinicians who are using apps as sort of adjuncts to some of the treatments that

are providing but they're still sort of consistent with the modality. So for

example, if you're doing CBT with someone for depression but you don't have a lot

of sort of experience and CBT for insomnia, you might find a CBT for

insomnia app if you're dealing with a client who's dealing with some significant

sleep issues with insomnia, and use that as sort of an adjunct for the care that

you're providing. Its treatment consistent but it's not exactly what you

would be doing, and it might be hard to find a CBT for insomnia specialist in

the area you're in. That doesn't mean you don't check in on that up, or review it,

or sort of understand it or integrate it, but it's being sort of an adjunct to the

care that you're providing, an additional sort of part of the treatment package. As

opposed to an app, like a mood tracking app that you might use to sort of better

understand their symptoms and really sort of integrate that directly into

the treatment you're providing. So that's another sort of way to think about

potential treatment goals that might be accomplished there using apps like these.

[Maheu]Thank You, Steven for that, did you want to say something Shawna?

[Wright] Really quickly, in terms of privacy with what the great description that Stephen just gave, when it comes to those apps where the client is entering information, whether they're

journaling or tracking, the therapist wants to think about you know, how is

that information shared? Does the client show up and share that information read

it to you from their phone? Or is there a mechanism where that data is transferred?

Because that's a whole different level of privacy and then it's really on the

therapist to ensure if they're receiving data from a client, what risk

management are they doing, and is that data transmission HIPPA compliant and

protected? So you know, those are things that you got to think about as well if

they are putting their own information into that app and you're wanting to

somehow extract it whether in session or by other means.

[Maheu] Thank You, Shawna and Stephen - those are really good points. We have another question just came in from Irene that I think is relevant to this so I'll bring it up now, and we do

have a Q&A period at the end of the session so we'll get to a lot more

questions, but the question is "what about text, text apps you know, talking or video

chat over an app?" You know, people use these terms differently so we can't give

you a for sure here, an answer to exactly what your question, but if people

want to be thinking about text messaging, so just words coming through an app. The

point that you just made Shwana, is very important. If you look at iMessage on

your phone, the messaging system that comes as part of let's say an

iPhone, that is not HIPPA compliant. So all the things that that Stephen said

and Shawna just said about HIPPA compliance, really needs to be addressed,

and that goes all the way back to "if you use any technology, and I mean

any technology, you need to have a business associate agreement from the

vendor saying that they understand HIPPA and they're going to be adhering to that.

I'm saying, if you use technology for clinical purposes. Okay. And it's not that they are have certain requirements, it's that you, the practitioner, or the person that HIPPA controls you see, HIPPA is for us, that we have to pick the right technologies. They can do it everything please. So it's on us to know this stuff and figure it out, and if you haven't done that they may

want to look at a class about HIPPA and how that applies to the you know, everyday

clinical type technologies. Okay so, let me move on. We have a lot to cover, we'll

come back around to more Q&A later, but the next question we'll look at is "how

do I practice and educate with evidence-based and/or peer-reviewed?". So

how do I practice and educate? Shawna, do you wanna start with that?

[Wright] So with that of course we go back to "is there literature?" You know, what

background can, can I gather? And, and how can I vet be apps? If I want to use them

in practice or even use them for educational purposes and, and training

other providers, other professionals and how to be proficient with apps. So we

do want to go back to the literature, we want to look at the processes that, that

have gone into the app development and the stating whether or not that app is

valid for the purpose that it was intended, that it's being used

appropriately for the purpose maybe. I keep going back to, I know we talked

about the literature, but I go back to the developer as well and I think when

we are practicing and educating about apps we need to know how that was

developed. Did we have an app developer who is just fantastic at what he or she

does that read CBT for dummies and put it together. You know, that comes from

the whole different place then some of the apps that are developed by, for

instance, by the Department of Defense and the VA, there's a whole lot of

different preparation of work that goes into developing and testing those apps

before they're released. So I think that you know, knowing that is really

important, and knowing the difference between a peer-reviewed app

versus that evidence-based. Has this app been put through randomized controlled

trials? Or are we looking at more, that review of the app and how it's been

placed into action? So I think it's important to understand the difference

between those two, as well as even looking at, well when you look at the

literature you'll find that really there are pretty few apps that have been put

through the rigor of a randomized control trial, and even fewer still that

have been presented to the FDA for verification and for FDA approval to say

that yes the app does what it says it does, and so as we become more and more

stringent and looking at those things, that that helps us identify those apps

that maybe have more evidence and science behind them.

[Maheu] Stephen, did you want to add anything?

[Schueller] Yeah, I think there's a couple points to bring up. I think first

around sort of FDA approval, so FDA has released guidelines around what they are

and what they're not going to regulate, and so although we do see some apps

going the FDA route, there's a lot of apps that we might consider using in our

practice which fall under this category that the FDA has described as where they

are going to exercise enforcement discretion, which means that there's not

going to be FDA regulation. So I think that at least right now it seems

unlikely that FDA approval is going to be the sort of source that separates the

good from the bad. I think when we do our reviews of mental health apps, when

we think about evidence we often think about direct evidence and indirect

evidence. And so direct evidence is you know "is there a randomized control trial

or some other sort of rigorous clinical evaluation of this product specifically?"

which very few products as Shawna mentioned, have that level of support and

have gone through that process. And then I think we have to start thinking about

the indirect evidence, "does this app integrate evidence-based practices?" and

it's not just sufficient to say that an app is based on an evidence-based

practice. If you look for example, at apps that claim to be based on cognitive

behavioral therapy, there was a review that found only about 20% of those

actually integrate any elements of cognitive behavioral therapy and very

few of those apps integrate sort of multiple elements of cognitive

behavioral therapy. So I think that's another reason why you

know, don't just take these ops claims at face value, go through the app and look

at what's there yourself. But you know, I do think that indirect evidence is a

potentially important sort of source. I think another aspect and Shawna

mentioned this is sort of developmental processes. Who developed this? Do they

have clinical expertise on the team? Have they actually, is there indication that

they actually involved this sort of target and users of the target

population and development? Even when we look at the research evidence, I am

amazed at the number of products that are trying to develop an app for say

depression, and do a randomized control trial of their app with stress college

students and say like "okay we've got an evidence base for this app like now

let's use it for depression" and so I think another thing to sort of look at

is not just is there a published paper there, but is there a published paper

that actually incorporates the people that you, that they're saying that this

app can be useful for, and you want to use that app with clients who are

dealing with those particular issues. And then this is hard, and so I think that's

another reason why it's important to be part of a community, to be part of

professional organizations where these issues are being discussed to

participate in webinars like this one that APA is putting on, and also sort of

communities of practice to have people you can reach out to who are also trying

to use apps in their practice or interests needs the apps in their

practice, so you can share experiences, lessons, reduce the burden of reviewing

all these products to understand what's, what's out there.

[Maheu] Thank you both. What one little formula that I like to give to people is to think about this as you would any other type of strong recommendation that you would make in

your practice, so you may want to spend three or four hours looking around,

researching, contacting the developer. Lets let's say a company, you see an

app, and there's a company that's listed in the App Store, you can write to them and say "well who are the names of the researchers that work on your team?", and that you could look those people up in places like LinkedIn. Look around on the internet to see what is their background? Do they have a degree? Do they do they really have expertise that is verifiable or are they just saying that they have degrees and there's really no nothing else to substantiate it? I think because there are little things

that can happen with an app, when we open up a communication channel a lot of

people don't realize that when we have an the opportunity, the opportunity to

toggle on whether the app developer can see any bugs you know, can be

contacted with any bugs, we are opening a channel to that developer and we have no

idea who that is or what they're gonna do with this information. They could be

reading everything you write. How would you know? You see, and then you

voluntarily toggled it on. So one of the things I encourage people to do is

toggle it off, but if you don't participate in these kinds of conversations it may not occur to you that there's some weird person out there that is doing things like this, collecting this information for perhaps not altruistic reasons, that we need to not encourage our clients and our patients,

people that rely on us to just jump in and do whatever. So it is worthy of a few

hours of research and like I said before don't pick five, start with one and do

that the right way and then you can you can use resources like Cyber Guide. You

can also look online for other reviewers, you can see who who's doing that kind of

work, and do you see an app getting repeatedly mentioned across reviewers

that seem like a credible group? Because you'll find a number of groups that are

including what you mentioned Stephen, the American Psychiatric Association

you know, documents that are produced by formal groups that really try to give

guidance about this. So all of that was at least three or four hours to explore

one app, I would estimate. Okay, so we'll move on. So what are the

relevant legal regulatory and ethical issues to consider when using clinical

apps? So I have a number of questions that have come up on the desk about that

but let's see, I think Shawna you were gonna go first on this one is that right?

[Wright] Well absolutely, but if that's all right with Stephen. When we introduced an app into

our treatment process, of course documentation is really important that

they are documenting that we're using this tool, that we've introduced it to

the client, and that we've done informed consent with them, and that's not as

simple as a written for informed consent that you know, I'm gonna I'm going to let

you use this app, you go through all the privacy policies and everything is on

you, no we want to be more dynamic in how we do informed consent, where we let

the client know that "hey I think this could be helpful to our treatment, this

is why I'm recommending this app and you know, you can choose not to use it, you

don't have to stop treatment if you don't decide to use this app, that is up

to you", and that you've gone through some of the privacy issues or safety issues

that could come up. I know earlier Stephen mentioned using you know, new

mood tracking apps and those can bring with them another level of risk if we're not

on top of how those are used, because if we have a very depressed client who

might be suicidal and they're entering that information in the app and then they may

feel like you're getting that information in real time, then we have

created some some risk there, so we need to make sure that when we do informed

consent that our client is very clear on how we receive that information and how

immediate that is and that we're probably not going to use an app for

crisis situations and to make sure that they know what to do should they you

know, experience crisis rather than rely on the app process some of those things.

And then of course once we've introduced the app and we've documented that we've

done that we want to continue that follow-up you know, are you able to use the app?

Have there been any problems? Do I need to help you troubleshoot that? Do I need

to help you get in touch with someone who can troubleshoot if there's an issue?

One of the things that we don't always plan on is that that the operating

systems for Apple and Android sometimes update and that can affect the

utility of an app without, without that being planned.

Sometimes the apps need to be updated and they haven't been so that they're

not you, they're not working properly. So following up with our clients on their

use of the app you know, what's going right, what's going wrong. Whether it

still look is really important as well. And in terms of the legal and

ethical issue that you've brought up as well Marlene,

that if, if using that app takes us across state lines we need to be really

cognizant of that as well.

[Maheu] Thank you, Shawna. Steve?

[Schueller] Yeah, I just want to talk a little bit about privacy policy because it's something that we've talked about throughout this webinar is trying to understand you know where's your data

going? Who's seeing it? We do that a recent review of apps focused on

depressions, so we looked at over 100 depression apps downloaded from the

Google play and the Apple iTunes Store, and we found about half of those didn't

even have a privacy policy. Even those that did have a privacy policy there

were a lot of issues. Some only let you see your their privacy policy after

you had already entered data, so it's like oh great, you're putting your need

and I'll tell you what we do with it. Some of those privacy policies were what

we deemed sort of unacceptable based on a structured rating criteria that we

came up with and that you know, they weren't sharing information, telling

information about where the data is being stored, who's having access to it, I

mean very few of those privacy policies met sort of what we call serve

acceptable levels. And so I think this is a very easy step to take, is to you know,

look if there is a privacy policy and to review it, to review it with your clients,

and I think it's an easy way to sort of rule out apps you would have, be

consider using your practice or not you know, if they don't tell you what

they're doing with the data, if they don't have a privacy policy, it's

probably not a tool you want to be using in your practice.

[Maheu] Right, so if you straight-up ask them, I think it was what you're saying Stephen, and they don't even answer you, then you know they probably don't have a good answer to

give you, so they don't they just don't respond. Yeah. So we have some

confusion still on the desk from what I could see, and I appreciate those of you

that are writing in because it helps me get a sense of what's going on with you.

There are apps that are information gathering pieces of software that are on

your phone, let's say. And then there are apps that are called apps but they're

really shortcuts to go to something else like Facebook. Right? so Facebook without

a fault, without a live connection kind of isn't all that interesting,

but if you can connect to go someplace else, then it can become quite compelling for a lot of people. So we have to make the distinction between an app that is a little depository of

information that we're collecting right here on our phone and that's private, a

native app as another word for that, or one that connects out. A lot of times the

ones that connect out really are just a link, but just a fancy link with a little

picture on the front of it and maybe some you know, some of the things are a

webpage that might be organized and you don't talk about real basic, or you have

a full-blown Facebook type connection that can let you do all kinds of things,

right. When we talk about clinical work here for apps we're mostly talking about the kind that stays on your phone. And then we took a step over and said well text messaging is an app in essence that allows you to connect to somebody else, but that is a clinical tool in which

case you are transporting yourself into another state, if your client is in

another state, and there's all kinds of legal repercussions for that. How

did you inform consent if you didn't do a regular one in a person? You're only

operating the text messaging. So that's a whole other talk, but it's certainly one

that's worthy of mentioning, that’s why I wanted to say it. It's not okay to

perform any kind of work legally without informed because then in most states in

this country. And also in a number of, a surprising number of other countries, it

is illegal for us as Americans to go there and to not have the, the licensure

in their state or do the proper information informed consent if you will.

So you know, it's on us to look at all that before we start catapulting

ourselves into other states or other countries to really understand the legal

ethical issues. The purpose of this talk here is not all of that except to

mention that that's a whole other body that you really need to take a look at

if you're doing it. And then of course I'm getting a number of questions still

about this video platform and that video platform and their app. Once again, they

may give you a picture here on your screen and when you click it, it will

transport you to a video platform that then you see a client or a

patient in, or it may be an electronic health record that you can start entering a date and all of that through your phone your device, but those aren't technically the kinds of apps that we're talking about here, they're just called apps in the vernacular, you know they're kind of just

a term that people use 'cause its a little picture on your phone. So hopefully

that's a distinction that's helpful, if not keep sending me questions and we can

keep talking about it. Alright, so what do I need to know regarding research and

teaching, supervising, and/or consulting about clinical apps? Shawna, did you want

to go first on this one?

[Wright] Sure, I'll just throw out some headers because I think

we filled in the content here in our discussion but I'm gonna really focus a

little bit on research here and in teaching you know, anytime that you're

researching with an app, you really have to focus on what's the purpose of that

app? And what's the purpose of my research? Am I validating this app? Am I

using this app as a part of another research question? How am I going to

collect information? What, is the app going to collect information? Is that why I'm

using it? Is it going to engage my participant in activities? What is the

purpose of the app? Is it appropriate for the population that I'm trying to reach?

Whether that be by age, by diagnosis, you know is the app appropriate for the

population I'm reaching? Functionality, you know, what how do I address the

functionality of an app? If I'm engaging research with an app I want to make sure

that I know what my plan is if it doesn't work. Who's going to provide tech

support if there's a problem? When are updates going to happen? All of that

functionality needs to be addressed when doing research with an app. We need to

have a plan for user support anytime we do research with an app, as well as the

consent process that you discussed, not just consent for treatment, but that

consenting process if we're using an apps and research. We always need to have

a plan for privacy and confidentiality when researching with apps. And then have

a plan for safety and risks depending on what kind of data that that app may be

pulling in from a client. So those are some broad categories that, that you kind

of want to check off if you're doing research with an app, but

if you're teaching with an app I would think each of those categories is really

important as well, to make sure that you effectively know what you're instructing

about that app.

[Maheu] Thank You, Shawna. Stephen, did you want to add anything?

[Schueller] I don't know if there's anything else I need to add, I feel like this is, Shawna did a great job covering it and I think the points we've been making throughout this webinar

really talk through sort of the issues of research and supervision and teaching

with regards to these products.

[Maheu] Okay, a couple points I want to make really relate to the interprofessional aspect of this. I mentioned earlier that and coming up with these questions, these questions are based on the telebehavioral practices that we identified in the competency article that see tips

developed and published in 2017. Different professions have different

rules. Now if you, if you look at, at least in my estimate, if you look at the kind

of the whole ball of wax only about two to maybe five percent difference across

professions with medical, as I mentioned earlier, medical being different from

non medical practitioners, but still that that's not a whole lot, the rest of all

of that the 95 to 98% is pretty much the same, apps appeal to all of that. Every

now and then though you will have apps, a piece of software, that uses terminology

that might not be the same terminology as somebody else in another profession

because maybe they are trained primarily in a different orientation, theoretical

orientation. So for example, if you're looking at behavioral apps, so Stephen

you mentioned that I think it was about, I forget your percentage, but not that

much of the apps that were claiming to be behavioral actually included at least

one behavioral concept, then they use these terms, so that's one end of the

continuum. The other end is that they may use a lot of the terms for one

orientation. It might be a mindfulness app, it might be a cognitive behavioral

app, it might be more like a dynamic app, or maybe a cycle

analytic terminology. Psychoanalysis is very involved with regard to technology

by the way, so there might be an app that you are suggesting that somebody use

that you haven't thoroughly reviewed and is using concepts that could be quite

confusing to your client or your patient. They may choose to not use that app

because it doesn't fit for them, and if you don't follow up clinically come back

around and say "hey how did that go?" and document it then you're really not doing

your job. So just as we would not just throw a book out there and say "yeah you

know this is a good book" and you haven't read it, you don't follow up on it, you

don't talk to them about the details of it, what are they to think about that? It

can lead to sort of a rupture in the relationship if, if these things are not

attended to on the front end, and all the ways you talked about, but also on the

back end where you this is an ongoing discussion about the concepts that we're

being advanced in the app, and the data that's being collected in the app, and

how that data is being used now to come back into the treatment plan and build

on the information that was collected in the app. So I just want to kind of follow

all of you know, kind of wrap that up. I would think that research would also

address a lot of those aspects is that you know, the different components

and different stages of how we use an app but then that really needs to come to so what's the outcome of using this app what's the outcome of this particular app with X number of people? Right, now this woman made a comment here, Nancy, that I particularly appreciated, what she said is that "patients choose the apps they want to use if you're comfortable with and/or

free", no matter what we say right, so she says, "I follow up with them and review

risk of privacy issues however, most patients want to use the apps they want".

Okay, I've had people like this a lot right, so what she does in terms of

documentation is I note in the record the app they've chosen rather than the

one I recommended you know, write all this stuff down. Okay, and but she's

wondering if there's something she needs to do more? You know, does she need a technology policy? So yes, that is brilliant. That is exactly what we would recommend at our training institute is that you have informed consent policy that goes into all of these things, your, your video, you use a video, your user phones, your use of apps,

your use of text messaging and I'm differentiating video and text messaging

from apps, the kind of apps we're talking about today, okay. But that you do go into detail about that, or if you're not using them to say and your phone could said I don't use these things. Alright, at the very least you should say that you are HIPPA compliant, that you offer services that are HIPPA compliant because HIPPA really wants you to do that, HIPPA will look at

your informed consent document to see if you educated this person about HIPAA. So its

important that you least mention HIPAA and that you try to be compliant about

that. So we have more and more information here about where you can go

look. There are places like PubMed, which is on the National Institute of Medicine

library right, Google Scholar which is free and we see CTIBS have started a journal called the "journal for technology and behavioral science, CTIBS", we have a lot of articles about apps there. At our institute, my the Telebehavioral Health Institute, we have a bibliography that

has over I believe 1200 references now about telehealth in general, both

telebehavioral health in general, and a lot of them are about apps, and then of

course the link that, this is a link to cyber guide, which Stephen is, is the

director of. So there's a some resources, we also have a number of articles here

for you and you get the slide set from the APA, but I'm just going to run

through them quickly, this is the article that we talked about today to frame our

discussion, the competency framework. With other free resources here, the cyber

guide once again, but SAMHSA has a store that it it has advanced apps, so SAMHSA's

done some interesting things, those who you don't know what SAMHSA is, it's a

Substance Abuse and Mental Health Services Administration, and it is the

federal arm that oversees what we do. I was shocked I went through school and never knew that. I learned that it was a research for telehealth. And it has competitions every now and then so

apps can compete and then it'll select a really good app that's won this

competition, and they'll make it available in their store there are the

ways that things get there, but that was the other pretty well vetted, vetted by

the federal government. There also are some that are vetted by the Department

of Defense, you can take a look at that. We at the Telebehavioral Health

Institute have a newsletter and we send this out weekly and I recognize a number

of names in the audience here, you are honor our list for that too, it's a free

newsletter and we try to summarize every week some of the real standouts, not only

for different types of technology but also what's going on in our industries.

We try to have be a free resource for everybody on that. Then Dr. Don Hilty

and a number of other people from the American Psychiatric Association have

come up with some really good publications and very well-thought-out

publications that I wanted to at least give you the the full reference on. You

can look that up but once again a PubMed or through Google Scholar, you can you

can get at least the abstract and decide if you want to get the full article from

that point on. I've published a number of things in this field, I did a book

chapter for Gerry Koocher on his psychologist Desk Reference years ago, on

picking an app, finding it an app, and what to think about some of the

considerations there, and another article that we've developed about app selection

criteria was published in 2017. Dave Luxton has been one of the leaders in

the field as well, you may want to look into some of his work. He was the first

telepsychologist at the Department of Defense, so he has written about a lot of

different topics and Telepsychology and the use of various technology so you

may want to look at that. We have some other articles here by Stephen Schueller

that you'll see is the author on, co-author on some of these about

depression and just general mental health apps, you may want to look at that.

Some articles here I want to give you from some of the people that I've met over the years at the APA that have done a lot of work about apps, so these are other resources that you can use. And

then there are some apps that the Federal Drug Administration does control.

The FDA generally controls apps that have to do with diagnosing and treating

people, okay that's kind of a line in the sand they've drawn, and if you want to

advance yourself as an app for that you really need to go through a lot of

rigorous research submission about the efficacy of your app and there's some

general other guidance tools. So with that I want to mention a couple other

things and then we'll take some more questions there is a conference coming

up and it actually starts tomorrow at the APA that is a technology of

mind and society conference. It is in Washington and it is the second annual

conference for this group, the registration is still open and they will

be taking people at the door, so you can register on site and I have been

commissioned with the, the continuing education office here at the APA to

offer an introductory course that is broken down into four segments, four two

hours segments through video so you can do it as you're as you're doing this one,

and through your convenience of your, your home or your office and we'll be talking

about telepsychology 101 in essence just basic practices. With that we'll

move to some questions. Let's see, Denny suggested going to the National Health

Institute in the UK, they have a list of reviewed apps, so that's talked about

some of the other things that we've talked about here.

Let's see, Katherine asks "can you make a case to an insurer if you're spending

time in session to discuss technical issues related to operating systems and

privacy settings?" I don't know that you really need to

bring that up with an insurer, that is part of you informed consent and that's

your duty to talk about in all cases, so I don't think that way is a separate

CPT code, that's part of your treatment, that’s part of your formed consent you know,

there isn't a breakout code for that, so I think you're safe, but you have to use

your own ethical sense of well, you're spending three quarters of the hour you

know working about on someone's phone, or your really doing some clinical work in that

hour. So, we have another related question to that to you know exactly,

are there CPT codes? There is one for remote patient monitoring is one that I

mentioned that came out in January, the CPT code. And actually right now the

American Medical Association is advocating for more remote patient

monitoring codes and that would be to read the data that gets transmitted to

you. Once again, if you're operating legally within your own state, someone

whose body is in your state when they're doing this. Okay, let's see people are

asking for all kinds of things like school-related app, PTSD related app, just

wish we had the time to go into all of that, but I think we've given you some

general principles and if you'd like more app related webinars, please ask the

APA and and hopefully they'll, they'll ask us to come and bring you more

information, but we can't get into a whole lot of real specifics. Let's see,

different types of tests that people want. People are asking for specific CPT codes, I wish you could get that specific. Once again about text, I think, and emails, people are concerned about that and appropriately so. Let me repeat, the, the text messaging and general email

services out there are not HIPPA compliant. That means you can't use them,

okay? It's your job to pick a HIPPA compliant software. What you can do is look for, let's say if you want to do telepsychology video platform, that allows you to include apps I'm sorry

include remote patient monitoring, include text messaging, include email all in

this protected pipe, including electronic health record you know, whatever it is

all in this one protected pipeline, and then you don't have to be giving out

different companies, well I use this app thing, and I use this email, and I use

this video service. A lot of people just want to go for one altogether type

approach. So with that Steven, Shawna, do you want to have any closing statements?

[Wright] No, I'm just glad to see so many are interested in this and wanting to learn more about apps, I hope that we've planted some seeds. Oftentimes in an hour that's what

we had a chance to do with plants and seeds, so I encourage you all if you're

using apps to go out and do a little homework with those. I'm glad to see

somebody here today.

[Maheu] Great. Steven?

[Schueller] Likewise, I really appreciate seeing the

enthusiasm topic and I think the only way we're going to get through some of

these more tricky, thorny issues is to have sort of engaged you know, group of

people wanting to come together and figure these issues out.

[Maheu] Absolutely, thank you all. I apologize we didn't get to all the questions, they're really were a lot, but really thank you for participating and let's continue the conversation.