

Introduction

The capability to provide behavioral health services with telecommunications technologies has greatly expanded avenues for behavioral and mental health professionals to provide quality care. This capability, which can be referred to as *telemental health* (TMH), has already extended to virtually all aspects of behavioral health service including the delivery of treatment, assessment, psychoeducation, supervision, and consultation. TMH has been used with almost every behavioral health diagnosis and across all age groups. The wide availability of desktop webcams, secure videoconferencing (VC) software, and improved high-speed networks can enable affordable access to care through traditional hospital, clinic, and office-based referrals or directly to the patient's home. Other technologies available to behavioral health providers that can be used to assist the TMH provider and augment care include mobile

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A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, and Evidence-Based Telepractice, by D. D. Luxton, E.-L. Nelson, and M. M. Maheu

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device health apps and interactive websites (Luxton, McCann, Bush, Mishkind, & Reger, 2011; Maheu, Pulier, & Roy, 2013; Mohr, Burns, Schueller, Clarke, & Klinkman, 2013).

To use any one of these technologies as a professional, however, requires competence and therefore appropriate training that includes competencies specific to the service delivered. Many of the issues associated with competent practice parallel those of conventional in-office services. However, professionals must extend competencies associated with existing skills practiced in traditional settings and also develop new skills that bridge the gaps created by geographical distance. For instance, a clinician may already be competent in suicide risk assessment and intervention. When practicing via VC, the clinician must complete a proper intake and assessment despite test instruments and procedures developed for in-office administration, continue to establish informed consent, obtain client/patient's emergency contact(s), involve emergency or support services if necessary at the client/patient's location, document essential elements of the procedure, and conduct appropriate follow-up at a distance. The physical distance between the clinician and the client/patient as well as the use of technology can create challenges, all of which are manageable when following best practices. For example, it is easy to hand out consent forms or administer paper-and-pencil assessments when in person, but additional steps are required when communicating by electronic mediums.

Just as with in-person services, TMH professionals need to know how to conduct practice consistent with the ethical standards, guidelines, and recommendations that are applicable to both their specific profession and the needs of their patient populations. Each discipline also has its own general ethics standards and sometimes guidelines, as established by the prevailing professional association(s). Some organizations have produced guidelines specific to telehealth practice. It is also necessary to know what legal requirements and liability risks are associated with TMH practice. Providers must ascertain whether TMH services are allowed to be provided and understand the unique accreditation, licensure, legal requirements, and advertising guidelines of the jurisdiction where the client/patient is located. The use of telehealth technologies also can present liability, even with the briefest of contact (e.g., e-mail, text message). Practitioners must

be aware of intra- and interagency policies, including guidance on what and how particular services should be provided and the limits of those services. Another “need-to-know” requirement is informed consent, which must address patient safety, mandatory reporting requirements (e.g., duty to report with suicidal or homicidal clients/patients; mandated reporting of abuse to minors, elders, or partners), as well as privacy and data security.

In today’s rapidly evolving technological landscape, practitioners need to be aware of which technologies are available, how to select the appropriate technologies, and how to optimize them for use. Telepractitioners also need to be sensitive to issues in clinically unsupervised settings—settings without clinical staff on-site, such as when care is provided directly to a client/patient who is located in his or her home at the time of the contact. Furthermore, TMH psychological assessment requires particular attention to factors that may influence the reliability, validity, and integrity of assessments and measures conducted remotely (e.g., unbeknownst to the professional, a family member may be present during part or all of the assessment procedure; clients/patients can easily look up answers to test questions while online; some assessments may be taken over the course of a week rather than at a single sitting).

Behavioral health services that are provided via technology also create a different context for the therapeutic process, including unique benefits and challenges. For example, telepractice extends the reach of service to underserved groups and diverse population that may have had limited previous contact with behavioral health services and/or with technology. Thus, it is crucial for clinicians to be familiar with how to work with clients/patients from diverse backgrounds. There are also potential complications that can arise during telepractice. For example, the clinician facing a delicate mandated reporting situation must be aware that an emotionally charged conversation with a client/patient about potential abuse may be more difficult to manage via VC. Such a client/patient may easily and quickly respond to abuse-related inquiries by simply turning off the computer. Such clients/patients are then unlikely to respond to attempts for further contact. Working via technology, then, also requires an understanding of how technology alters a professional clinical relationship and how to compensate for such alterations. Without proper training, clinicians may unwittingly put

clients/patients and themselves at risk by treading into new terrain without full understanding and appreciation of these telepractice issues.

In recognizing the need to provide specific guidance, various professional associations in the behavioral sciences have developed ethical standards and/or guidelines for telepractice. Standards and guidelines help move TMH forward by increasing practitioner confidence and setting minimal standards for ethical and competent practice. They provide necessary high-level guidance but often lack the level of detail or practical recommendations needed by behavioral health practitioners. For this reason, TMH trainees and practitioners can benefit from a practice-friendly “how-to” guidebook that provides recommendations for conducting telepractice. In this book, we draw not only from relevant legal and regulatory codes, ethical standards, and guidelines but also from scientific literature and the hundreds of model TMH programs in the field.

Our purpose with this book, then, is to provide an essential how-to guide for conducting competent, ethical, and evidence-based TMH. In this guidebook, we focus primarily on the unique benefits and challenges of delivering real-time psychological services with VC equipment. Although we recognize that telephone, e-mail, text messaging, and other forms of communication technologies are used in practice (American Psychological Association, 2010b), we focus primarily on VC to give the interested clinician a quick yet broad-based overview of how to proceed with this particular modality. The researcher, educator, or practitioner who is interested in these other telehealth modalities is encouraged to see our list of resources available on the companion website: <http://pubs.apa.org/books/supp/luxton/>.

In the following pages, we outline best practices for establishing and conducting TMH services across diverse settings.

In Chapter 1, we introduce key definitions, the scope of TMH, and an overview of the benefits of TMH.

In Chapter 2, the reader will find an overview of currently available telehealth technologies with a focus on VC technologies and supporting software. This chapter also includes an overview of technologies that can be used to augment VC-based TMH (e.g., mHealth apps and other emerging technologies).

Chapter 3 describes legal, regulatory, and ethical issues in telepractice in public and private practice settings. The informed consent process is addressed, including compliance with various federal and state requirements related to telepractice. Privacy and data security issues are also discussed.

Chapter 4 walks the reader through the practical steps needed to establish a thriving TMH practice. Needs assessment and other administrative processes are outlined to help identify problem areas and key resources before engaging with clients/patients. Other topics addressed in this chapter include necessary documentation procedures.

Chapter 5 outlines how to develop safety plans for TMH services provided to clinically supervised (e.g., to a setting with trained support staff) as well as to unsupervised settings (e.g., to the homes of clients/patients). Topics include assessment of the appropriateness of TMH, emergency protocols, roles and responsibilities during emergency management, and risk management.

Full attention is given to the process of initiating and conducting TMH clinical sessions in Chapter 6. Best practices for establishing and maintaining therapeutic rapport are provided, including creating a welcoming telepractice environment. We share advice concerning best positioning of VC equipment (e.g., eye gaze) and troubleshooting technical problems. Special considerations are offered for conducting in-home TMH, as well as guidance for integrating other technologies (e.g., behavioral health apps).

Chapter 7 summarizes methods to ensure reliable and valid psychological assessments and testing conducted via telehealth technologies. We discuss selecting appropriate measures/tests, assuring optimal assessment conditions and procedures when using telehealth technologies, and delivering assessment results remotely.

Chapter 8 provides information on supervision and consultation services via telehealth technologies. We summarize the evidence base supporting remote supervision and teleconsultation, giving examples across a wide variety of trainees (e.g., predoctoral, postdoctoral, continuing education) and training settings.

In Chapter 9, we summarize strategies to promote clinical competency and multicultural sensitivity with diverse groups across the lifespan. We describe telepractice's potential to connect experts in working with

specific populations (e.g., expertise with lesbian, gay, bisexual, transgender, queer, and intersex populations; expertise with rare medical disorders) with individuals seeking such behavioral and mental health services. A patient-centered approach is emphasized, taking into consideration how cultural factors and the broader community may influence the telepractice encounter and sustainable TMH service.

We conclude in Chapter 10 with summaries of issues discussed and descriptions of options and opportunities for practitioners interested in telepractice.

This guidebook is written for the new telepractitioner who wants to get started, the seasoned practitioner who seeks to continue to enhance TMH practice, the supervisor who engages in telesupervision, and the clinical manager or administrator interested in training a clinical team. The guidebook's practical recommendations also apply to TMH providers regardless of discipline or theoretical orientation. For our health professional (e.g., medicine, nursing, allied health) colleagues in areas beyond the traditional application of TMH in telepsychology, we have made conscious attempts to be inclusive of the broader health care arena across prevention and the behavioral components of chronic illness, including behavioral medicine, integrative medicine, and health psychology perspectives in many of our recommendations. Also, although this guidebook primarily uses examples of regulatory requirements and guidelines from the United States, it is also intended for the international behavioral and mental health researcher and practitioner communities.

TMH is a prospering area of practice that is expected to grow substantially in the years ahead. There is an expanding empirical literature base that supports its clinical effectiveness, including overall user acceptability and satisfaction among both clients/patients and care providers. In addition, public and private insurers are increasingly supporting the use of and reimbursement for some telehealth-based services. The capability to conduct behavioral services via telecommunications technologies has provided behavioral health professionals with opportunities to serve more people, specialize in areas of greatest professional development and interest, decrease office expense, and enjoy a mobile lifestyle from anywhere on the planet.