CENTER FOR
m² HEALTH



Bringing the Power of Technology to your Clinical Practice

American Psychological Association

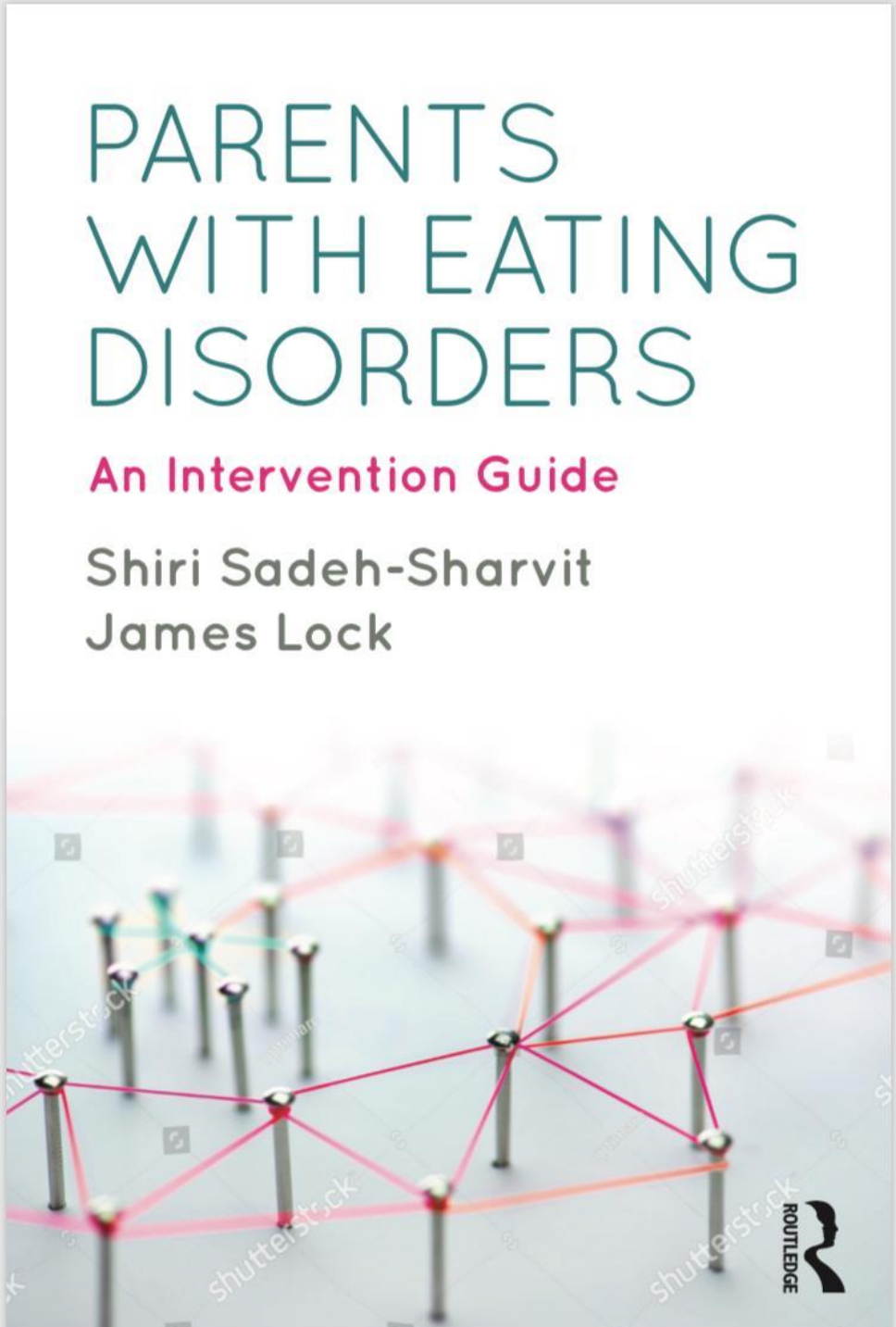
The Psychologist's Toolbox Series

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Eleos Health

Disclosure Statement

Dr. Shiri Sadeh-Sharvit serves as the Chief Clinical Officer for Eleos Health, receives research support from Super-Pharm, Inc., and royalties from Routledge Press.



Self-introduction

- Clinical Psychologist.
- Worked for 4 years at Stanford University Eating Disorders Research Program.
- Received research grants from Stanford University Maternal and Child Health Research Institute, National Eating Disorder Association, the Hilda and Preston Davis Foundation, Super-Pharm, Inc. and IDF.
- Developed Parent-Based Prevention program for parents with eating disorder or WLS histories, adapting family-based treatment for children with ARFID, and digital guided self-help for individuals with eating disorders.

Workshop PLAN

- Background
- Telepsychology
- Blended care using self-help apps and guided self-help programs
- Email and texting hacks
- Social media concerns
- Safety and privacy considerations

Teletherapy Is Now a Staple of the Therapist Toolkit

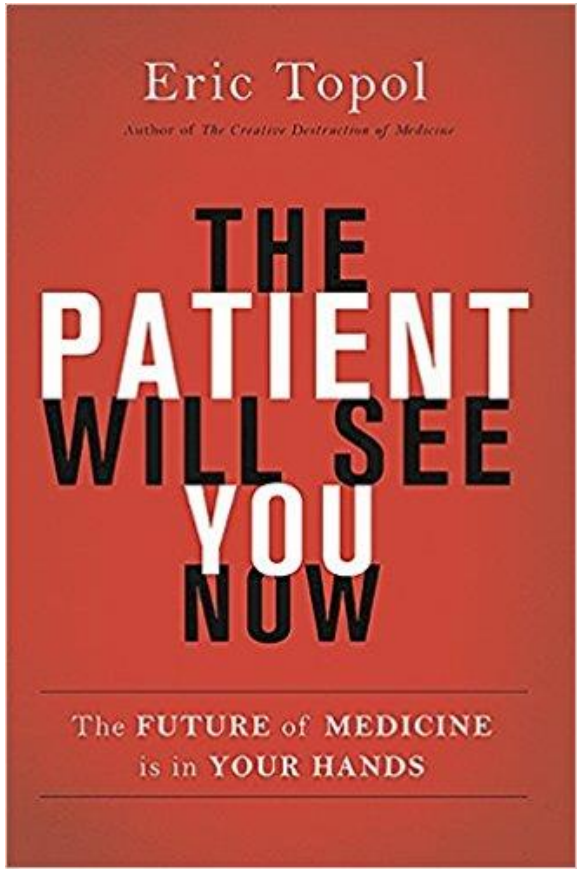
- The COVID-19 pandemic has dramatically changed the landscape of digital therapy, making telehealth the prominent means of treatment delivery.
- There is a gap between clinicians and client expectations:
  - Therapists have been primarily trained in assessing and treating their clients in in-person settings.
  - But in daily life, individuals are typically hold their mobile devices within arm's reach, using them for work, interpersonal connection, and searching for or recording information that they consider important.



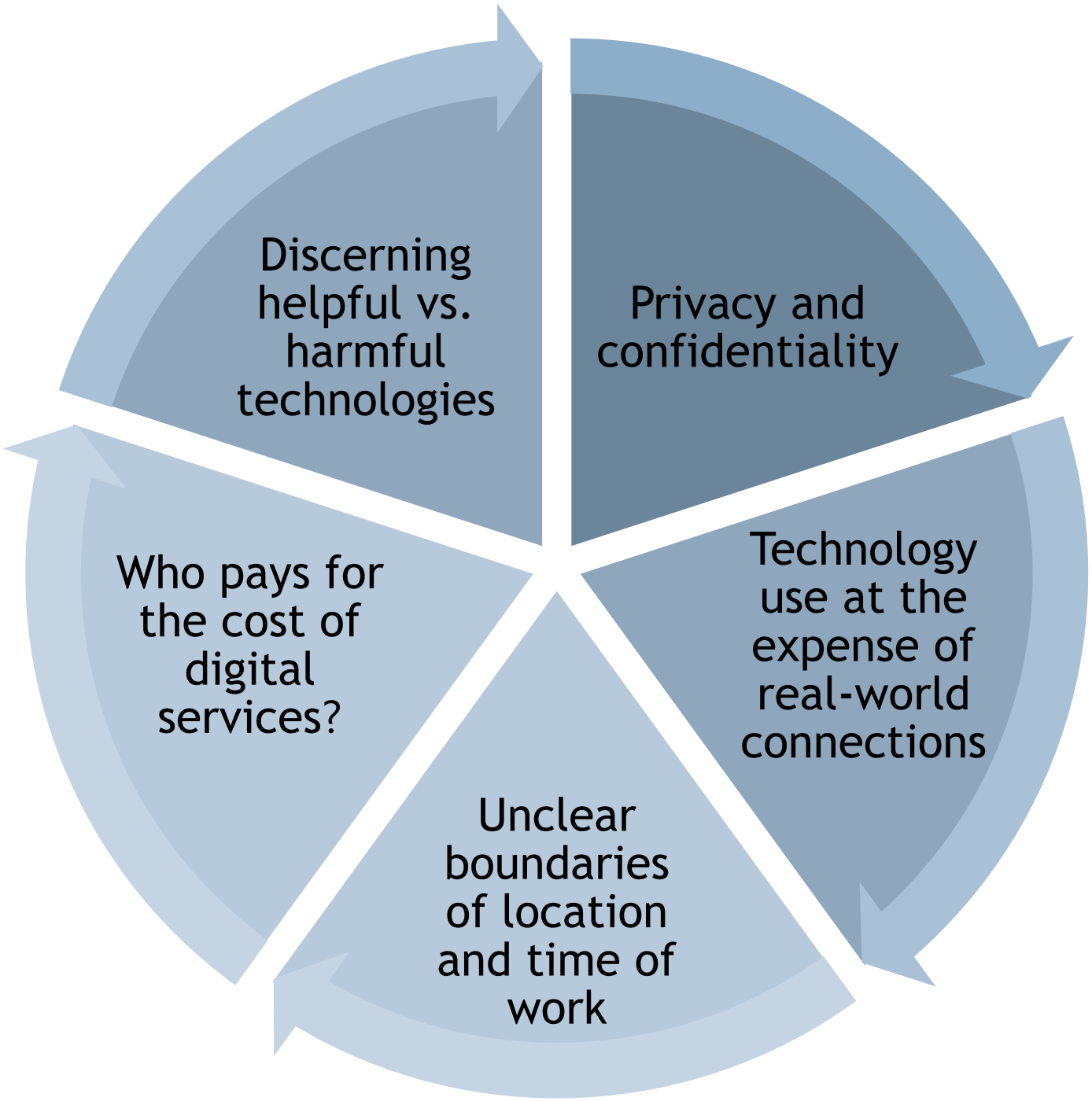
Duggan, M., & Smith, A. (2013). *Cell internet use 2013*. Washington, DC: Pew Research Center.
Fox, S., & Duggan, M. (2013). *Health Online 2013*. Washington, DC: Pew Research Center.

Clients Expect Technology Integrated in their Care

- Mental health consumers are **empowered to search and choose** the therapies most effective to their problems.
- About **100,000 mental health\ wellness apps** are currently available.
- 76% would be interested in using their phone for **self-management and self-monitoring of mental health**.[1]
- Clients with more health problems report greater email correspondence with doctor, nurse, or health care organization.[2]
- Now with social distancing regulations, technology can provide distant socializing, continuity and integration of treatment.



[1]Bakker D, Kazantzis N, Rickwood D, Rickard N (2016). Mental Health Smartphone Apps: Review and Evidence-Based Recommendations for Future Developments. *JMIR Mental Health*, *3*(1).
[2]Newhouse N et al. (2015). Patient use of email for health communication purposes across 14 European countries: an analysis of users according to demographic and health-related care. *Journal of medical Internet research*, *17*(3).



Let's be clear about the challenges and risks of technology

Sadeh-Sharvit, S. (accepted). Use of Technology in the Assessment and Treatment of Eating Disorders in Youth. *Child & Adolescent Psychiatric Clinics of North America*.

How is Treatment affected by COVID?

- Issues such as the pandemic, quarantine, and social distancing are part of our reality for the next months.
- We need to adapt our thinking to understand that teletherapy is not a quick fix but is an ongoing treatment delivery method, in most cases the only modality that is safe and feasible.

Our Clients Need Us Now More Than Ever Before

- The client's world may become more limited
- Scant mental, social, cognitive stimuli
- Negative media messages about productivity, weight loss, self-improvement
- Increased potential for trauma, domestic violence, and abuse
- Financial concerns (lost job, economy, stock market, food insecurity)
- Lack of access to healthy coping mechanisms
- Exacerbation of existing psychopathological symptoms
- Greater use of social media and unhealthy social comparison
- Clients often need more support than the designated session time



Cooper, M., Reilly, E. E., Siegel, J. C., Coniglio, K., Sadeh-Sharvit, S., Pisetsky, E. M., & Anderson, L. A. (2020) Eating disorders during the COVID-19 pandemic and quarantine: an overview of risks and recommendations for treatment and early intervention. *Eating Disorders*, doi: 10.1080/10640266.2020.1790271

For Therapists, It's Not "Business as Usual"

- Boundaries: both the client's and the therapists' home environment are exposed
- Privacy could be compromised on both ends
- Therapists may be experiencing the very same stressors and traumas as their clients: Zoom fatigue, pandemic fatigue, remote school, worrying about older family members, etc.



Gold, J., & Zerwas, S. (2020, September 8). 'We Are Therapists. After 6 Months of Lockdown, We're Almost at Breaking Point'. *Newsweek.* Retrieved from https://www.newsweek.com/we-are-therapists-we-need-therapy-ourselves-1528311

Digital tools can make therapy more efficient, effective, and fun!

- Communication/scheduling
- Assessment/monitoring
- Psychoeducation
- Support between sessions
- Supplement face-to-face meetings
- Addresses important issues that may not be therapists' major focus/area of expertise,
  - e.g. Sleep, exercise, weight management
- Fills slots (teletherapy/video conferencing)
- Provides continuity (e.g. teletherapy when patient cannot come in)



Teletherapy: Benefits for Clients Post-COVID

Increased access to:

- therapy for individuals with physical, medical and/or mobility disabilities
- geographic areas with few mental health resources
- therapy in native language (e.g., Sign Language)
- therapy for individuals who may have difficulty attending therapy on-site (e.g., those with PTSD or agoraphobia)
- therapy for clients interested in receiving care while traveling or if moving to another place where their current provider is licensed

Bashshur et al. (2016). The Empirical Evidence for Telemedicine Interventions in Mental Disorders *Telemedicine and e-Health, 22*(2): 87-113

Teletherapy: Benefits for Providers Post-COVID



Flexible scheduling



Consumer demand and convenience



Fill missed sessions/business opportunities



Growing empirical evidence as to its effectiveness, cost-benefit

Bashshur et al. (2016). The Empirical Evidence for Telemedicine Interventions in Mental Disorders *Telemedicine and e-Health, 22(2)*: 87-113

Therapeutic Relationships and Technology-facilitated Care

Impact on therapist-client relationship:

- Research suggests that client ratings of therapeutic alliance when working with a clinician that incorporates internet-based interventions are high
- Roughly equivalent to ratings of alliance found in studies of face-to-face therapy

Berger, T. (2017). The therapeutic alliance in internet interventions: a narrative review and suggestions for future research. *Psychotherapy research*, *27*(5), 511-524.



Shiri Sadeh-Sharvit, PhD @ShiriSharvit · May 1

Feeling Zoom fatigue?
It makes sense.

🪑 Sedentary lifestyle
📺 Screentime and blue light exposure exceed medical recommendations
🧘‍♀️ No downtime between online meetings and home activities.

Schedule breaks, stretches, change of scenery, time away from computer/phone.🤼‍♀️🎧🧩

3 5

Guidelines for Stress-reduced Remote Practice

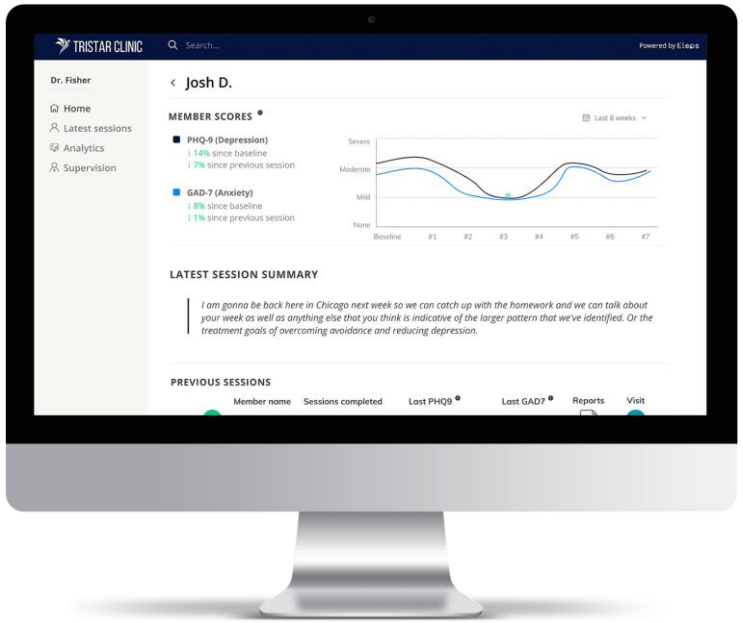
- Ensure confidentiality, privacy, and informed consent to teletherapy services
- Know the local licensing requirements and waiver limitations
- Use encrypted, HIPPA compliant platforms
- Educate the client regarding location, bandwidth, and connection issues
- Help ensure client safety and know local police to call in case of an emergency
- Decide what happens if the telehealth meeting ends abruptly
- Plan your office background, attire, background noises, Internet speed

Considerations for Virtual Group Treatments

- Define a virtual waiting room and admit participants only after verifying their location and emergency contact number
- Mandate video and audio be turned on
- Ask clients to correct the name appearing on their video and remove last name, if necessary
- Offer participants to hide their self view
- Be clear about confidentiality – no picture taking, sitting in a private location to protect other participants' privacy, etc.
- Send handouts prior to the session, share screen to visualize content
- If possible, have another colleague contact participants who logged out

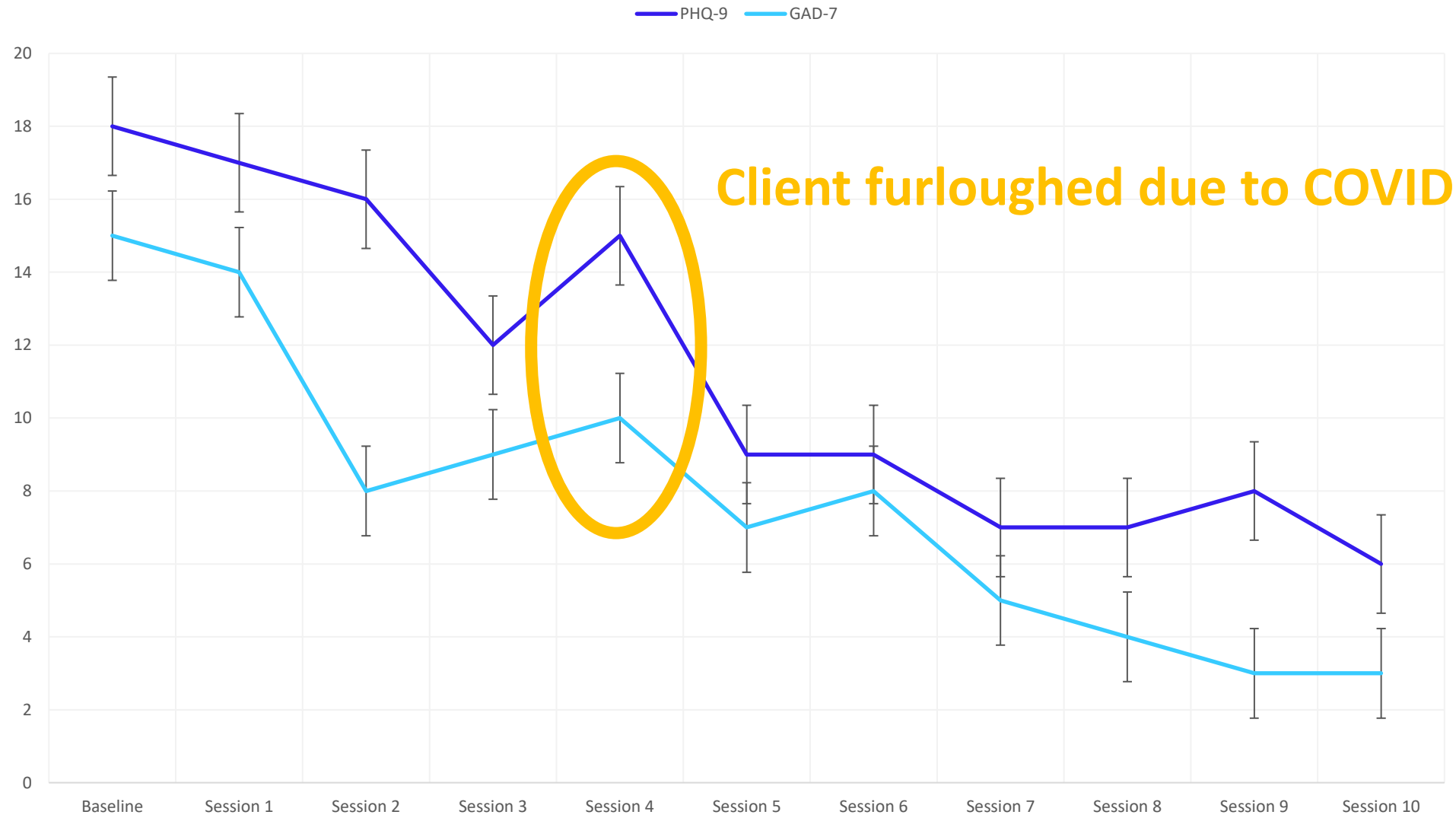
Case Example

- A 24-year-old Latino male.
- Recently graduated from a liberal arts college and started his new “adult” job.
- In the past 18 months, has felt concerned about his future and unsure which career path to choose.
- Received a promotion at work, but became very anxious and had a hard time concentrating on tasks.
- Baseline assessments: PHQ-9 = 18 and GAD-7 = 15, indicating that his depression and anxiety were both in the severe range.
- Client started improving, but then… COVID happened.



Based on: Sadeh-Sharvit, S., & Hollon, S. D. (accepted). Leveraging the power of non-disruptive technologies to optimize mental health treatment: A case example. *Journal of Medical Internet Research Mental Health.*

Case Example (cont.)



Based on : Sadeh-Sharvit & Hollon (in press)

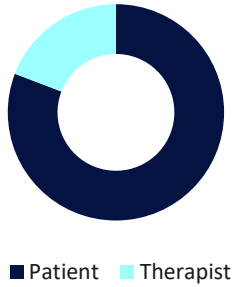
Case Example (cont.)

Client furloughed

Session 2

SPEAKING RATIO (TALK TIME)

WHO	RATIO (%)
Patient	80
Therapist	20



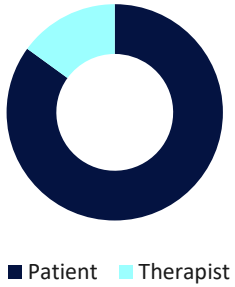
TECHNIQUES USED

- ☑ Mood Check
- Bridge
- ☑ Agenda setting
- Homework review
- ☑ CBT skills
- ☑ Action plan
- Session summary
- ☑ Socratic questioning
- ☑ Reflective listening
- ☑ Empathic Communication

Session 4

SPEAKING RATIO (TALK TIME)

WHO	RATIO (%)
Patient	85
Therapist	15



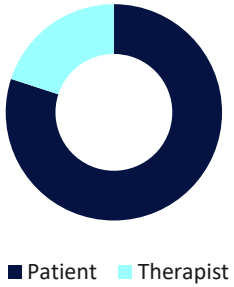
TECHNIQUES USED

- ☑ Mood Check
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- Action plan
- ☑ Session summary
- Socratic questioning
- ☑ Reflective listening
- ☑ Empathic Communication

Session 9

SPEAKING RATIO (TALK TIME)

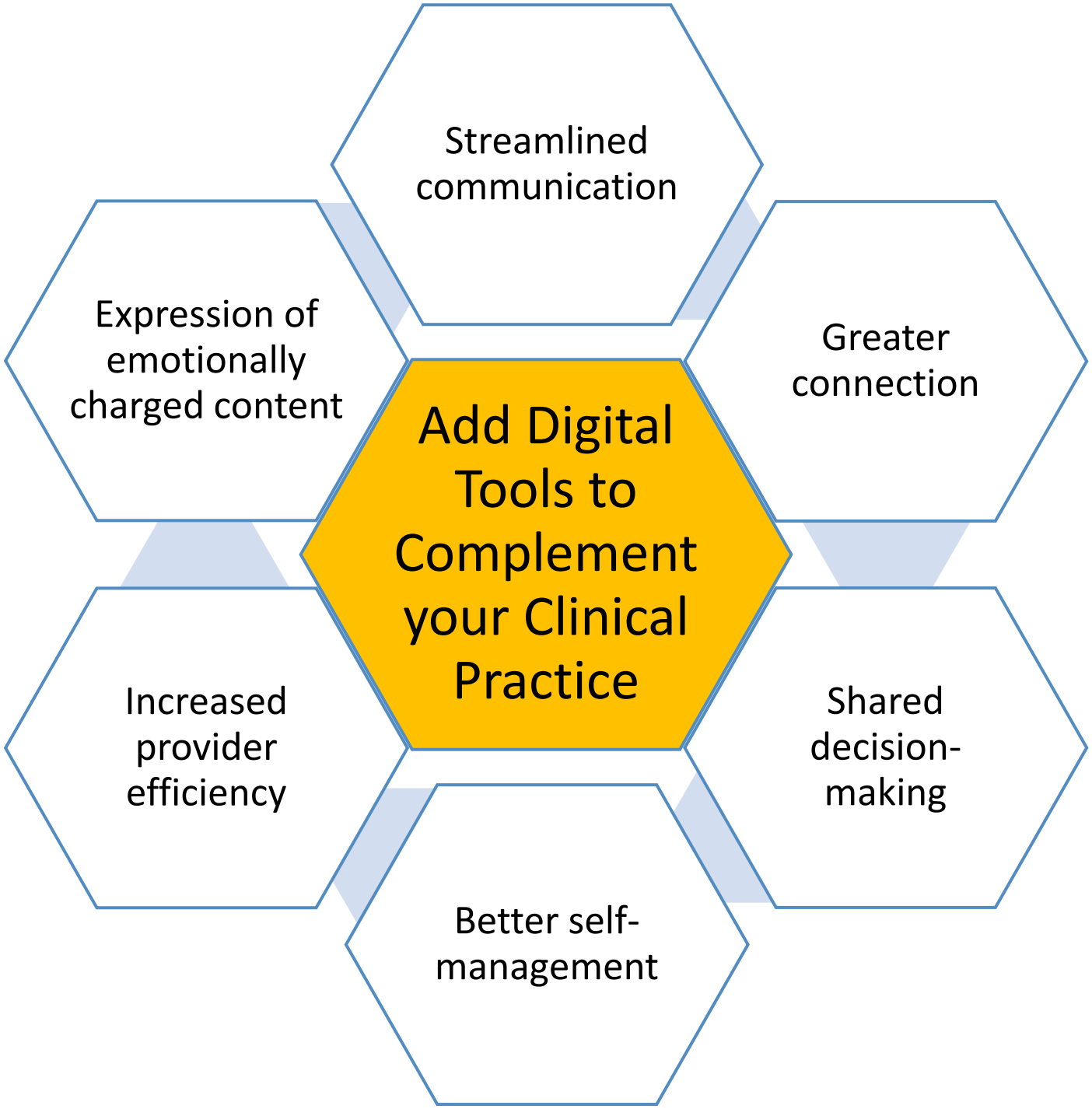
WHO	RATIO (%)
Patient	61
Therapist	39



TECHNIQUES USED

- Mood Check
- Bridge
- ☑ Agenda setting
- ☑ Homework review
- ☑ CBT skills
- ☑ Action plan
- ☑ Session summary
- ☑ Socratic questioning
- ☑ Reflective listening
- ☑ Empathic Communication

Based on : Sadeh-Sharvit & Hollon (in press)


Streamlined communication
Expression of emotionally charged content
Greater connection
Add Digital Tools to Complement your Clinical Practice
Increased provider efficiency
Shared decision-making
Better self-management

Enhancing Treatment Impact and the Therapeutic Alliance in Remote Therapy

"Blended treatment" combines the benefits of traditional/online psychological treatmentprovided concurrently with digital tools. Depending on the preferences and needs of the client, online and mobile components can be included either between therapy sessions, prior to sessions, or following standard face-to-face treatment as a form of supplementary post-intervention.

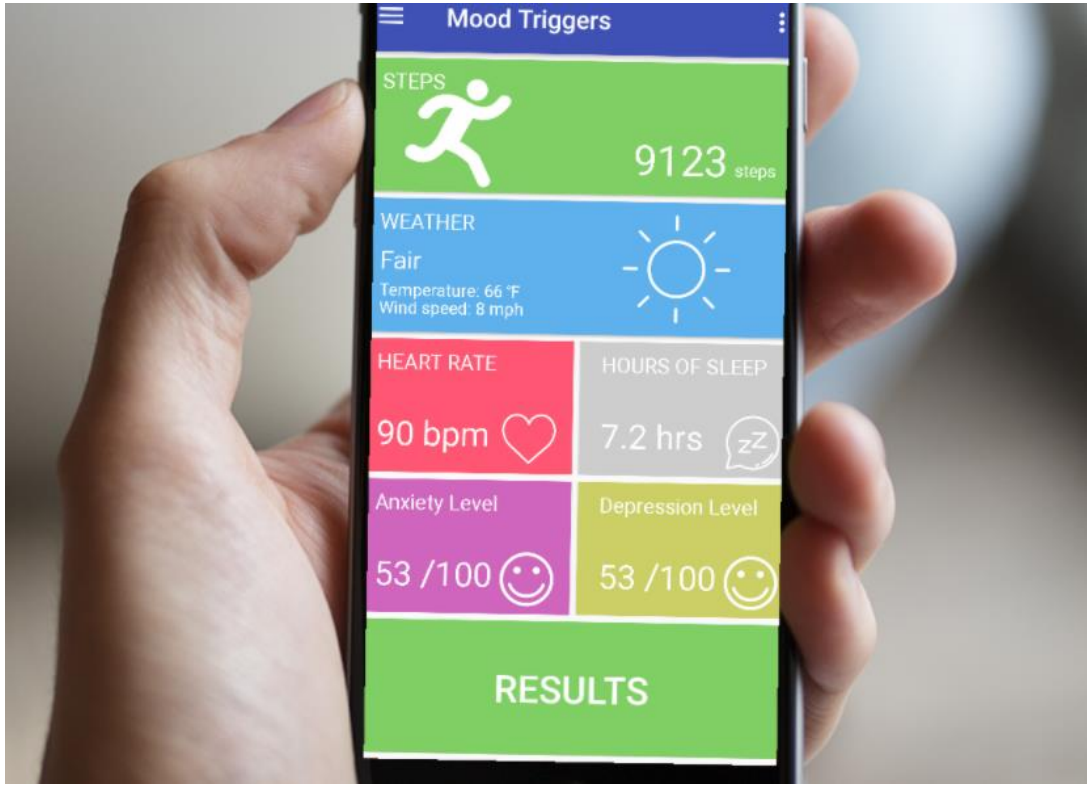
Consider suggesting to your clients the following services:

- Online programs and smartphone apps for self-monitoring
- Self-help programs and therapeutic chatbots
- Support groups

Taylor, C. B., Sadeh-Sharvit, S., Fitzsimmons-Craft, E. E., Topooco, N., Rojas-Ashe, E. & Wilfley, D. E. (in press). Utilization of Technologies to Support Patients with Eating Disorders. In G. M. Reger (ed.) *Technology and Mental Health: A Clinician's Guide to Improving Outcomes*.

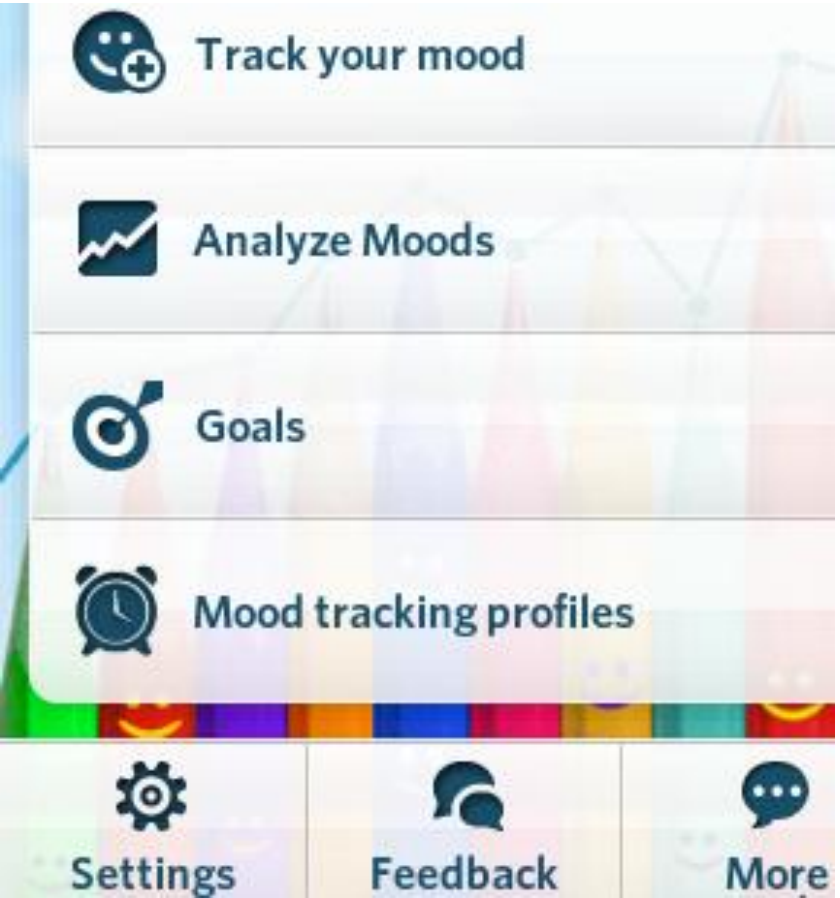
Digital Technology Enhances Self-monitoring and Assessment

- Can include prompts for real-time monitoring
- Can be automatically graphed (and analyzed)
- Can be sent to therapist
- Can be linked to mobile devices
- Can include visual information (e.g. photos)
- Can be part of an interactive program

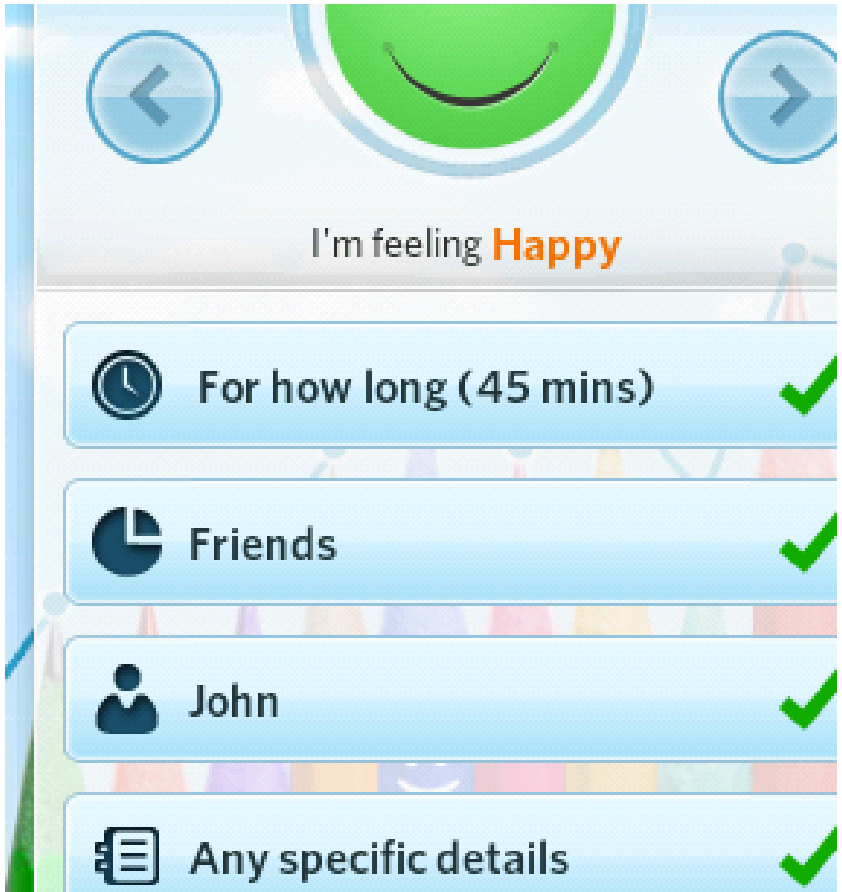


Moodlytics App for Mood Monitoring

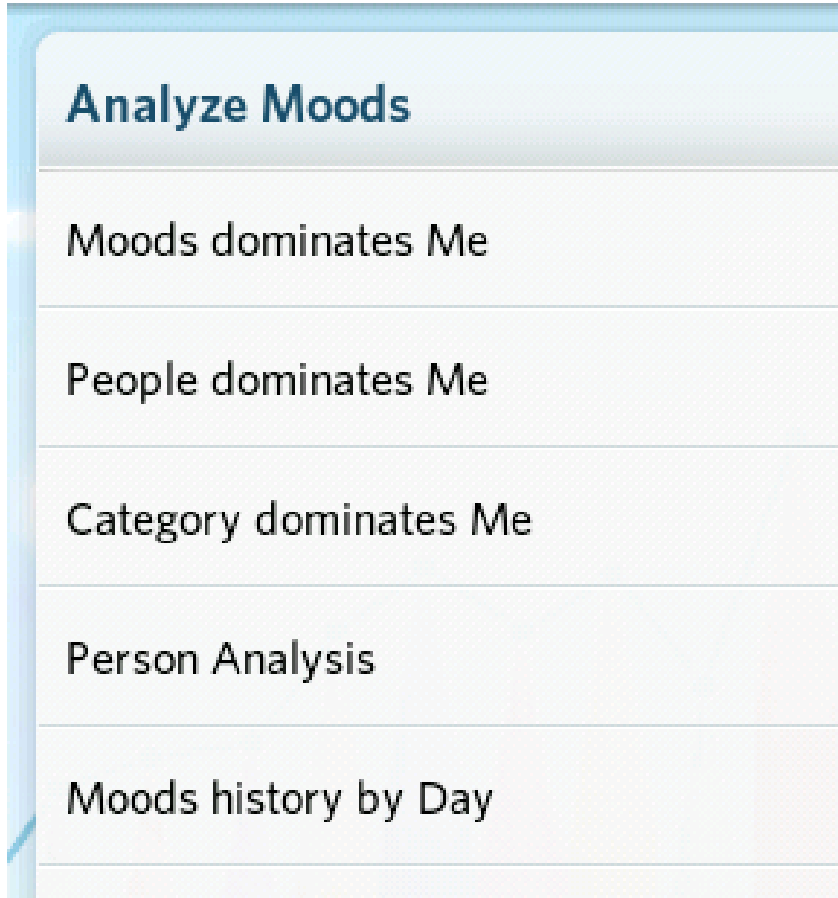
[Dashboard](#)



[Track your mood](#)



[Analyze](#)



An “Outdated” Eating Disorders Self-monitoring Sheet

Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings
7:30am	2 pieces of toast with margarine	Kitchen			7:00am: Weighed myself. 65kgs Less than last night. Pleased.
10:00 am	1 mug of coffee	table			
12:00 pm	1 can of diet Pepsi				Cake in the staffroom for colleague’s birthday. Pleased I didn’t eat any.
	Mug of coffee				Only coffee for lunch, trying to
1:30 pm	Mug of coffee	At work			make up for breakfast
	200gm packet of chips				
	1 doughnut	At work			Sat in front of TV when I got home. Felt bored, tired and hungry. Started eating.
4:30pm	1 doughnut		*		
4:40pm	1 can of diet lemonade	At work	*		
4:45pm	6 chocolate biscuits		*		
4:53pm	1L of ice cream				
	1. can of diet lemonade	Home, in front of			
4:59pm	2. pieces of toast,	the	*		5:45pm: Weighed myself.
5:15pm	margarine and jam	TV	*		66.7kgs. Disgusted with myself.
5:35pm					Vomited.
7:30pm	Mug of tea		*		Depressed about binge.
					Resolved not to eat for the rest of the night.
8:40pm	1 piece of toast, vegemite			V	Mum called and said she wanted to go clothes shopping together on the
8:44pm	1 large glass wine				weekend. Felt anxious. Started to eat. Too depressed to stop.
8:54pm	5 pieces of toast,		*		Felt awful, couldn’t look in the mirror. Vomited.
9:00pm	margarine & vegemite		*		
	1 cold apple pie		*		
	1 packet of chocolate chip cookies		*	V	

Exercise (time and type): None. I’m just a lazy idiot

Recovery Record Smartphone App





Sadeh-Sharvit et al. (2018). Subgrouping the users of a specialized app for eating disorders. *Eating Disorders: The Journal of Treatment and Prevention*. doi: 10.1080/10640266.2018.1440043

Self-help Programs



Non-facilitated self-help:
A self-administered intervention, which makes use of written or electronic materials and includes instructions for the person to work systematically through the materials over a period of at least 6 weeks.



Guided self-help:
A self-administered intervention, which makes use of written or electronic materials. A trained practitioner typically facilitates the use of this material by introducing it, and reviewing progress and outcomes.



Effective for a range of behavioral health outcomes, including anxiety, depression, smoking cessation, physical activity, harmful drinking, insomnia, and eating disorders.

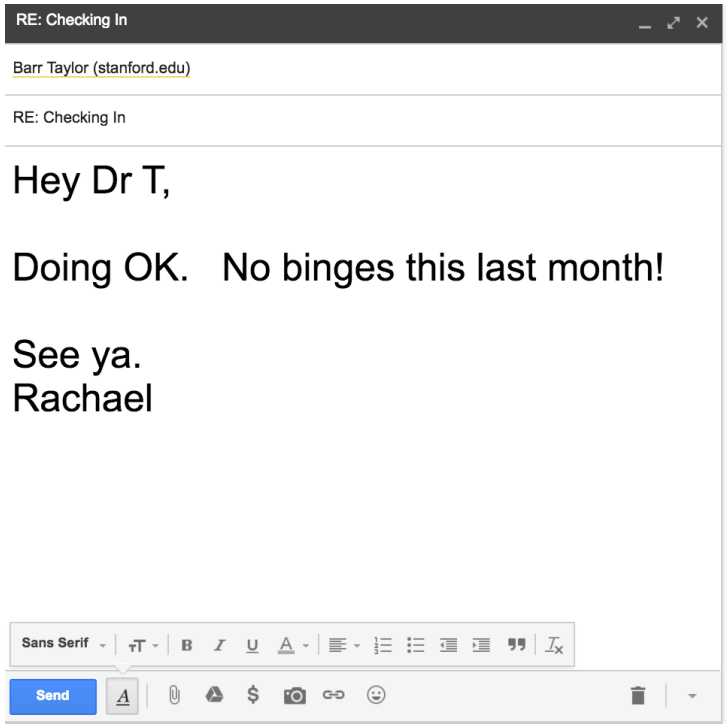
National Collaborating Centre for Mental Health (NICE). (2011). *Common mental health disorders: identification and pathways to care* (No. 123). RCPsych Publications.

VA Mobile Apps Suite

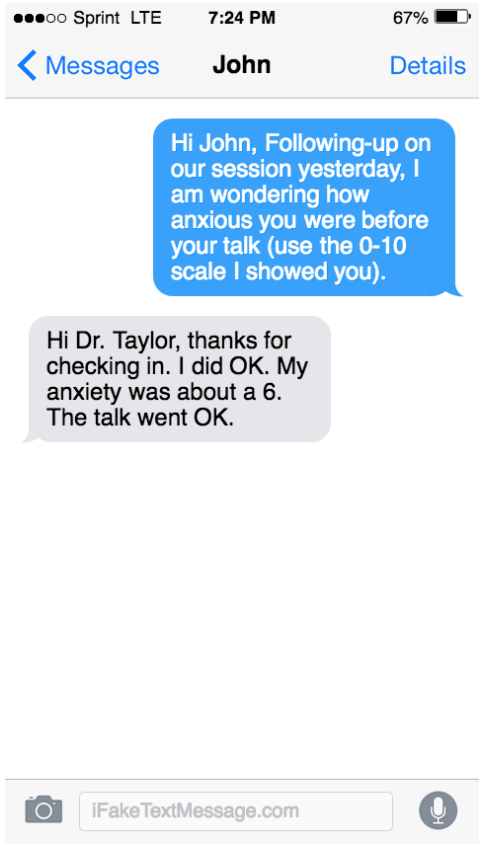
https://www.ptsd.va.gov/appvid/mobile/index.asp



You Don’t Have to Use a Sophisticated App!







Free, Excellent Online Self-Help Workbooks

I often “prescribe” my clients resources from:

The Centre for Clinical Interventions at Perth, Western Australia

https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/

- Anxiety
- Assertiveness
- Bipolar mood disorder
- Body Dysmorphia
- Depression
- Disordered Eating
- Health Anxiety
- Panic disorder
- Perfectionism
- Procrastination
- Self-Compassion
- Self-Esteem
- Sleep problems
- Social Anxiety
- Tolerating Distress
- Worry and Rumination

Set Up Mutual Expectations

“I am very happy we are starting to work together, and I believe I can help you with the issues you have raised.

I wanted to let you know that this treatment is effective when important issues are discussed in our meeting. I am unable to respond to phone calls and messages immediately. I will do my best to respond withing 24 hours, but if you are concerned for your safety, you should go to the nearest E.R. or call 911.

For non-urgent matters, emailing me would be the preferred form of communication.”



Messaging Best Practices

Before crafting your first message, take the following steps:

- Educate client about privacy and confidentiality.
- Clarify expectations for availability, response time, urgency.
- Save a copy of texts in client's permanent health record.
- Add text and email messages to informed consent.
- Create semi-structured texts for challenging situations.





Messaging Best Practices (*cont.*)

When responding to text and email messages from clients:

- Be succinct.
- Reiterate information and skills already mastered.
- Maintain a professional tone.
- Avoid criticizing a third party.
- Keep a positive emotional tone, when possible.
- Reply from an email account associated with your professional role.
- Avoid writing unnecessary information.



Maintaining Personal Boundaries



Email and text communication as well as self-monitoring review might require **additional expenditure** of clinician time



Boundaries may be crossed when the ground rules for using text comms. are not **articulated up front**



The number of text and email messages from clients **reduces over time**



Always practice in concert with **personal values** and preferences

Text-based Maintenance following Hospital Discharge



- Patients discharged from residential treatment were asked to send a text message to their therapist, once a week, for 16 weeks post-discharge.
- Their therapist responded in a text that was adapted to the ex-patient's message.
- The patients receiving texts had less ED symptoms and better functioning than controls.

Bauer S, Okon E, Meermann R, & Kordy H. (2012). Technology-enhanced maintenance of treatment gains in eating disorders: Efficacy of an intervention delivered via text messaging. *Journal of Consulting and Clinical Psychology,* 80(4), 700-706.

Social Media - Likely to be Having an Impact, Perhaps Negative

- Increased loneliness
- Decreased sleep
- Disconnect with real environment
- Harassment
- Addiction
- …But also provides an opportunity for connections, experimenting with different roles and identities, and social activism



Therapists May Not Be Assessing



Therapists may be under-assessing impact of digital behaviors, particularly for social media.

e.g. 415 individuals (mean age 28.2; 98.1% female) who received eating disorders treatment in a group setting reported, on average:

- Having 10-19 Facebook friends from treatment, and spending up to 30 minutes per day interacting on Facebook with individuals from treatment or ED-related organizations.
- Greater comparison to treatment peers on Facebook was associated with greater ED psychopathology and ED-related impairment.

Only 19.5% reported that a therapist asked about the impact of Facebook on symptoms.

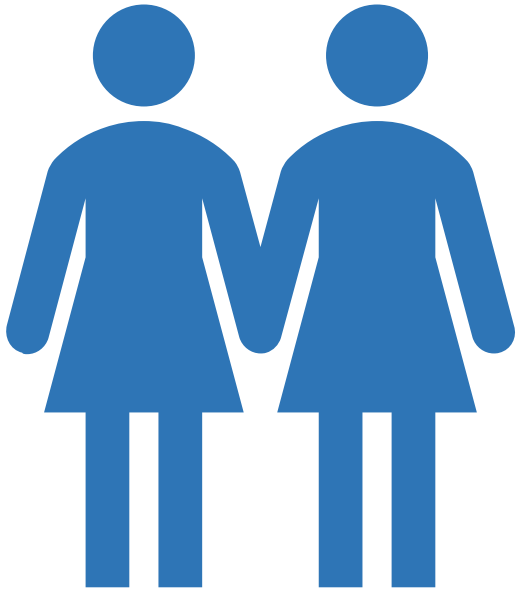


Saffran, K., Fitzsimmons-Craft, E. E., Kass, A. E., Wilfley, D. E., Taylor, C. B., & Trockel, M. (2016). Facebook usage among those who have received treatment for an eating disorder in a group setting. *International Journal of Eating Disorders*, *49*(8), 764-777.

Online Support Groups

- Available for most problems
- Some studies on therapist led groups suggest benefit.

- If you recommend online groups:
  - Know the group(s) you are recommending
  - Monitor client's use/experience





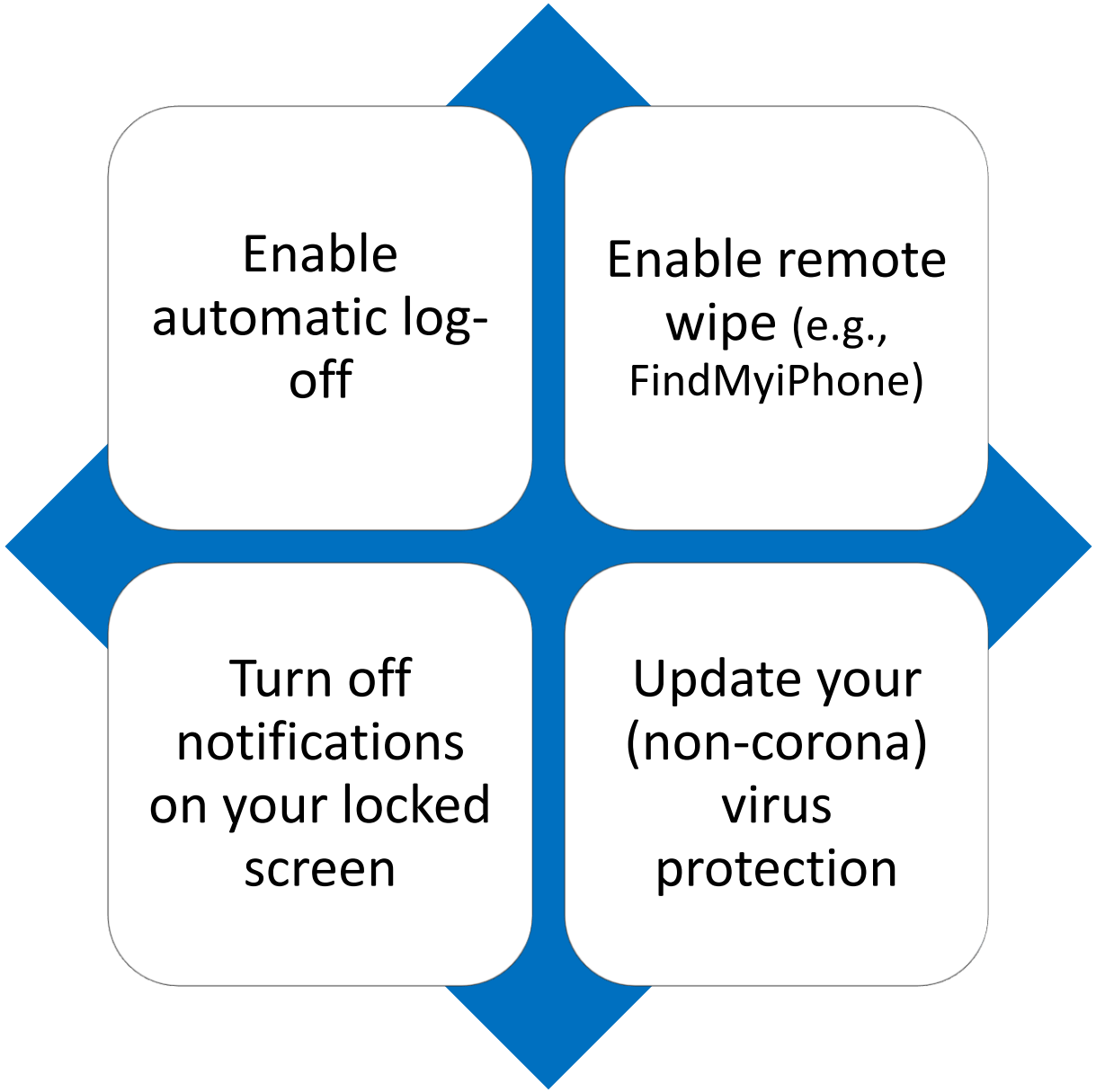
General Principles

- Use built-in apps for monitoring screen time & activity.
- Consider authenticity; synchronicity between client's actual values and how their digital behaviors.
- No social media after 9pm.
- Should be used for real connections rather than to mostly viewing/posting.
- "Mute" or unfollow triggering accounts.

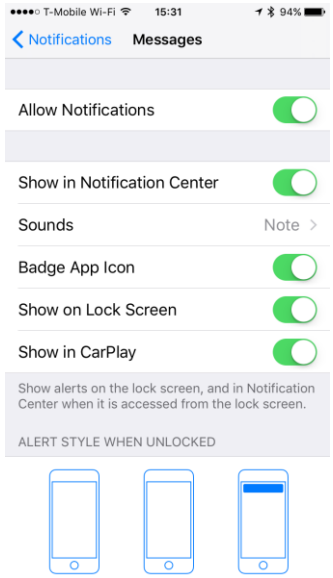


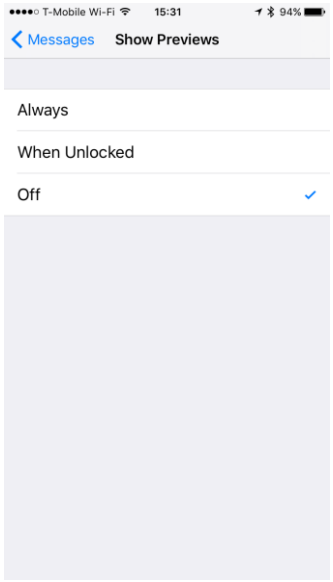
The Main Risk for Privacy Is From Unprotected Phone/Computer (Client's/Provider's)!

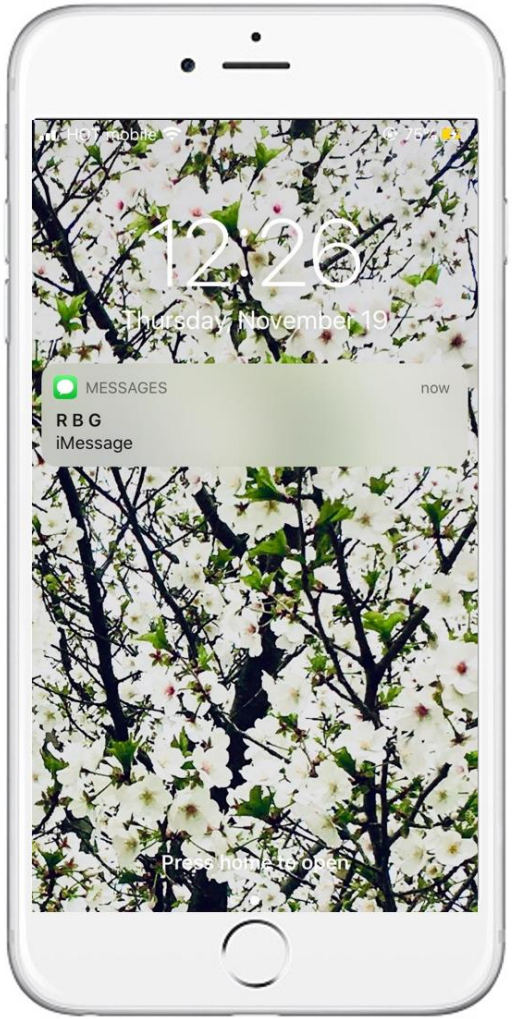
Phone/computer Security Checklist

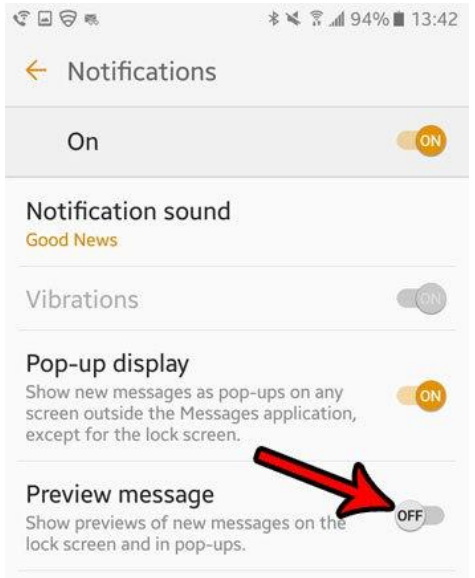


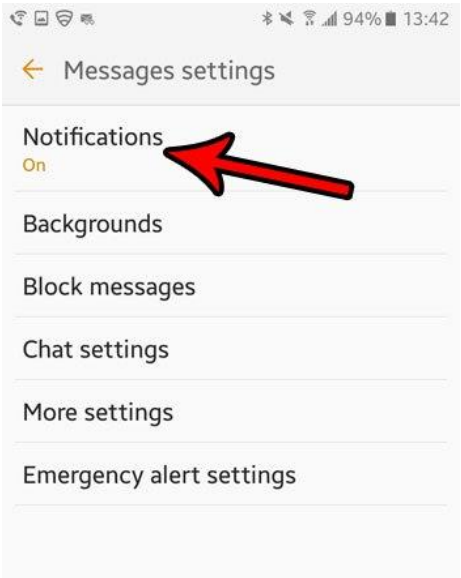
Make Sure to Turn Off/Hide Text Message Previews! Otherwise, Client's Message May Pop Up











Images courtesy of: www.solveyourtech.com

Confused?

- Most of the abovementioned security solutions are free and can be done with a few keystrokes

  - Any teenager can help you! (they have spare time on their hands these days)



Should my Clinic Remain Virtual post-COVID?



- We are social creatures, and the need for in-person interactions will likely increase once this emergency situation is resolved.
- But… your clients and you may feel that commuting to treatment is a nuisance.
- Consider a hybrid model, where remote and in-person treatment are integrated.

Enhancing Treatment Impact and the Therapeutic Alliance in Digital Therapy

- Overcoming key challenges:
  - Zoom fatigue → schedule breaks, stretches, change of scenery, use a hybrid model to meet in person when possible and in line with CDC & local guidelines and common sense.
  - Help clients schedule and monitor their behavioral activation and pleasurable activities.
  - Family around? Consider integrating them in the therapeutic process.
  - Reinforce client's existing resources, brainstorming, and troubleshooting.
  - Prescribe support groups, social distancing activities, volunteering, etc.
  - Complement treatment with apps and services from reputable sources.

Maintain your Professionalism and Common Sense



- Remember that **Confidentiality may be compromised.**
- Clarify **expectations** for availability, response time, billing.
- Add digital services to **informed consent**.
- Practice in concert with **professional values** and preferences.
- Encourage your client to foster **meaningful relationships**, remotely and face-to-face.



Core Principles



Follow usual ethical standards



Be mindful of privacy and where digital information goes and is stored



Ask your clients about their experience



Explore and have fun

Resources

Questions?

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- APA's Telehealth guidance by state during the COVID-19 pandemic:
  - https://www.apaservices.org/practice/clinic/covid-19-telehealth-state-summary
- APA has prepared guidelines in 2013:
  - http://www.apa.org/practice/guidelines/telepsychology.aspx
- Authoritative Sources for App Development and Repositories of Evidence-Based Technology Tools:
  - PsyberGuide: https://psyberguide.org/
  - The Division of Digital Psychiatry: https://www.digitalpsych.org/projects.html#interpret
- Foundations in Digital Therapy course by the Center for m2Health at Palo Alto University:
  - https://concept.paloaltou.edu/product/foundations-in-digital-therapy/