BJA's Comprehensive Opioid Abuse Program

Telemental Health in Correctional Settings

July 25, 2019

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Welcome and Introductions

BJA's Comprehensive Opioid Abuse Program 2

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Today's Outline

1. The rise of remote mental health services
2. Benefits and applications to criminal justice populations
3. Existing empirical basis
4. Considerations for program development and implementation

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The Rise of Remote Mental Health Practice

Rethinking Standard Practice

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> “Once mainly the domain of rural practitioners, telepsychology is expanding significantly, thanks to technological innovations, research that shows its effectiveness, and policy changes that are enabling psychologists to practice across state lines”

Amy Novotney

The Monitor on Psychology, November 2017, Vol. 48, No. 10

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Guidelines for the Practice of Telepsychology

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists

These guidelines are designed to address the developing area of psychological service provision commonly known as telepsychology. *Telepsychology* is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies, as expounded in the Definition of Telepsychology section of these guidelines. The expanding role of technology in the provision of psychological services and the continuous development of new technologies that may be useful in the practice of psychology present unique opportunities, considerations, and challenges to practice. With the advancement of technology and the increased number of psychologists using technology in their practices, these guidelines have been prepared to educate and guide them.

These guidelines are informed by relevant American Psychological Association (APA) standards and guidelines, including the "Ethical Principles of Psychologists and Code of Conduct" ("APA Ethics Code"; APA, 2002a, 2010) and services. They are not intended to change any scope of practice or define the practice of any group of psychologists.

The practice of telepsychology involves consideration of legal requirements, ethical standards, telecommunication technologies, intra- and interagency policies, and other external constraints, as well as the demands of the particular professional context. In some situations, one set of considerations may suggest a different course of action than another, and it is the responsibility of the psychologist to balance them appropriately. These guidelines aim to assist psychologists in making such decisions. In addition, it will be important for psychologists to be cognizant of and compliant with laws and regulations that govern independent practice within jurisdictions and across jurisdictional and international borders. This is particularly true when providing telepsychology services. Where a psychologist is

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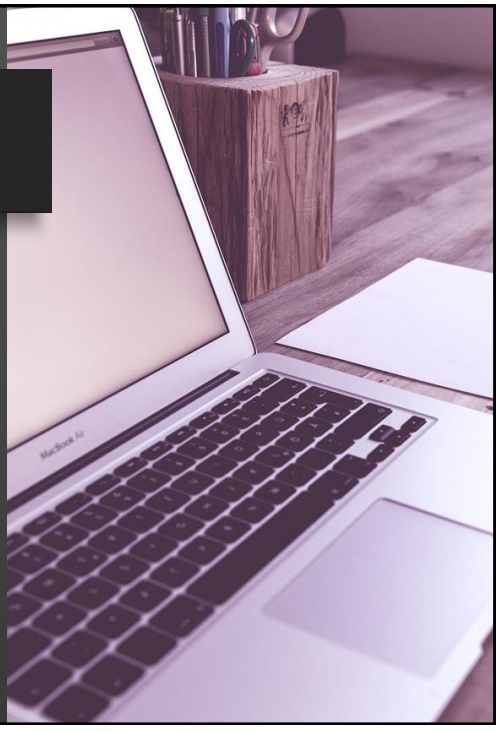
Gershkovich, et al. (2016) in *The Behavior Therapist*

71.8% of behavioral health professionals (N = 223) had provided services remotely

39.2% used videoconferencing as an adjunct to in-person meetings

44.4% used videoconferencing independently



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Benefits and Applications to Criminal Justice Populations

What gaps can we begin to fill?

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Barriers to Traditional Treatment Delivery

- High costs of health care in general—higher costs for rural institutions
- Prisons are undesirable places for health-care providers to work
- Safety is compromised when inmates are moved
- Disconnect in services once inmates are released to the community

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Texas SB1849 (2017)

In 2015, Sandra Bland was arrested by police after a traffic stop escalated. She was found hanging in her cell three days later at the Waller County jail

The case made national news for two main reasons:

1. Bland was a young black woman
2. She showed signs of mental illness

The Sandra Bland Act requires all county jails to give inmates access to a mental health professional through a telemental health service 24 hours a day

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Why Remote Services in Corrections?

1. It is more cost-effective (up to 40% less; NIJ, 1999)
2. It expands access to qualified providers
3. It can improve institutional safety
4. It can create more seamless connections between stages of treatment and incarceration
   - Connects multidisciplinary interventions and providers
   - Improves continuity of care between facilities or providers
5. It can more easily involve prosocial family or other social supports
6. It offers the ability to accommodate a wider range of client populations
7. Remote communication simply aligns with existing social norms

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Existing Empirical Basis

Swimming in a Shallow Pond

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Batastini, et al. (2016) in Psychological Services

Random-Effects Meta-Analyses of Telepsychological Services Versus In-Person Services

Outcome	*d*	95% CI	*t*	*p*	*Q*	I^2	*n*	*k*	Fail-safe *N*
Mental health symptoms	−0.04	[−0.34, 0.27]	−0.23	.82	2.40	16.5%	250	3	—
Therapeutic processes	0.18	[−0.64, 0.99]	0.42	.67	7.10*	85.9%	242	2	—
Program performance	0.50	[0.10, 0.91]	2.44	.01	0.38	0.0%	96	2	3
Program engagement	0.38	[−0.26, 1.02]	1.16	.25	2.43	58.8%	96	2	2
Service satisfaction	−0.09	[−0.30, 0.12]	−0.81	.42	1.02	0.0%	342	5	—

Note. Fail-safe *n* values are only reported for *ES*s > .2 because the *ES* criterion value was set at .2 (a small *ES*). *d* = standardized mean differences (with small samples correction applied to contributing *ES*s); 95% CI = ninety-five-percent confidence interval; *t* = null hypothesis test statistic; *Q* = weighted sum of squares between studies; I^2 = proportion of total variance attributable to true variation in *ES*; *n* = total number of participants across studies; *k* = number of studies. Positive values indicate that telepsychological services were associated with better outcomes than were in-person services.
* Significant *p* value (.008) suggests that the null hypothesis of *ES* homogeneity should be rejected.

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Mental health symptoms				
1. GCCT-MSH (difference score between two clinical raters when both raters were present in person versus when one was present in person and the other via remote connection)	Manguno-Mire et al. (2007)	21 (11/10)	0.59	[−0.29, 1.46]
2. GSI from BSI	Brodey et al. (2000)	43 (23/20)	−0.21	[−0.81, 0.39]
3. SEQ (average of positivity and arousal subscales for psychology and psychiatry conditions combined)	Morgan et al. (2008)	186 (86/100)	−0.09	[−0.38, 0.20]
Therapeutic processes				
1. HAQ-II (patient version)	King et al. (2014)	56 (22/34)	0.63	[0.08, 1.18]
2. WAI and SEQ (average of depth and smoothness subscales for psychology and psychiatry conditions combined)	Morgan et al. (2008)	186 (86/100)	−0.21	[−0.50, 0.08]
Program performance				
1. Drug-positive urinalysis and % returned to less intensive level of care (combined)	King et al. (2009)	37 (20/17)	0.36	[−0.30, 1.01]
2. Drug-positive urinalysis	King et al. (2014)	59 (24/35)	0.62	[0.09, 1.15]
Program engagement				
1. Counseling attendance (*M* sessions attended)	King et al. (2009)	37 (20/17)	0.03	[−0.62, 0.68]
2. Counseling attendance (*M* sessions attended)	King et al. (2014)	59 (24/35)	0.69	[0.15, 1.22]
Service satisfaction				
1. CSQ-8	King et al. (2014)	59 (24/35)	0.11	[−0.41, 0.63]
2. CSQ-8 (average total scores for psychology and psychiatry conditions combined, calculated using the original raw data)	Morgan et al. (2008)	186 (86/100)	−0.17	[−0.46, 0.12]
3. *M* of 10 researcher-developed patient satisfaction questions	Manguno-Mire et al. (2007)	21 (11/10)	−0.17	[−1.03, 0.69]
4. Overall satisfaction question from Group Health Association of American Consumer Satisfaction Survey	Brodey et al. (2000)	43 (23/20)	−0.09	[−0.69, 0.51]
5. Overall satisfaction question from Patient Satisfaction Survey	King et al. (2009)	37 (20/17)	0.06	[−0.59, 0.71]

Note. BSI = Brief Symptom Inventory; CSQ-8 = Client Satisfaction Questionnaire; Georgia Court Competency Test—Mississippi State Hospital revision (GCCT-MSH); GSI = Global Severity Index; SEQ = Session Evaluation Questionnaire; HAQ-II = Helping Alliance Questionnaire II; WAI = Working Alliance Inventory. *N* = total sample size (telepsychological service/comparison subgroup sizes); *ES* = standardized mean difference (before small samples correction); 95% CI = ninety-five-percent confidence interval. Positive values indicate that results favored telepsychological services over in-person services.

Articles Meta-Analyzed

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> “Overall, results suggested that the application of videoconferencing to mental health service provision is associated with assessment and treatment outcomes that are grossly equivalent to traditional in-person approaches. That is, being physically present in the room with a client does not appear to be a necessary therapeutic component for gathering adequate clinical information or producing desired treatment effects”
>
> Batastini, et al., 2016, p. 24

Summary of Findings

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All Work Must Be Empirical Work

Treat your program like a research project

Find academic collaborators to help

Publish and present your findings

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Considerations for Program Development and Implementation

From Setup to Delivery

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A Note on Implementation Science

- A field of scientific inquiry that aims to identify factors related to the successful translation of evidence-based practices to real-world service delivery settings
- Helps prevent against program failure
- Consider
  - The needs of the organization
  - How the program fits with other organizational issues and initiatives
  - What resources currently exist and what additional resources will be needed
  - Existing evidence for the program
  - Others' experience with program replication
  - The organization's ability to implement and sustain the program

Note:
These apply to various stages of implementation—from development to evaluation

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General Tips for Working With Corrections Agencies

- Be present and available—let them lay eyes on you
- (Respectfully) spell out why your way is an improvement over theirs
  - ✓ Highlight benefits to **their mission, staff**, and **budget**
  - ✓ Show concrete evidence that what you want to do will work
- Acknowledge the hard work of staff members and the challenging nature of their jobs
- Use examples that are relevant to them and their work
- Encourage collaboration and discussion (value what they have to add)
- Find a champion on the inside
- GOAL: Convey that you are there to help, not to criticize or expose them

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Navigating Agency Logistics

- Figure out your scope of work and competencies first
- Get to know the administration, legal team, IT department, frontline staff, other mental health providers, and judges
- Learn what technology the agency does and does not already have available
- Learn what populations it is serving or supervising
- Learn what services are already being provided and who is providing them
- Ask what services the agency wishes it could offer (what is missing)
- Be prepared to discuss how telehealth can enhance the agency's current efforts
- Be prepared to do lots of follow-up—practice the art of friendly harassment

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A Few More Words to the Wise

- Different agencies have
  - Different policies and security measures
  - Different service gaps they want filled
  - Different priorities—your project likely is not one of them
- Jails are usually far less stable and more chaotic than prisons or community corrections
- Get comfortable with trial and error—be transparent about this up-front and give permission for feedback

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Navigating Service Logistics

- Coordinate with the agency to develop a schedule of clinical service and a streamlined workflow (from referral to termination)
- Identify a reliable on-site emergency contact (e.g., nurses' station)
- Role play and test connectivity in advance
- Be mindful of how seemingly normal behaviors may be perceived on video
- For community-released offenders, home-based service may be useful, but consider environmental factors

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A Crash Course in Correctional Treatment

Risk

Empirically supported factors that predict risk for crime

Need

Dynamic factors are identified through assessment and form the basis of treatment planning

Responsivity

Delivery is conducive to the way the offender learns or processes information

Based on the work of Andrews and Bonta

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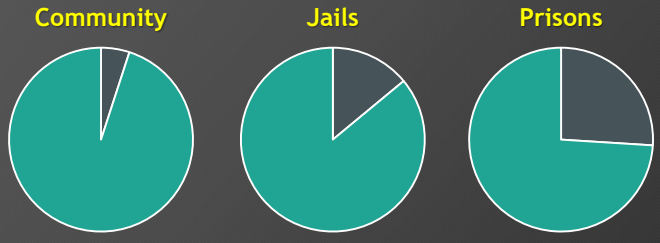
The Problem

- From a 2017 survey from the Bureau of Justice Statistics (Bronson and Berzofsky, 2017):



- People with SMI are three times more likely to be in the criminal justice system than in the mental health system (Torrey, et al., 2010)

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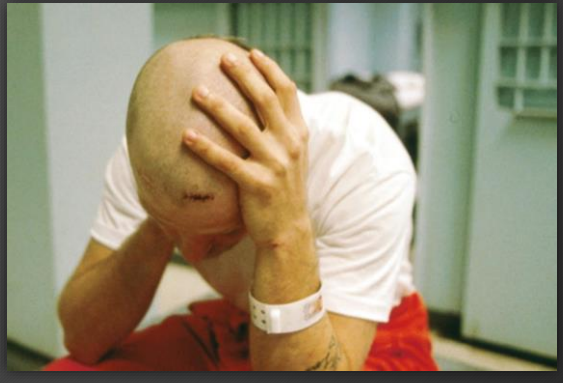
Implicit Model of Treating SMI



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A Patient or a Criminal?

- For inmates with SMI—we are treating both
  - They have symptoms like noncriminal patients, but they also think and act like non-mentally ill criminals (Morgan, et al., 2010; Wolff, Morgan, Shi, Fisher, and Huening, 2011)
- Morgan and colleagues' Bi-Adaptive Model

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So What Needs to Be Targeted?

Mental Health Factors?

- ✓Readiness for change
- ✓Specific symptom presentations
- ✓General coping skills
- ✓Medication compliance
- ✓Trauma
- ✓Managing stigma

Criminogenic Factors?

- ✓Antisocial/criminal cognitions
- ✓Antisocial peers
- ✓Family/marital discord
- ✓Poor school or work achievement
- ✓Unproductive leisure/recreation
- ✓Substance use

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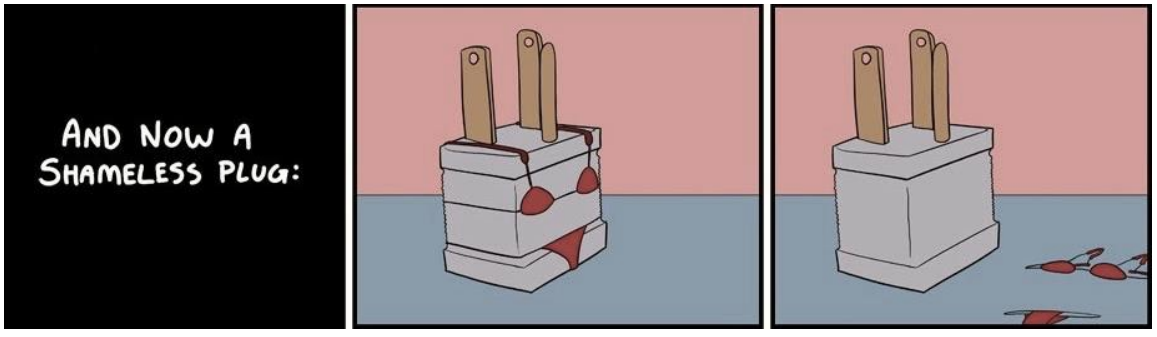
AND NOW A
SHAMELESS PLUG:

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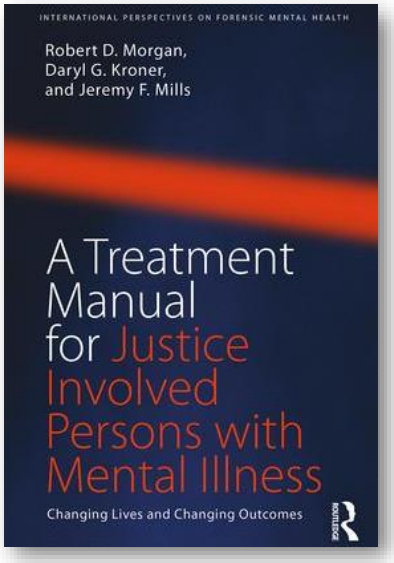
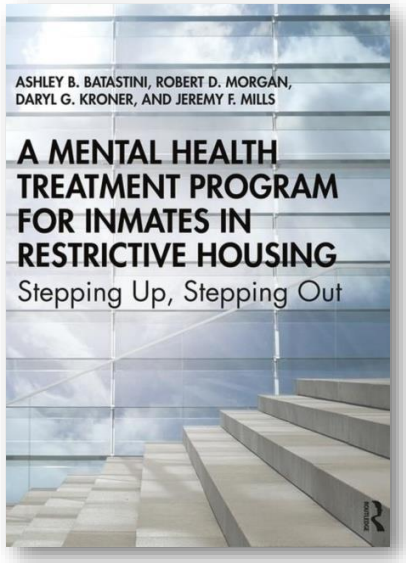

INTERNATIONAL PERSPECTIVES ON FORENSIC MENTAL HEALTH
Robert D. Morgan,
Daryl G. Kroner,
and Jeremy F. Mills
A Treatment Manual for Justice Involved Persons with Mental Illness
Changing Lives and Changing Outcomes
ROUTLEDGE


ASHLEY B. BATASTINI, ROBERT D. MORGAN,
DARYL G. KRONER, AND JEREMY F. MILLS
A MENTAL HEALTH TREATMENT PROGRAM FOR INMATES IN RESTRICTIVE HOUSING
Stepping Up, Stepping Out

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What Treatment Elements Help?

- Intensity—The more time in treatment, the better
- Modality—Structured, using cognitive-behavioral and social learning models
  - Use homework
  - Be repetitive--need to overlearn
- Content—Criminogenic AND co-occurring issues
  - May need to focus on buy-in first
  - Simplify and connect material to personalized examples
- Multimodal—Use multiple programming when feasible

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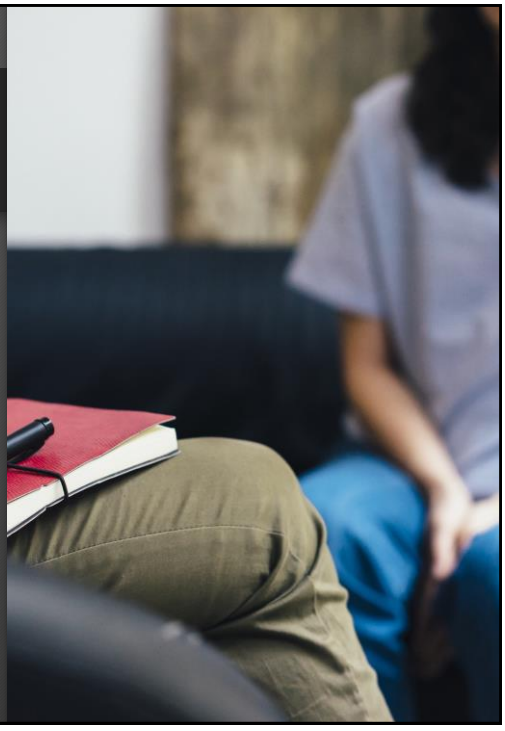

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Client Considerations

- Assess comfort with technology or any deficits that may impact communication (e.g., hearing)
- Ensure that equipment is secure and that staff members are close by but cannot hear the session
- Offenders like a good reason not to do stuff—be patient, roll with resistance
- Establish clear rules for your interactions, and follow through when broken

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Thank you!

Email: ashley.batastini@usm.edu
Phone: (601) 266-6479

Questions

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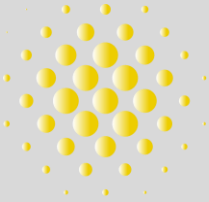

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