Virtual ERP

The Nuts & Bolts of Telehealth Practices for OCD

26th Annual International OCD Foundation Conference - Austin, TX
Sunday, July 21, 2019 at 11:30am, Room 203/204
Panel Members

• Molly Martinez, PhD – Specialists in OCD & Anxiety Recovery (SOAR)
  • Licensed and practicing in Texas & Hawaii
• Allison Solomon, PsyD – The Virtual Center for Anxiety & OCD
  • Licensed and practicing in New York, Arizona, & international
• Elizabeth McIngvale, PhD – Peace of Mind, OCDchallenge.org
  • Licensed and practicing in Texas, national & international reach
• Stephen Smith, BA – NOCD
  • National & international reach
Introduction

• Intended audience:
  • Potential recipients of telehealth (people with OCD, family members, advocates)
  • Clinicians interested in providing telehealth

• What we will not cover
  • General information about OCD
  • General information about ERP
  • Research on telehealth efficacy
  • General uses of technology in therapy
  • Augmented Reality/Virtual Reality

• Our focus: using telehealth for OCD education, training, & treatment
Overview

• Define “telehealth”
• Ethical/legal considerations of telehealth
• Advantages & disadvantages of telehealth for OCD and ERP
• Psychoeducational groups via telehealth
• Introduce telehealth services available for OCD
  • Individual & group therapy
  • Psychoeducational & support groups
  • Webinars & trainings
  • Mobile apps
• Overview of specific telehealth platforms
Ethical & Legal Considerations of Telehealth Practice

Molly Martinez, PhD
Starting with Stats... (http://www.Internetlivestats.com)

• Who uses the Internet?
  • 40% of people in the world
  • 87% of people in the US

• What do they use it for?
  • Communication
  • News
  • Shopping
  • Socializing
  • Gaming
  • Research
  • Entertainment
  • Sex
  • Business
  • Banking
  • Learning
  • ETC...
What is “Telehealth”?  

• AKA: Telemedicine, Telepsych, Teletherapy, TeleMental Health, e-Therapy, Virtual Therapy  

• According to HIPAA: any personal health information that is communicated over an electronic network (i.e., email, fax, text, video conference)  

• Individual online therapy via teleconference  
• Webinars & other non-synchronous educational materials  
• Online synchronous psychoeducational, support, or therapy groups  
• Mobile apps
Examples of Telehealth

- Video conferencing with a therapist for an individual therapy session
- Texting a therapist for support between sessions
- Interacting by watching/messaging a Facebook Live educational session
- Signing up for an educational webinar
- Watching YouTube videos
- Enrolling in an online support group
- Using a mental health app to support therapy practice
Ethical & Legal Considerations

• Legal Considerations
  • HIPAA – privacy of personal health information
  • Licensure – practicing within an appropriate jurisdiction (client’s location)
  • Safety of patient

• Ethical Considerations
  • Safety of patient
  • Privacy/confidentiality – encryption & security of data, device & network
Future of Interjurisdictional Practice

e.g., **PsyPACT** (Psychology licensing boards; www.psypact.org)
- Became operational on 4/23/19
- “PsyPACT is an interstate compact specifically designed to facilitate the practice of telepsychology and the temporary face-to-face practice of psychology across state lines.”
- PsyPACT states communicate & exchange information including verification of licensure & disciplinary actions
- Currently developing application process for:
  - E.Passport Certificate for Telepsychology
  - Interjurisdictional Practice Certificate for temporary, in-person, face-to-face practice
- Current PsyPACT States: AZ, CO, GA, IL, MO, NE, OK, NV, TX, UT
- Pending PsyPACT Legislation: DC, DE, NH, NC, PA, RI
When is Telehealth NOT appropriate?

- Client is in an emergency situation
- Client has a history of suicidal, violent, or abusive behaviors (clearly differentiated from violent/aggressive intrusive thoughts)
- Client is has active hallucinations or delusions
- Client is actively abusing alcohol or drugs
- Patient is not competent or comfortable with the use of technology

Dombo et al. (2014)
For Further Info on Ethics of Telehealth

• http://www.zurinstitute.com/ethicsoftelehealth.html

• Professional Development Resources (online continuing education for therapists; www.pdresources.org): E-Therapy: Ethics & Best Practices

• State licensing boards

• National professional associations
Virtual ERP for OCD

Allison Solomon, PsyD

THE VIRTUAL CENTER
FOR ANXIETY & OCD
Additional Considerations for International Telehealth Practice

• In order to provide treatment outside of the US, licensed clinicians are bound by several constraints
  • Licensed clinicians are legally bound by their state regulating board (e.g. Board of Psychology)
  • Malpractice Insurance coverage
  • Regulations and laws of the country in which services are delivered

• Each country has different regulations (or lack of regulations)
• Vague rules and regulations make international treatment a “gray area” open to interpretation.

• It is prudent to contact the governing body in the foreign country to get permission to practice, get permission or coverage from your malpractice insurance, and review the laws and regulations in your home state about providing services overseas via telehealth.

• Proceed at your own risk!
Expanding the Reach of Evidence Based Practice

• Treatment of OCD is complex and multifaceted. It is important that clinicians are well trained and experienced in order to produce optimal results.

• ERP is well known as the “gold standard” treatment for OCD as well as many other anxiety disorders.

• There are a shortage of clinicians that specialize in ERP and these specialists are often concentrated in urban or more highly populated areas, leaving many areas of each state underserved.

• Thousands of individuals with OCD are unable to find adequate treatment in their area.
Advantages of Virtual ERP for Patients

• Accessibility to highly trained ERP specialists
• Convenience (e.g. no commute, saves time and money)
• More flexibility with scheduling (before/after traditional business hours), less need to arrange for childcare, can fit in sessions on lunch break
• More comfortable and less threatening for some individuals (e.g. nervous about therapy, contamination fears in public areas)
• Increased privacy (eliminates social stigma of going to an office, no risk of running into others in a shared waiting room)
Advantages of Virtual ERP for Clinicians

• Ability for clinician to assess more thoroughly in the home environment
• Ease of incorporating others into treatment (family members, spouses, other providers, etc.) – this is important, especially when it comes to educating family members and training them in the Do’s and Don’ts of supporting their loved one with OCD
• Flexibility to meet in various settings and get assistance with exposures in areas in which symptoms mainly occur
• Less overhead expense (no office lease, receptionist, etc.) and more time to see patients when working from home
• Added advantages for working with kids/teens
  • Ability to witness and coach parents to practice skills in real time
  • Ability to engage with kids in a platform they are familiar & comfortable with
  • Reduces stigma in many kids’ minds because they don’t have to go to “the doctor’s office”
Disadvantages of Virtual ERP

• Not an ideal mode of treatment for some children and adolescents that are easily distracted or preoccupied
• Sessions can be interrupted by poor internet quality, storms, or technological glitches
• Some people report having more difficulty feeling “connected” when not in person
• Sessions can be disturbed by disruptions in the environment (e.g. knock at the door, child crying, dogs barking)
• Not ideal for individuals that are uncomfortable with technology
• Some ERP tasks are difficult to do virtually and are better in person
Case Examples

- The following cases are heavily disguised and are based on a combination of different cases:
  - Michael and the Mall
  - Debbie and the Doorknobs
  - Kitchen nightmares
Psychoeducational Groups and E-courses

• Groups have the ability to provide applicable information and knowledge in a supportive group environment

• Psychoeducation is an important part of treatment but these groups are not considered “treatment groups.”

• Psychoeducational groups can be supportive but are not considered “support groups.”

• E-course is similar to a psychoeducational group in that they can provide accurate and important information to a large group of people.

• Information and tools learned can be practiced on your own or with aid of a clinician.

• Psychoeducational groups and e-courses can be made available to individuals across state lines and international borders. *

*Some restrictions apply
Telehealth Platforms

• There are more and more choices for secure video conferencing and telehealth platforms than ever due to increasing popularity of e-therapy.

• Most EHR programs now have their own integrated telehealth platform (e.g. Counsol, Simple Practice, TheraNeST).

• Separate platforms can be free or part of a paid subscription.

• For review of many available platforms:
  https://www.capterra.com/telemedicine-software/
  https://personcenteredtech.com/2016/02/16/free-online-therapy-software-compared-usefulness-ease-security-support-hipaa/
Use of Patient Portal in Treatment (e.g., Counsel)

- The portal is the “hub” of all interactions in the virtual world
- Consent forms and ROIs
- Customized assessment and outcome questionnaires (e.g. YBOCS)
- Secure email and instant messaging
- Secure journal and HW features
- Shared attachments and worksheets
- Self-scheduling and appointment management
- Secure payment portal with downloadable invoices/superbills
Platform for Virtual ERP (e.g., Zoom)

- HIPAA Compliant, Secure Video Conferencing with end to end encryption, password protection, virtual waiting room
- HD video and audio
- Can be used on any device (laptop, mobile phone, tablet) and any OS (PC, MAC, IOS, Android)
- Secure real time instant message
- Capability to do individual sessions, family sessions, groups
- Whiteboard and screen share functions are important for therapy purposes
- Annotation and interaction with material (e.g. ERP targets list)
- Integrated file sharing
Demonstration

• Counsol Patient Portal
• Zoom Telehealth Platform
Web-Based Trainings, Online Support Groups & Facebook Live

Elizabeth McIngvale, PhD, LMSW
Webinars as an Education Tool

• Highly accessible medium where individuals can join wherever they are across the globe
• Leading experts – the highest trained professionals can offer their time from the comfort of their home
• Low-cost – Free with a subscription (such as Zoom) to host and free or low-cost for individuals to join
• Non-stigmatizing – Not in person reducing stigma/shame about attendance
Webinars as an Education Tool

• For Professionals:
  • OCD 101, trainings, selected/specialty topics, clinical overviews

• For Caregivers:
  • OCD & Family talks

• For Individuals:
  • Kids and adolescents
  • Adults
  • Co-morbid disorders
Webinars as an Education Tool

Who can you reach?

• **OCD 101**: Peaceofmind.com: 104 unique views, Facebook: 4,588 reaches; 1,458 unique views, YouTube: 316 views

• **Kids Talk**: Peaceofmind.com: 102 unique views, Facebook: 4,157 reaches; 1,480 unique views, YouTube: 65 unique views

• **Living the ERP Life**: Peaceofmind.com: 195 unique views, Facebook reaches: 2,000; 438 unique views, YouTube: 164 unique views

• **OCD & Family**: Peaceofmind.com: 106 unique views, Facebook: 3,206 reaches; 1,388 unique views, YouTube: 52 unique views

• **OCD, Addiction, and Depression**: Peaceofmind.com: 117 unique views, Facebook: This webinar was not live streamed or posted to Facebook, YouTube: 130 unique views
Webinars as an Education Tool (cont’d)

Who can you reach? (continued)

• **Overcome by Taboo Intrusive Thoughts:** PeaceofMind.com: 131 views, Facebook: 2871 reaches; 1,223 unique views, YouTube: 222 views

• **Postpartum OCD:** Peaceofmind.com: 29 views, Facebook: 2041 reaches; 773 unique views, YouTube: 18 views

• **Choosing Uncertainty:** Peaceofmind.com: 267 Views, Facebook: 2460 reaches; 904 unique views, YouTube: 387 views

• **Relapse Prevention:** Peaceofmind.com: 58 Views , Facebook: 17,054 reaches; 8,677 unique views (we boosted this one which is why the number is much higher than the rest), YouTube: 54 views

• **Spring Webinar:** Peaceofmind.com: 127 Views , Facebook: 3,154 reaches; 1,038 unique views , YouTube: 104 views
Webinars as an Education Tool

• Help close the gap among people with OCD who receive the:
  1. Proper Diagnosis
  2. Proper Treatment

• Serve as a medium for training to help more clinicians become trained in evidence-based interventions for OCD
Online Support Group for OCD

- Purpose – Reach (access) and support (relapse prevention)
- Zoom platform
- Run by employees, interns and volunteers
- Open to all *but must pre-register* (not posted live for confidentiality)
- G.O.A.L.’s group format
- Protocols and rules
- Intro
- Psychoeducation
- Goal setting
Online Support Group for OCD

- 197 Registered, Averaging 17 participates per meeting
- Outreach: We announced the start of the group through our newsletter, personal emails to professionals, personal invitations to our supporters (key people running online groups), an invitation to our in-person support group, and through Facebook Live (Live with Liz).
- Since January, the group has picked up momentum by word of mouth (members inviting others), professional referrals.
- We are continuously reminding our supports about the group through social media and newsletters. The group is listed on our calendar of events, referral list, our website, and IOCDF.
Online Support Group for OCD

• Tailored Content:
  • Bi-weekly newsletter sent exclusively to the online group
  • Newsletter reviews ERP fundamentals and OCD related topics
  • Contains information that applies to group discussion with applicable content to help improve their goals (videos, articles, tips, worksheets, etc.)
  • The idea is to empower the individual to overcome hurdles, focus on goals, and help them make meaningful connections with others.

• Dealing with Concerns:
  • Outlined risk management strategies
  • Regular reminders to members with the verbatim statement about the rules

• Provide the suicide hotline & other resources as needed if one becomes unsafe
Live “Lunch with Liz” - Facebook

• Started out of a desire to connect with all who wanted to talk
• Most successful continued outreach efforts

• Total: 526,527 reaches; 144,669 unique views

• 2019 (year-to-date): 50,280 reaches; 24,100 unique views
• 2018: 419,986 reaches; 100,743 unique views
• 2017: 50,280 reaches; 24,100 unique views
Live “Lunch with Liz” - Facebook

• Questions are pre-submitted
• Questions are answered live

• Allows people to connect in real time
• Real-time engagement

• Easy, free and can do from your office to connect with your patients and offer tools and resources
• Recorded and can be accessed later on your Facebook page
Telehealth for OCD: a Mobile App

Stephen Smith, BA

A mobile platform focused on keeping people with obsessive-compulsive disorder (OCD) healthy
Misidentified OCD Leads to Severe Chronic Conditions

1. Providers misidentify people with OCD
2. Severe OCD doesn’t appear in data
3. The industry fails to prioritize treating OCD
4. People with OCD develop other chronic conditions
NOCD Gets OCD Due to Personal Experience

Founder & CEO, Stephen Smith:

• Majored in Economics and Chinese while also playing NCAA football as a Quarterback
• Started experiencing OCD intrusive thoughts and extreme anxiety, forcing him to leave school and football
• Saw 5 providers who misdiagnosed him and cost him thousands of dollars out of pocket
• Became housebound when his symptoms worsened, and then luckily got diagnosed with OCD
• Began evidence-based Exposure Response Prevention (ERP) treatment, which allowed him to manage his OCD, return to Pomona College, and finish his football career
• Created NOCD to help others suffering with OCD
NOCD Can Effectively Identify & Manage OCD

NOCD Pros
• Licensed psychologists, counselors, and social workers who are specialty-trained in OCD and employed by NOCD.
• Offer in-app clinical diagnostic interviews, teletherapy sessions, and message-based support.

Therapeutic Tools & Peer-Community
• Evidence-based treatment plans, real-time data, triggered alerts, and in-episode guidance
• Disease awareness and educational content
• World’s largest OCD peer-community
NOCD Pros Offer Members OCD-Specific Teletherapy In-App

- Receive an OCD clinical diagnostic assessment in one, ninety minute session.

- Schedule video-based OCD therapy sessions with a NOCD Pro licensed in your state.

- Message your NOCD Pro as much as you want between therapy sessions, and they’ll respond at least once per day, five days per week.
Therapeutic Tools Help Members Adhere to Treatment

• Utilize our structured exercises and tools to more easily do ERP.

• Get ERP-based support during any OCD episode.

• View your treatment data in one secure central area.
NOCD Moderated Peer-Community Offers Support

• Get support when your NOCD Pro isn’t available.

• Share your story and meet others who can relate.

• Find resources nearby that can help you manage OCD and co-morbidities.
DEMO
Our Leadership Knows OCD and Digital Health

Stephen Smith  
Founder & CEO  
Former NCAA Quarterback,  
Digital Health Entrepreneur

Larry Trusky  
COO & CTO  
Former CTO of Zest Health,  
Former VP of Development of  
Allscripts

Dr. Jamie Feusner  
CMO  
Executive Director of the UCLA  
OCD Intensive Treatment  
Program

Glen Tullman  
Executive Chairman  
Executive Chairman of Livongo  
Health, Former CEO of  
Allscripts, Co-Founder of 7wire  
Ventures
We’re Augmenting Research with Our Scientific Advisors

Dr. Chris Pittenger
Yale Medical School

Dr. Barbara Van Noppen
USC Medical School

Dr. Edna Foa
University of Pennsylvania

Dr. Michael Jenike
McLean OCDI

Dr. Patrick McGrath
Amita Health

Dr. Alex Leow
University of Illinois Chicago
Thank You!

Questions?

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