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NCTRC JULY WEBINAR-(ZOOM)
JULY 15, 2021
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Aislynn Taylor: I guess we are good to get started hello everyone I am Aislynn Taylor in California's Telehealth resource Center. Welcome everyone to the July 2021 presentation for the National Consortium of Telehealth Resource Center's webinar series. These webinars are designed to provide timely information and demonstrations to support and guide the development of your telehealth programs. These webinars are presented on the third Thursday of every month. Located throughout the country, there are 12 regional telehealth centers and to national telehealth resource centers. You will see the CTRC in orange on the map. Each center is a focal point for effective use of telehealth and supporting access to telehealth services in rural and underserved communities. Just a few tips before we get started. As attendees your audio has been muted for the session, please utilize the Q&A function zoom to ask your questions. Questions will be answered at the end of the presentation please note that closed captions are available and it is located at the bottom of your screen. Today's webinar is being recorded and you will be able to access today and passed webinars on the NCTRC's YouTube channel. And today's webinar is being hosted by the California telehealth resource Center. You see our logo up above me and is being presented by the CEO of the telehealth certification Institute and that is Mr. Raymond Barrett. Thank you so much for joining us, Ray. It's my pleasure to introduce you thank you for being here.

Raymond Barrett: All right excellent. Should I get started? fantastic well thank you very much for having me here. I'm really glad to be a part of this and yes my name is Ray Barrett I'm the CEO of the telehealth certification Institute. I am a licensed mental health counselor and I love telehealth. When I first started my private practice my first client wanted sessions over the phone. So I right away started doing telehealth and had a little bit of a difficulty finding the answers to all my questions about telehealth. This is probably 18 years ago. But I dove in and so it is something I got a lot of interest in and continued to work with. So the telehealth certification Institute we provide continuing

education, training for staff organizations on telehealth and also consultation. I'm really excited to present today because this is the first time that I'm presenting this course today. So it is the impact of technology and treatment.

And what I mean by that is I think it is important to look at research when it comes to what are the differences between interacting with the patient say through video or when the clinician and the patient are in the same room as each other or through textbased or through an application or just audio only? like what are those subtle differences and are they just as effective? when are they effective? when are they effective more than the others? And how is it you decide which medium of communication to use with patients. I think that's really important to look at. One of the things I found is that there's been assumptions out there that have not been as helpful so I think it's really good to actually look at the research. So I have a lot of research that I would like to present day. And I'm certainly not going to have time to cover all of it. But we will do the best that we can.

I'm going to take a look at the online disinhibition effect. You may have heard of that and how people self disclose online versus on-site. The impact of I contact and being able to see each other's face, proxemics. How close we are to one another, videoconferencing calls or audio only, messaging which would be textbased, using applications, extended reality, using patient portals the impact of using different communication modalities on relationships and drawbacks potential benefits and drawbacks of telecommunication technology with patients. Modifications according to your treatment style and the techniques things you do with patients. How to look at what modifications might be necessary. And then how to select telecommunication media when working with patients. Now that is a lot to cover. So I'm just going to touch on these things with the time that we have and I look forward to the discussion via Q&A at the end. So one thing I want to talk about is the online disinhibition effect. So this guy here has got a message he's not happy with because sometimes people will say and behave on ways online that they would never do if they were in the same room as someone. So they might have a side conversation while in an online conversation with you. They would be dressed in a way they would be dress outside their home is going to a meeting and they might not be so nice. They might not consider you so much as if they were on-site with you. So now there's also some potential benefits to this. Some people might be more disclosing online. More vulnerable online. So there's potential benefits and drawbacks. So as a reference for this, Jon Suler explained this concept back in 2004 and he has an online book that has a lot of information on this.

Another thing I want to talk about this is self-disclosure. So some people might fear being totally truthful and vulnerable when doing an intake survey or questionnaire or assessment when they are sitting across the table from someone. So there's some research on this. In 2003 there was a study that showed that people, their willingness to answer extremely sensitive questions was highest for online surveys. Versus being in the same room as the person doing the assessment with them.

Then in 2001 again it showed there was higher levels of disclosure for textbased surveys again versus being in the same room as someone. They also had a greater sense of private self-awareness. So they were more self-aware and less so aware of the other people that they are interacting with. They were also on their online surveys compared to having surveys with someone doing a survey with them in the same room they tended to be more accurate with their answers. So again this is not, you know when we look at the studies we are looking at the aggregate level. We are not looking at the individual level so it differs from person to person but what these studies show is that maybe people will be more transparent and honest and accurate when doing surveys online. The next thing I want to look at is the impact of eye contact. And seeing each other's face. Now there's a lot of research here that I want to present. So the first one here is that when working with children, children had a greater rapport with adult testers who smiled more often but who did not have direct gaze. So when adults are looking right at a kid they might get a little intimidated but when they smile more they have more, they have a stronger report and there's more studies we will look at in regard to the direct gaze. So also when children were face-to-face or even on video they tended to avert their gaze away from the camera. And they think that might have to do because the overload of processing information when on video that averting the gaze from a screen helps people think about the answers that they are wanting to share. So the other thing is so that direct gaze during video meetings results and facial reactions indicating positive affect for the observer. And this is also shown when we have eye contact when we are face-to-face. But the thing is they do not see these results with video recordings. So when we are on video with one another and we are making eye contact with the camera people have a more positive experience with that than if I was looking away from the camera. But they don't find that case with a video recording like if you were just watching this as a recording.

The other thing is, let me make sure that I have all these studies up here. The direct gaze during a video meeting results in facial reactions indicating positive affect in the observer and so I'm sorry, I did cover all of them. Let me go to the next one here in 2012 kind of prove the online disinhibition effect. Let me explain the online disinhibition effect a little bit. So usually when we are in the same room as someone we have some inhibition to be mean

or to maybe share things that we might be embarrassed about. But when we are online we have less of an inhibition to share these things. So this study in 2012 showed that people are more threatening, aggressive when they are online then they are when they are in an on-site session. But it also shows that there was both more self-reported flaming which is aggressive or insulting behavior or threats which is almost double when there was not eye contact during a video meeting compared to when there wasn't eye contact. So if people online the study showed if they did not know who each other was online they would be more aggressive. Not only that, even if they were online and they can see and hear each other but they just simply did not know each other's names, they are identifying information they would be more aggressive. And then when on video if

they had eye contact with the camera they would be less aggressive than as if they didn’t. So shows the impact of the online disinhibition effect. And then the study in 2005, what they had was they had one presenter and two listeners and they had a shared conference room. And they wore headsets. And so with the headsets is basically looking at the screen but in a headset so you can't see them so they are all sitting in the same conference room but wearing headsets. So what it did was they made it look like the host was directly looking at both of the guests at the same time. So the host had direct eye contact consistently with both of the other people in the conference room. And that did not go well. Because the guests did not feel into and with the phone because they felt it was unnatural. So what we're learning here is that having eye contact with the camera is important for rapport and connection. But when it is just a direct gaze consistently all the time it come off as unnatural because sometimes what I naturally look down at their own paper or look at something else in the room so we don't necessarily have to have consistent content direct eye contact. In this study versus video face-to-face medication. And with video meetings people smiled more and they spoke louder then when they were on-site with each other than less touching of their face because this can be awkward if they smile more often and I wonder what that is maybe they are trying to connect through the screen and they talk louder. People who tend to talk louder on video and one way to is that you don't typically have to talk louder to hear them on video. Another thing is in 2015 they wanted to look at does the mode of contact with different types of social relationships predict depression in older adults. What we found was with older adults if they have less contact with people on site they had more of a probability of being depressed. But the thing is they did not show the results when it came to phone calls or sending messages back and forth or with writing. So it just shows there is an important at least for older adults and depression for people to have on-site relationships.

And then in 2011this has to do with our judgments of people compared to meeting with them through video or any computer mediated communication and face-to-face. So this showed that when participants communicated face-to-face meeting in the same room as one another they had more positive impressions of each other than communicating through instant messaging. As in typing back and forth to each other. There's another study that shows a similar results to that in terms of our impression of one anotherface-to-face versus through computer mediated communication. So in 2016 this was during interviews and this is the other study that shows similar information here so that when people had a job interview they were rated higher when they had a face-to-face interview. Versus those who had interviews through the Internet like videoconferencing. So videoconferencing they did not get as good of readings as in their interview.One thing I want to mention here before we move on his consider that the results of these studies might be very different if we redo these studies even five years from now. Because of people's comfort with technology, their experience with it and the technology that is available but these are the studies we have as of now. So then in 2017. This has to do with getting people to do what you want them to do.

Making requests online. So participants who made requests over email felt as confident as those who made requests face-to-face. However the face-to-face requests were 34 times more effective than the requests done by email. So if you're asking someone to do something ask them to do it face-to-face. According to this study is way more effective. And then in 2018 this has to do with facial expressions. What do our facial expressions mean? this is important because we hear about the importance of body language and communication how much information it gives us but what information does it really give us? so this study says that they think that maybe facial displays, they are not just simply readouts of what is going on internally with someone such as their emotional state or their intentions. But it might have to have more to do with what they want to happen outside of them.

So it might have more to do with social influence pizza if I am smiling it might be because I want you to feel happy right? not necessarily because I feel happy. So that is something that I think ought to be studied even more. So the impact of proxemics like how close we are to one another, we all heard the power of presence. I worked as a hospital chaplain for five years so I very much am aware of the power of presence and being a counselor.

So when there's like a real crisis I want to be there physically with someone because of the power of presence. Right? but when you think of videoconferencing people, the image anyway is like really close to you when you're talking on the phone, hold the phone right against your face and then with the advancement of technology I don't think it is going to be too far in the future where we are more on videoconferencing we are going to be seen and experiencing each other in 3-D and being able to manipulate that experience. So things will certainly change. So Hall in 1969 looks at what does social distance or proxemics mean about a relationship. So being 18 inches or less from someone when you are next to them is a very intimate space. I have heard one person say that when you are in videoconferencing like the screen is so close to you it's like you're in the proxemics of either kissing someone or punching them.

So when you think about that like eating while you're on camera with someone is not cool because you are basically like eating when you're a foot and a half away from their face. It doesn't work so well. All right, so in 1998 this study showed that they did a simulation of a customer seeking financial advice from an advisor across videoconferencing. And they had two situations. In videoconferencing the advisor was seated fairly far away from the camera and in the other situation they were seated like I am close to the camera. And they showed that the customer was much more active. They were more interactive when the agent was close to the camera. So proxemics does matter. Now you want to look at what you're doing with the patients and all that kind of stuff so I think it varies. It doesn't have to be stagnant. So sometimes say you are doing a physical therapy OT and whatever and you are demonstrating something.

Maybe you are far away from the camera so they can get a full view but then you may move closer at sometimes were the connection. All right so in 2020 we did this study

that what they did was they looked at how people bridge the gap when they are say on a phone call or video call. So on video calls what this showed was that families, and it is a small study. Right? They showed some families would use humor during the video call or do a virtual high five to bridge the gap and make the connection. So I know clinicians are doing things like that. They are using humor and body language and props and things like that to make the connection. In 2001 the study showed some patients appreciate the distance of videoconferencing compared to face-to-face. I can't tell you how I've heard this from behavioral health professionals the clients feel safer because you cannot hurt them. Would a clinician hurt a client? no but you cannot hurt them when they are on video physically anyway. So the study was in 2001 again this was a small study. It had 10 participants. But some of the things that they said was that it is sufficient personal without being so personal as to be confrontational. There was good personal contact but without the invasion of my space. So some people appreciate that and I think you have to look at the individual level.

So now we are going to talk about videoconferencing. I know we mentioned videoconferencing a bit already when we look at having, being able to see each other's face. So in 2015 findings like this they generally show comparable treatment satisfaction as well as similar ratings of therapeutic alliance. And this prefers video versus being in the same room as one another for behavioral health. Let me see here. So. This study was in 2020. And this has to do with what do people prefer. Do they prefer video or prefer to be on site? so the VA, the veterans administration in 2017 they provided tablets that also had Internet capability to many patients and then they surveyed them. Would they prefer to meet with their clinician through video or on-site or do they not have a preference? the result was a third, third, third. One third of them said hey I want to do video sessions and one set I want to do simulation and a third said they did not have a preference. Right? so in 2017 this is the effect of screen to screen versus face-to-face consultations with doctors and patients. And this is the case with simulated patients. So with respect to the patient related outcomes of satisfaction, perceived information exchange interpersonal relationship building, perceived shared decision-making showed no significant difference with all of those between face-to-face versus screen to screen. Which would be videoconferencing. Now what is the impact of people looking at themselves on screens all day. I say all day but whatever I don't know how long people are looking at themselves on screens or videoconferencing but what is the impact of that? this study in 2021 showed that since Covid 19 and people being on screens and seeing each other there was a significant increase in cosmetic consultations because people were concerned about how they looked on camera. So there's some implications there. When you're on videoconferencing don't have it so that you can see yourself. You want to hide your own self view. I think that is good and when you think about patients, they are going to be concerned about that so you can mitigate those. By the way that you configure the technology.

So now let's look at audio only calls. So one of the things they looked at here in this study in 2021 is whether or not people felt awkward on audio calls versus textbased. So

what they did is they had people reconnect with an old friend over the phone or by email. And they people had... They felt they had a stronger connection when connecting through phone but they did not have any increase in awkwardness. But the participants thought that it would be more awkward to reconnect with a friend over the phone so they would choose the textbased because of thinking that it would be awkward to talk over the phone but they found out it would not be more awkward and they had a stronger bonding. So 2017, I hear a lot of people say especially in behavioral health phone sessions with clients it is not as good as videoconferencing or being on-site because you need to be able to see the client you are missing out on so much body language. What do they mean there? I suspect what they mean is I won't really know what my client is feeling. If I can't see them. I need to be able to see them. Let's put it to the test. This study in 2017 that is what it looks at. They call it empathic accuracy and what they showed was that providers actually were more accurate in terms of the clients emotional state over the phone then they were through video. They think may be the reason why that is is it already is difficult to really process and take in information through video when you add the video and technology and so forth when you add more. Then it is even more difficult to assess those things. So this study in 1997 we are going to talk about phone skills. What they did was they had clinicians respond to a crisis call in a role played it. So these were simulated things. People playing the role of the client were asked like what was your perception of the clinician? And these were phone calls like they were crisis phone calls. What they said was the clinicians that were more verbally active, they took initiative in structuring the interview systematically, they explored all aspects of the problem, they address practical plus emotional concerns of the collar. They responded quickly. They spoke briefly but often and when they did speak they used complete statements. I hear what you are saying. Let me think about that.

And when there were positive they didn't just let there be dead space. When there were silences they would say things like I am just thinking about what you are saying. That is something to consider when doing phone visits with clients. A study in 2020 looking at phone versus face-to-face, differences between psychotherapeutic behavioral health encounters contacted face-to-face versus telephone. There's little differences between modes in terms of the therapeutic alliance disclosure empathy attentiveness or participation. All right. Then we have in 2006 we are going to look at satisfaction. This is interesting. So this was phone counseling and with phone counseling 96% of those that received phone counseling said they would receive counseling again and 61% of those receiving face-to-face counseling said they would receive counseling again. We don't know why. Maybe it was the convenience. It does not mean one is better than the other. But they were set aside with phone consult. Now messaging. This is sending messages back and forth through text. So text based electronic versus face-to-face communication in the study was in 2020. We are going to look at the effectiveness and or versus the perceived effectiveness. So this had to do with physicians communicating with their patients. Physicians are comedic hitting with patients either with email, texting or a client portal. That is the technology mediated, or they would communicate face-to-face with

the patient. Then they wanted to see was this communication effective. What they showed was that the technology mediated versus face-to-face, they were equally effective. However, patients preferred the face to face. They perceived that it would be more favorable, suitable and sufficient media in compared to the technology base. So they perceived that it would be better. In actuality it was just as effective. So some of this has to do with training and preparing patients and clients and so forth and educating them and so forth, in 2018, this is looking at using textbased communication and also using smart phone applications. In terms of the effectiveness. And it says that both mobile phone applications and textbased interventions increase adherence to medications and protocols. And improved clinic attendance. Lower readmission rates and emergency room visits reporting. Satisfaction with automated communication systems was high for both patients and physicians. And I know I'm not getting into the real details of these studies because for the sake of time I have a lot to cover with you. And then we have in 2020, this study looks at do people prefer texting video or phone. Okay and you can see this is between the provider and patient and primary care physicians of the study was done in Canada and at the time it was the largest city they knew of done on this between providers and patients in terms of their preference. This I found very interesting. So the patients had an option to choose to communicate with their physicians either through secure messaging, video or audio. 82% of them chose secure messaging, seven video, 11% audio. Now so they really preferred the secure messaging. And what they said was that they prefer the convenience. They were able to respond when they want. They had more time to think about their questions and responses and also had a written record of the correspondence. One of the things they want to look at, though was what was the impact of people's access to good Internet and technology? did that have an impact on why they were choosing that versus the video.

Now we are going to look at text messages versus phone calls. This study was in 2021. A provider switched from providing next day post surgery telephone calls to text messages so after a patient had surgery the next day they would call them or send a text message. And what they showed was that the use of the automated text message was associated with improved patient follow-up and nursing satisfaction. So it worked better for the patients and it was better for the nurses.

One of the reasons why it is better for the nurses is it is so easy just send the automated text messages versus calling the patients. So we want to look at engagement and self-management. This study in 2018 was a literature review of 93 studies. It investigated medical compliance reminders. 93 I'm sorry 93 of the studies looked at compliance reminders. And 56%, 56 studies investigated appointment reminders. So compliance reminders and appointment reminders through text. So it showed that nearly all those text reminders studies, they helped improve patient medical compliance and helped with the appointments. People showing up to their appointments and the reason why is because it was easy to use. It was an expensive and it was easy to implement and to deliver those messages to people versus the

phone calls. All right so then we have a study in 2020. And this was about 400 veterans with type II diabetes. They were users of the secure messaging. They said patients who received at least one proactive secure message from the clinical team were significantly more likely to engage in better diabetes self-management and report higher sense of diabetes self advocacy... Efficacy. And they think the reason why that is, so if they received even just one secure message from their provider, the diabetes patients, they felt like they had better self-management and self-efficacy and they attributed it to autonomy support is what they call it now what they mean by autonomy, perceived autonomy or support is the patients perceived that their healthcare provider support their self-care choices and actions. So those secure messages, want to the patients in the VA showed that my provider really cares about me. And we are going to see more about that later.

And then in 2019, this has to do with motivation for using secure messaging. Are patients willing to actually use it? so patients motivation will increase is easy to use and they feel like they have direct access to their provider. Those things will increase their use of it. However if there is technology barriers or if they are worried about their provider not being compensated for sending messages or they are not sure what is appropriate for them to send right, the messages for them to send to the provider what is appropriate and what is not that's going to decrease patients motivation. So again being really clear with patients what it is for. So in terms of applications, this is a booming market as we know. In 2021 shows that mobile apps, and I think I might summarize. Going to summarize these results for apps, there are several studies for apps and you can look at these. Right, you have all these references. If you download the PDF of the flights per there are several studies that several apps are effective with patients and helping people with anxiety. That has been shown to be quite effective. Now one thing that does not show, you are like okay what is not effective/well as of now anyway one thing that does not show significant effectiveness is using chat bots. That very well may change. This is all new technology. A chat bot is basically a computer that you interact with. You are communicating back and forth with a computer. That is a chat bot. So as of now anyway there's not real significant, statistical significance in the effectiveness of those. But again, that very well may change but with the applications we are using an automated program application for say mindfulness, stress relief, CBT therapy, pain management, those kind of things that has been shown to be effective. Another thing that I don't have time to get into the details of this but extended reality. This is significantly improving. This has been utilized for a fair amount of virtual reality has been shown to be effective and there's not a study I can show that shows that it's not effective and it has been used for pain, for anxiety, for neurodevelopment disorders, for other health disorders. So the virtual reality again I think is something that we are going to be seeing a lot more of. So patient portals. This is a study in 2019. What they say here is that studies are still immature. We still need more studies on this. Again this is something that everyone is new too. But they have shown a benefit in the discovery of medical errors improving adherence to medications, improving the communication between the provider and the patient. So there is definitely studies that show the

significance there. I don't have time to go through the impact of using technology-based medication on relationships. But you have reference here to that. Because what I want to do now is take an overview look at the potential benefits and drawbacks of the different types of communication that we can use with patients. So if we look at text based communication, some of the potential benefits is the patients can have the time that they need to think about what they want to compose, to look at the answer. Sometimes patients come in and forget to ask questions they had.So they have time, they have a record of the correspondence. Some people process information better through text. Some people feel more safe through text and they do through audio or video. But one of the potential drawbacks is there is a study that shows that text messages are typically more misunderstood. So there's actually a study that shows that when people send messages by a text they think they are going to be interpreted just as well as when they send a voicemail but the fact is that they are not. They are more likely to be misunderstood through text. That is why it is important that when we send messages to reread it like the person that's going to be receiving it to make sure it makes sense. Now in terms of suicide prevention some organizations are sending what they call carrying contacts.

So after someone is admitted or treated for suicidality, receiving encouraging notes or messages by text has a significant impact on preventing suicides. I remember going back to the other study we looked at in terms of receiving the veterans receiving even one message. It gives them the implication that my provider cares about me. Now in terms of audio only, some people process information better over the phone.

That is how they do it. Sometimes they find the technology to distracting. Video call some people really rely on the video cues. The visual cues. That is how they communicate best. And so everyone has their own communication preferences. Which changes moment to moment and according to the situation and the goal in the context. All right so again for sake of time here are the references to that information.

And now in terms of the treatment that you provide, the services you provide and how it is that you provide it, the techniques, the inventions and so forth that you do, what I recommend is that you take a look, you make a list on a spreadsheet what are the interventions that you do what is it that you need for it to work well and how do you do with a patient on-site and then are there potential benefits, drawbacks to converting it to an online environment? And what modifications do you need to make? so do that intentionally is a practice. I'm going to give you an example. So this is an example looking at psychotherapy. And specifically the psychotherapy style of person centered therapy. So looking at person centered therapy how does it work, what does the clinician do on-site. So we list that on the left-hand column and the middle column, are there potential drawbacks or potential benefits and then looking at the right column, modifications if there are potential drawbacks, how can we either eliminate those, mitigate them or convert them into a benefit? okay. So now we will just take a look at an example of selecting a communication medium now we will look at selecting a medium

for tele-mental health sessions. Number one is what is the provider, you, willing to provide? are you willing to provide services through text, video, audio, virtual reality applications? What are you willing to provide? then what is the patient wanting. What do they prefer. That is very important. Treatment only works if it takes place correct? so that is very important. Then you want to assess knowing what you know, looking at the research what might be the best fit for the patient at that time according to what their needs are. And then you want to talk to the patient about that. And invite them to those mediums of communication for those things and getting them using that handholding to get them started using those so they get comfortable with it. Then you can look at sequences or combining different mediums of communication for the treatment that you provide. For your patience. Because they all have a benefit. So some final thoughts I want to talk to you about is one thing is I find that providers , regulators a lot of people, myself, a lot of us tend to make assumptions about these things. So one thing I recommend is to test out the assumptions. Like I cannot tell you how many times I have heard in behavioral health how the preferred treatment method is same location. I call it same location. Some people say face-to-face in person whatever. I'm like why is that preferred? really Let's test that. And then technology is changing. Studies to be performed again and have a different result.

And there's a lot of studies that still need to be done. And then what is the goal or task that you have for the patient? is it an appointment reminder. Is it a follow-up treatment. Is it engagement? so what is the goal that is going to have an impact what is the client preferences and then really utilized surveys and data. So really utilize your patient portals, your EHR systems, all of those things to gather data so that you can take a look at your customer base, your patient base and what do etc. and again these things will evolve.And give people options. Of what they can use. And then training. If clinicians, if the staff are not comfortable with these technologies, if they do not understand the benefit, they don't know any of the research and if the patients don't, then it's not going to work well. So education and training. That is one of the things we are here for. We are a training Institute. If your staff needs any training, any consultation that is what we are here for. We are glad to help you with that. So some final resources. We are here for staff training, consultation. We have several courses. We are a CE marketplace. We specialize in telehealth and we are available by phone, chat, email text etc. So please reach out to us. We'd love to talk to you and there is our contact information at the telehealth certification Institute. I want to leave time for Q&A. And I guess you are going to present the Q&A to me?

Aislynn Taylor: Yes. So we, if anybody has any more questions please now is the time to enter those into the Q&A box. At the bottom of your screen. So we do have a few. One that came in the chat is, is there a summary that can be shared with us of key suggestions and recommendations derived from a review of all of these studies?

Raymond Barrett: I don't have that at this time and to tell you the truth I thought about this a lot. It would be difficult to give like recommendations for like just general

recommendations. Because it really depends upon what are you providing what are all the things you are providing? so what we went over at the end the second to the last slide what is your population, what are the tasks what are the goals. What are their preferences? All of those things. So it's really taking a look at the specifics of your organization and the service that you are providing to come up with a real recommendation there.

Aislynn Taylor: Yeah I agree definitely. Real quick I just want to jump in and, because I see a few questions asking about a copy of the presentation and the slides. They will be available. We have linked it in the Q&A on the national Consortium website. Both the recording and the slides from today. One more question. Other than the obvious benefit of becoming better at providing telehealth services, are there other benefits to becoming certified?

Raymond Barrett: Yeah, in terms of certified, so credentials, professional credentials, one of the benefits there is if you take a credentialing course, now it depends on which course you take, what program you take, that we provide a tele-mental health training certificate program. And what that does is, it covers comprehensively all of the essential aspects or competencies of tele mental health. So by taking our certificate program you will know that you are getting training on all of the essential competencies and it is kept to date. So that's one of the benefits rather than piecemeal, taking courses, we as experts, this is what I do all day for the past 20 years, we know what competencies based on research and data and talking to experts what competencies I really important to know today. So we really make sure to keep that up to date and comprehensive what people need. So that is one of the benefits. Another benefit is having a professional credentials so that other people can assess whether or not the clinician is likely to be competent in the area. So like licensure. It allows people to know is the person likely to be competent in that area. So when you work in a specialty area it gives people some assurance that hey, you have had adequate training. You have been tested on this.

Aislynn Taylor: Great. I am seeing do you expect to see any changes in behavior post pandemic as people were forced to become more familiar and comfortable with video tools? I know you kind of touched on that in the presentation.

Raymond Barrett: Yeah I think so. It seems like with coded 19 everyone had to use telehealth. It has tapered off but it is not down to where it was. So yeah I think there will be more people. Now versus pre-pandemic. And I think that will increase just like technology use is increasing greatly. I know someone that just got a job recently and she said, I don't know about this because I am a paper person. And there's no paper in this office. So like she is thrown off. She's kind of new to the workforce. So yeah, like I think the technology is improving so greatly and so fast it is amazing that people are going to enjoy it and like it more and more because that is what the technology providers do. They are like how can we make this a people love it. Yes I think it's only going to get more and more so.

Aislynn Taylor: Agreed. The next one, when you say chat bots have not been shown to be effective can you be more specific in the context and purposes? for example this asker is saying that they have seen research showing they are more effective than asking patients to fill out questionnaires.

Raymond Barrett: Oh, well in that case that might be like filling out a questionnaire, like when I say chat bots being affected by me for treatment itself is what I was looking at their. But chat bots are helpful in terms of people getting their questions answered. Like there are chat bots on websites, so let's say I go to a website and I have a question I can type in the chat and can get an answer and it's almost like giving me a tree diagram to answers that I can have or doing a survey that makes sense. The studies that I looked at had to do with actual treatment. Like the chat bot is the therapist. So as of now, as of the research that I am able to find on that, chat bots have not shown to be significantly statistically significant in terms of effectiveness with that. Now again these things are improving very quickly with AI. So again we are at the infancy stages with this. But as of now for treatment I have not found studies that show that it is effective. But yeah that makes sense with questionnaires or finding answers that they are good at doing that. Not that I prefer them. I prefer to talk to a person myself. Rather than having a chat bot. Because they are limited they don't always know what I'm asking. But yeah. They are helpful.

Aislynn Taylor: Great. Next question. The benefit for telehealth utility survey completed by patients and clinicians?

Raymond Barrett: Repeat that one more time?

Aislynn Taylor: They are asking about the benefit of telehealth utility surveys completed by patients and clinicians.

Raymond Barrett: Yeah, so I think that is you want to know what is working well and what is not for both the client. I don't know exactly what they are asking their but you want to know what is working well and what is not for both the client and the clinician. You want your clinicians happy. Because they might need more training experience whatever it is. You may need to do modifications with technology. Same thing with your clients. Very important. So you want to respond to the needs and preferences of both. And the only way you are going to really know that is by having those surveys.

Aislynn Taylor: I agree. It's always good to get more feedback. Are you aware of any differences in the telehealth modalities across different cultural and racial groups?

Raymond Barrett: there are some differences. One of the courses that we provide is a course on engagement and telehealth. Another course we provide is cultural competence and the use of telehealth. So you know, so a lot of minority groups in the United States have not used telehealth as much. As the majority. And then we had to look at access. And the digital literacy. So, some of these things can, people do not have access to technology or are not comfortable with it or they do not trust it or they do

not trust that their needs are going to be met through telehealth as they would have been on site. Language barriers. They may not feel like that is going to be met as well online. So yeah there are some cultural differences there. And going back to the surveys that is one of the reasons why it is really important to do the suveys and for the technology to be adapted to the technology of the client. I hope that we get to a point where the technology is adapted to the individual. If you go to Amazon or Google or whatever their AI is constantly trying to adapt to you. Pacifically. So there's a lot of ethics involved there. In who is developing the technology and so forth. So we do have courses on that. But yeah that is something very important to take a look at.

Aislynn Taylor: So I know we are getting close on time. There are a few questions that I don't know if we will be able to answer live but I know that Ray has shared his contact information. We will do one more. I would imagine personality makes a big difference as to how naturally people take to this. In your view how much of these skills are inborn versus developed.?

Raymond Barrett: I strongly believe it is not about personality I would say. I might be wrong on that but it has to do with getting uncomfortable and experience with using the technology by someone that helps you. Get comfortable with it. So I say that as someone I mean we trained 26,000 clinicians. I mean I trained a lot a lot of clinicians. And there's a difference between taking training online versus taking a live webinar where you actually experience these things practice them and get feedback. So being handheld to set up your environment, your camera your audio etc. etc., so that you are able to present well and see well and hear well. All of those things. I think it is a matter of getting the help to get the text that upright knowing how to use it. Yeah and people adapt well. Some people take a little more handholding and need more assistance than others. Yeah.

Aislynn Taylor: I agree. Practice makes perfect. Keep trying. One day you will get kind of comfortable with. All right we want to bring up those last slides Aria. Just real fast, I want to say thank you to Ray for joining us. It was a great presentation. Lots of great information. And we hope everybody today will join us for the next TRC webinar August 19 in the series will be hosted by the mid-Atlantic telehealth resource Center. And will be on Delaware libraries, telehealth and teleservices initiatives. So registration will be sent out soon.