Nurse Specialist and Psychotherapist

Overcoming Concerns and Fears about Technology

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There has been increasing talk about the viability of virtual therapy within the clinical setting.

I have been using secure HIPAA and HITECH compliant video teleconferencing, telephone and encrypted emailing for about 4 years. I am a seasoned Psychiatric Clinical Nurse Specialist and Psychotherapist who has been working in the field for over 25 years. The idea of using this type of technology was totally foreign to me as recently as 5 years ago. I would not call myself technology savvy, and in fact I was one of the last hold outs for the use of emails. I remember telling my children "why would I use email when I can just call you on the telephone?" Oh how my world has changed - emails, texting, video teleconferencing, blogging, tweeting, etc.

Let me give you a little bit of my personal history, just to assure the readers that I did not come out of the womb with a computer in my hand! I am a grandmother with 6 grandchildren and did not live near my family. I saw my grandchildren a few times a year, and of course I could not make it to the weekend sporting events or school plays. I had a very busy and established traditional psychiatric clinical nurse specialist counseling practice in Delaware. My kids wanted me to move to Virginia to be near them, but the only way to do this, I thought, was to retire and close my practice. The problem with this scenario was that I was not ready to retire; not only did I love my work, but I also was not in the financial position to retire at age 58. So my dilemma, how could I continue working in the field I loved, yet still move near my family?

My son-in-law works in the IT security industry, and off handedly suggested the possibility of using video teleconferencing to see my existing patients in Delaware, while living in Virginia. My first reaction was excitement about the possibility of being able to move and not abandon my patients/practice. But on the other hand I had many concerns. Was the format viable with clinical efficacy? Was this type of therapy ethical? How can you effectively work if you cannot touch (nursing skills) or observe (nursing and psychotherapy skills) a patient if they are not in the same room with you? I eventually had a paradigm shift that allowed me to embrace the potential pros and cons of face to face psychotherapy .vs. distance psychotherapy, and realise that they are not mutually exclusive.

I was also scared of the technology itself. I had and still occasionally have a reputation for tangling up technology. I was once working in an intensive care unit that required all patient data entry be put into the computer. My charge nurse had to call the IT department more times for me than any other nurse on the unit. To this day, I am not sure we know how I managed to challenge the hospital computer programs or cause the computer to lock up, but

I had more new starts and new passwords then I care to remember. However, the truth is that just as Sherry Turkle, an Abby Rockefeller Mauzé Professor of the Social Studies of Science and Technology at MIT states, "technology is here to stay", and she strongly suggests that we use the technology intelligently. So I did have to face my fears and meet this new friend called technology, both in my personal and my professional life.

As I began pondering the use of technology in my own practice, I reflected back on my past experience as an intensive care nurse. I remember when I first walked into the intensive care unit, how overwhelming all the equipment, monitors, alarms, etc. were as a new nurse. It did not take long for me to realize that the equipment was supportive, and was a useful tool to keep people stable enough until their own physical body could re-establish its own stability and viability to exist off the external support systems of respirators, IV fluids, tube feedings, chest tubes, defibrillators etc. I also realized that the machinery was a technical support for me, but that I still had to use all my skills as a nurse to provide the highest level of care. The equipment could not stand alone. The patient needed me to assess and facilitate the correct use of the support equipment. The medical field and most of the public appear to be accepting, and are usually grateful for the advances in medical technology to help prolong life. If you think about it, there are many parallels between the medical technology supports and technology in the nurse psychotherapy field.

I believe, from my own experience, that if used correctly, with the nurse clinician being in charge of its use, technology is a wonderful tool for the nurse clinician and the patient. But to make the transition to utilizing technology with my patients, I first had to shift some paradigms of treatment that I had been taught. For instance, there was the notion that you must be physically in the room

with a client in order to be effective with psychotherapy. Obviously this is not possible with video teleconferencing. But when I use video teleconferencing, I am privy to the patient's environment. I have the opportunity to see their actual living environment, and may even meet their pet or be introduced to a friend or family member that they have invited into the session. This adds depth to the therapeutic relationship that I could not access before in the more formal office setting of my therapy room. The client is often more relaxed in their own environment, which can be a catalyst for opening up more easily to the therapeutic process.

I also like the use of video teleconferencing for when my patients are traveling out of town, returning home for college breaks, or for when the weather has created dangerous commuting conditions. It allows for a continuity of care that was previously unavailable. I often work with college students, and there was a large

gap in the treatment due to vacations and semester breaks. Now we can continue the individual psychotherapy from a distance, while they access local therapeutic groups and/ or additional support systems. My patients have been very grateful for this service.

It truly is my belief that technology, if used correctly, is a valuable asset in the nurse psychotherapy field. As nurse clinicians we just need to first become comfortable with the technology, and realize that it is there to serve us, not the other way around. We make the decision as to which form of technology will be used and for which patient. I do not see that as any different than what we have been previously doing in our practices on a daily basis. Don't you evaluate what approach or level of care is best suited for the patient in front of you in your office? Now you just include: Would technology be a worthwhile format for this client? What is the best type of technology to meet this patient's needs? What should be the frequency of interactions

via technology for this patient? If you feel yourself resistant to this thought, think about the number of different techniques you have learned over the years to help reach the client and assist them to a better quality of life - DBT, Internal Family Systems, Rogerian, Gestalt, ACT, EMDR and the list goes on. Most nurse clinicians are open to learning new approaches, although they may not become an expert in particular approach, but do not dispute

its viability for the trained nurse clinician. Technology does not require the nurse clinician to change who they are or their preferred modality of therapy, it just allows us to deliver our style in a different venue.

Of the various distance therapies, I myself prefer the video teleconferencing over the telephone, therapeutic encrypted emailing (all emails need to be encrypted for HIPAA and HITECH compliance), or avatars (which I call a virtual form of psychodrama - my current challenge is to simply get my avatar to walk and sit correctly!). However, I do believe that they all have therapeutic value, if the clinician knows their own skill and comfort, and also the patient's. Many of my patients will use the encrypted emailing to share thoughts at times that I am not available. They tell me that it is helpful to get their thoughts out in the moment. Some nurse clinicians are comfortable with replying in a therapeutic manner as part of the service they provide, I do not. I let my patient's know that I will read the encrypted email and we will discuss it in our next scheduled session. My clients have an emergency plan to follow if they are in crisis and I am not available. I share this because the issue is not to let your fear of technology get in the way of using its tools. Open up to learning how to use them, and then decide how to adapt them to your practice in a beneficial way.

Since I mentioned that we need to know our strengths and limitations, I'd like to go back to my son-in-law's initial suggestion to use video teleconferencing in my practice. I felt confident about my clinical skills, but not so confident about how to use technology in a HIPAA and HITECH compliant manner. I just knew that if I was to embrace the technology, it had to be done in a professional and legal manner. I researched the web and at that time was not able to locate any viable venues to help me. It was also a bit confusing when I called

my licensing boards and malpractice insurance, they both responded in a similar manner by stating that they would cover whatever the other one covers or states in their policies. The problem with this was, at that time, I found these policies to be very ambiguous.

There do not seem to be consistent or clear guidelines from state or federal regulators or from many licensing boards with regards to practicing using the tools of technology. There are more legal uncertainties than certainties, and little guidance. But this situation is evolving, and various licensing boards are attempting to address some of the technology issues. To make the best decision for you and your practice, it is important to stay current with the latest updates from your nursing licensing board and from state and federal laws. This may create some uncertainty or unease for you, but if you do your homework and can show that you have done everything possible to embrace the existing laws, I believe you have

acted in good faith. That is just my opinion though, as I am not a lawyer, so please do your own research and reach out for any legal or professional support that you think is necessary to calm your nerves and left brain!

For me, it continues to be about the ethics of "do no harm" and staying as transparent as possible with the technology. I personally invested in the services of lawyers specializing in HIPAA/HITECH compliance who informed me that technology was advancing faster than legal clarity within our profession. I reported to them that I was conscientiously attempting to meet the standards of practice and ethics within my nursing discipline and within the federal and state guidelines, and that I was delivering my services via a HIPPA/HITECH compliant online portal called Virtual Therapy Connect[SM]. This system/portal allows me to provide secure video teleconferencing and an encrypted emailing system to my patients. The lawyers, in their opinion, felt confident that with all the above in place,

I was legally and ethically prepared to provide distance therapy. There are now a few other sites, in addition to Virtual Therapy Connect[SM], that also offer services to nurse clinicians to help them bring technology into their practice.

I tell my patients that the video teleconferencing sessions may not be paid for by their insurance company. I have had insurance companies give approval for the video teleconferencing sessions and then reimburse the patient (I work on a fee for service model), because I was an advocate for the patient and upfront with the insurance company about the venue. My best advice is to be honest with the client and the insurance companies, any less than this could be construed as possible fraud. There can be a temptation when the client asks you to use a CPT billing code that indicates a face to face service, so that their insurance will reimburse, when in fact you are seeing them through video teleconferencing. This type of action could ethically and legally compromise you as

a nurse clinician. It is best not to let your heart overpower your intellect in this situation. The state of Virginia does support the use of secure video teleconferencing for the delivery of services and the American Telemedicine Association is a good up-to-date resource for reimbursement information.

On a more therapeutic note, the Veteran's administration is reportedly using various types of distance and technology driven therapies with good outcome studies (i.e. treating veterans with PTSD). Hopefully

with research and additional outcome studies, the consciousness and acceptance of technology as a tool for psychotherapy will increase for the nurse clinician, the patient, and insurers. However, integrity and "do not harm" remain the mantras for any health care provider, regardless of the delivery modality.

As a nurse clinician looking for a way to explore bringing technology into your practice, I would look for a service or services that have developed a technical infrastructure which allows, you, the nurse clinician

to be the nurse psychotherapist, while having access to a HIPAA and HITECH portal for your practice. The expensive technical nuts and bolts have been established for you, and the machinery has been designed. All you must do as an informed nurse psychotherapist is to confidently bring your insight and skill of the therapeutic process to the machinery of the technology. Remember, technology is there to serve you, and it is here to stay. So make sure you develop a healthy relationship with all the tools of our trade! ‹

ABOUT THE AUTHOR

Dr Martha Ireland, a Distance Credentialed Counselor, began her career 25 years ago as a traditional psychotherapist specializing in eating disorders, then five years ago founded Virtual Therapy Connect - a HIPAA compliant web portal offering a variety of distance therapy tools for clinicians. Recently she launched an online initiative to support eating disorder prevention at www.StudentEatingDisorders.info. She also operates a private practice in Virginia and routinely speaks about integrating technology and psychotherapy.