Centre for Forensic Behavioural Science

SWINBURNE UNIVERSITY OF TECHNOLOGY

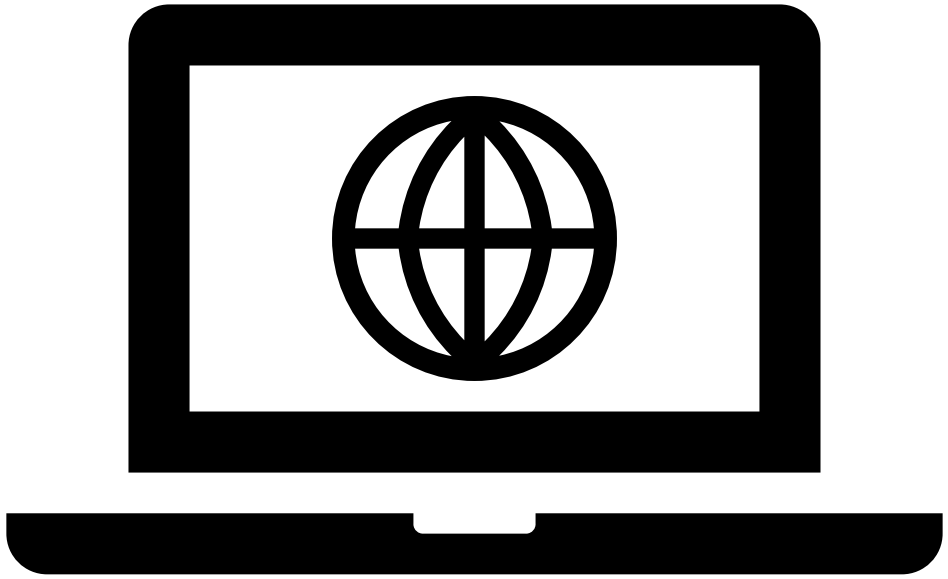
Forensicare

The Current State of Technology in Forensic Mental Health Services: ***What Else Do We Need to Know?***

A/Prof. Ashley Batastini, PhD.

ANZAPPL 2024, Melbourne VIC

ATTENTION ON TELEPRACTICE IN MENTAL HEALTH WAS RISING WELL BEFORE COVID-19



Professional Psychology: Research and Practice
2013, Vol. 44, No. 5, 363–370

0735-7028/13/$12.00 DOI: 10.1037/a0034633

Psychotherapy in 2022: A Delphi Poll on Its Future

John C. Norcross and Rory A. Pfund
University of Scranton

James O. Prochaska
University of Rhode Island

Repeating and expanding Delphi polls conducted during the past 30 years, the authors empaneled 70 psychotherapy experts to forecast psychotherapy trends in the next decade. Mindfulness, cognitive–behavioral, integrative, and multicultural theories were predicted to increase the most, whereas Jungian therapy, classical psychoanalysis, and transactional analysis were expected to decline the most. Technological, self-change, skill-building, and relationship-fostering interventions were judged to be in the ascendancy. Internet programs, telephone therapy, and master's-level professionals were expected to flourish. Forecast scenarios with the highest likelihood centered on expansion of telepsychology, evidence-based practice, pharmacotherapy, and masters-degree practitioners flooding the job market. Four themes seem to be driving these changes: technology, economy, evidence, and ideas.

Keywords: psychotherapy, future of psychology, Delphi poll, psychologists, theoretical orientations, evidence-based practice

"Forecast scenarios with the highest likelihood centered on expansion of telepsychology…"

APS Australian Psychological Society

INVITED COMMENTARY

Solving Mental Healthcare Access Problems in the Twenty-first Century

B Christopher Frueh[1,2]

[1]Department of Psychology, University of Hawaii, and [2]The Menninger Clinic

"Technology is the key to solving mental healthcare access problems in the twenty-first century."

Technology is the key to solving mental healthcare access problems in the twenty-first century. Perhaps the greatest challenge we face in harnessing the possibilities of information technology in healthcare today is to ensure that we do it in a manner that is clearly evidence-based. This means innovations must be evaluated in a variety of contexts, using designs to ensure they are feasible and acceptable to our patients, are effective in treating the symptoms and disorders for which they are applied, and ultimately are structured to have the best possible balance of increasing access, minimising costs, and maximising clinical outcomes. As a service delivery medium, telemedicine, or telepsychology, offers a viable means of delivering high quality, specialised mental health services to people with significant access-to-care barriers, such as those living in remote or rural areas, lacking in transportation, or experiencing ambulatory problems such as many elderly people do. Randomised controlled trials have demonstrated the clinical efficacy of telemedicine for specific populations with discrete psychiatric disorders. Going forward we must discover how to best integrate telemedicine with in-person care and other forms of communications technology, including the Internet, mobile technology and its "apps", social media, virtual reality, "smart homes," and wearable monitoring devices. It is also imperative that we better integrate these approaches with primary medical care so that "mental healthcare" does not continue to be viewed as independent from physical health.

WHY SO POPULAR?

WHAT ABOUT RESEARCH ON THE USE OF FORENSIC MENTAL HEALTH SERVICES?

Behavioral Sciences and the Law
Behav. Sci. Law **26**: 323–331 (2008)
Published online in Wiley InterScience
(www.interscience.wiley.com) DOI: 10.1002/bsl.815

Videoconferencing and Forensic Mental Health in Australia

Danny H. Sullivan, M.B.B.S., F.R.A.N.Z.C.P.*,†,‡, Murray Chapman, M.B.B.S., M.R.C.Psych.§ and Paul E. Mullen, D.Sc., F.R.A.N.Z.C.P.¶

Videoconferencing is in common use in Australian forensic mental health services. It provides opportunities to link remote prisons, courts, and psychiatric clinics with distant specialist services, and enables a range of activities including assessment, treatment and feedback, expert testimony, education, and inter-service planning. These functions are acceptable to patients and clinicians, and in Australia videoconferencing minimizes disruption to small services and their patients, who might otherwise face lengthy journeys. In particular, marginalized patient groups, including indigenous people and prisoners, may receive better services. The evidence base supports use of videoconferencing despite a number of practical, legal, and clinical issues that may reduce its effectiveness compared with face-to-face assessments. Videoconferencing technologies are critical to effective forensic mental health services in Australia.

"Videoconferencing technologies are critical to effective forensic mental health services in Australia."

FORENSIC CLINICIANS' FREQUENCY OF USE

Pre-Covid

34.8%-55% usage

(Batastini, et al. 2019; Bernhardt et al., 2021)

During

60% to 92% usage

(Daffern et al., 2021; Bernhard et al., 2022)

Now

98.6% usage

(Skala et al., 2023)

Kirschstein et al. (2022)

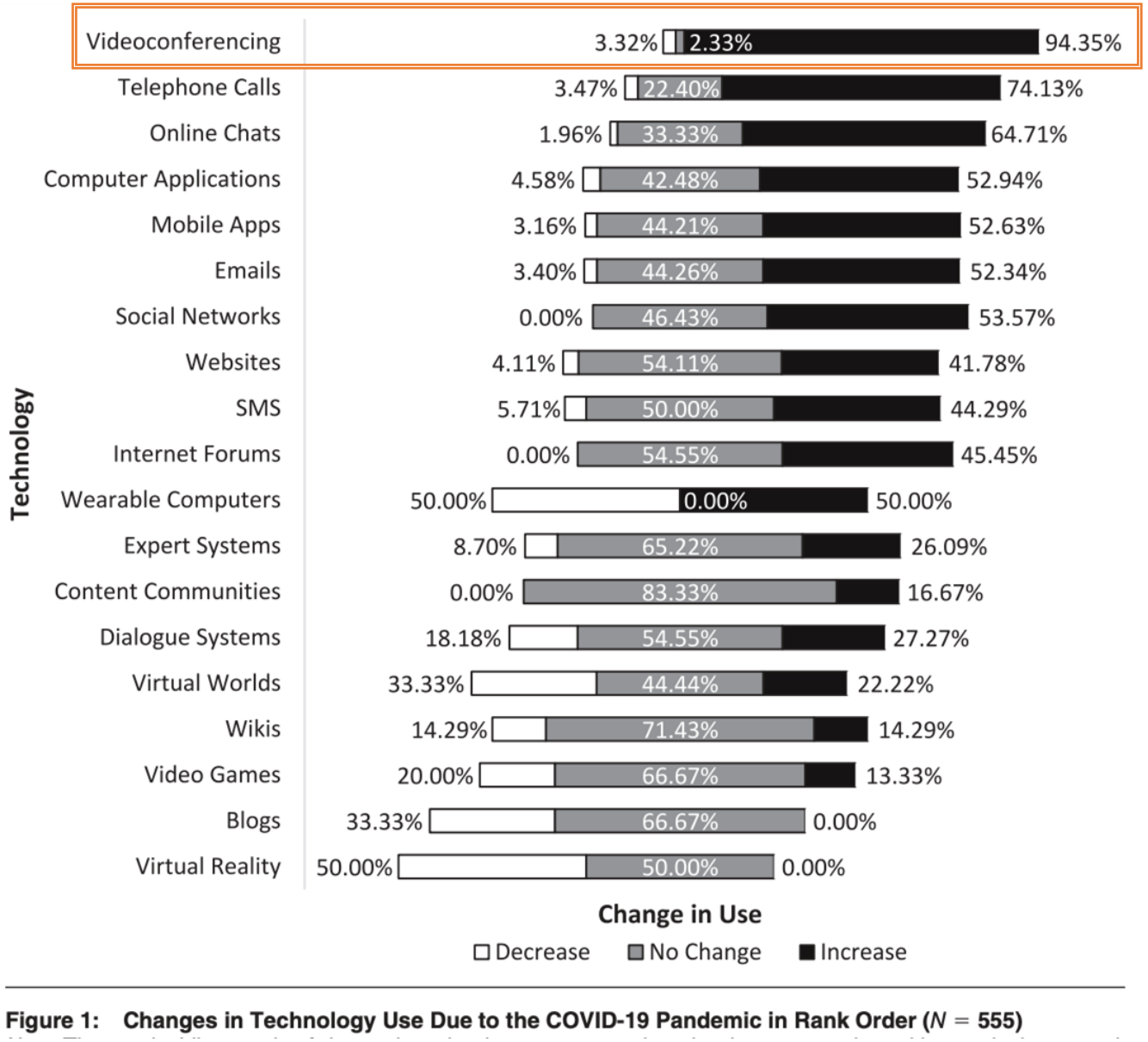


Figure 1: Changes in Technology Use Due to the COVID-19 Pandemic in Rank Order (N = 555)

FORENSIC CLINICIANS' PERCEPTIONS OF USE

Pre-Covid

Eh, we don't really like the idea, but it's fine once you've tried it (Batastini, et al. 2019)

During

We still have concerns but it's not bad and what choice do we have anyway? (Bernhard et al., 2022; Daffern et al., 2021; Trupp et al. 2021)

Now

So, we kinda like it better and are pretty open to using it! (Skala et al., 2023)

BATASTINI ET AL. (2019)

Table 4. What do you think are, or could be, the main consequences (if any) of using videoconferencing in forensic assessment (select all that apply)?

Possible consequences of videoconferencing	Study 1 ($N = 156$) Frequency (%)	Study 2 ($N = 27$) Frequency (%)
Inability to properly administer some measures	133 (85.3%)	15 (55.6%)
Risk of technical difficulties	127 (81.4%)	26 (96.3%)
Loss of important behavioral data	124 (79.5%)	17 (63.0%)
Difficulty establishing rapport	120 (76.9%)	24 (88.9%)
Risk of confidentiality breach	110 (70.5%)	17 (63.0%)
Other	21 (13.5%)	—
Evaluator burnout	8 (5.1%)	2 (7.4%)
Higher costs for the court	8 (5.1%)	1 (3.7%)
Higher costs for the evaluator	8 (5.1%)	0 (0.0%)
Higher costs for defendant/evaluee	3 (1.9%)	0 (0.0%)
There are no consequences	0 (0.0%)	0 (0.0%)

Note: Study 1 is listed in order from most to least endorsed; Study 2 is listed in the same order as Study 1 for comparative purposes.

WHAT DO WE KNOW ABOUT ACTUAL OUTCOMES?

Psychological Services

1541-1559/15/$12.00 http://dx.doi.org/10.1037/ser0000042

Telepsychological Services With Criminal Justice and Substance Abuse Clients: A Systematic Review and Meta-Analysis

Ashley B. Batastini
Texas Tech University

Christopher M. King
Drexel University

Robert D. Morgan and Brieann McDaniel
Texas Tech University

Recent years have seen the incorporation of telepsychology into poorly accessed, rural, and underserved settings, including criminal justice and substance abuse treatment. A systematic search of the literature on telepsychological and related services with justice-involved and substance abuse clients revealed numerous descriptive reports, but few empirical studies. The results of 3 studies of criminal justice participants and 2 studies of substance-abuse participants were subjected to a series of 5 outcome-specific meta-analyses (mental health symptoms, therapeutic processes, program engagement, program performance, and service satisfaction). These 5 studies, all of which utilized a comparison group, contributed a total of 342 participants and 14 total effect sizes. Summary data on 3 additional uncontrolled studies are also presented. Results indicated that telepsychological outcomes were at least comparable with in-person outcomes. This review serves as an initial reference for clinicians and policymakers working with criminal justice and substance abuse clients, but also highlights the need for more rigorous scientific investigation into the nuances of telepsychological practice.

"Results indicated that telepsychological outcomes were at least comparable with in-person outcomes."

LEXCEN ET AL. (2006)

One evaluator administered both assessments to the patient with an observer who rated the forms independently.

Table 1

Intraclass correlations (ICCs) between scores of two raters on instruments administered to 72 forensic inpatients, by three administration conditions[a]

	Local-remote[c] (N=24)		Remote-local[d] (N=24)		Local-local[e] (N=24)	
Instrument[b]	ICC	95% CI	ICC	95% CI	ICC	95% CI
BPRS-A total score	.82	.63–.92	.69	.41–.85	.78	.55–.90
MacCAT-CA subscale score						
Understanding	.86	.71–.94	.81	.62–.92	.95	.89–.98
Reasoning	.82	.63–.92	.89	.76–.95	.90	.78–.96
Appreciation	.79	.58–.90	.87	.73–.94	.69	.40–.85

[a] In each condition, one researcher administered both instruments and another researcher observed; both researchers rated the instruments independently.

[b] BPRS-A, Brief Psychiatric Rating Scale–Anchored Version; MacCAT-CA, MacArthur Competence Assessment Tool–Criminal Adjudication

[c] Instruments were administered in person, and observation was by video conference.

[d] Instruments were administered by video conference, and the observer was on site.

[e] Instruments were administered in person, and the observer was on site.

MANGUNO-MIRE ET AL. (2007)

Randomized study using the Georgia Court Competency Test

Providers preferred in-person despite similar outcomes across modalities and that patients had no preference

Table 1 Statistical Results Comparing Competency Ratings by Study Condition

	Telemedicine	Live Interview
Total GCCT score* rater 1	78 (14.67)	82 (14.31)
Total GCCT score rater 2	74 (12.84)	83 (17.49)
Pearson's *r*	.93 ($p < .001$)	.92 ($p < .001$)
Difference score†	5.45 (4.00)	4.80 (5.43)

Data are the mean (SC), except for Pearson's *r*.
*The maximum score on the GCCT is 100. Scores above 70 are considered passing (i.e., competent), scores from 60–70 are marginal, and scores below 60 are considered failing (i.e., incompetent).
†Difference scores were computed by calculating the difference between the GCCT rating obtained via telemedicine and the live interview.

AMERICAN PSYCHOLOGICAL ASSOCIATION

Professional Psychology: Research and Practice

ISSN: 0735-7028

2022, Vol. 53, No. 6, 626–630
https://doi.org/10.1037/pro0000479

PTSD Disability Examinations in the Department of Veterans Affairs: A Comparison of Telehealth and In-Person Exams

Mayumi O. Gianoli and Andrew W. Meisler
VA Connecticut Healthcare System, Newington, CT, United States
Department of Psychiatry, Yale University School of Medicine
Department of Psychiatry, University of Connecticut School of Medicine

It is estimated that the VA will have rendered decisions on roughly 1.4 million disability claims in 2021. A substantial percentage of these are for mental health conditions, specifically posttraumatic stress disorder (PTSD). Prior to the COVID-19 pandemic, almost all Compensation and Pension (C&P) examinations for PTSD were completed in-person; since March 2020, most have been conducted using telehealth. However, the content and quality of such exams, relative to those conducted in-person, have not been studied. The present study compared Initial PTSD examinations by telehealth to those completed in-person. Overall, 105 reports (51 in-person and 54 telehealth) were randomly selected from all Initial PTSD C&P exams completed within VA Connecticut between 2019 and 2020 (1 year preceding the pandemic and the first year of the pandemic). Raters were masked to all information indicating examiner, mode, and date of exam. Exam content was recorded, and exam quality was rated using three metrics that demonstrated adequate reliability and sensitivity in a prior study. There were no statistically significant differences between in-person and tele-exams on any relevant report content variables, report quality metrics, or VA disability rating outcomes. Results support the validity of the use of telehealth for conducting psychological exams for PTSD disability claims within the VA. Implications for the use of telehealth technology in improving operational breadth and reducing barriers to examination and care, both in the VA and beyond, are discussed.

"No statistically significant differences between in-person and tele-exams on any relevant report content variables, report quality metrics, or VA disability rating outcomes."

Journal of Consulting and Clinical Psychology
2008, Vol. 76, No. 1, 158–162

0022-006X/08/$12.00 DOI: 10.1037/0022-006X.76.1.158

BRIEF REPORTS

Does the Use of Telemental Health Alter the Treatment Experience? Inmates' Perceptions of Telemental Health Versus Face-to-Face Treatment Modalities

Robert D. Morgan and Amber R. Patrick
Texas Tech University

Philip R. Magaletta
Federal Bureau of Prisons

In corrections, where staffing limitations tax an overburdened mental health system, telemental health is an increasingly common mode of mental health service delivery. Although telemental health presents an efficient treatment modality for a spectrum of mental health services, it is imperative to study how this modality influences key elements of the treatment experience. In this study, the authors compared inmates' perceptions of the working alliance, postsession mood, and satisfaction with psychiatric and psychological mental health services delivered through 2 different modalities: telemental health and face-to-face. Participants consisted of 186 inmates who received mental health services (36 via telepsychology, 50 via face-to-face psychology, 50 via telepsychiatry, and 50 via face-to-face psychiatry). Results indicate no significant differences in inmates' perceptions of the work alliance with the mental health professional, postsession mood, or overall satisfaction with services when telemental health and face-to-face modalities were compared within each type of mental health service. Implications of these findings are presented.

Keywords: telemental health, offender, inmate and correctional mental health services

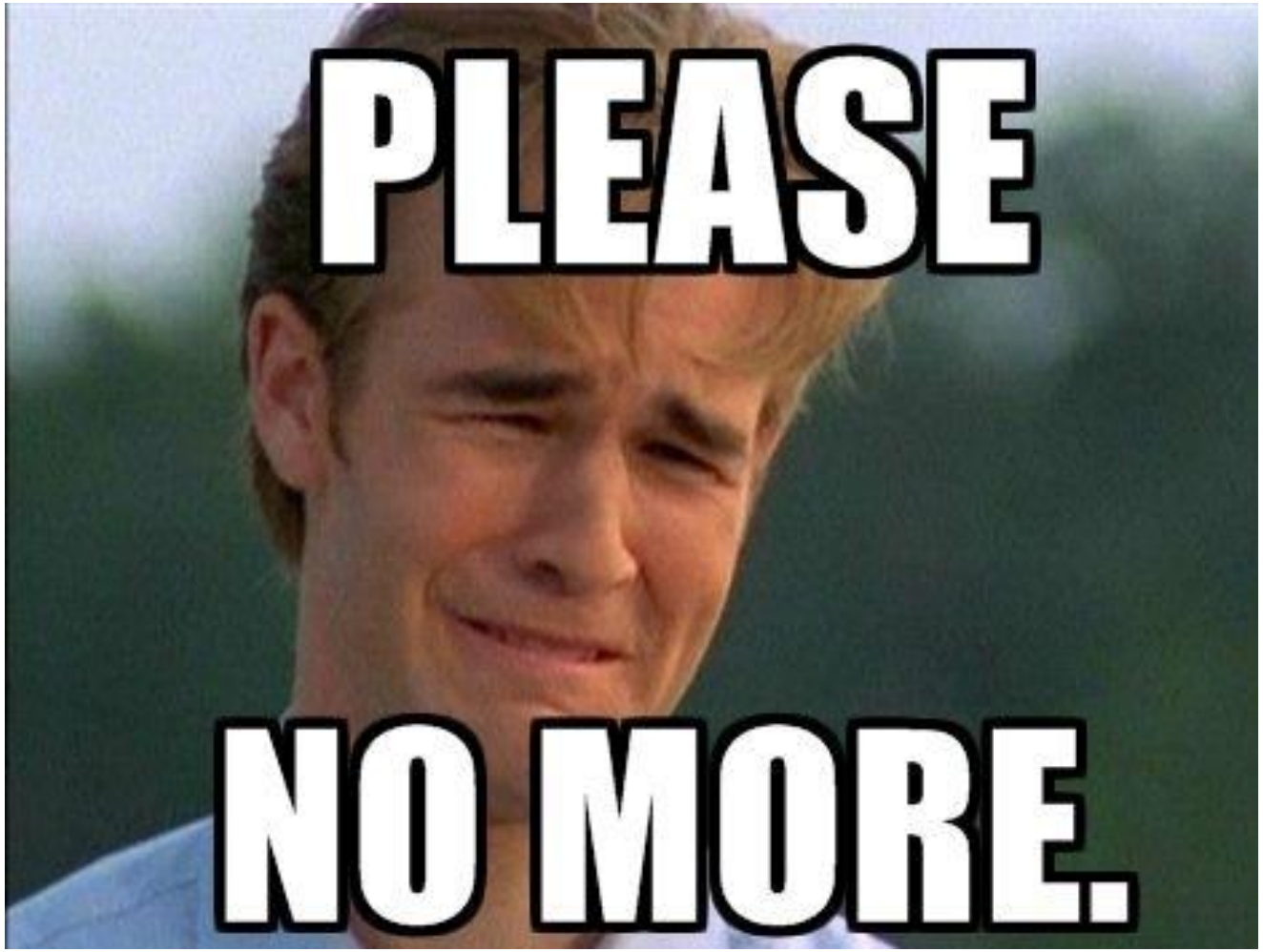
"Results indicate no significant differences in…work alliance..post-session mood, or overall satisfaction with services…"

THERE'S A LOT MORE WORK TO DO…

While published articles about forensic telepractice increased during COVID-19, there is still a relative scarcity of controlled studies.

REMAINING RESEARCH NEEDS IN FORENSIC MENTAL HEALTH

Perceptions and experiences using telepractice in different contexts (e.g., courtroom credibility; see Jones et al., 2023 and Lord et al., under review).
Whether telepractice leads to differential outcomes (e.g., triage/treatment planning, psycho-legal opinions, court decisions, symptom reduction, recidivism) relative to in-person or across groups.
Differences in practice standards (e.g., consent form, modifications, VC platforms, report elements) or consensus about what is minimally required.
Validity, reliability, and cultural sensitivity of machine learning for risk assessment.
Program evaluation on the use of VCT and other digital tech (e.g., apps) to deliver criminogenic or violence prevention interventions to people in-custody and community supervision.



…SURVEYS OF FORENSIC EXAMINERS' OPINIONS.

AMERICAN PSYCHOLOGICAL ASSOCIATION

Psychology, Public Policy, and Law

ISSN: 1076-8971

2023, Vol. 29, No. 3, 255–271
https://doi.org/10.1037/law0000394

Recommendations for the Use of Telepsychology in Psychology-Law Practice and Research: A Statement by American Psychology-Law Society (APA Division 41)

Ashley B. Batastini[1], Michelle R. Guyton[2], Paula A. Bernhard[3], Johanna B. Folk[4], Sean B. Knuth[5], Eileen A. Kohutis[6], Alexandra Lugo[7], Michael L. Stanfill[8], and Chriscelyn M. Tussey[9]

[1] Department of Counseling, Educational Psychology and Research, University of Memphis
[2] Northwest Forensic Institute, Portland, Oregon, United States
[3] Department of Social and Health Services, Washington State Office of Forensic Mental Health Services, Tacoma, Washington, United States
[4] Department of Psychiatry and Behavioral Sciences, School of Medicine, University of California, San Francisco
[5] SBKPhD, PLLC, Charlotte, North Carolina, United States
[6] Private Practice, Livingston, New Jersey, United States
[7] Department of Psychology, Palo Alto University
[8] WISe Psychology, Seattle, Washington, United States
[9] Metropolitan Forensic and Neuropsychological Consultation, PLLC, New York City, New York, United States

In response to the COVID-19 pandemic and its subsequent impact on psychological work, Division 41 of the American Psychological Association convened a taskforce to provide guidance to its membership regarding the use of technology for practice and research at the intersection of psychology and law. Drawing from existing research in psychology-law and beyond, as well as the first-hand experience of taskforce members, this document outlines foundational guidance to apply technology to forensic and correctional work while acknowledging these settings provide unique challenges to ethical practice. The recommendations provide support for psychologists involved in assessment, treatment, training, and research. However, these recommendations may not exhaustively apply to all areas of psycholegal practice or all forms of technology. Furthermore, these recommendations are intended to be consulted in conjunction with other professional practice guidelines, emerging research, and policy changes that impact the integration of technologies into this work.

DOMAINS COVERED

Assessment (civil, criminal)

Treatment (forensic hospitals, corrections, civil commitment)

Testimony and Other Court Communication

Training (teaching and supervision)

Research (methods, dissemination)

KOIS, COX, & PECK (2021)

. . . we find that there is ample opportunity for leveraging technology to improve forensic mental health practice, research, and policy."