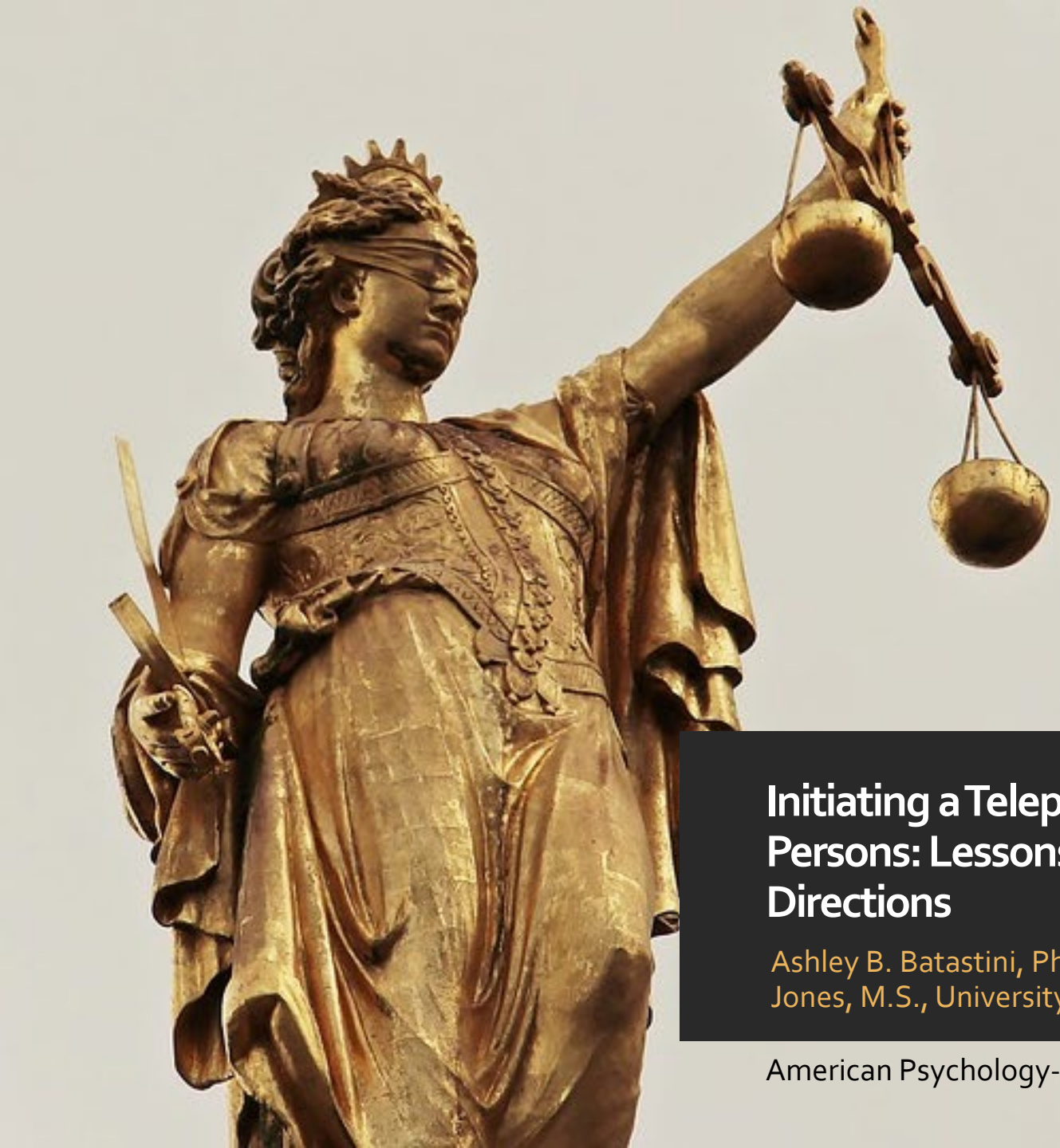

Initiating a Telepsychology Clinic for Rural Justice-Involved Persons: Lessons Learned, Recommendations, and Future Directions

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American Psychology-Law Society Conference, March 7, 2020

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

Amy Novotney; *The Monitor on Psychology*, November 2017, Vol 48, No. 10

Gershkovich et al.(2016) in *the Behavior Therapist*

- **71.8%** of behavioral health professionals (N = 223) had provided services remotely
- **39.2%** used videoconferencing as adjunctive to in-person
- **44.4%** used videoconferencing independently

Why Remote Services in Corrections?

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

Texas SB1849 (2017)

- In 2015, Sandra Bland was arrested by police after a traffic stop escalated—she was found hanging in her cell 3 days later at the Waller County jail
- The case made national news for 2 main reasons:
  1. Bland was a young Black woman
  2. She showed signs of a mental illness
- The Sandra Bland Act requires all county jails to give inmates access to a mental health professional 24 hours a day

What Does the Research Say?

Results of a Large-Scale Meta-analysis

(Batastini et al., 2020, under review)

Intervention Outcomes

- Based on **35** studies comparing in-person and videoconferencing
- **244** total outcomes
- **3,719** total clients treated
- **No** significant differences; Hedges' *g* = 0.01, 95% CIs [-0.09, 0.11], (*SE* = 0.052), *p* = .881

Assessment Reliability

- Based on **9** studies comparing in-person and videoconferencing
- **54** total outcomes
- **123** total clients assessed
- **No** significant differences; Hedges' *g* = 0.13, 95% CIs [-0.00, 0.26], (*SE* = 0.07), *p* = .059.

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

Batastini et al. (2016, p. 24) in *Psychological Services*

The USM-UMMC Correctional Telepsychology Clinic

A New Service Model for Rural County Jails and Community Corrections

Our Mission

Through the use of remote technologies, this clinic aims to provide high-quality, evidence-based, multidisciplinary mental health care to justice-involved individuals and returning citizens. Our goal is to help people lead more prosocial, productive lives, and improve the safety of their communities.

Who is Our Target Population?

Typical antisocial offender

Offenders who are both antisocial and have serious mental health issues

Wrongly placed psychiatric patient

So, What are We Targeting?

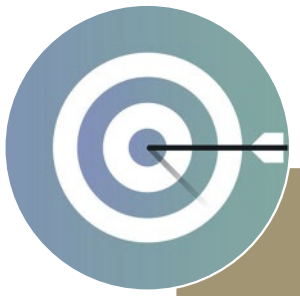
Mental Health Factors

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

Criminogenic Factors

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

Multi-disciplinary Treatment Model

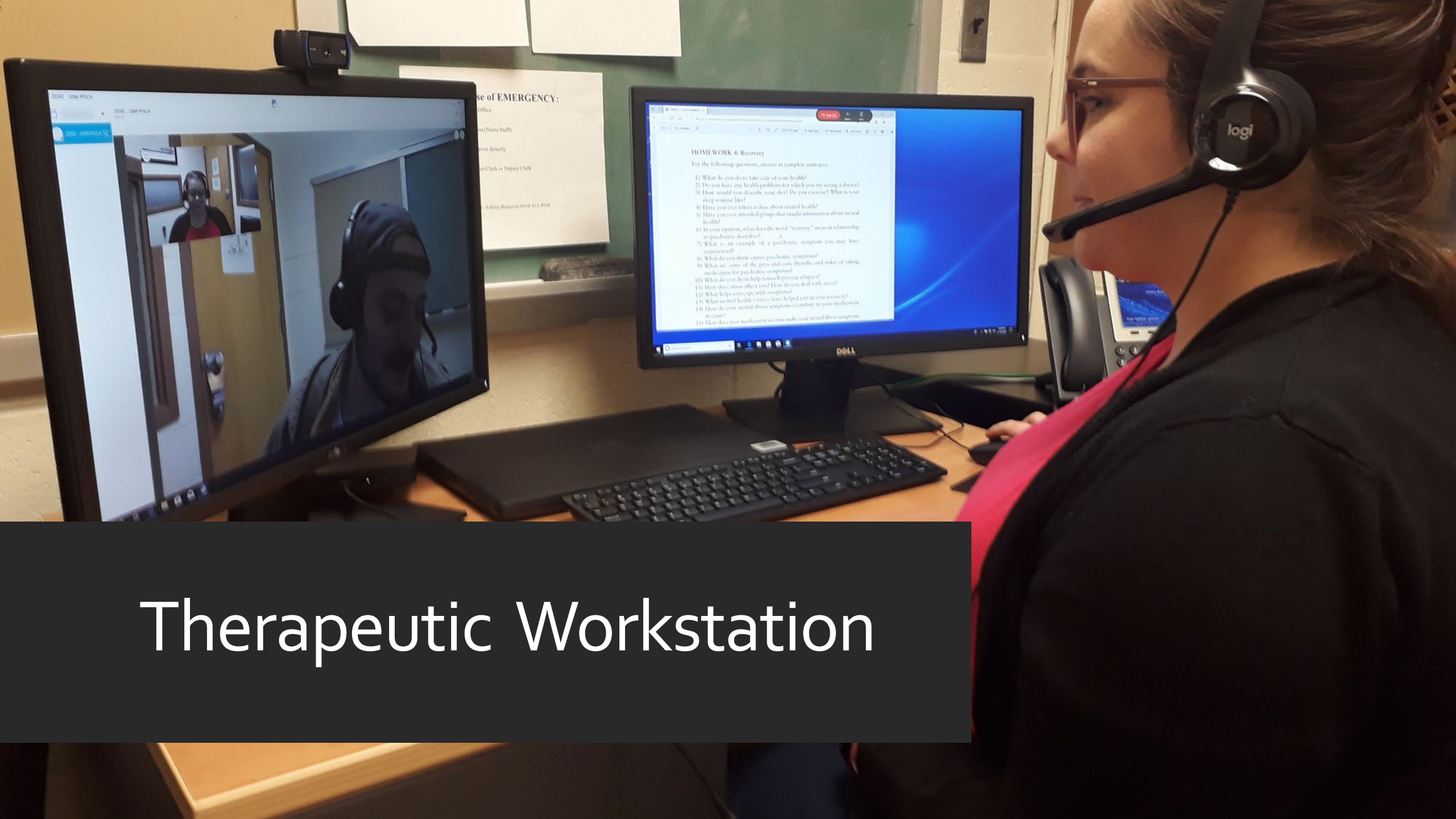


Initial referral from jail or justice court

Comprehensive intake interview of MH and Criminogenic Risks (USM)

RNR-informed counseling (USM)

Psychiatric medication (UMMC)



Therapeutic Workstation

Client Demographics

Who is Being Referred?

- 12 completed intakes
  - 4 men; 8 women
  - 9 jailed; 3 justice court
- Mean Age = 30.67 (SD = 9.31)
- Index offenses
  - Violent/weapon involved (n = 5; 41.67%)
  - Drug-related (n=3; 25%)
  - Non-violent, non-drug (n = 3; 25%)
- Primary referral reason: Depressive Symptoms (83%)
- Mean PICTS-SF General = 43.00 (SD = 18.39)
- Mean DSM Cross Cutting Average = 1.65 (SD = 1.00)
- Mean DHS Total = 22.85 (SD = 13.64)

What Did We Need?

1. Financial support
2. Moral support
3. A champion on the inside (or a judge running for re-election)
4. Contracts (lots of contracts)
5. Confidential office spaces
6. Secure transmission lines
7. Responsive IT people
8. A licensed clinical supervisor
9. Masters-level counselors (Ph.D.-bound)
10. A clinic coordinator
11. A standardized training protocol
12. Empirically-supported treatment materials
13. HIPAA compliant telecommunications system (Cisco Jabber)
14. HIPAA compliant data collection and storage software (REDCap)
15. Referral sheet, call logs, behavioral logs, incident reports, progress notes, intake forms, discharge forms…
16. A clinic policies and procedures manual
17. Patience…
18. Time…

What's Next?

Clinical Services

- Additional work is needed to streamline procedures and obtain staff buy-in
- Continued funding will expand our reach to at least one other rural county

Research

- IRB approval was obtained to report on aggregate outcomes related to treatment progress, service satisfaction, and recidivism

ADAMS COUNTY
SHERIFF'S OFFICE
NATCHEZ, MISSISSIPPI