Evidence Based Therapy for Trauma over Telehealth for Children and Adults

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Making a Difference
No Matter the Distance

Thank you

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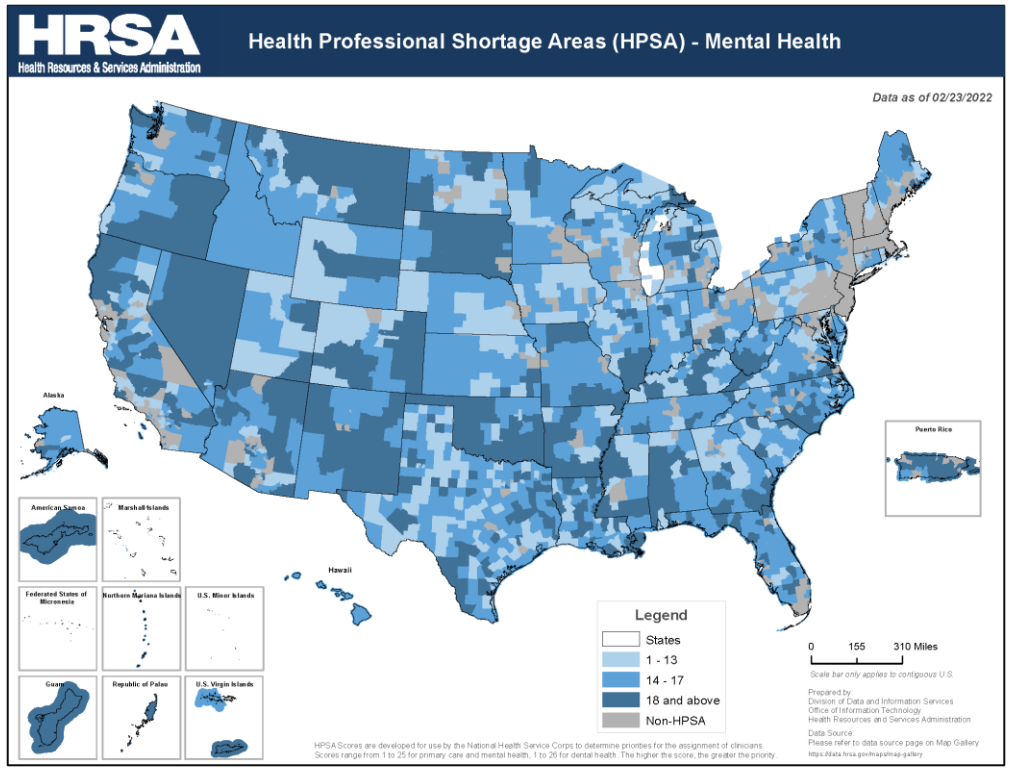
Objectives

- Review current research on telehealth, service delivery, and the effectiveness of trauma specific and evidence-based treatment via telehealth.
- Identify resources and tools to support clinicians' practice of evidence-based trauma interventions with children and adults over telehealth.
- Review guidelines on determining whether telehealth is an optimal treatment delivery modality.



Very few receive services

- People don't get the services they need: Less than 1/2 of individuals with mental health problems are estimated to receive needed services (NAMI, 2021)
- Significant disparities exist for mental health access for ethnic minorities and rural populations

Even fewer complete services

- High premature termination in community treatment
    - 28%-75% depending on the study (de Haan et al., 2013)
- Hispanic and African American children are at greater risk for treatment dropout (Pellerin et al., 2010)
- Attrition rates in office-based TF-CBT are still a problem (25-50%) (Cohen et al., 2011; Olfson et al., 2009, Scheeringa et al., 2011; Sprang et al., 2012)

The Bottom Line:

We are only serving the tip of the iceberg!

Poll #1

What word comes to your mind when we say

TELEHEALTH THERAPY

Poll #2

In what settings are you providing telehealth?

- Home-Based

- School-Based

- Hybrid

1

What things have worked well for you via telehealth?

2

What things have been challenging for you via telehealth?

3

What unexpected experiences have occurred for you via telehealth?

Audience Experience

Is telehealth effective?
Is it as good as in-person therapy?

Effective in the U.S. & globally[1]

High satisfaction[2,3]

As effective as in-person treatment[2]

Standard of care is the same as in-person treatment[4]

1. Acharibasam, J. & Wynn, R. (2018). Telemental Health in Low-and Middle Income Countries: A systematic review. International Journal of Telemedicine and Applications, 1-10.
2. Barshur, R., Shannon, G., Barshur, N., & Yellowlees, P. (2016). The empirical evidence for telemedicine interventions in mental disorders. Telemedicine and e-Health, 22, 1-27.
3. Whealin, J., King, L., Shore, P., & Spira, J. (2017). Diverse veterans' pre-and post-intervention perceptions of home telemental health for posttraumatic stress disorder delivered via tablet. International Journal of Psychiatry in Medicine, 52, 3-20.
4. American Psychological Associations. (2013). Guidelines for the practice of telepsychology. American Psychologist, 68, 791-800.

Telehealth Trauma Treatment For Adults

Prolonged Exposure

- Clinic-based *(Gros et al., 2011; Strachan et al., 2012; Tuerk et al., 2010)*
- Home-based *(Gros et al., 2011; Strachan et al., 2012; Tuerk et al., 2010)*

Cognitive Processing Therapy

- Home-based *(Maieritsch et al., 2016; Moreland et al., 2015)*

Meta-Analysis

- Telehealth treatment for PTSD symptoms is effective **(Sloan et al., 2011; Scott et al., 2022)**

Cognitive Processing Therapy (CPT)

- Cognitive Processing Therapy (CPT) is an evidence-based adult trauma treatment effective at treating PTSD from various types of trauma
  - Strong cognitive component
  - Focused on identifying and addressing cognitive distortions called “stuck points” and reframing the ***why it happened*** and ***impact on future*** narrative
  - Can be implemented individually or within a group format
  - Efficacious via telehealth

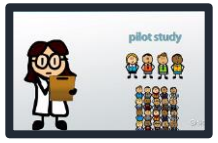
CPT via Telehealth

- Much research demonstrating effectiveness
- Efficacy is not compromised over telehealth
  - Significant symptom reduction equitable to in-person (Hassija & Gray, 2011; Maieritsch et al., 2016; Morland et al., 2014, 2015).
- Telehealth is a favored approach for patients establishing a CPT delivery preference (Peterson et al. 2019;
- Drop out rates lower than in-person (Peterson et al., 2022)
- Improved access to services for rural populations (Knowlton & Nelson, 2021)

Telehealth Trauma Treatment For Children

Guidelines for establishing tele program for trauma-exposed children
(Jones et al., 2014)

School-based & home-based case studies
(Shealy et al., 2015; Stewart et al., 2017; Stewart et al., 2019)



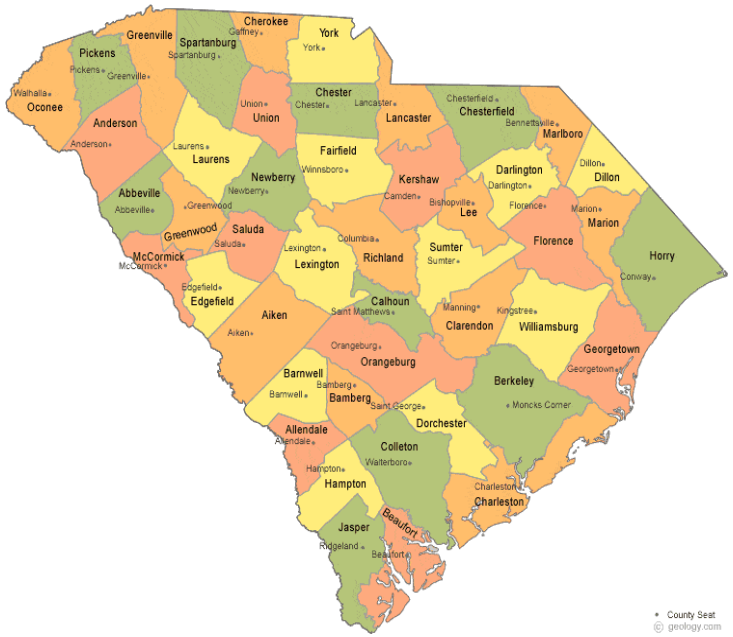
School-based & home-based pilot studies
(Stewart et al., 2017; Stewart et al., 2020)

TF-CBT Via Telehealth Pilot Study[1] Participants and Context

70 children participated in the pilot study

19%  **81%** 

Ages 7 to 18
(*M*=12.73; *SD*=3.34)



88.6% Racial/Ethnic Minorities

- **58.6% Hispanic**
- **30% African American**

34%
Received TF-CBT in Spanish

7 Underserved Communities In South Carolina

63%
School-based

34%
Home-Based

[1]Stewart et al., 2020

TF-CBT Via Telehealth Pilot Study 2020 Results

- **62** of 70 completed all components of TF-CBT **(88.6%)**

96.8% of children

No longer had PTSD after completing telehealth TF-CBT

81% of caregivers

Participated in TF-CBT with their child

High caregiver satisfaction

Tx effects similar to in-person TF-CBT

Kids got better (effect size=2.42)

Vs. 25-60%

Typical completion rate for TF-CBT in studies in the United States

[1] Stewart, R.W., Orengo-Aguayo, R., Young, J., Wallace, M., Cohen, J, Mannarino, T., & de Arellano, M.A. (2020). Feasibility and Effectiveness of a Telehealth Service Delivery Model for Treating Childhood Posttraumatic Stress: A Community-Based, Open Pilot Trial of Trauma-Focused Cognitive Behavioral Therapy. *Journal of Psychotherapy Integration, 30(2)*, 274-289. http://dx.doi.org/10.1037/int0000225

Caregiver Satisfaction

100% **satisfied with telehealth**

86% **said telehealth equipment was easy to use**

100% **said level of rapport with therapist was as good as in-person**

100% **would recommend telehealth to a family member or friend.**

Villalobos, B.T., Dueweke, A., Orengo-Aguayo, R., & Stewart, R.W. (under review) Patient Perceptions of Trauma-Focused Telemental Health Services Using the Telehealth Satisfaction Questionnaire (TSQ).

TF-CBT Via Telehealth Pilot Study Conclusions

- **9.5 of every 10 children** (96.8 % no longer had PTSD after TF-CBT via Telehealth)
- **8.8 out of every 10 children** (88.6% completed TF-CBT via Telehealth)
- **Very High Satisfaction** with the telehealth delivery format
- **Increase access** to trauma-focused treatment to underserved communities

TF-CBT delivered via telehealth is feasible, acceptable and effective!

Stewart et al, 2019; Stewart et al, 2020

WHY TELEHEALTH

- Research with trauma treatment via telehealth modality shows equitable effect sizes
- Research suggests telehealth TF-CBT outcomes are similar to in-person TF-CBT
- Research suggests telehealth modality increased access and decreased barriers
- Research suggests high caregiver satisfaction with telehealth TF-CBT
- Research suggests lower attrition rates with telehealth TF-CBT

Telehealth Road To Success

UNDERSTANDING THE WHY

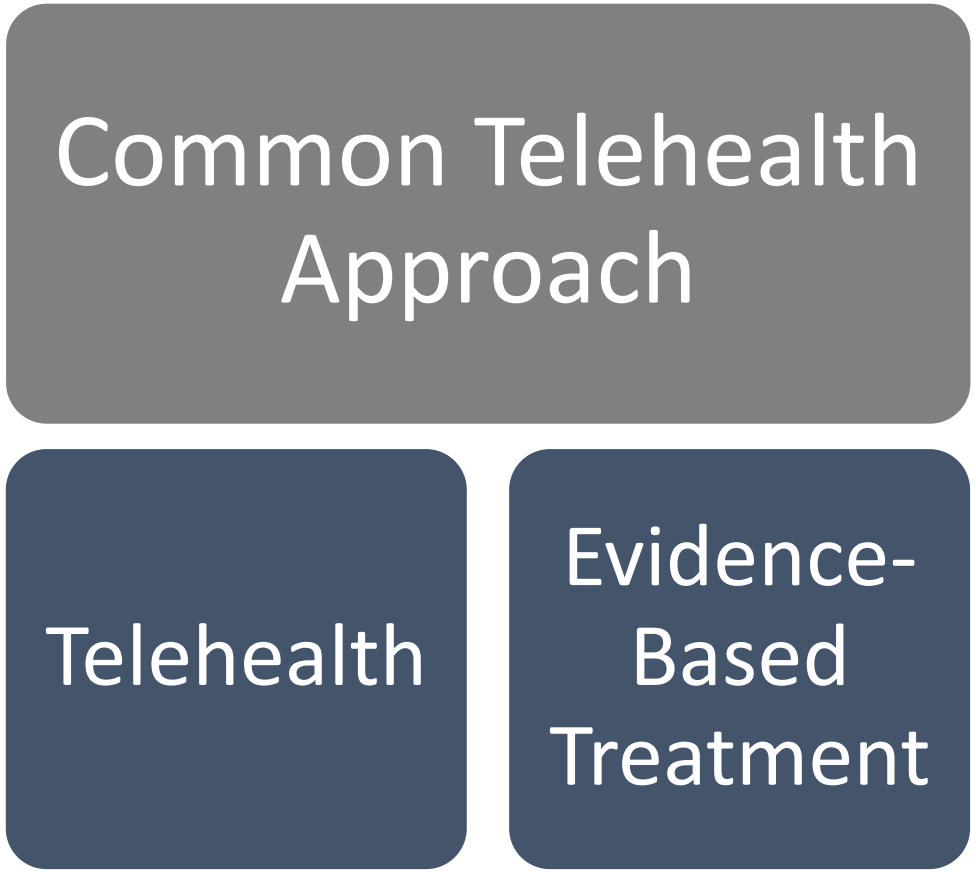
UNDERSTAND THE MODEL

LOGISTICS

MATERIALS FOR ENGAGEMENT

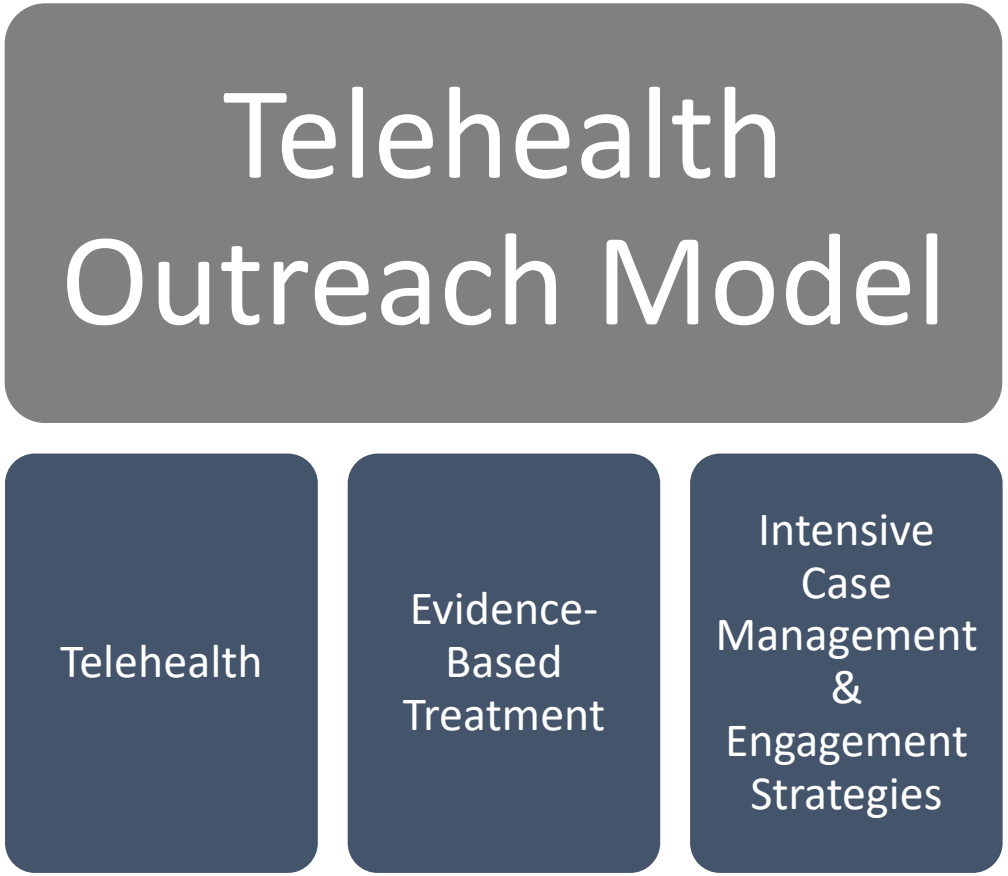
INTEGRATE ENGAGEMENT

What is currently not working in many telehealth programs?



Telehealth Outreach Model

- Based on Outreach Model developed by Michael de Arellano (de Arellano et al., 2005)
- Utilizes a three-pronged approach to treatment



Intensive Case Management & Engagement Strategies

Intensive Case Management

- Maslow's Hierarchy
- An example: "I can't worry about my child having problems in school and my child not listening to me at home, while I am making sure I can get him to school and making sure he has a home."

Engagement Strategies

- Address concrete & attitudinal barriers (McKay & Bannon, 2005)
- Reminder calls & text messages
- Engaging telehealth techniques (e.g., electronic games, equipment loaner program, telehealth supplies, etc.)

Setting Up Telehealth

TRAINING STAFF AND TEAM

IT & EQUIPMENT

POLICIES AND FORMS

ENGAGEMENT

CLINICIAN AND CLIENT CONSIDERATIONS

EMERGENCY PROTOCOL

ASSESSMENT AND PAPERWORK

Considerations for Clients & Families

Highlight Benefits of Telehealth Program

Therapists trained in how to engage and make it fun!

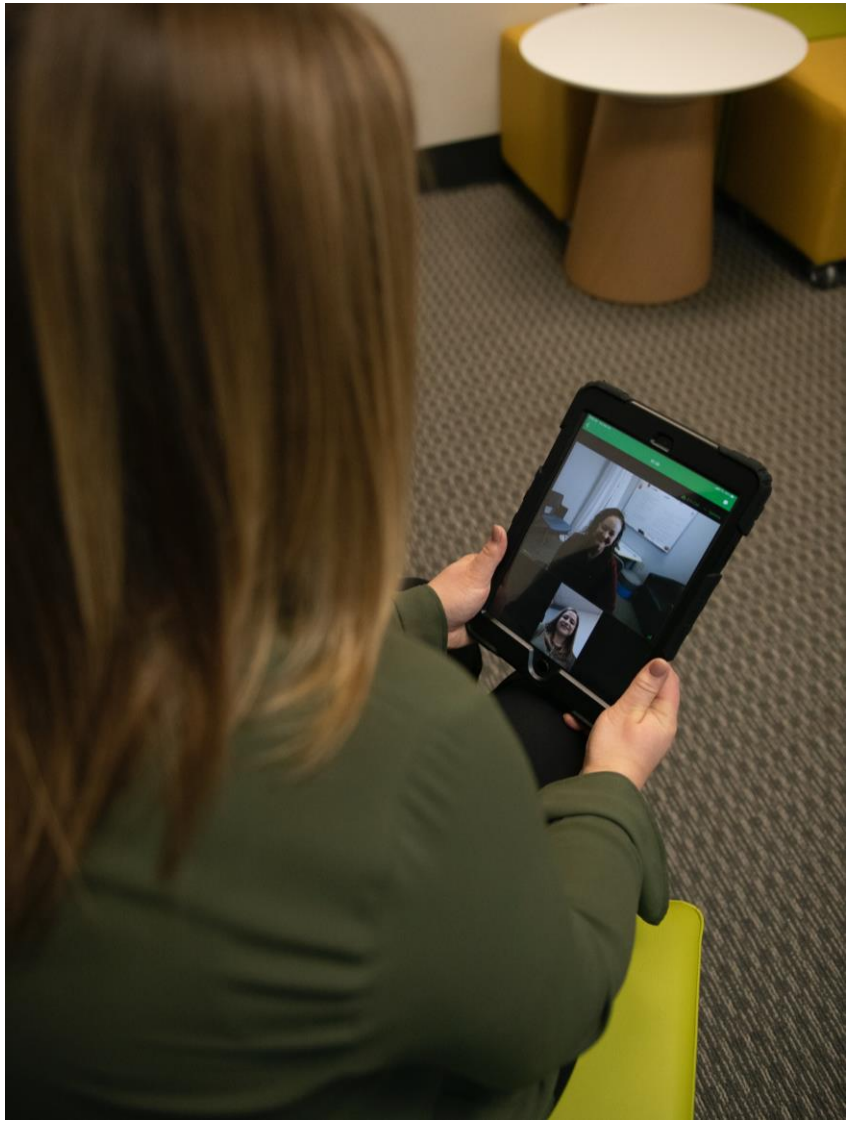
Equipment supplied

Research shows as good as in-person

Research shows treatment length can reduce due to consistency

Less time missed from school/work, transport costs etc.

Bottom line: telehealth can overcome barriers



ACTIVELY HELP FAMILIES CONNECT

- Send tip sheets to family
- Set up a time prior to the session to help caregiver connect to the platform
- Do a test call to check connectivity and sound

TECHNOLOGY TIP SHEETS

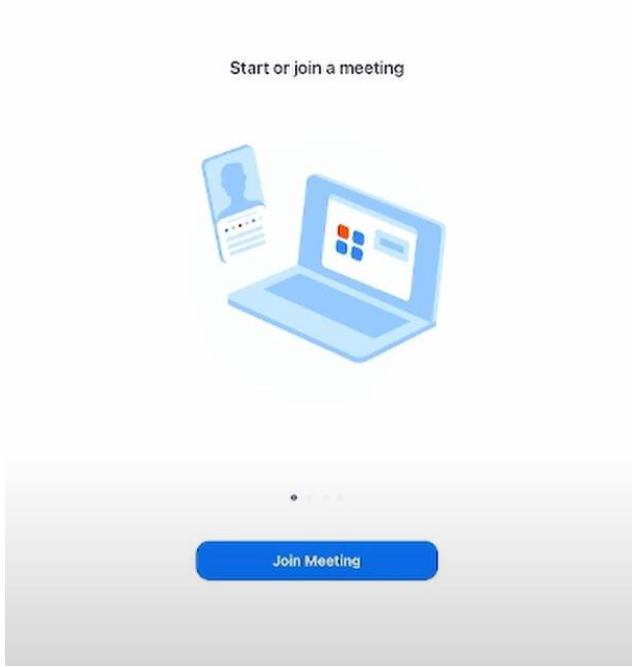
Tip sheets should be created for families on how to operate the iPad, laptop, and video conferencing program for sessions.

Caregiver Tip Sheet for Zoom Application

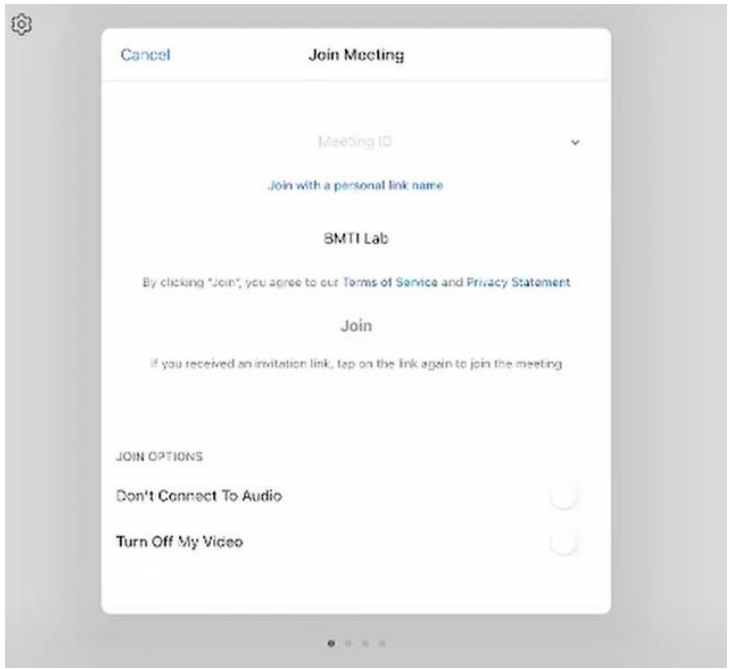
1. Open Zoom application on device (computer or iPad)

zoom

2. Click Join Meeting



3. Enter meeting ID provided by your therapist



CONSIDER A TELE ORIENTATION SESSION

Set Expectations

Make a Safe Space

Do a Tele Tour

Expectations & Safe Space For Therapy

1. Discuss with client (& caregiver) the need for a private space
2. Explain the importance of privacy
3. Problem solve typical challenges
4. Discuss expectations for therapy
   - Dressed
   - TV/Radio Off
   - Technology put away
   - No laying in bed
   - No driving
   - No smoking, drinking, or drug use during session
   - Prepared
   - Caregiver involvement

DOs

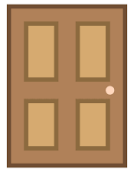
DON'Ts

Orient Patients to their Camera Angles

- Help demonstrate distance from the camera
- Help client identify stationary position for the iPad (e.g., use a stand or prop against books)

Privacy: Many People at Home / Multigenerational Homes

Talk with family upfront about need for privacy



Anywhere with a door that closes

Headphones

White noise machine

- Engages the client
- Allows you to see the child's world
- Helps you navigate distractions

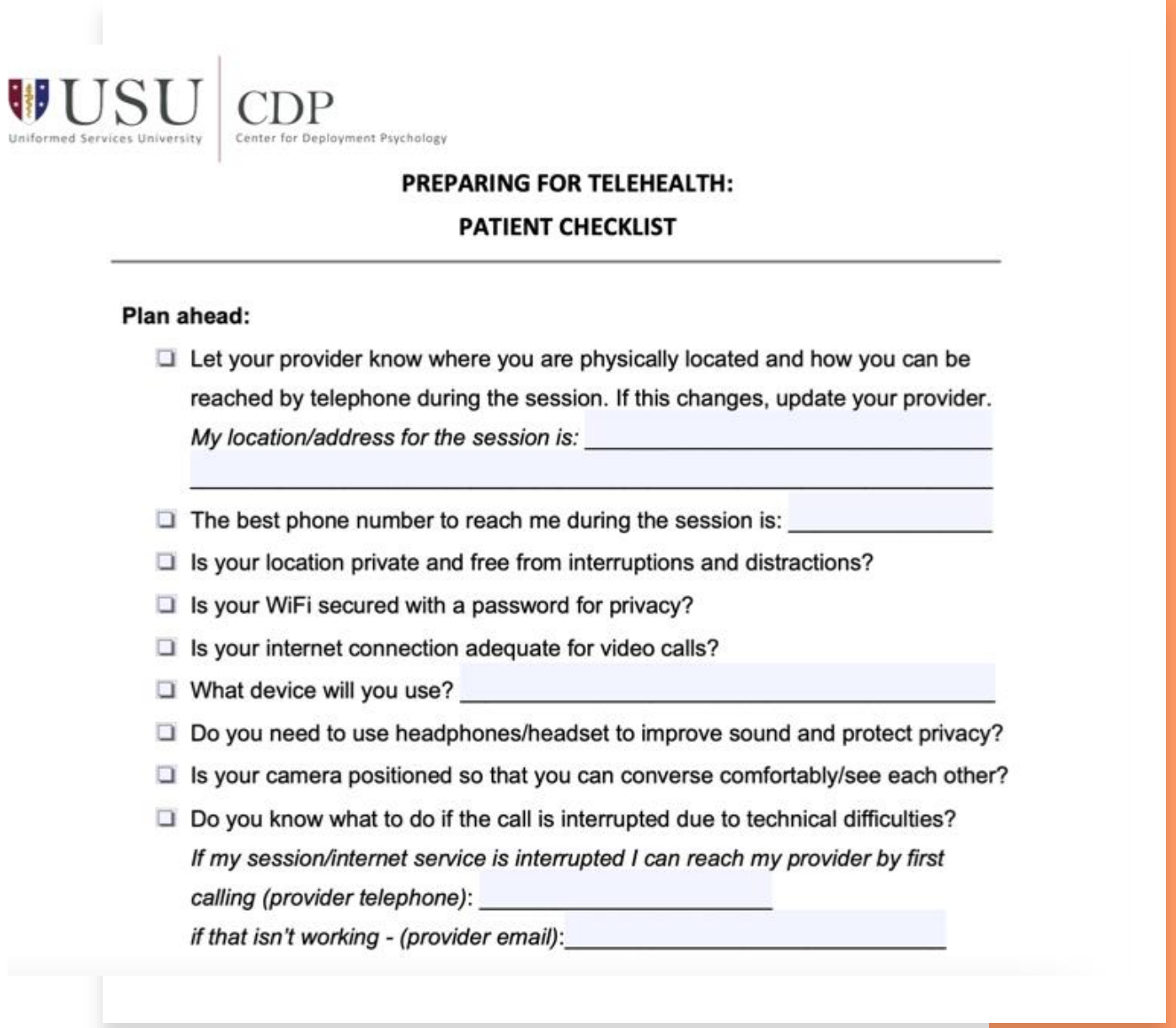
- Allows you to pick tele space with the client/caregiver
- Time to discuss confidentiality
- Part of a Tele Orientation

Tele Tour

Patient Checklist

- https://deploymentpsych.org/system/files/member_resource/Patient_telehealth_checklist_0.pdf

SCAN ME



USU Uniformed Services University | CDP Center for Deployment Psychology

PREPARING FOR TELEHEALTH:

PATIENT CHECKLIST

Plan ahead:

- ❑ Let your provider know where you are physically located and how you can be reached by telephone during the session. If this changes, update your provider.
  My location/address for the session is: _____
  _____
- ❑ The best phone number to reach me during the session is: _____
- ❑ Is your location private and free from interruptions and distractions?
- ❑ Is your WiFi secured with a password for privacy?
- ❑ Is your internet connection adequate for video calls?
- ❑ What device will you use? _____
- ❑ Do you need to use headphones/headset to improve sound and protect privacy?
- ❑ Is your camera positioned so that you can converse comfortably/see each other?
- ❑ Do you know what to do if the call is interrupted due to technical difficulties?
  If my session/internet service is interrupted I can reach my provider by first calling (provider telephone): _____
  if that isn't working - (provider email):_____

Creating a Pre-Session Routine

- Explain to patients that you, as their provider have a pre-session routine
  - Go to the bathroom
  - Get a glass of water
  - Get settled in my chair
  - Pull up my program a few minutes before session
  - Make sure I have all the worksheets or handouts I need for session
  - Take a breath

Creating a Post-Session Routine

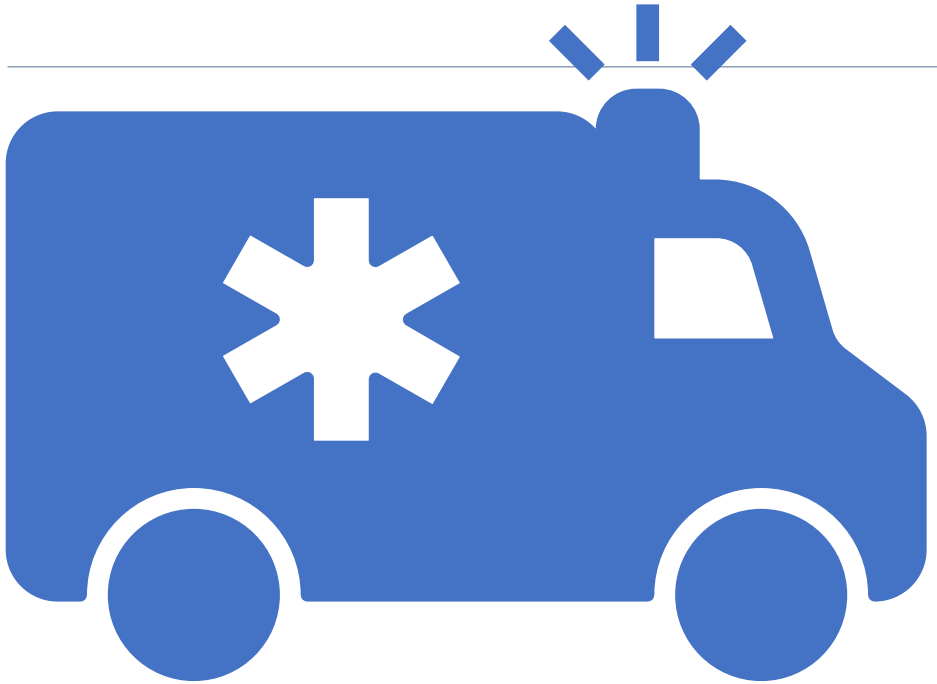
- Following a session, it is important for patients to be able to have some separation
  - In-person, this would be the walk to their car, the ride home, etc.
  - Now, they log off the computer and still are in the same environment where they just recounted their trauma
- Help them to problem solve helpful or healing activities to do right after session
  - Take a walk
  - Go to a different room and listen to music or watch a TV show
- Help them to schedule time for homework assignments, but not to go straight into working on session homework as soon as they “log off”

Considerations for Clinicians

- Private location
- Neutral background that limit distractions
- Ensuring identity and location of patient
- Emergency information for patient readily accessible
- Appointments spaced out to allow for breaks, stretching, and resolving technology issues

Emergency Protocol Home-Based Telehealth

Develop an Emergency Protocol



Should include the following for child patients:

1. State that an adult caregiver is required to be in the home during the entire duration of the session.
2. List of contact information for caregivers
3. State that the caregiver's presence and contact information will be verified prior to each telehealth session and may be verified during the session.
4. Explain that telehealth sessions are not intended to treat or manage emergency situations, define emergencies, and the specific protocol that will be followed when emergency situations arise.

Preparing For Emergencies in a Home-Based Setting

1. Complete the emergency protocol at the beginning of the first visit
2. Caregiver must be present at the home
   - Clinician should speak with the caregiver on camera at the beginning of session
3. Have caregiver's cellphone/home phone number available and easily accessible
   - Clinician should verify caregiver's contact information at each session
4. Record the child's location in the home
5. In the event of an emergency, clinician calls caregiver and asks her/him to enter the room with the child
   - In event of imminent danger and If caregiver cannot be reached, clinician calls 911 to ensure patient safety
6. If patient cannot be de-escalated and a safety plan cannot be reached, clinician calls 911 to ensure patient safety
7. Know local resources in the area where the patient is located (e.g., mobile crisis unit)

EBT VIA TELEHEALTH

Screening

Telehealth Screen:

Screening for potential challenges with Telehealth

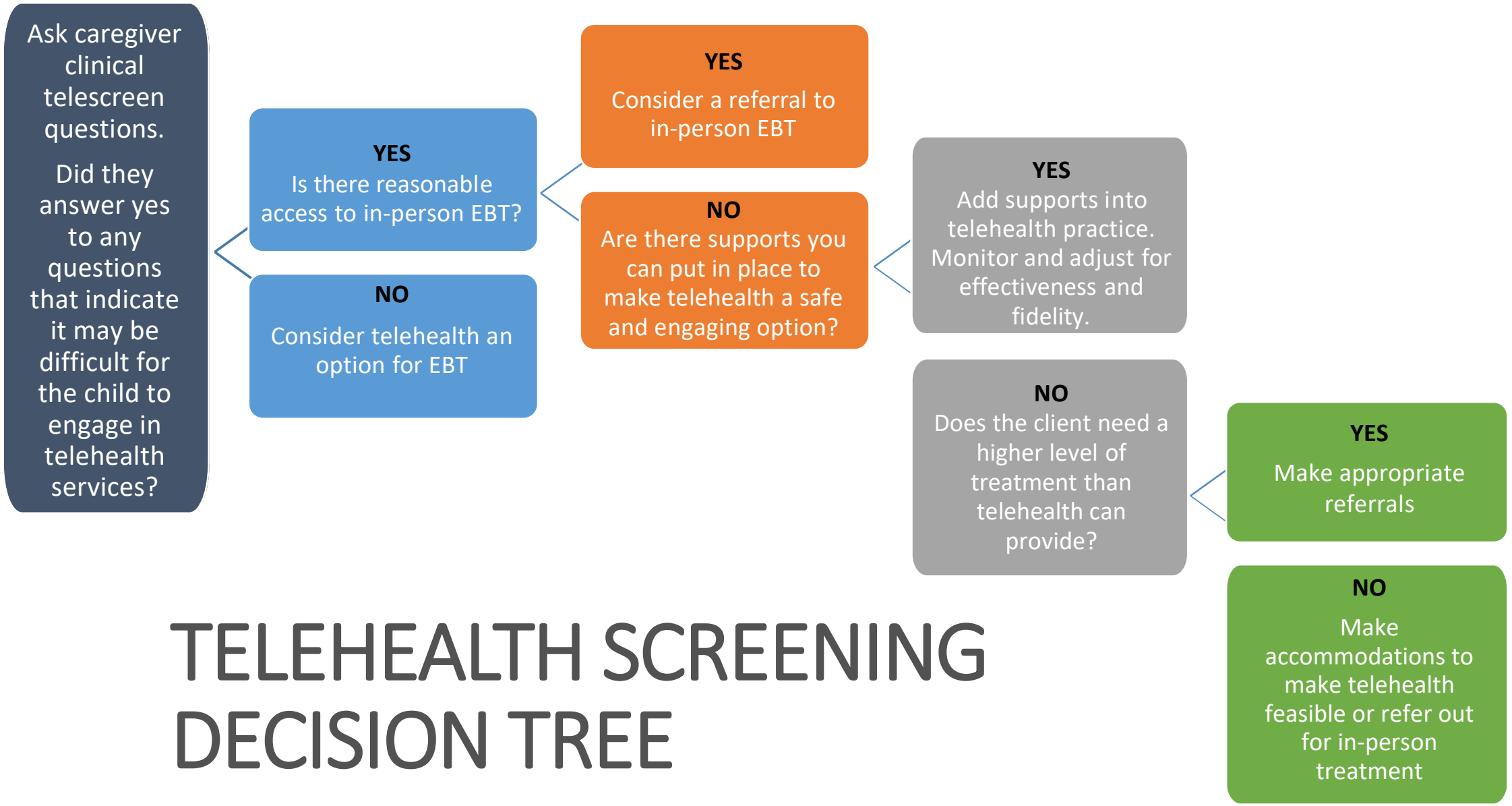
This is not a rule-out screening

Screening for potential challenges with telehealth to guide modality choice and what accommodations may be needed

Determine what accommodations will the client need for telehealth to be successful

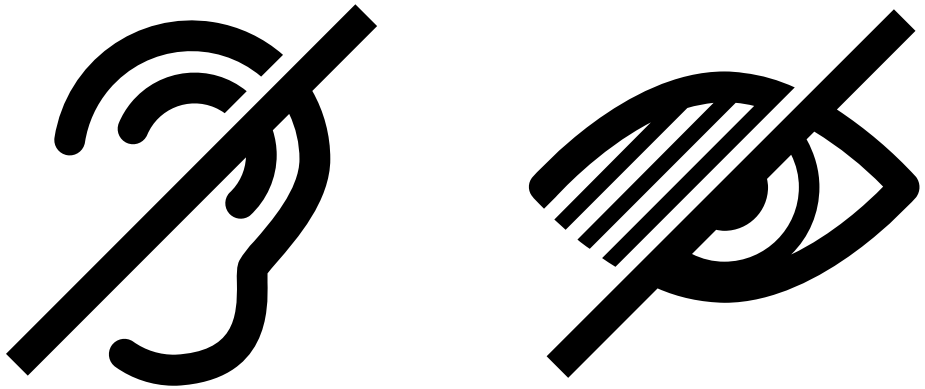
Considerations for telehealth

- Hearing/vision difficulties
- Hyperactive/ADHD
- Externalizing problems
- Aggression, property damage
- Self-Harm
- Problematic electronic behaviors
- Age/developmental level
- Caregiver availability
- Confidential space



TELEHEALTH SCREENING DECISION TREE

VISION/HEARING DIFFICULTIES

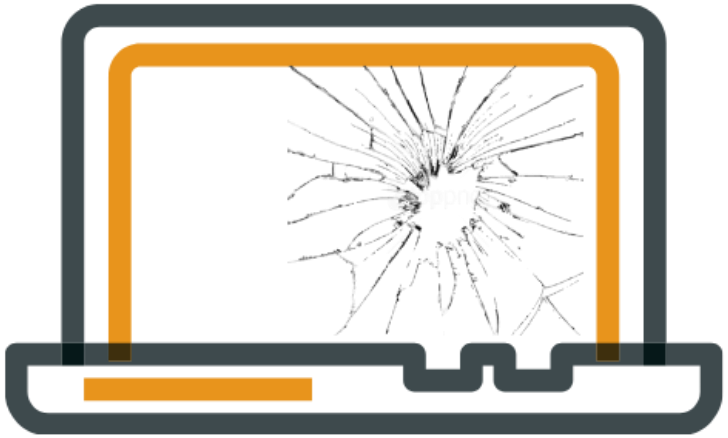


1. Identify what support and devices are currently used to accommodate learning, work.
2. Connect with a child's school to identify some accommodations.
3. Examine whether a sign language interpreter is needed.
4. Incorporate tactile resources.

HYPERACTIVE/ADHD

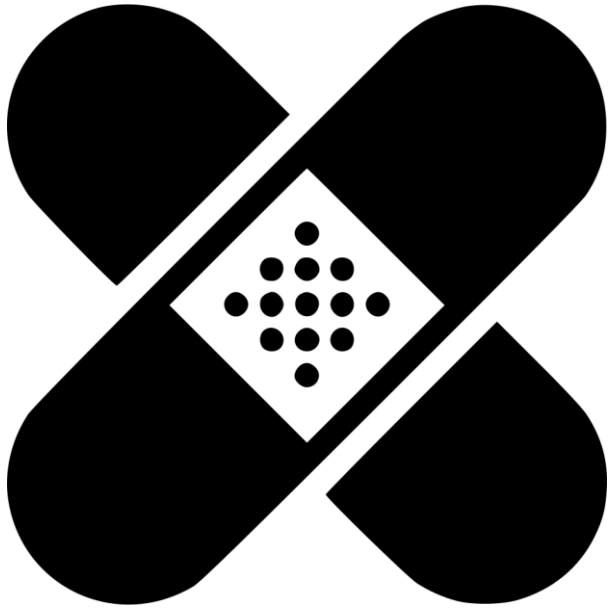
1. Consider shorter sessions.
2. Incorporate movement and interactive games into sessions.
3. Take movement breaks.
4. Hold sessions in a room that has limited distractions.
5. Provide the client with fidgets or seats that use balance and movement.
6. If the client takes medications for ADHD, explore when medication is most active.
7. Incorporate a parent into the session to assist with redirection.

AGGRESSION



1. Ensure devices are protected adequately with strong screen protectors and cases like the otterbox defender case.
2. Help the family identify a therapy space in the home where there are minimal breakable items.
3. Set up behavior plan with family prior to session that focuses on rewarding positive and wanted behaviors.
4. Provide the client with fidgets or seats that use balance and movement to direct energy.
5. Incorporate a parent into the session to assist with redirection.

SELF HARM

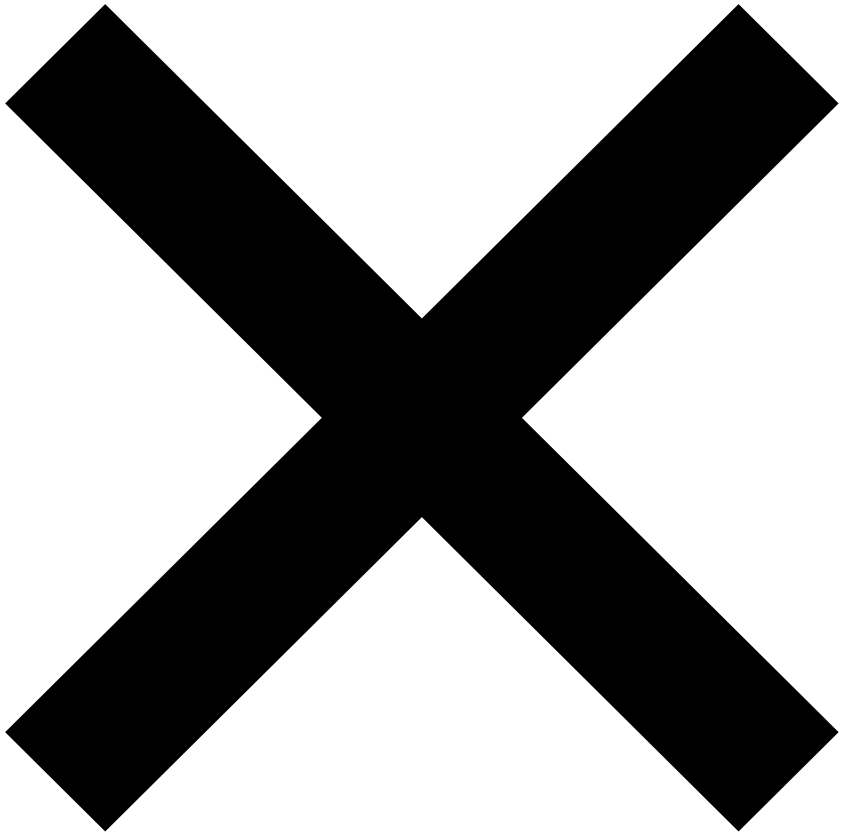


1. Consider if home or school or a partner agency is best to provide additionally safety measures.
2. Ensure a safe space for therapy (i.e. no sharps)
3. As always, every session ensure the emergency protocol can be followed. Specifically for minors, that you have the phone number of the adult in charge at the location.
4. Ensure specific expectations of not bringing sharps into session and being able to see the client at all times are discussed.

YOUNG CHILDREN

1. Consider shorter sessions.
2. Incorporate a parent into the session to assist with focus, doing activities, and redirection.
3. Incorporate music, movement, and interactive games into sessions.
4. Take movement breaks.
5. Hold sessions in a room that has limited distractions.

The Avoidant Client



1. Use their interests to engage them in treatment
2. Be flexible
3. Ground yourself in the rationale why you are doing this
4. Provide psychoeducation on the reason of therapy
5. Motivate using his/her goals
6. Engage a supportive adult or caregiver

EBTs & Telehealth – Children & Teens

Conducting EBT with children and adolescents via Telehealth

Establish ground rules

More animation and excitement

Consider shorter sessions (especially for younger children)

Build in breaks

Mail or email needed worksheets

Build connection and engagement with interactive activities and props and creating opportunities for them to give input

Building Your Telehealth EBT Toolbox

1. Being friends with the platform
2. Hands on items
3. Get creative
4. Electronic books
5. Harnessing the internet
6. Add Movement
7. Take interactive breaks
8. Don’t re-invent the wheel

Use your platform Features!

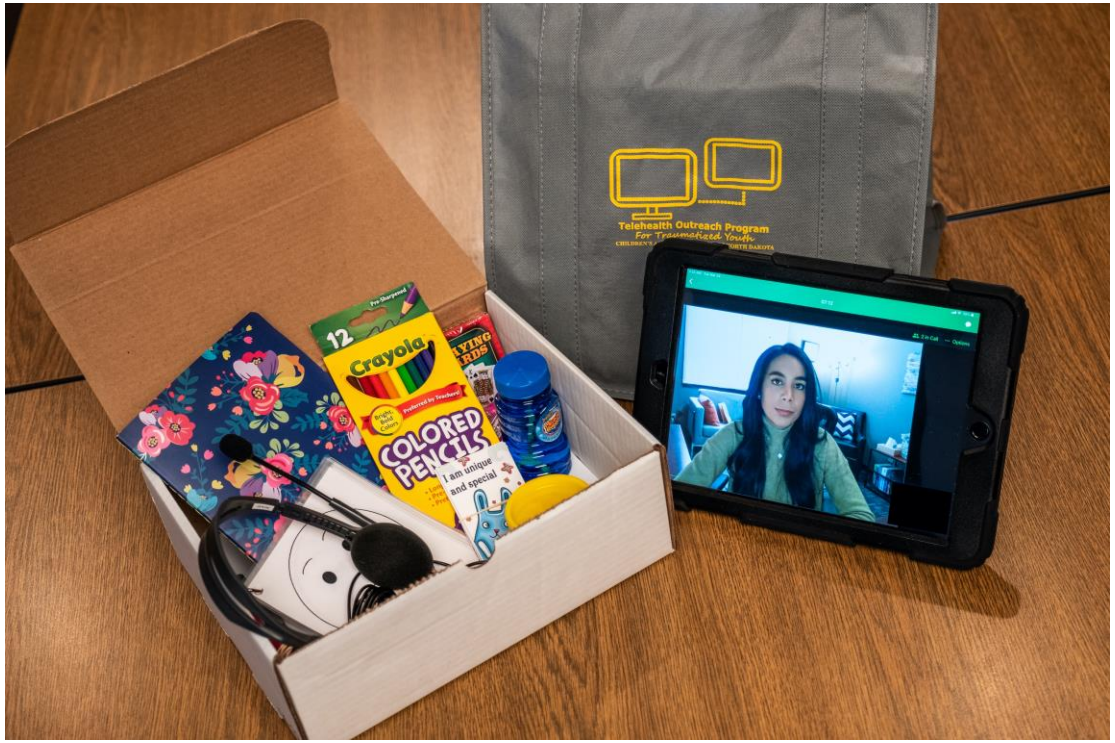
Screen share

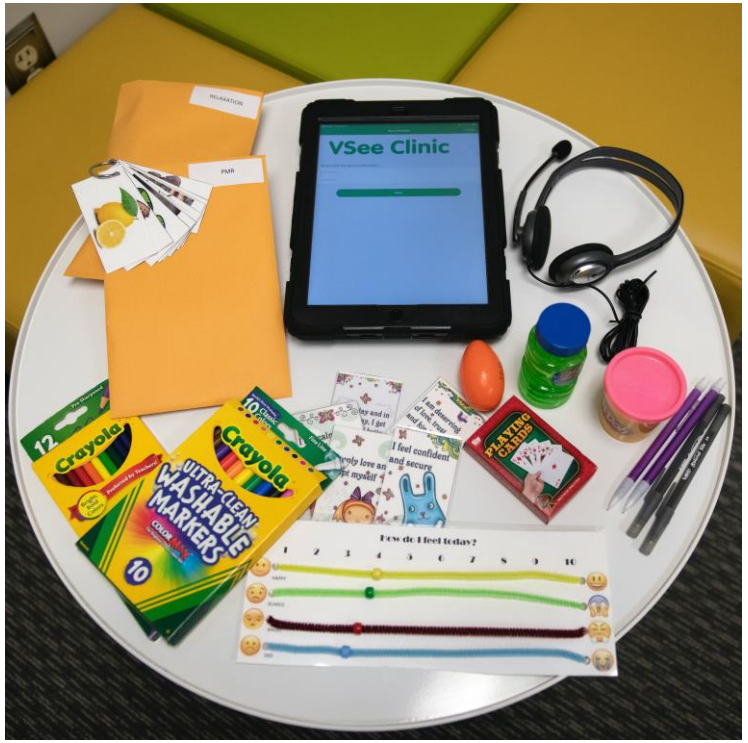
Screen annotation

Reactions!

Chat box

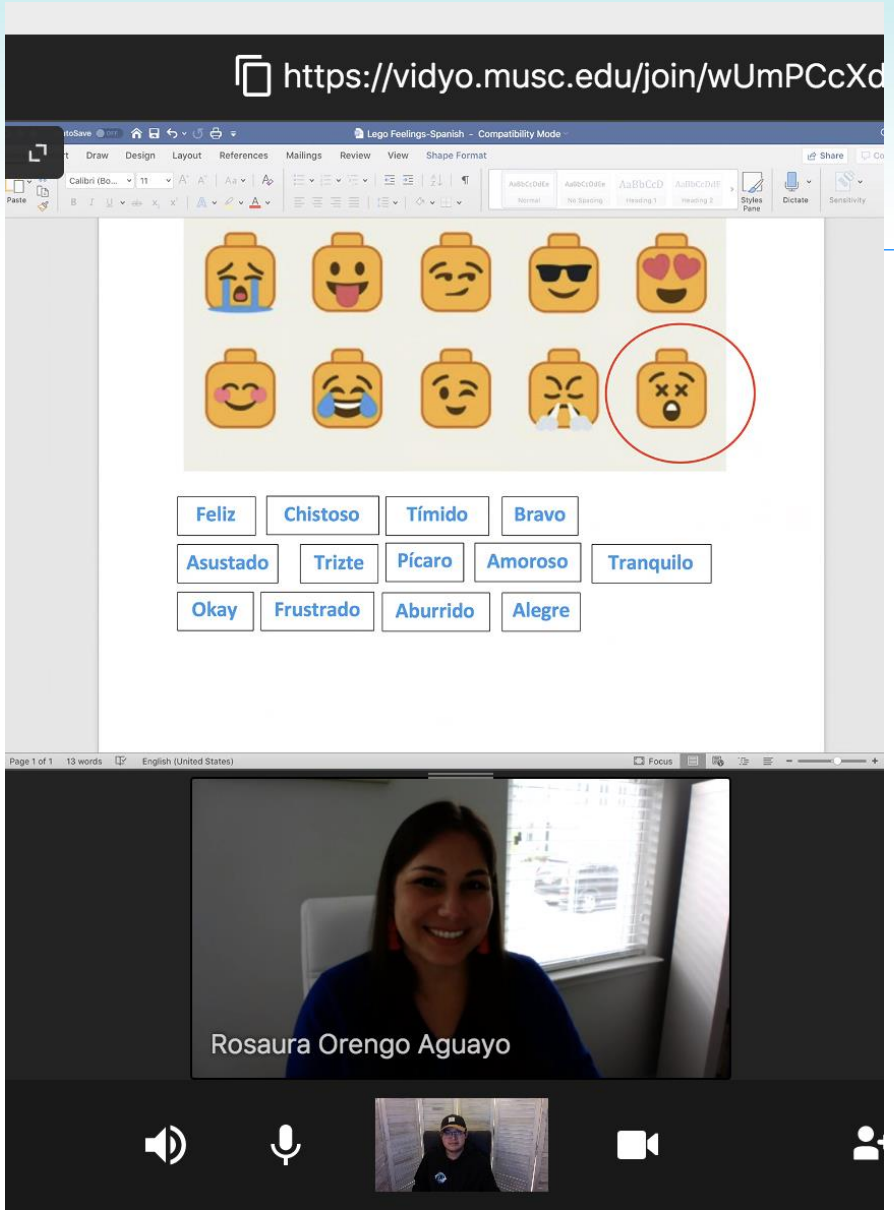
Hands on items: Teleboxes & Environment





Creativity over Telehealth

- Create PowerPoint games
- Create activities using PowerPoint
- Convert worksheets to fillable PDFs
- Annotate worksheets together
- Electronic books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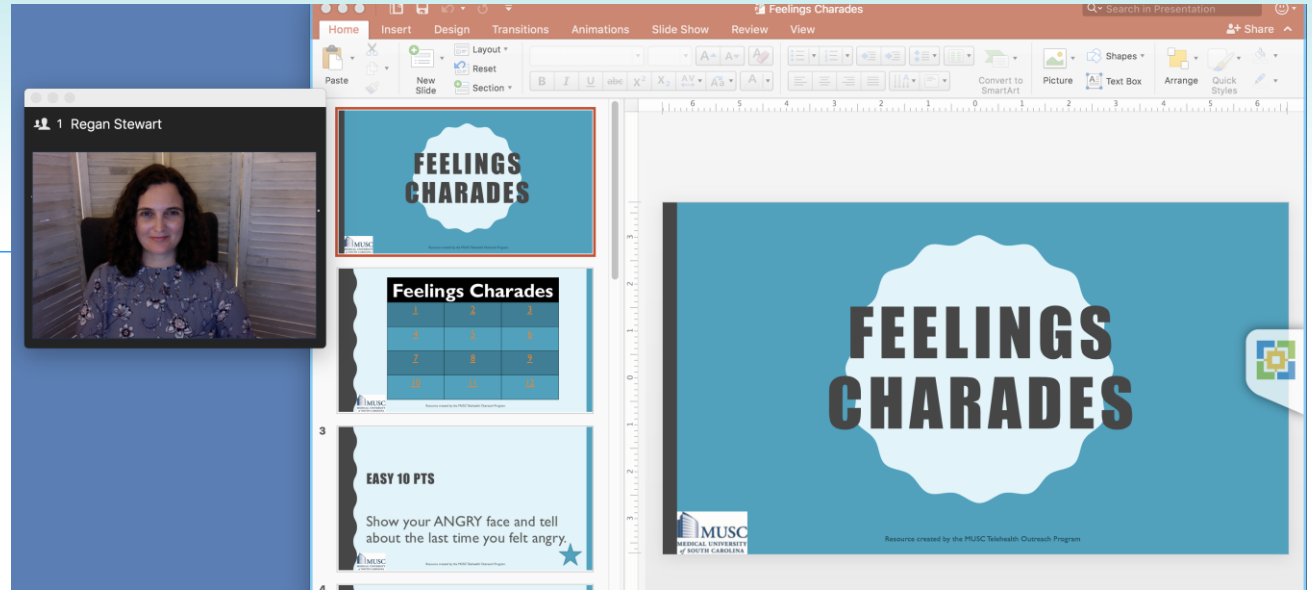
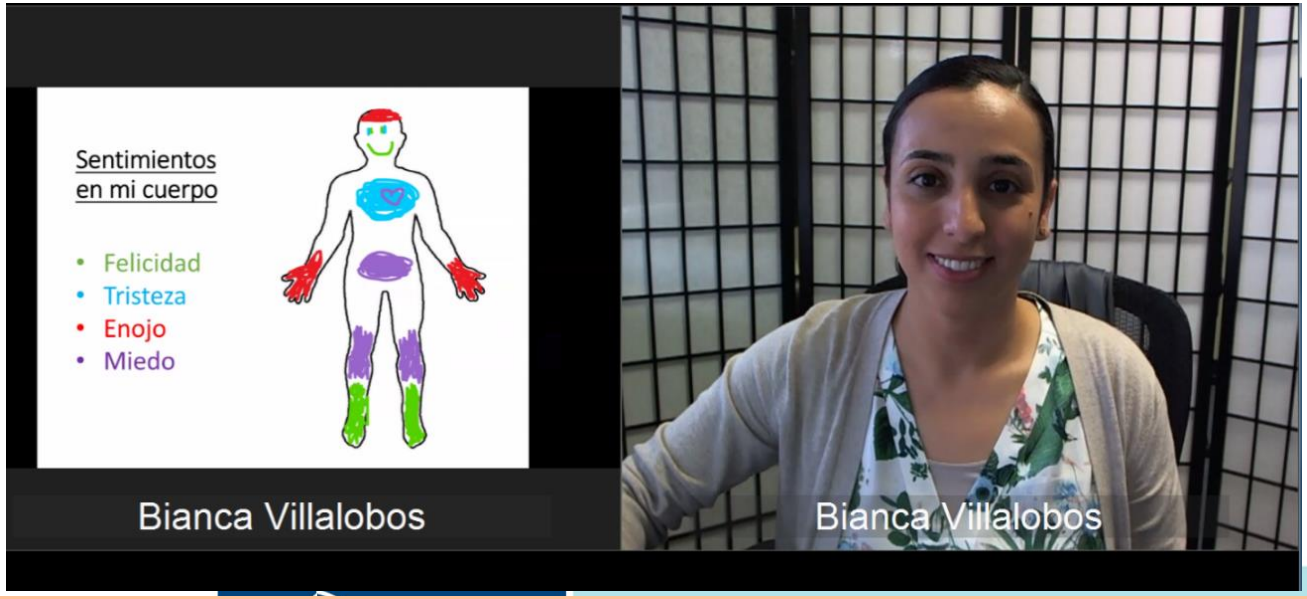
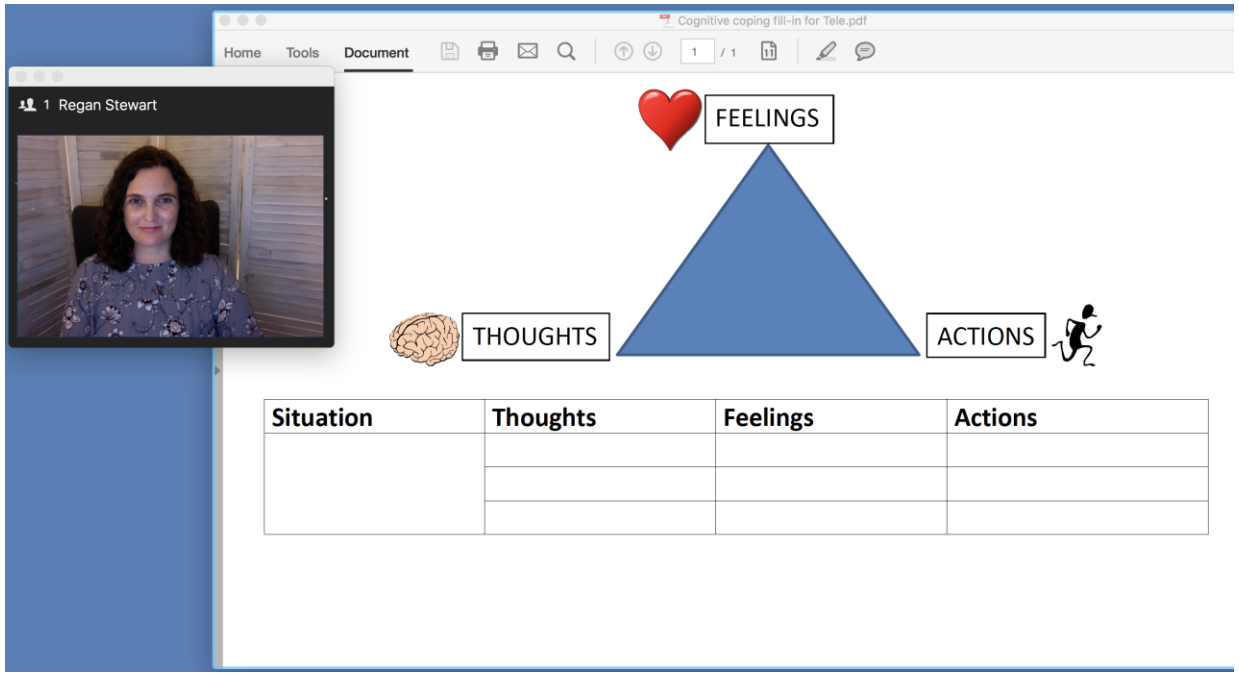

1 Regan Stewart
FEELINGS CHARADES
Feelings Charades
EASY 10 PTS
Show your ANGRY face and tell about the last time you felt angry.
FEELINGS CHARADES


Sentimientos en mi cuerpo
Felicidad
Tristeza
Enojo
Miedo
Bianca Villalobos
Bianca Villalobos



Teaching Cognitive Coping via Telehealth

Virtual Sand Tray

- https://onlinesandtray.com/
  - Free
- www.simplysandplay.com
  - $12/month ($35/month institution with up to 6 users)

In-Vivo Exposures

Patients “take therapist with them” on in-vivo exposure activities

Case Example:

- 12 yo medically compromised pt
- PTSD related to complex medical procedures
- Significant fear of leaving home

EBTs & Telehealth - Adults

Creativity over Telehealth

Create activities using PowerPoint

Convert worksheets to fillable PDFs

Annotate worksheets together

Communicating over Telehealth

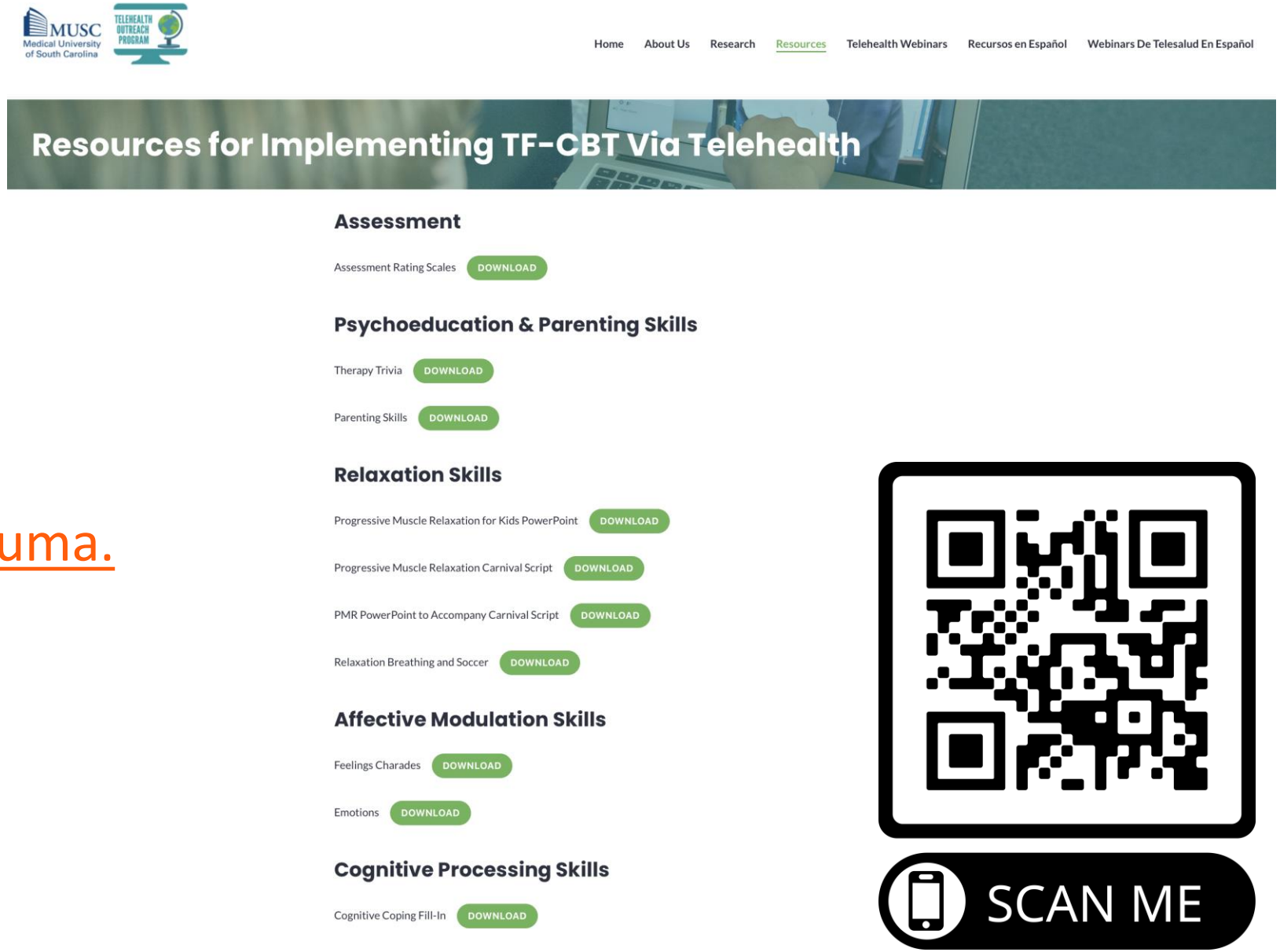
Between sessions

Homework

RESOURCES

Resources Telehealth TF-CBT

www.telehealthfortrauma.com



SCAN ME

Resources Telehealth CPT

https://cptforptsd.com/cpt-resources/

SCAN ME

SCAN ME

https://deploymentpsych.org/covid19-bhresources

Questions

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