

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

TeleBehavioral Health 301 Training Series

Behavioral Health Telehealth Resource

Website: <https://bhinstitute.uw.edu>

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September 16, 2022

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. BHI established initial priority programs which include:

- Improving care for youth and young adults with early psychosis
- Behavioral Health Urgent Care Walk in Clinic
- Behavioral Health Training, Workforce and Policy Innovation Center
- Expanded Digital and Telehealth Services

BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH

TeleBehavioral Health 301

Trauma Focused Therapies via Telehealth


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SEPTEMBER 16, 2022

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Learning Objectives:

1. To describe how telehealth has been used to deliver trauma-focused therapies & review literature on effectiveness
2. To explain the benefits and considerations around using telehealth to deliver trauma-focused therapies
3. To describe work currently being done at UW on this topic

Telehealth has been used both to enhance and deliver trauma focused therapies.

Eliminate or Decrease Need for In-person Therapy

Web or App-based Programs

Social Media & Gamification

Adjunct or Supplement In-person Therapy

Text or Phone Coaching

Online or App Based Materials

Mode of Delivery for In-person Therapy

Video or Telephone Delivery of Services

Most of the information on telehealth and trauma-focused interventions focuses on cognitive-behavioral approaches.

Cognitive
Therapies
(e.g., CPT)

Exposure
Therapies
(e.g., PE,
EMDR)

- ✓ Time limited
- ✓ Present focused
- ✓ Structured and skills oriented
- ✓ Practice outside session
- ✓ Delivered by a trained professional

A useful tool to promote engagement.

- Contacts to encourage compliance
- App or website tools to help patients use therapy strategies
- Outside of session messaging to monitor or decrease risk



Evidence for using technology to increase engagement.

Clinical trials suggest efficacy for:

- *Tracking risk for developing PTSD after trauma*
- *Promoting motivation for treatment*
- *Tracking relapse following treatment*

Commercially available products to promote engagement: PE Coach, CPT Coach



An alternative model of delivery.



Delivery of traditional in-person treatments

Office or home based

Group or individual formats

Evidence of Efficacy: Review of pilot, non-randomized, and randomized trials ($n = 11$)

Both office based and in-home telehealth models

Findings demonstrated:

- Feasibility and acceptability of telehealth
- Significant reductions in PTSD symptoms
- Non-inferiority to in person
- Similar dropout rates to in-person

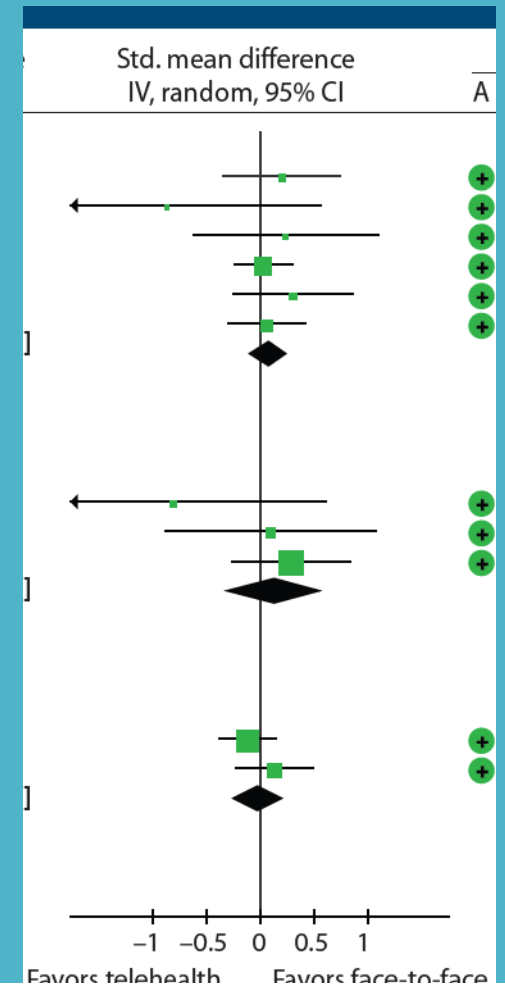
Evidence of Efficacy: Clinicians in Primary Care

$N = 10$ trials

CBTs for trauma-related problems

Scott et al., 2022

PTSD Severity: Forest Plot



Telehealth Benefits & Considerations

Telehealth can increase disseminability of trauma-focused therapies by decreasing barriers



Physical



Social



Practical



Medical



Telehealth can
help us reach
more people

Telehealth can make use of patient home environments



EXPOSURES & ACTIVATION
IN NATURAL
ENVIRONMENT

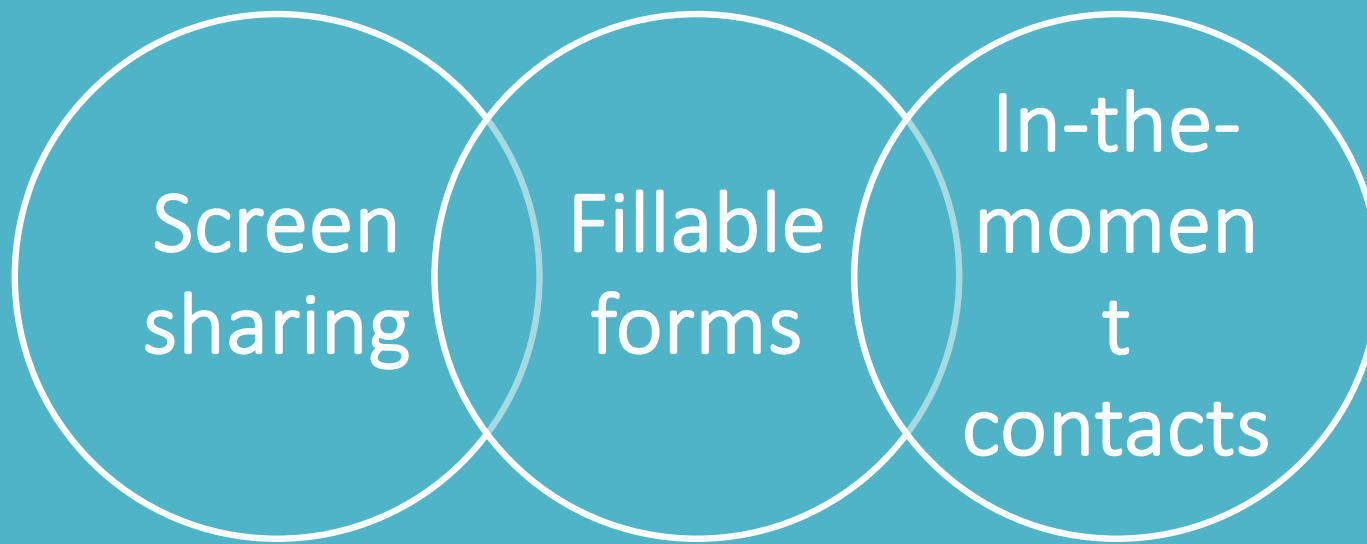


ASSESSMENT OF
NATURAL
ENVIRONMENT

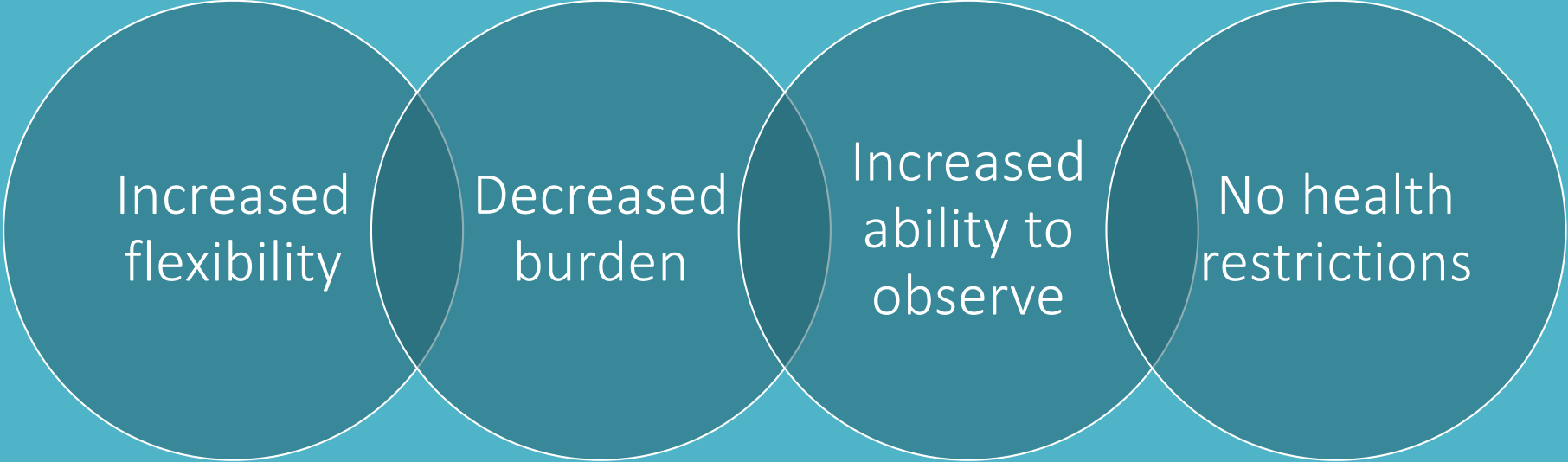


SUPPORT PEOPLE
NEARBY

Telehealth can use technology to make strategies more engaging and collaborative



There are also benefits to providers



Increased flexibility

Decreased burden

Increased ability to observe

No health restrictions

General Considerations: Practical and Logistical

Environment

Privacy

Equipment

Insurance

Trauma Specific Considerations: Avoidance vs Convenience

Telehealth gives opportunities for therapy to be easierbut it can also reinforce avoidance & unhelpful beliefs.

Generalized beliefs about tolerating emotions

Generalized beliefs about helpfulness of avoidance

Generalized beliefs about safety

"I need to avoid triggers"

"Being reminded makes it worse"

"It isn't safe out there"

"I can't handle my emotions"

Trauma Specific Considerations: Social Isolation

Symptoms of PTSD include avoidance, lack of interest, and disconnection from others

Overlap of PTSD with MDD and other anxiety disorders is high

Assessment of ability to establish connections and need for external engagement is key



Trauma Specific Considerations: Context and Learning

Contextual Learning

Effects of environment on learning

Inhibitory Learning

Expectancy bias, habituation

Therapist Behavior

Adjust our read on various indicators

Trauma Specific Considerations: Safety

Risk in
current
environment

Present &
engaged

Pandemic
specific risks

Crisis
management

Our recent and ongoing work with telehealth

Text messages, phone coaching, videoconferencing therapy

COPE: A recent pilot of feasibility and initial efficacy of four weekly text messages for PTSD + alcohol misuse



Kind
support and
attention
(KAM)

Cognitive behavioral
therapy plus
message framing
(CBT + Framing)



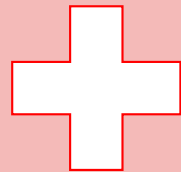
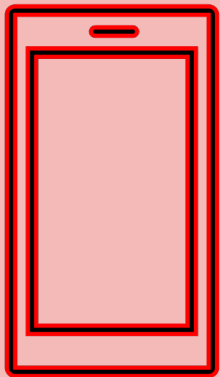
Text messages had large
effects on PTSD

More modest effects on
alcohol use

Mixed findings on which text
condition was superior

BETTER: A 4-week text message intervention for PTSD and alcohol use

CBT Text
Messages



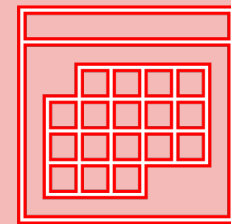
Framing

or

Mindsets

or

Simple Reminder



3 Text
Messages
per Week

PI: Kristen Lindgren & Michele Bedard-Gilligan

BRITE: Cognitive treatment principles adapted from CPT delivered acutely following sexual assault

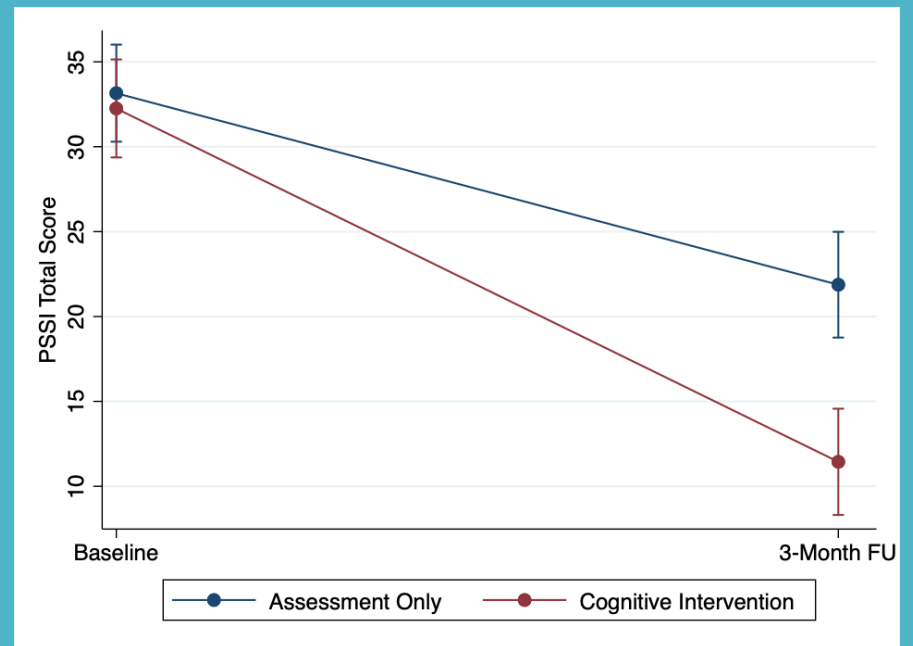


One in-person
intervention
session

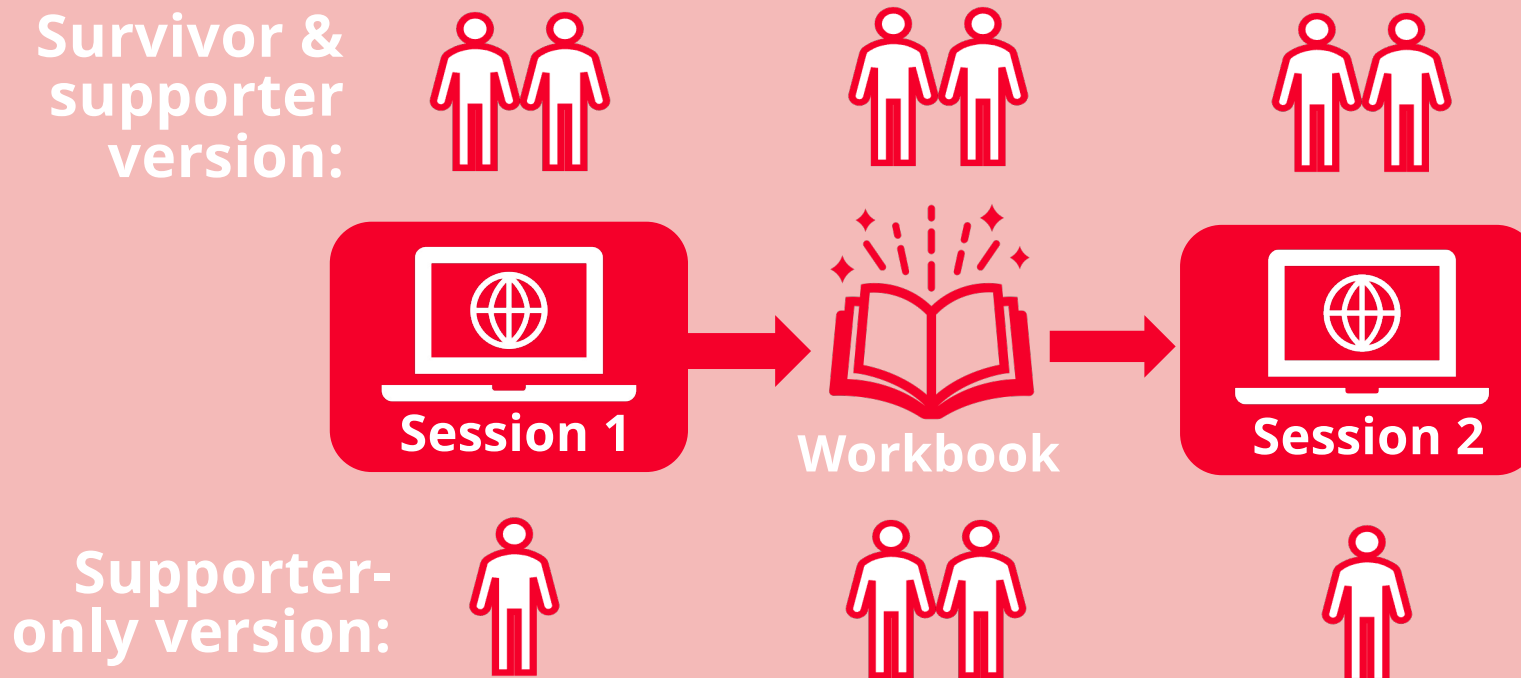
Four weekly
coaching calls and
assessments



Interview Rated PTSD: Baseline to 3-month



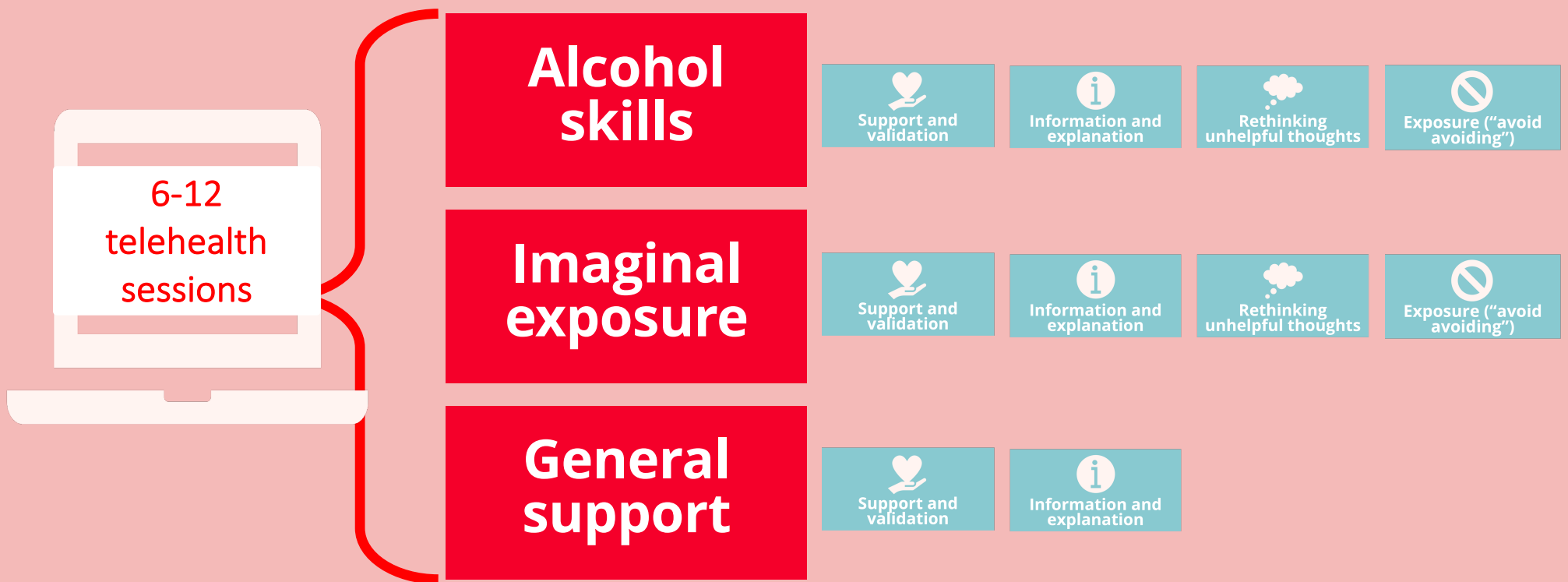
CARE: A 2-session telehealth intervention to help supporters better support survivors of recent sexual assault

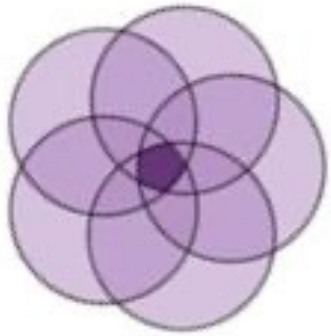


www.takecareaftertrauma.com

PI: Emily Dworkin

SARAH: 6-12 telehealth sessions for PTSD and alcohol use following recent sexual assault





project
SARAH
sexual assault recovery & hope

R01 AA027499

ClinicalTrials.gov Identifier: NCT04124380

Website: uwprojectsarah.org
Email: projectsarah@uw.edu
Phone: 206-685-3617

Free therapy for female- identifying individuals who experienced a sexual assault in the past year

Eligible participants:

- ❖ Reside in **WA State**
- ❖ **Trauma related symptoms** (i.e., intrusive thoughts, avoidance, anxiety)
- ❖ **Alcohol misuse**

All participants receive up to **12 sessions of individual therapy** (trauma focused, alcohol focused, or supportive) and **6 months of assessments**

All services delivered **virtually**

Compensation is also provided (**up to \$247**)

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Discussion & Questions

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<http://depts.washington.edu/triheal/>