The Nuts & Bolts of Providing PTSD Treatment over a Telehealth Modality: *Clinical Considerations & Future Planning*

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Overview

- Rapid Expansion of TMH due to Covid-19
- Nuts and Bolts of TMH Implementation
  - Netiquette
  - Creating Virtual Environment
  - Managing Risk & Safety
- Providing EBPs for PTSD over TMH
  - PE & CPT
- Lessons Learned and Common Pitfalls
- Moving Forward post-COVID-19

Background

- COVID-19 is producing **widespread psychological distress.**
- The need to stem the spread of infection has sharply limited mental health providers' ability to provide care, **precisely at a time when there is an increased need for proactive mental health prevention and treatment.**
- **Telehealth became critical to providing mental health care for all patients - required providers and institutions to pivot to virtual care - escalating the broadest adoption of technology!**

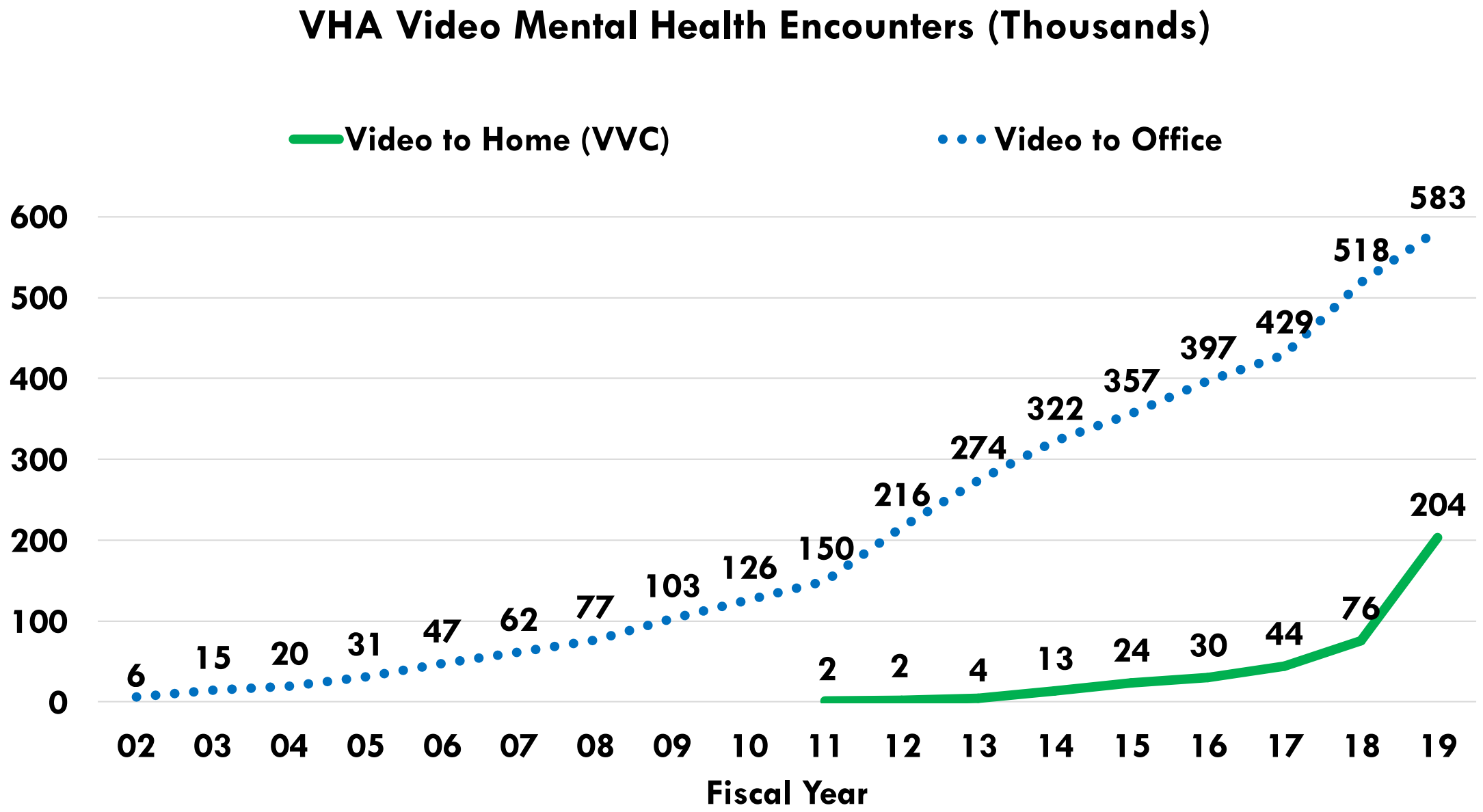
VHA Telehealth -Where IT Started

1960s-1980s

Origins of telemedicine: Out of VISN 1: Telepsychiatry link established between **VA Bedford** and Massachusetts General Hospital (1970s)

Image from Wittson, Cecil L.; Affleck, D. Craig; Johnson, Van Mental Hospitals, Vol 12(10), 1961, 22-23

VHA Video Mental Health Encounters, FY 02 to 19



Effectiveness of Telehealth for PTSD

- **Effectiveness of Telehealth to clinic:** Morland et al., 2010; Gros et al., 2011; Frueh et al., 2007; Griffiths et al., 2006; Himle et al., 2006; Nelson et al., 2003; Lazzari et al, 2011, Fitt et al., 2012; Morland et al., 2010; 2014; 2015; Liu et al., 2019; Glynn et al., 2020; Scogin & Lichsteing, 2018); O'Reilly et al., 2007; De Las Cuevas et al., 2006; Ruskin et al., 2004
- **Effectiveness of Telehealth to home:** Acierno et al., 2016, 2017; Morland et al., 2020; Egede et al., 2015; Goetter et al., 2014; Bouchard et al., 2004; Yuen et al., 2013; Kim et al., 2018

Effectiveness of Telehealth for PTSD

- **Satisfaction with Telehealth:** Grubaugh, Cain, Elhai, Patrick, & Frueh, 2008; Connolly et al., 2019; Shore et al., 2012; Shore, Brooks, & Novins, 2008
- **Therapeutic Alliance:** Scogin & Lichstein, 2018; Lichstein, 2013; Morland, 2014; Scogin & Lichstein, 2018; Stubbings, 2013; Yuen, 2013; Watts et al., 2020; Maieritsch, 2015; Hungerbuehler, 2016; Lopez et al., 2019
- **Treatment Dropout:** Frueh et al., 2007; Morland et al., 2015; Acierno et al., 2016; Acierno et al., 2017; Tuerk et al., 2010; Goetter et al., 2015; Hernandez-Tejada et al., 2014; Morland, 2020

COVID-19

VHA Virtual Mental Health Response to COVID-19

- VHA provided 1.2 million Mental Heath (MH) telephone & video visits in April 2020 & reduced in-person MH visits by 80%.

- VA policies prior to COVID-19 helped facilitate our rapid virtual response to COVID-19 but there were challenges, lessons learned many implication for how we move forward with virtual care post-COVID.

Rosen, C. S., **Morland, L. A.,** Glassman, L. H., Marx, B. P., Weaver, K., Smith, C. A., Pollack, S., & Schnurr, P. P. (2021). Virtual mental health care in the Veterans Health Administration's immediate response to coronavirus disease-19. *American Psychological Association*, *76*(1), 26-38. https://doi.org/10.1037/amp0000751

VHA Virtual Mental Health Response to COVID-19

- Providers continued to do evidence-based psychotherapy for PTSD and other comorbid conditions because veterans wanted to continue
  - Informal survey, 76% of veterans continued in evidence-based protocol despite pandemic
  - Veterans have described being in "combat-mode," (e.g., had stockpiles of supplies on hand) or unphased/vindicated (avoidance was the answer all along!)
- **In general, providers were having a tougher time with the adjustment and coping with providing specific EBPs remotely during a pandemic, whereas for many of the Veterans, it was business as usual**

Sciarrino, N., Myers, U.S., & Wangelin, B.C. (2020). When Chaos Is the Norm: How Some Veterans With PTSD Are Continuing to Engage in Trauma-Focused Treatments During the COVID-19 Pandemic. Psychological Trauma: Theory, Research, Practice, and Policy

Myers, U.S., Birks, A., Grubaugh, A.L., & Axon, R.N. (2020). Flattening the Curve by Getting Ahead of It: How the VA Healthcare System Is Leveraging Telehealth to Provide Continued Access to Care for Rural Veterans. The Journal of Rural Health, DOI: 10.1111/jrh.12449.

The Nuts and Bolts!

Netiquette: *behavior norms for online presence*

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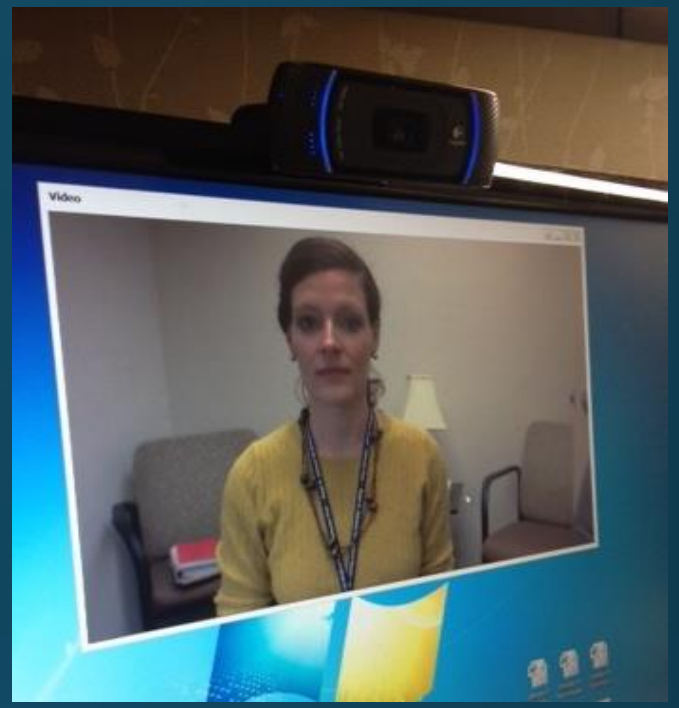
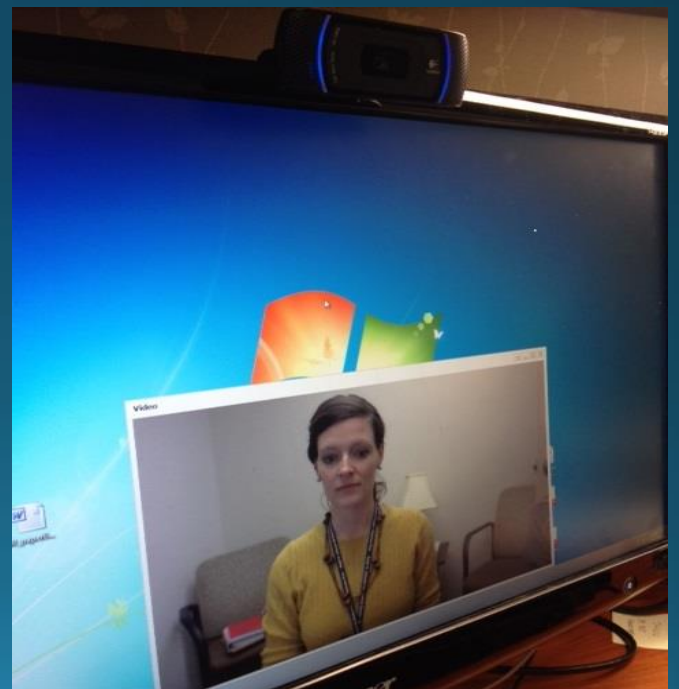
- Make eye contact (<u>not</u> with the camera)
- Speak at a slightly **slower rate**
- Speak at **normal tone**
- Shift **non-verbals** to **verbals**
  - Instead of the common "mmhmm" when conveying agreement, verbalize it "that sounds ___."
- Avoid bobbing or weaving
- Avoid extraneous noise (pen clicking, typing)
- As always - be **friendly and engaging**





Establishing & Maintaining Rapport

- Assess Patient's Experience:
  - Consider impact of technology on sense of safety and trust
  - Have they done Telehealth, how was it?
  - Comfort with technology? Concerns?

- Provide Education:
  - Presence of Telehealth in VA and healthcare
  - Normalize discomfort
  - Educate regarding security of connection and content

Potential Challenges

- Lose some non-verbal's
  - Fidgeting (hands or legs) not seen since camera is focused on head and torso
- Can’t see the whole room - so ask!
  - Service Dog, Wheelchair,
  - Partner/ child
- Assess Safety concerns
  - Weapons, substance use
- Video/audio quality not quite clear at times – improvise!

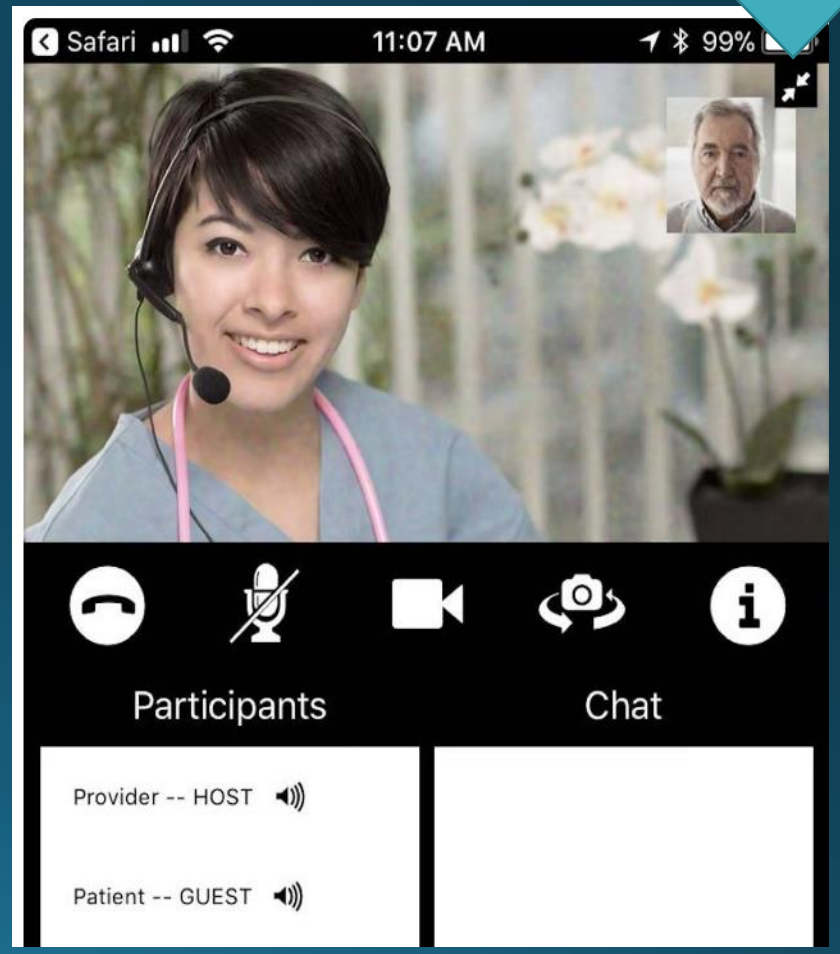
Potential Advantages

- For many, the distance can increase patient engagement (feels "safer")
- Easier access less "no show"
- Can meet family members, pets, better assess home environment
- Therapists note that can be easier to focus discussions and manage time in TMH because the equipment is turned off at the designated end time
- Can assist with treatment delivery for patients who are intimidating

Provider Environment

- **Private** space
  - No public locations that would impact confidentiality
  - Assess if others are nearby/in the home
- Instruct Veteran to place their **device** at eye level on a hard surface
- Minimize **Distractions**
  - If others (e.g., family, pets) disrupt, address this with Veteran and problem-solve solutions
  - Turn off self-view on device
  - If connecting from Smartphone, turn on "Do Not Disturb" to block incoming calls from disconnecting VVC

Self View



Creating Virtual *Therapeutic Environment for Patient*

Behavioral Expectations for Patient

- Develop guidelines to address the following:
  - Private location at home/work
    - No bathroom
  - Minimize distractions
    - Family, pets, friends
    - Other technology (cell phones, etc.)
  - Only use device for session unless asked otherwise by provider

Behavioral Expectations (cont.)

- Goal is to facilitate the recreation of a typical therapy environment
- Most patients are not as aware of the importance of a "therapeutic environment " for feeling safe in therapy

Other Issues of Providing Telehealth Services to Unsupervised Settings

- Unexpected visitors, children, pets interrupting.
- People off camera, setting expectations.
- Being creative about privacy, e.g., client can go sit in parked car.
- Expectations regarding appropriate dress during sessions (e.g., dress as if the patient was going to see the provider in person).
- Appropriate environment: Avoid couch / bed; overly informal or intimate setting in which therapy will occur and promote healthy boundaries.
- If bedroom is required for privacy, then insist on a chair being brought in.
- Video sessions should not be conducted from bed (unless the patient is bedridden).
- Avoid contexts that are informal and make sure to sit upright and be alert (avoid lying down/lounging)

TMH guidelines.. Example..

- In-home TeleMental services are provided as part of a specialty clinic and will include treatment planning and time-limited treatment with a specific endpoint.
- TeleMental health is not a suitable modality for everyone. You and your provider may determine services may be better offered via in-person care if there are ongoing challenges with technology or treatment goals to ensure you are receiving the best care possible.
- Please note if there are continuous difficulties with technology (audio/video) a recommendation for services in-person will be made.
- You can choose to receive face-to-face services instead of TeleMental health if that option is available at your local clinic
- Treat the TeleMental health sessions as you would a regular doctor's appointment at the hospital or clinic. Be on time or notify your provider if you will be late or unable to attend. This includes wearing proper attire, conducting the sessions in an upright position (not lying down) in a private area, away from other people in the home and distractions.

VVC Individual Intro for Veterans

VVC Group Intro for Veterans

- Please have session in a private room with minimal distractions: Cellphones should be turned off or on vibrate, do not text during session, do not e-mail, use the internet, or engage in any other activities on the computer during sessions.
- Please be sure to have your devices fully charged prior to your scheduled appointment.
- Due to the sensitive material that is covered in each session, please be alone in the room (no family or friends), unless otherwise agreed upon with your mental health provider. This is to respect the confidentiality of your treatment.
- You may need to install TeleMental health encryption software on your home computer or portable computer device when needed. This software is free of charge and will take up a certain amount of space on your device.
- Put any other devices connected to the internet to "airplane mode". If using your phone, put "do not disturb" on so the session does not get interrupted.
- Be sure to put your device at eye level and on solid surface vs. holding during the session to reduce distractions.
- Do not attend sessions while under the influence of alcohol or illegal drugs.

Managing Risk & Safety Remotely

Contingency Plans

- **Emergency plans** should address:
  - **Medical Emergencies**
  - **Voluntary and involuntary psychiatric hospitalization**
  - How is the **Veteran transported** in these situations?
  - **What happens if** there is a fire alarm, weather alert, bomb threats, or other emergency alert?

Emergency Plans must be in place

- Plans in place to address:
  - Medical & mental health/behavioral emergencies & technical disruptions
- For Video to a non-VA location, at the beginning of each encounter, the provider will:
  - Obtain/verify: address/location; current phone number; an emergency contact number to notify emergency resources (e911)
    - Some Veterans do not have available 911 services; if there are no 911 services, obtain a phone # for use in case of an emergency and record this in the EHR (e.g., local Sheriff/ police).
  - Ensure Veteran is in a private/confidential location
  - Ask if there are others present (and get names and contact info)

- **Veterans may decline to provide their location or contact information. If they are aware of their risks, that is their right, and the telehealth visit can continue without this information; document this.**

Handling Medical or Behavioral/MH emergencies

If in imminent danger to self/others or experiencing medical emergency:

- Provider follows local VA Video Connect Emergency Plan
- Provider contacts e911 (Emergency Call Relay Center) and relays the Veteran's location (street address, city, state, and ZIP code).
- Provider works with patient site staff to ensure appropriate transfer, follow-up care, and notification of patient site staff members.
- After the MH or medical emergency is resolved, the provider documents the incident, assessment, and follow-up plan in the patient's EHR (patient side) and assigns appropriate team members as additional signers to the note.

If NOT in imminent danger to self/others:

- Provider assesses patient and ensures appropriate clinical disposition.
- Provider ensures patient has a follow-up appointment with an appropriate provider.
- Provider ensures the patient has the Veterans Crisis Line number (1-800-273-8255, press 1).
- Provider documents the appointment, assessment, and follow-up plan in the patient's EHR (patient side) and assigns appropriate team members as additional signers to the note.

E-911

- System that facilitates connecting VA provider with the local emergency services dispatch for the Veteran's location

The E911 Process

Call
- *Call E911 Center (Emergency Call Relay Center) at 267-908-6605.*
- Provider identifies emergency.

Relay
- *Relay patient's physical location to the E911 operator.*
- Provider is asked, "9-1-1, ***Where*** is your emergency?"

Wait
- *E911 operator initiates connection with the appropriate local first response team through the Public Safety Answering Point (PSAP).*
- Provider remains on the line.

Report
- *Call is now established – when confirmed, provider gives report (along with Veteran's name and location) to local first response team.*
- "Caller, go ahead."

U.S. Department of Veterans Affairs

Safety of Providing Telehealth Services to Unsupervised Settings: Good Habits

- Verify the patient's current physical location at beginning of each session. Don't assume they are home or at the place you already discussed with them.
- Always have a paper copy of your emergency safety protocols available and handy.
- Never rely on outside sources only for safety protocols, know your clinic's protocol, review it, help improve it, and trust it.
- Trust yourself as a licensed, competent, committed professional.
- Always verify patient has the clinician's office or backup phone number and that you know how to reach client if the connection goes bad.

EBP's for PTSD via TeleMental Health

Trauma- Focused Treatment Considerations for TMH

- Most situations, **no meaningful difference in structure and process of implementing EBT PTSD protocol**:
  - Treatment as usual but over telehealth
- Keep expectations for symptom improvement the same as face-to-face PTSD care delivery
- Standard Cognitive Processing Therapy (CPT) & Prolonged Exposure (PE) protocols can be delivered
- For PE, recording the sessions:
  - Teach Veteran how to record the session in he /she is in with a standard tape recorder or digital recorder or mobile app.

Treatment Worksheets

- Patient materials can be provided:
  - By mailing Veteran bound materials
  - Via My HealtheVet

- The therapist should also have copies of the Veteran materials to be able to assist veteran when reviewing/ explaining worksheets/handouts.

- Completed worksheets can be either sent to provider via My HealtheVet, via encrypted email for non-VA settings, or shared verbally during session.

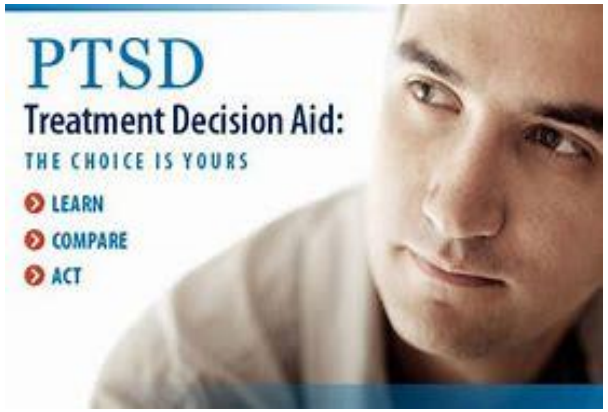
White Board

- Using a white board throughout the delivery of the EBP can be helpful in a variety of ways:
  - Helpful to walk patient through worksheets & concepts
  - For CPT: Ensuring stuck points are written in appropriate stuck point language on log
  - Staying on task

- Tips: Use black dry erase markers, be aware of possible glare, ensure white board is 'in view.'

PE and CPT During COVID-19

- Use Shared Decision Making to ensure it is right time to start
  - Consider privacy, childcare, finances
- Work to disentangle PTSD-related avoidance from appropriate health-related concerns/avoidance
  - Similar to conversations around avoidance with comorbid PTSD/SUD
  - Stuck point vs. realistic appraisal of health risks
- Increased attention to worksheet with support staff also likely remote



Fina, B. A., Wright, E. C., Rauch, S. A., Norman, S. B., Acierno, R., Cuccurullo, L. A. J., ... & Foa, E. B. (2020). Conducting Prolonged Exposure for PTSD During the COVID-19 Pandemic: Considerations for Treatment. *Cognitive and Behavioral Practice*.

Moring, J. C., Dondanville, K. A., Fina, B. A., Hassija, C., Chard, K., Monson, C., ... & Galovski, T. E. (2020). Cognitive Processing Therapy for Posttraumatic Stress Disorder via Telehealth: Practical Considerations During the COVID-19 Pandemic. *Journal of Traumatic Stress*.

PE Adaptations - *Imaginal Exposure* - largely unchanged

- Because only part of the patient's body is in the camera's field of view, providers may need to check-in more often to assess for and eliminate safety signals and behaviors that could undermine the intervention.
- Critical to work with the patient to create a private and quiet space during sessions to minimize distractions and effectively engage in imaginal exposure.
- Noise machine or other noise cancelling devices may be considered to increase privacy.

PE Adaptations - In Vivo Exposure Inside Home

- **Trust:** Share something personal with someone; ask someone in the home to care for a loved one or pet
- **Social connection**: spend time with a loved one in person (if already living with the person) or on video; set up an online dating profile if single and wanting to date; call a friend; write a letter or send a card to someone
- **Guilt or shame**: disclose verbally or in writing something they feel guilty or shameful about to someone they trust
- **Anger**: respectfully express feelings of anger to someone; discuss a controversial topic
- **Anxiety**: interoceptive exposures
- **Grief/loss:** read the obituary or look at photos of a deceased loved one; visit a memorial or gravestone of a loved one).
- **Being out of control**: allow a family member to make decisions **Safety:** store guns unloaded and locked or remove from the home; leave curtains open; sit facing away from doors and windows
- **Orderliness:** Leave dirty dishes in the sink; leave clutter out; arrange spice cabinet, fridge, and pantry randomly

PE Adaptations - In Vivo Exposure Outside Home

- Going to grocery stores while reducing safety behaviors (e.g., avoiding eye contact, rushing)
- Taking social distanced walks outdoors alone or with others or meeting at an outdoor park
- Sitting in a parked car in areas with loud noises (e.g., near an airport or train station), in hot places (e.g., desert), or near locations that remind an individual of the traumatic event
- Eating outdoors at a restaurant with back to exit and while avoiding scanning behaviors (only applicable where outdoor dining is available and at restaurants where public health guidelines are being followed)
- Driving on a freeway at different hours of the day for different levels of traffic or be a passenger in a car to practice being out of control
- Making small talk and eye contact with a store employee or other customers
- Going with friends or family to a drive in movie theater

PTSD COACH ONLINE

Skip to content

National Center for PTSD Posttraumatic Stress Disorder

PTSD COACH ONLINE

VA

U.S. Department of Veterans Affairs
Veterans Health Administration
National Center for PTSD

Home FAQs

I want to work on my

Choose a problem to work on from the list or view all tools

- worry or anxiety
- anger
- sadness or hopelessness
- sleep problems
- trauma reminders
- avoidance of stressful situations
- disconnection from people
- disconnection from reality
- problem solving skills
- direction in life

Welcome to PTSD Coach Online. Tools to help you manage stress.

Meet a coach

PTSD Coach Online is for anyone who needs help with upsetting feelings. Trauma survivors, their families, or anyone coping with stress can benefit.

PTSD COACH ONLINE

www.ptsd.va.gov/apps/ptsdcoachonline

PTSD COACH APP

- App provides:
  - Education about PTSD and PTSD treatment
  - A self-assessment tool
  - Portable skills to address acute symptoms
  - Direct connection to crisis support
- Used as stand-alone education and symptom management tool, or with face-to-face care.
- Tools are easily accessible when they are needed most.

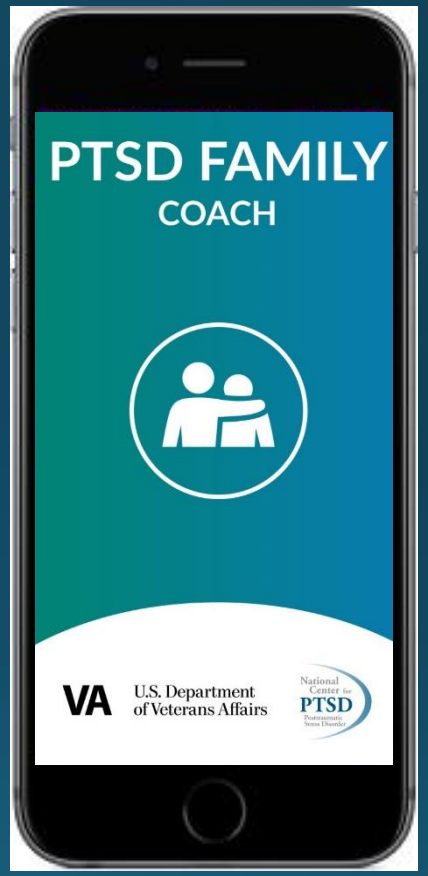
www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp

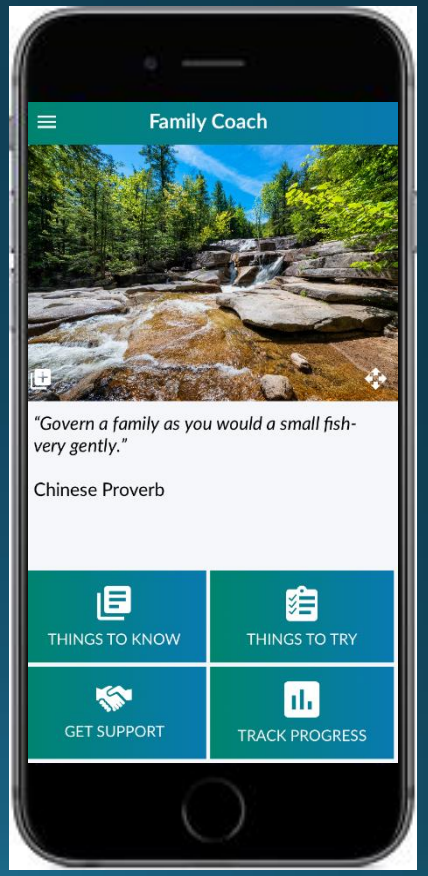
PTSD FAMILY COACH APP

PTSD Family Coach is for family members of those living with PTSD.

App provides:

- Education about PTSD and self-care
- Information to help take care of your relationship and children
- Resources to help a loved one get treatment for PTSD
- Tools to manage stress and build social networks
- Tracking for stress level over time

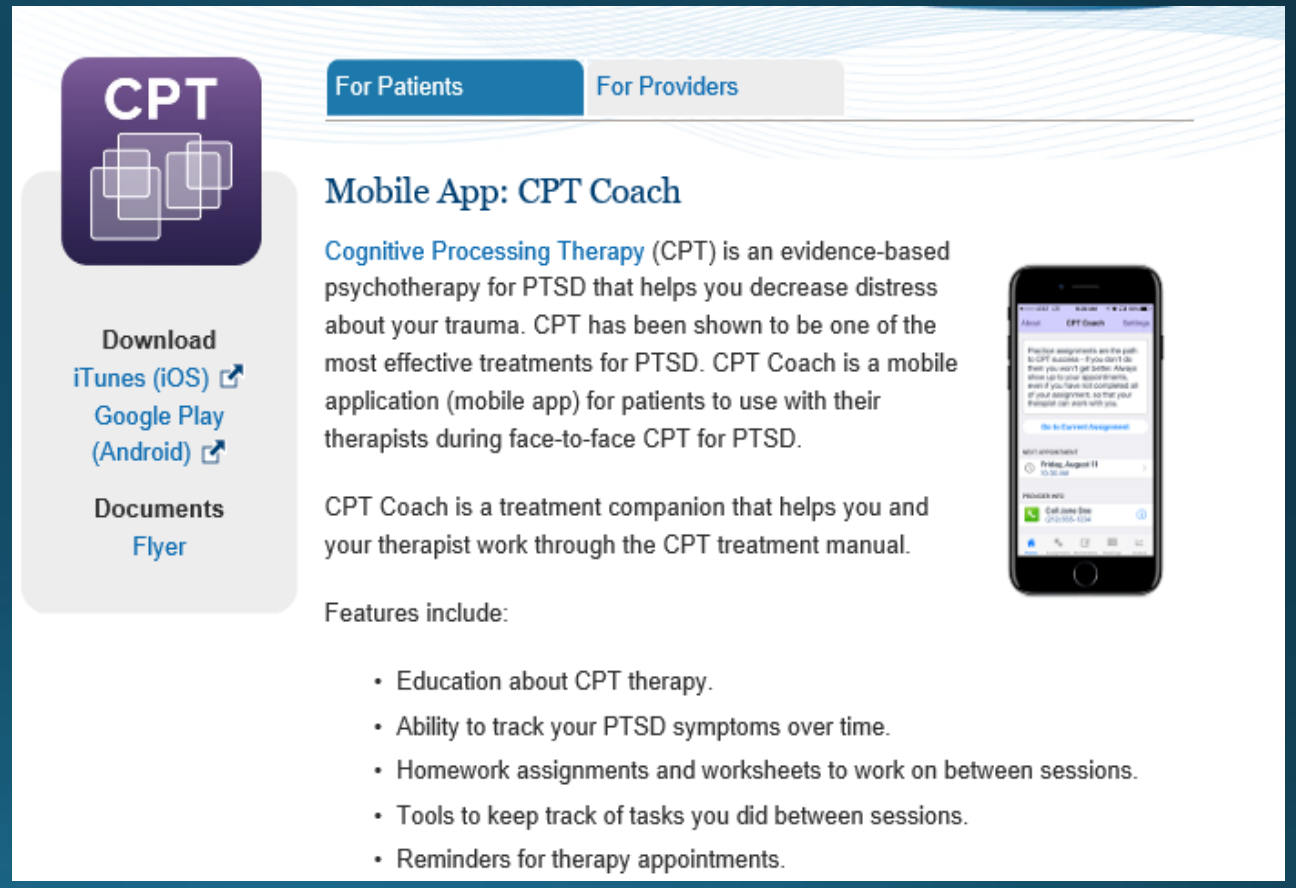




www.ptsd.va.gov/appvid/mobile/familycoach_app.asp

CPT Coach

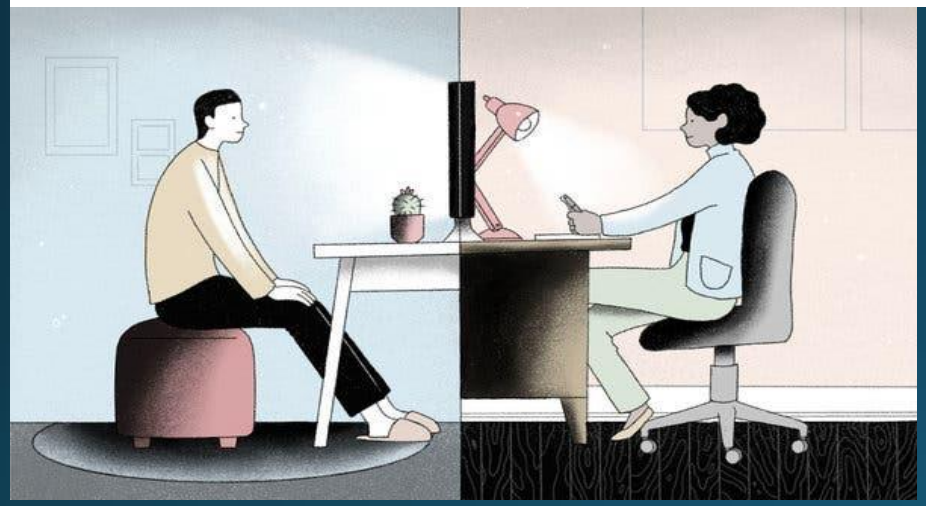
- Education about CPT therapy
- Track PTSD symptoms
- Homework assignments



The Future of Telemental Health in the Wake of COVID-19

Teletherapy, Popular in the Pandemic, May Outlast It

Some therapists find that remote therapy is so convenient to their patients that they will continue with it.



The Psychiatrist Will See You Online Now

Experts have long predicted that psychotherapy was poised to go virtual. The pandemic may prove them right.

PTSD Specific TMH Resources during COVID-19

Journal of Traumatic Stress
xxxx 2020, *00*, 1–11

ISTSS International Society for Traumatic Stress Studies

Delivering Prolonged Exposure Therapy via Videoconferencing During the COVID-19 Pandemic: An Overview of the Research and Special Considerations for Providers

Stephanie Y. Wells,[1,2,3] Leslie A. Morland,[4,5,6] Emily R. Wilhite,[4] Kathleen M. Grubbs,[4] Sheila A.M. Rauch,[7,8] Ron Acierno,[9,10] and Carmen P. McLean[11,12]
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Journal of Traumatic Stress
August 2020, *33*, 371–379

ISTSS International Society for Traumatic Stress Studies

Cognitive Processing Therapy for Posttraumatic Stress Disorder via Telehealth: Practical Considerations During the COVID-19 Pandemic

John C. Moring,[1] Katherine A. Dondanville,[1] Brooke A. Fina,[1] Christina Hassija,[2] Kathleen Chard,[3,4] Candice Monson,[5] Stefanie T. LoSavio,[6,7] Stephanie Y. Wells,[6,7,8] Leslie A. Morland,[9,10] Debra Kaysen,[11] Tara E. Galovski,[12,13] and Patricia A. Resick[6]
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Journal Pre-proofs

Conducting Prolonged Exposure for PTSD During the COVID-19 Pandemic: Considerations for Treatment

Brooke A. Fina, Edward C. Wright, Sheila A.M. Rauch, Sonya B. Norman, Ron Acierno, Lisa-Ann J. Cuccurullo, Katherine A. Dondanville, John C. Moring, Lily A. Brown, Edna B. Foa

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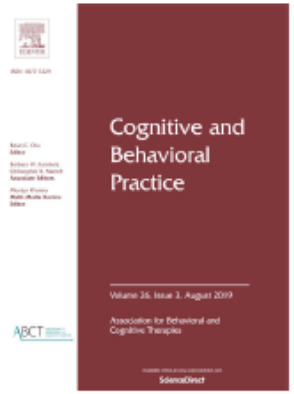
Reference: CBPRA 830



https://istss.org/public-resources/trauma-blog/2020-september/implementing-pe-during-the-covid-19-pandemic-tips

Moving forward … Consider..

- How to leverage the benefit of the increased comfort with technology at this moment
- How to develop a sustained integration of technology with Veteran in PTSD care post COVID
  - Consider how technology may support a patient's PTSD care and beyond - better customize care for each patient (VVC, mobile apps, MBC, MyHealtheVet/secure messaging)
- Patient preferences for various care modality
- Most important - consider the digital-divide
  - Technology disparities and health inequities

Telehealth, Telemental Health, & COVID Resources

VHA **Telehealth** SharePoint:

https://vaww.telehealth.va.gov/

VHA **Telehealth** Services SharePoint **VVC** for Providers:

VA Video Connect | VHA Telehealth Services Intranet

VVC Web Provider Guide (including info regarding e911)

VHA **Telemental Health** Site (note **TMH Supplement**):

http://vaww.telehealth.va.gov/clinic/tmh/index.asp

VHA **OMHSP TMH** Working Folder:

https://dvagov.sharepoint.com/sites/oitcmopnational/CMOP/MentalHealth/Telemental%20Health/Forms/AllItems.aspx?viewid=57dad0bb%2D3848%2D4c31%2Db9a4%2Db6335ddba68d

Supplemental technology at this site:

https://vaww.telehealth.va.gov/technology/covid19-tech.asp

Telehealth Technology Device Page (iPad info):

http://vaww.telehealth.va.gov/technology/devices/index.asp

Questions

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