

PTSD Treatment Via Telemental Health Technology



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Objectives

- PTSD Prevalence
- Access & Barriers to PTSD Care
- A New Paradigm: Potential of Technology
- Clinical and Research Updates
- New Directions

Mental Health Care Demand

- 18.3% of American adults are diagnosed with mental health disorder (SAMHSA, 2016).
- Six in ten Americans living with psychiatric disorders are not getting mental health treatment.

PTSD Prevalence

- 23.5 % prevalence rate of PTSD among veteran returning from Iraq or Afghanistan (Fulton et al., 2015).
- PTSD evidence-based psychotherapies (e.g., PE, CPT, EMDR) significantly reduce PTSD symptoms in veterans.

PTSD Treatments works but...

- Despite evidence of the efficacy of psychotherapy, it is substantially underutilized in the US and the VA (Lu et al., 2016; Mott et al., 2014 and Shiner et al., 2013).
- Access and utilization of EBP is even more limited in rural/geographically remote areas (Grubbs et al., 2017; Morland et al., 2013).
- Efforts to modify clinic structure, training efforts, and wider availability of EBPs have been successful in increasing utilization (Hundt et al., 2017).

PTSD Treatments works but...

- Low rates of new patients with PTSD begin psychotherapy in VHA Those who start, receive low-intensity dose of treatment (Mott, 2014).
- Approximately half of OEF/OIF/OND veterans surveyed who may have a need for mental health care services do not use VA or non-VA mental health care services (Jan 2018, Consensus Study Report)
- The process of accessing VA mental health services has been burdensome and unsatisfying for many OEF/OIF/OND veterans. (Jan 2018, Consensus Study Report)

Status Quo: Barriers

Veterans in need of Mental Health resources often face a number of barriers including:



- Geographic distance
- Physical mobility
- Time/schedule constraints
- Desire for Cost
- Privacy
- Cultural value of self-reliance
- Ambivalence
- Stigma

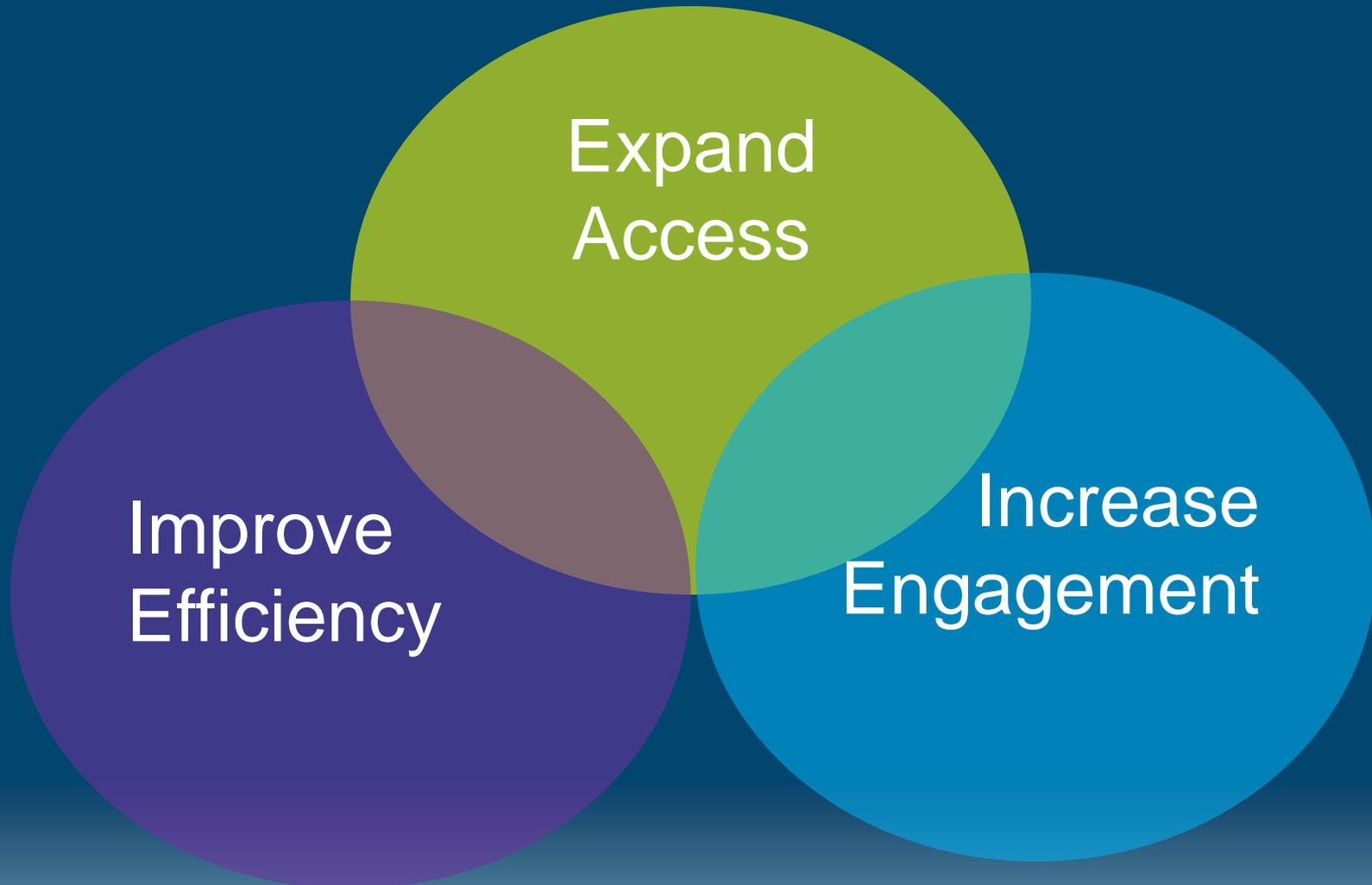
The newest cohort of Veterans increasingly expects “on-demand” services.

A New Paradigm of Care

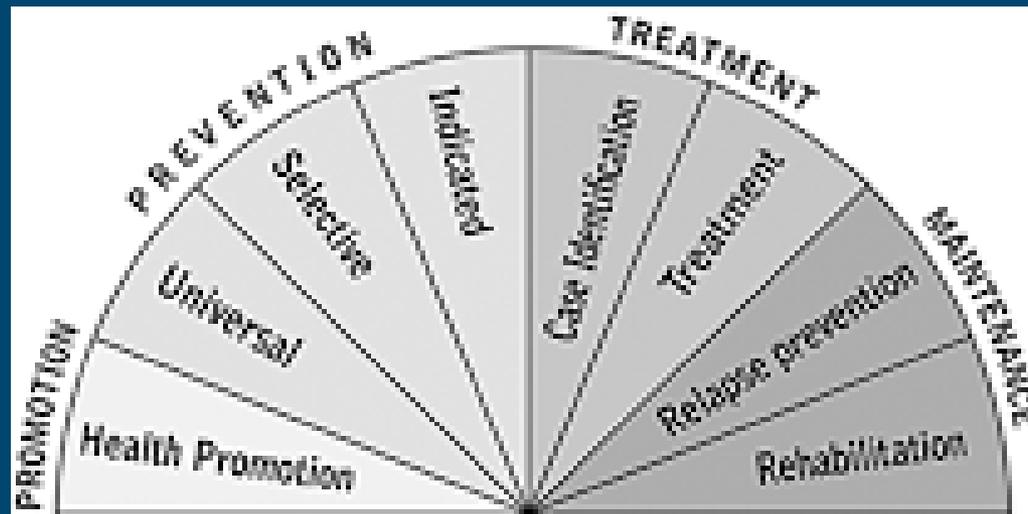
- Need for flexible models of care delivery that meet patients where they are physically and psychologically (Hoge, 2011; Kazdin, 2011).
- Need for innovative way to “engage” patients clinically and allow for “patient-centered” care.
- Need to find a way to incorporate treatment gains and skills into everyday practices.



Why Use Technology



Technology Across the Continuum of Care for PTSD



Technologies of Interest their potential for PTSD Care

- Clinical Videoteleconferencing (CVT or TMH)
 - *Access, ease of access, family involvement*
- Web Based Interventions
 - *Education, Awareness, Self-management & self monitoring*
- mHealth Technologies - Mobile App
 - *Between session work, allow for real time intervention*



ELSEVIER

Telehealth and eHealth interventions for posttraumatic stress disorder

Leslie A Morland^{1,2}, Carolyn J Greene³, Craig S Rosen^{3,4}, Eric Kuhn^{3,4}, Julia Hoffman³ and Denise M Sloan⁵

This paper presents existing research describing how telehealth and eHealth technologies can be used to improve mental health services for trauma survivors, either by enhancing existing treatment approaches or as a stand-alone means of delivering trauma-relevant information and interventions. The potential ways in which telemedicine technologies aide in overcoming barriers to care is first addressed in terms of providing mental health treatment. We then outline how different telehealth and eHealth tools can be used for key therapeutic tasks, including the provision of self-guided interventions, remote delivery of psychotherapy, and augmentation of psychological treatments. We conclude by discussing key emergent issues that are shaping current and future use of telemedicine technologies as part of the continuum of care for trauma survivors.

Addresses

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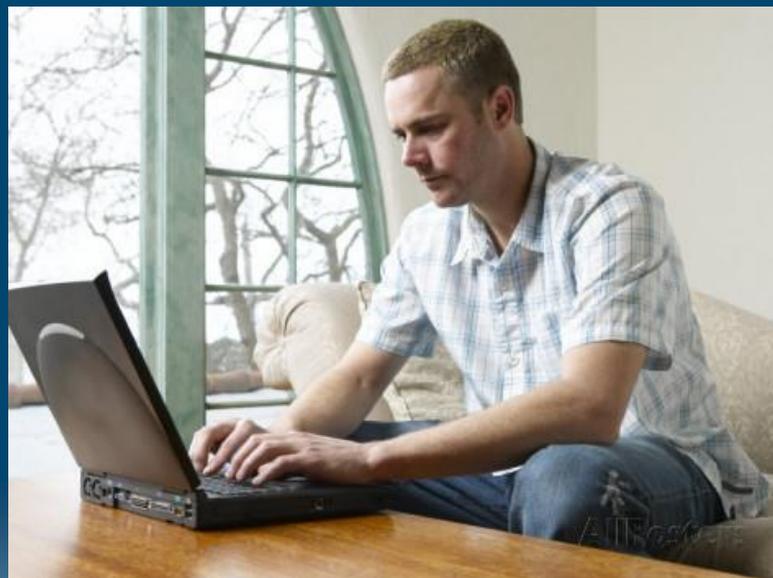
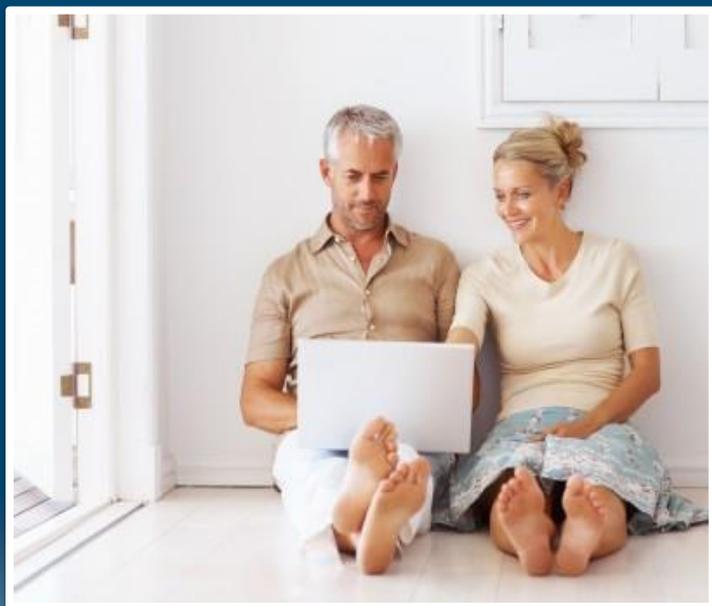
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heralded as a solution to several barriers that trauma survivors face when seeking mental health care (e.g., distance, timing, scarcity of specialists, cost, stigma). The goal of this paper is to present how telehealth and eHealth interventions can expand and facilitate the delivery of patient-centered, high quality care for trauma-related problems. This paper also examines the potential benefits of such approaches, provides an overview of select available interventions, describes the efficacy evidence, and concludes with suggestions for future directions.

The potential of technological approaches to overcome barriers to care

Accessing mental health services can be particularly challenging for people living with posttraumatic stress disorder (PTSD) or other trauma-related problems. To accommodate real world challenges, flexible models of care delivery are needed that meet trauma survivors

Telemental Health for PTSD



Why use TMH for PTSD?

- Increased access
- Lower cost without lower quality
- Reduced patient burden
 - Travel time; transportation costs
 - Missed employment time
- Patient-centered model
- May reduce shame/stigma barriers

Evidence for TMH and PTSD: What do we really know?

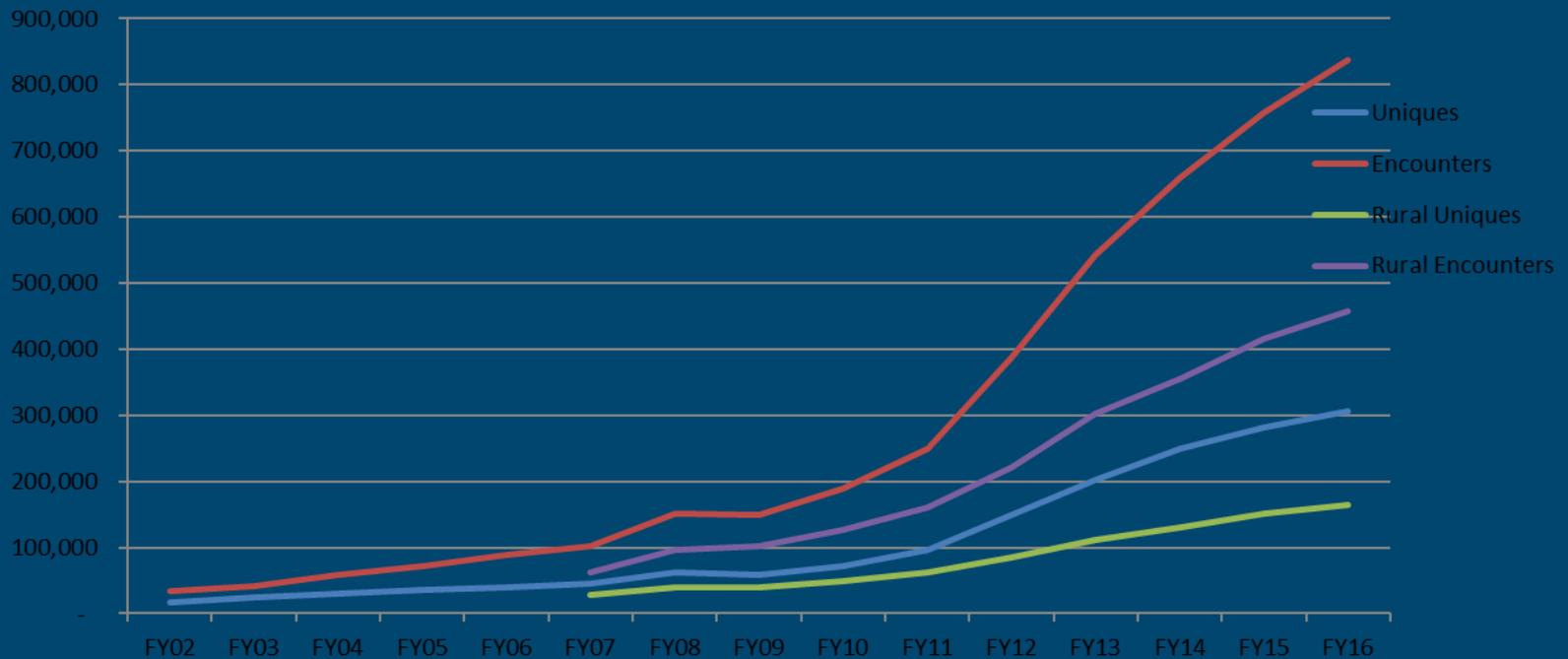
- Clinical outcomes are similar to in-person across therapies and treatment settings (Backhaus et al., 2010)
- Established Efficacy of TMH for
 - CPT in group (Morland et al., 2014)
 - CPT Individual (Morland et al., 2015)
 - PE (Tuerk, et al, 2010)
 - Collaborative Care (Fortney et al., 2015)

Take Home Message: TMH modality works!

- Acceptability
- Equivalent clinical outcomes
- Virtually equivalent process outcomes
- Cost effective
- Comparable Treatment Fidelity
- Clinician training



Telemental Health Growth FY02-16



Challenges to Traditional Office-Based TMH Model

- Increases access but not necessarily as *efficient or engaging*
- Geographical barriers still exist
- Cost associated with staff time
- Coordination requirements
- Space needs
- Sustainability?

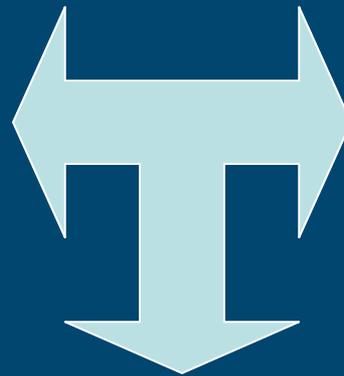


Home-Based CVT Model of Care

VA Hospital (Provider)



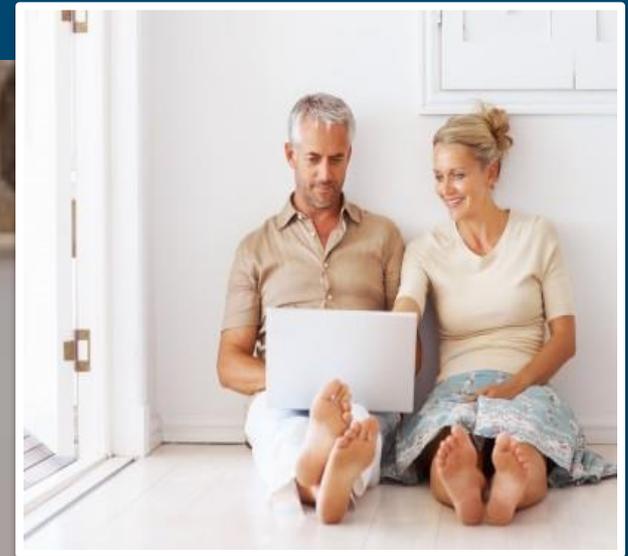
VA Clinic (Veteran)



Home (Veteran)



Home-Based TMH



Home-based CVT

Benefits:

- Increases *access & convenience*
- Increase *engagement*
- Less stigma
- After hours flexibility
- Reduce no shows rates

Challenges:

HIPAA, licensing

Veteran Case Example

Face to Face Appointment

- Veteran leaves home 7am
- Drives to clinic 7-830am
- Parking & shuttle 830-9am
- Check in 845-9am
- Session 9-10am
- Shuttle to parking 10-1030am
- Drive home 1030am-12pm
- **Total time : 5 hours**

HB-CVT Appointment

- 9am Veteran logs on and provider calls
- Session over 10am
- **Total time: 1 hour**



Evidence for HB-TMH and PTSD: What do we know?

- Feasible, safe, effective
 - Active Duty US Military (Luxton et al., 2015)
 - Veterans (Shore et al., 2014; Yuen et al., 2015)
- Comparable process outcomes to traditional office-based care
 - Satisfaction among patients undergoing Prolonged Exposure (Gros et al., 2016)
- Comparable clinical outcomes to traditional office-based care
 - BA & Exposure (Acierno et al., 2016)
 - Psychotherapy for dep. in older adults (Egede et al., 2015)
 - Prolonged Exposure (Acierno et al., 2017)

Big Picture

- New Model of Care in VA
- Established Clinical effectiveness of Home-Based CBT
- Potentially increased cost effectiveness?
 - *Reduced no-shows?*
 - *Reduced travel reimbursement?*
 - *Reduced overhead costs?*
 - *Reduced “missed opportunities”?*

Frequently Asked Implementation Questions

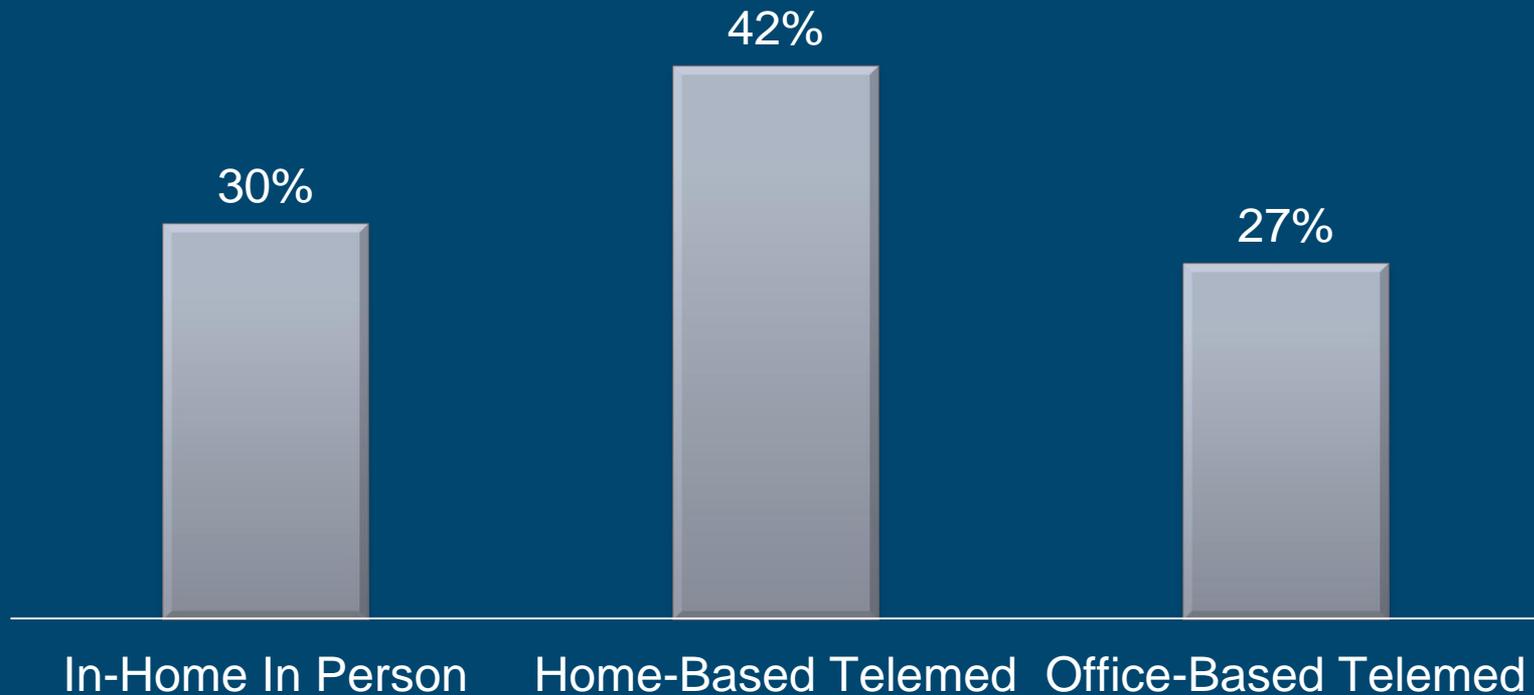
Home-Based TMH Care

- Patient Selection
- Technology Availability
- Ability to assess risk
- Ability to establish safety and emergency plan
- Clinical guidelines & behavioral expectations
- Concern re collusion with “Avoidance”

What Do Veterans Want? A Preliminary Look at Veterans' Preferences

Where do Veterans want their care?

Treatment Delivery Modality Preference



Moving Forward: Future directions yet to be examined...

- What is the optimal level of therapist interaction with technology (web, mobile apps) - hybrid models of care
- How do we determine “the-fit” between the patient, the technology and the system of care? - patient preferences, safety concerns
- How can technology be best integrated into traditional care vs a “*new model of care*”?
- How can we capture utilization and reach?
 - Billing, safety, quality control

What is the Potential of Technology for PTSD

Technology has the potential to change the landscape of how we deliver mental health services, specifically for PTSD, and may offers a path toward improving the access, engagement and efficiency of trauma-related interventions.



mHealth Technologies



Engage



Educate
Raise Awareness



Self-monitor &
self-manage

Summary

- Given the anticipated spread of these technologies around the world in the next decade, they hold promise of making a significant contribution to reducing the burden of mental health demand.
- Technology can allow for service provision across space & time and can be a game-changer for mental health care in the 21st century.

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UPCOMING TOPICS

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

March 21	What We Know about PTSD and Opioids	Elizabeth Oliva, PhD & Jodie Trafton, PhD
April 18	Balancing Clinical Flexibility while Preserving Efficacy in Delivering EBPs for PTSD	Tara Galovski, PhD
May 16	Brief Prolonged Exposure for PTSD	Sheila Rauch, PhD
June 20	What the Latest Research Tells Us about Treating PTSD Nightmares	Philip Gehrman, PhD
July 18	The Continuum of Care for PTSD Treatment	Kelly Phipps Maieritsch, PhD
August 15	An Evidence-Informed Approach to Helping Clients after Disaster or Mass Violence: Skills for Psychological Recovery	Patricia Watson, PhD
September 19	PTSD and Women's Mental Health	Suzanne Pineles, PhD

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