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RESEARCH & TREATMENT CENTER

Can You Hear Me Now? Extending the Reach of Trauma Treatment Through the Use of Telemedicine

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Overview

- Introduction
- Describe
- Reasons
- How to
- Considerations (tech, admin, clinical)
- Funding
- Interactive!



- National Child Traumatic Stress Network (2003)
- Adult and child trauma cases
 - Child physical abuse, child sexual abuse, neglect, exposure to domestic violence, loss
- Clinic-based and community-based services
- OVC (homicide survivors), VAWA (Latino IPV), and Community Outreach Program- Esperanza (COPE)

What is Telemedicine?

- Electronic communications and information technologies used to provide and support provision of care when distance separates participants (Morland, Greene, Ruzek & Godleski, 2011)



Why Telemedicine?

- Rationale

- New trend in psych
- Rural/remote populations
 - General paucity of resources
- Currently used
 - OCD, PTSD , Panic Disorder, Anger management (Tuerk et al., 2010)
 - School-based clinics (North, Klemp-North, Barron & Renfro)
 - Veterans (Acierno, Ruggiero & Tuerk)
- High patient satisfaction
- Moderately high provider satisfaction



Advantages to Telemed

- Increased efficiency
 - More clients in less time
 - Conservation of resources
- More regular attendance
 - Fill in for no-shows
 - Completing treatment sooner
- Less disruption in school
- Less disruption to families
- Clinician health! 😊
- Increased safety



Who Needs It?

- Underserved populations
 - Rural/remote
 - Transportation issues
 - Urban areas with poverty in school system
 - Agencies without mental health services

Getting Started

- Colleton County
 - Relationship with LEVA
- Johnsonville project
 - Developed from pediatrics and asthma
- Referrals from trusted community agencies
- Implementation with trusted community agencies



Collaborators

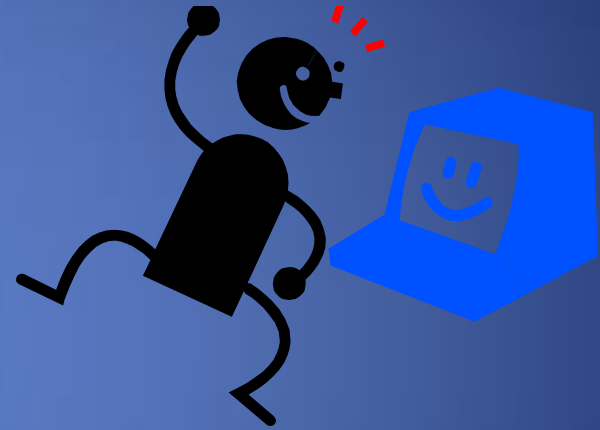


- Child advocacy centers
- Law enforcement (victim advocates)
- School-based clinics
- Domestic violence shelters
- Victim services coordinators
- Medical clinics



Why It's Useful

- Enhance engagement
- Increase access
- Decrease barriers
- Local area may:
 - Lack services in general
 - Lack trauma-specific services
 - Lack culturally-competent resources
 - Lack linguistically-competent resources
 - Lack of evidence-based practices



How It's Done: MOU sample

Memorandum of Understanding for Telemedicine Services and Equipment

Purpose of Agreement: The National Crime Victims Center (NCVC) and the Community Outreach Program- Esperanza (COPE) provide mental health treatment services to adults and child trauma victims. In addition to services currently provided by NCVC and COPE clinicians in the victim's community, the NCVC and COPE will expand capacity by offering mental health services via telemedicine, and increase access to services for all victims, particularly traditionally underserved populations such as rural victims, racial/ethnic minorities, and economically disadvantaged individuals. The purpose of this agreement is to create a telemedicine partnership to enhance access to services for victims of crime by decreasing barriers to services.

Statement: The organization named below will provide victims with access to NCVC provided laptops and cameras for the purpose of accessing mental health services provided by the NCVC and COPE. One laptop and one camera will be provided to the organization. The laptop and camera will remain the property of the NCVC, and will be kept in a secure location within the organization by the designee below. The laptop and camera will be used for the purpose of providing information and services to victims of crime. The organization designee noted below will notify NCVC staff in the event of technological difficulties with the NCVC-provided laptop and camera.

We (specifically named) agree to: increase victim service access by providing information and referral, assessment, intensive case management, crisis intervention, and mental health treatment services via telemedicine to adults and child victims of crime .

Partner (specifically named) agrees to: provide a confidential space for victims to use the NCVC-provided laptop and camera. The provided equipment will be used for the purpose of providing mental health services to victims.

Your name, title, organization

Partner name, title, organization

How It's Done: Space

Space Needs

- Comfortable
- Privacy
- Camera at eye level
- Ambient noise
- Foot traffic
- Adjoining rooms
- Is the room shared by personnel?

Examples

- Good:
 - Sitting at a desk or table
 - Comfortable chair
 - Camera – eye level
 - Monitor – eye level
 - Evaluate lighting
 - Stationary chairs
- Bad:
 - Sitting on exam table
 - Chair only
 - Monitor mounted high
 - Avoid “interrogation” set-up

How It's Done: Paperwork

- Paperwork
 - Registration
 - Consents
 - Assessment measures
 - Review during session
 - Print
 - Scan
 - Fax



Confidentiality Considerations

- Space (sound transfer)
 - Attaching rooms
 - Noise machine
 - Time of day/ambient noise interruptions
- HIPAA compliant secure connections
- Release of Information for satellite
 - Coordination of care



Technical requirements

- Equipment
 - Internet connection
 - Router
 - Landline
 - Laptop/computer
 - Memory
 - Webcam (integrated or additional?)
 - Headphones
 - Dual monitors helpful
 - E.g., Trauma narrative development



Programs

Skype

- Advantages:
 - Common
 - Inexpensive
- Disadvantages
 - Not HIPAA compliant
 - Lower resolution

Movi

- Advantages:
 - High-def
 - Fluid picture
- Disadvantages:
 - No handouts

Face Time (Apple®)

- Advantages:
 - Use on any i® product
- Disadvantages
 - MAY be HIPAA compliant (network dependent)

Adobe Connect

- Advantages:
 - Share documents
 - Jointly edit
 - Akin to GoToMeeting
- Disadvantages:
 - Reduced resolution

Referrals

- Point people at your site
- Point person at satellite site
- Who does screening?
- Who does paperwork?
- Who assigns cases?
- Who follows-up?



Develop Protocols

- Day-to-day policies
- Crisis protocols
 - Consider different settings
 - Crisis handling in that community
 - Consistent with agency's policies and procedures
- Congruency
 - Different settings: varying rules or expectations
- Insure understanding on both sides
- Training for clinician and telemed liaison

Challenges and Considerations

- Equipment
- Case management (use local insight)
- Roles (at satellite)
- Training for clinicians
 - Understanding telemed programs
 - Therapeutic adaptations for telemed

Adaptations for TF-CBT

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- *Your Very Own TF-CBT Workbook* (Hendricks, Cohen, Mannarino, & Deblinger)
- Psychoeducation
 - Handouts (scan; share on screen; take pic)
 - What Do You Know cards
- Parenting
 - Share resources

Adaptations for TF-CBT

- Relaxation

- Supplies on both side

- Bubbles
 - Pin wheels
 - Belly breathing together
 - Imagery (copy for parents)
 - Video demonstration (TF-CBT *Web*)

<http://tfcbt.musc.edu/>



Adaptations for TF-CBT

- Affect Identification
 - Supplies
 - Handouts (My TF-CBT Workbook)
 - Feelings Charades (index cards, markers)
- Cognitive Coping
 - Cognitive Triangle
 - Handouts

Adaptations for TF-CBT

- Trauma narrative and Cognitive Processing
 - Dual monitors helpful
 - Work simultaneously vs. individually
- In-vivo
 - Some limitations

Adaptations for TF-CBT

- Conjoint
 - Challenges associated with setting (school)
 - Tech-impaired parents
- Enhancing Future Safety
 - Handouts
 - Challenges similar to conjoint

So How Do We Do It?

- Funding Sources
 - Contracts
 - Medicaid
 - Crime Victims' Compensation
 - Grants
 - Services
 - Equipment





Questions?

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References

- Chadwick Center for Children and Families. (2004). Closing the Quality Chasm in Child Abuse Treatment: Identifying and Disseminating Best Practices. San Diego, CA: Author.
- Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: Guilford Press.
- de Arellano, M.A., Waldrop, A.E., Deblinger, E., Cohen, J.A., & Danielson, C.K., Mannarino, A.P. (2005). Evidence-based treatment for victims of child maltreatment: A community-based demonstration. *Behavior Modification*, 29, 130-155.
- Egede, L.E., Frueh, C.B., Richardson, L.K., Acierno, R., Mauldin, P.D., Knapp, R.G., & Lejuez, C. Rationale and Design: Telepsychology Service Delivery for Depressed Elderly Veterans. *Trials* 2009; 10, 22.
- Field, M. (1996). *Telemedicine: A guide to assessing telecommunications in health care*. Washington, DC: National Academies Press.

References (cont)

- Frueh, B. C., Deitsch, S. E., Santos, A. B., Gold, P. B., Johnson, M. R., Meisler, N., Magruder, K.M., & Ballenger, K.C. (2000). Procedural and methodological issues in telepsychiatry research and program development. *Psychiatric Services*, 51, 1522-1527.
- Gros, D., Acierno, R., Ruggiero, K., Grubaugh, A., & Edege, L. (2010). Telehealth Technologies for the Delivery of Mental Health Services. *Forum*, VA Office of Research and Development, Health Services Research & Development Service, Center for Information Dissemination and Education Resources.
- Lange, A., Rietdijk, D., Hudcovicova, M., Van de Ven, J, Schrieken, B., & Emmelkamp, P. (2003). Interapy: A controlled randomized trial of the standardized treatment of posttraumatic stress through the Internet. *Journal of Consulting and Clinical Psychology*, 71(5), 901-909.
- Maheu, M., Whitten, P., & Allen, A. (2001). *E-Health, Telehealth, and Telemedicine: A guide to start-up and success* (Jossey-Bass Health Series). New York: Jossey-Bass/John Wiley & Sons, Inc.

References (cont)

- Morland, L., Greene, C., Ruzek, J. & Godleski, L. (2011). *PTSD and Telemental Health*. National Center for PTSD, United States Department of Veterans Affairs. Retrieved January 17, 2012, from <http://www.ptsd.va.gov/professional/pages/ptsd-telemental.asp>
- North, S., Klemp-North, M., Barron, D. & Renfro, S. *Evaluating Community Support for a Rural School-based Telemedicine Network*. Retrieved January 17, 2011, from <http://www.myhealthschools.org>
- Richardson, L.K., Frueh, B.C., Grubaugh, A.L., Egede, L., & Elhai, J.D. Current Directions in Videoconferencing Tele-mental Health Research. *Clinical Psychology: Science and Practice* 2009; 16: 323–38.

References (cont)

- Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2004). *Child Physical and Sexual Abuse: Guidelines for Treatment (Revised Report: April 26, 2004)*. Charleston, SC: National Crime Victims Research and Treatment Center.
- Tuerk PW, Yoder, M., Ruggiero, KJ, Gros, DF & Acierno, R. A Pilot Study of Prolonged Exposure Therapy for Posttraumatic Stress Disorder Delivered via Telehealth Technology. *Journal of Traumatic Stress* 2010 Feb; 23(1): 116-23.