

UNM-IHS TeleBehavioral Health
Center of Excellence (TBHCE) as a
Model for Providing Trauma-Informed
Care to Native Communities

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OUTLINE

- I) UNM-IHS TBHCE Model
- II) Practical Experiences and Common Questions/Concerns About Telehealth
- III) Vicarious Trauma/Secondary Stress

IHS TeleBehavioral Health Center of Excellence

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IHS Telebehavioral Health Center of Excellence Model

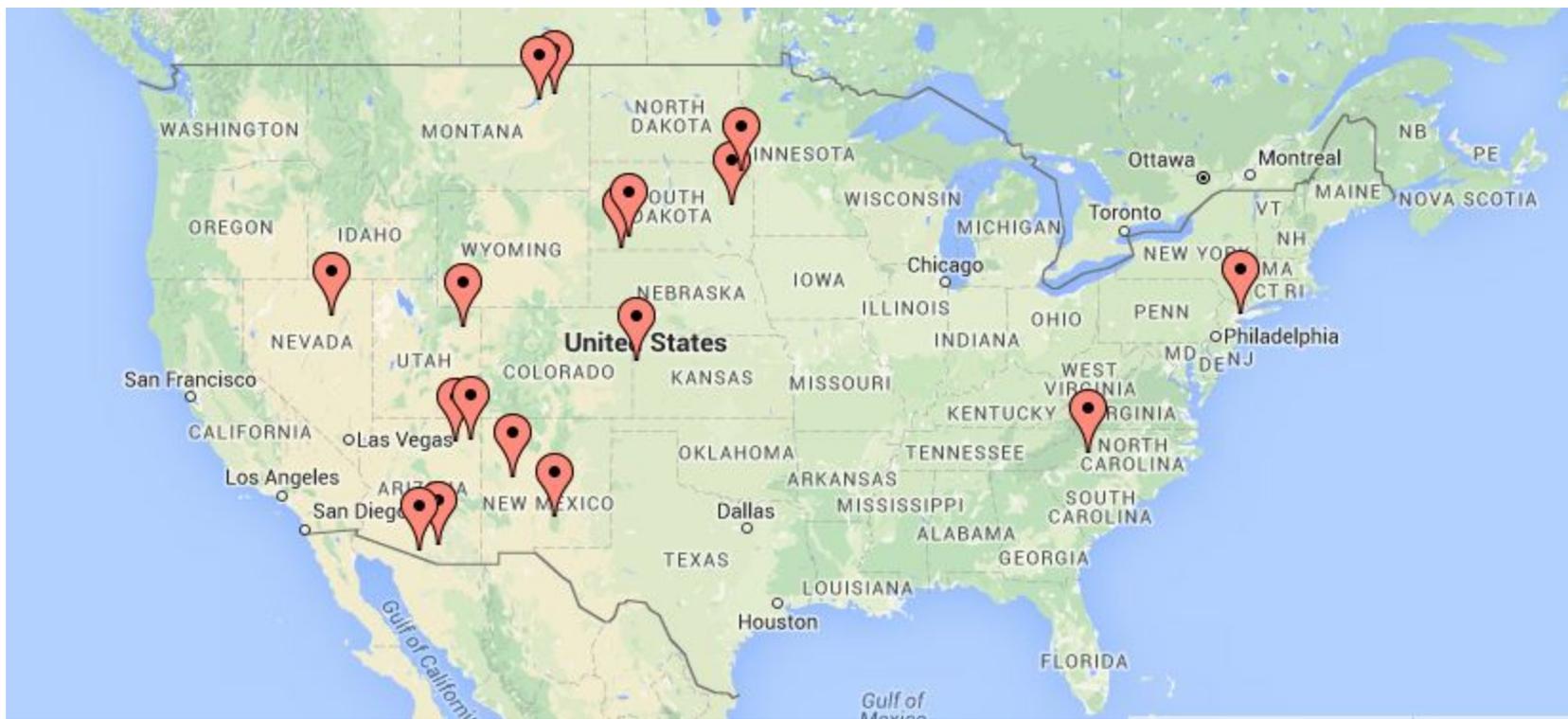
- Use of telehealth to address health disparities in rural areas through
 - › Education
 - › Direct clinical care
 - › Supervision

- Trauma Informed Approach

What is Telehealth?

- Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration
- Models include direct service, tele-education, tele-consultation, tele-supervision

We provide addictions psychiatry, child psychiatry, general psychiatry and psychology telehealth services to 22 sites



Similar Clinical Outcomes

- Similar reliability of DSM diagnoses (Shore et al., AJP, 2007)
- Equivalent HRDS, BDI scores, adherence to medication and follow- up appointments (Ruskin at al., AJP, 2004)
- Equivalent functional scores as assessed by CGI, BSI, SF-36 (O'Reilly et al., 2007)

Equivalent Satisfaction

- ◎ Patients report equivalent satisfaction with telehealth compared to face-to-face interactions when telehealth is conducted with experienced providers

Bishop, et al., 2002; Cook & Doyle, 2002; DeLasCuevas, et al., 2006; Ghosh, McLaren, & Watson, 1997; Knaevelsrud & Maercker, 2006; Modai et al., 2006.

Equivalent Rapport

- ◎ Multiple studies demonstrate equivalent rapport as reported by patients in clinical sessions conducted by Telehealth compared to face-to-face as measured by the Working Alliance Inventory: a 36 item scale which measures:
 - Task
 - Bond
 - Goal

Bouchard et al., 2004; Ertlelt et al., 2010; Himle et al. ,2006;
Knaevelsrud & Maercker, 2006; Morgan, Patrick, & Magaletta, 2008

Telehealth and Trauma

- Telehealth is an effective format for delivering trauma based interventions
 - › Cognitive Processing Therapy (Morland et al, 2015)
 - › Prolonged Exposure (Yuen et al., 2015)
 - › Trauma Focused CBT (Jones et al., 2014)
- 37% of all behavioral health telehealth encounters in VA system were for PTSD (Grubbs et al., 2015)

Cost comparison study of Telehealth:

Total cost to provide care via Telehealth: \$138/ per visit

- › Includes equipment, personnel, line cost

If care were to be provided onsite with “circuit rider”:

- › Total cost of \$169/ visit
- › Includes travel and personnel

If patient were to travel to central clinic:

- › Total costs for patient \$333/ visit
- › Includes travel and lost wages

Tele-supervision to expand workforce capacity

- Depending on licensing regulations, telehealth may be an option for pre-licensure providers in rural communities to obtain supervision hours towards independent licensure
- Currently, we are providing tele-supervision to 16 supervisees in rural communities through group and individual sessions
- Can be helpful for behavioral health providers who are sole behavioral health clinicians in their community

TeleBehavioral Health (TBH)

Treating Trauma in Native American Communities
through TBH Services

Stacy Miller, Ph.D.
Clinical Psychologist
Indian Health Service

Some Important Questions or Comments from Providers

- “How can that work? – Treating people through video?”
- “Don’t you want to see people in person?”
- “I could never do that”
- “Don’t you like us (don’t want to live amongst us)?”
- “People don’t want to talk to a therapist through a video screen.”

“How can that work?”

- ⦿ “We never did that before, we always did [place particular ineffective, outdated policy here] this way”
- ⦿ Change = moving out of our comfort zone and learning new skills
 - › Don’t be afraid, we are not here to replace but to add and to help

“Don't you want to see people in person?”

- Want vs Need
- Ability to target areas most in need and provide specialty services
- Ability to target some barriers that reservations experience (travel, confidentiality issues, bias issues)
- Actually, therapy is not much different in TBH. Some differences include:
 - › Being unable to shake Client's hand during introduction and at the end of treatment
 - › Adjustment with response times but adapt very quickly within the first ten minutes

“I could never do that”

- ◎ Every therapist has his/her own style
- ◎ Every therapist has his/her own treatment strategies they are passionate about
 - › Attention to Therapist Processes (Najavits, 2002)
 - Building an alliance
 - Having compassion for Patients' experiences;
(Not asking the Patient to do things that one cannot do oneself)
 - Integrate praise and accountability

“Don’t you like us . . . ?”

- Nothing to do with like or dislike but a lot to do with, “How can I be most useful and effective to Native Communities”
 - › Emphasizing the word “I”, meaning that this statement has different answers for different providers
 - › The pattern of the “tornado effect”

“People don’t want to talk to a therapist through a video screen”

- Are you generalizing?
- Are you projecting your own preferences onto others ?

Reasons for Choosing TBH

- Ability to provide help to Tribal and IHS BH providers across the country during times of dire need
 - › Suicide clusters
 - › Grieving community
 - › Staff shortage
 - › Reduce barrier issues
- Ability to reduce the “Tornado effect”
- Ability to treat Clients who are not responding well to in-person therapy for some reason.

What do I do exactly?

- ◎ Trauma Treatment:
 - ☐☐ Prolonged Exposure Therapy
Ages 18+
 - ☐☐ Trauma-focused CBT for Children
and Adolescents
Ages 11 to 18
- ◎ Depression and Anxiety:
 - ☐☐ Behavioral Activation for Anxiety
and Depression
 - ☐☐ CBT for Depression and Anxiety
- ◎ Chronic Pain:
 - ☐☐ CBT for Managing Chronic Pain

*Anger Management, Mindfulness skills, Grief and Loss

What to expect as a Client

- Intake
- 10 to 12 sessions focusing on Client's goals
- Follow up Sessions if needed
- Utilize depression and trauma screenings throughout Client's treatment
- Integrated care
- Suicidal Ideation: Assess and follow protocol according to clinical judgment

How does Trauma Informed Care fit within Telehealth?

- Provide a case example from both perspectives
 - › From an on-site experience
 - › From a TBH experience

Vicarious Trauma

Secondary Traumatic Stress in Behavioral Health Providers: How to Identify It and What to Do About It

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DISCLOSURE SLIDE

Shawn S. Sidhu writes Continuing Medical Education questions for the American Psychiatric Association journal *FOCUS* for which he receives royalties

Main References

“Understanding Compassion Fatigue in Healthcare Providers: A Review of Current Literature.” *Journal of Nursing Scholarship*. 2016 Jun 28 [Epub ahead of print]

What is Vicarious Trauma?

Other similar concepts include “Secondary Traumatic Stress” and “Compassion Fatigue”

Vicarious Trauma refers to the process by which behavioral health workers are exposed to the traumatic stories and experiences of their patients/clients

Secondary Traumatic Stress

Exposure to vicarious trauma which causes distress and could result in impairment in functioning, as would be expected in such conditions as Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD)

Compassion Fatigue

“Exposure to repeated interactions requiring high levels of empathic engagement with distressed clients (not necessarily trauma)”

Physical, emotional, and work-related symptoms

Impairs Functioning (ability to care for self and others)

Compassion Fatigue

Can be a **PRECURSOR** to burnout

Signs/Symptoms of Secondary Traumatic Stress

Being unable to get stories or images out of your mind after the session is over, including possibly nightmares or flashbacks

Feeling hypervigilant or like your own safety could be endangered

Feeling restless, keyed up, or on edge

Avoiding certain situations

Noticing an impact on mood or functioning

How Common is Secondary Traumatic Stress?

The vast majority of nurses working in emergency departments reported traumatic stress within the past week

At least 33% of this sample met full criteria for Secondary Traumatic Stress (Dominguez-Gomez and Rutledge 2009)

72% of trauma workers endorsed working with their own trauma therapist as "necessary or often justified" (Deighton et al. 2007)

Signs/Symptoms of Compassion Fatigue

Having greater difficulty maintaining the same degree of empathy over time

Feeling numb, detached, or indifferent

Feeling mentally, physically, and emotionally exhausted

Ultimately feeling powerless or like a failure

How Common is Compassion Fatigue?

69% of physicians in Australia met criteria for burnout and 71% have a concern for their own health and well-being. 30% reported emotional exhaustion (Markwell and Wainer 2009)

50% of child protective services workers experience high or very high levels of compassion fatigue (Conrad and Kellar-Guenther 2006)

What to Do About It

In a meta-analysis of 42 articles, **self-care** was the most significant preventative measure

Also helpful were finding effective emotional coping strategies and feeling a sense of control

Workplace educational programs have helped to improve awareness and increase prevention, recognition, and treatment

Self-Care

Talking to colleagues

Night-Time Routine/Time Away from Work

- Creative Outlets and Restorative Activities

- Avoid Re-Traumatization/Toxic Relationships

Regular Appointments (doctor, dentist, therapist, massage, chiropractor, etc.)

Exercise/Diet/Sleep

Religious/Spiritual Life

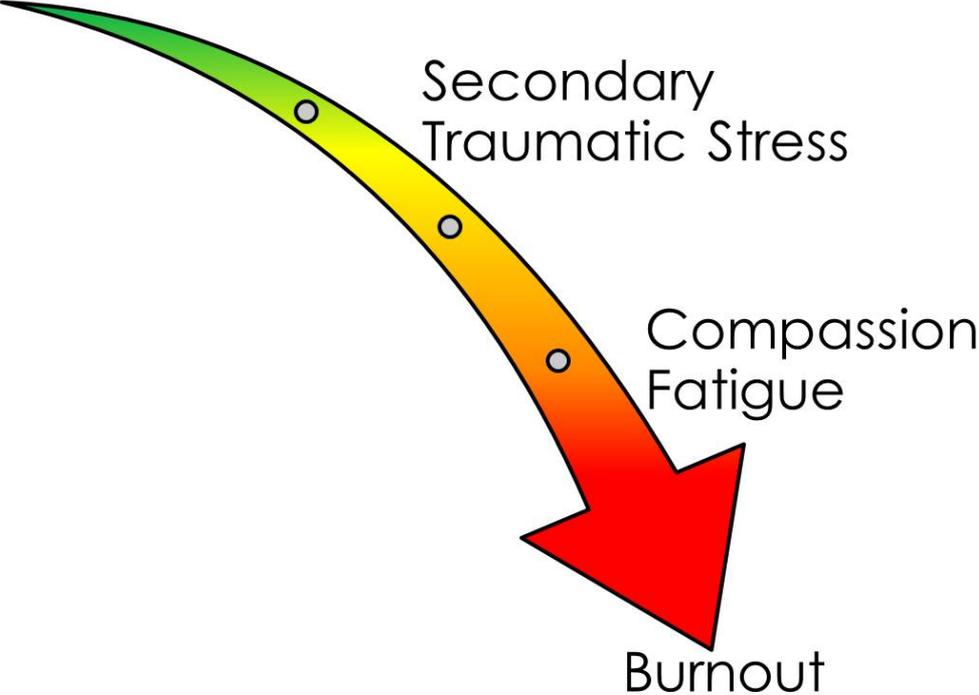
Vicarious Resilience and Vicarious Post-Traumatic Growth

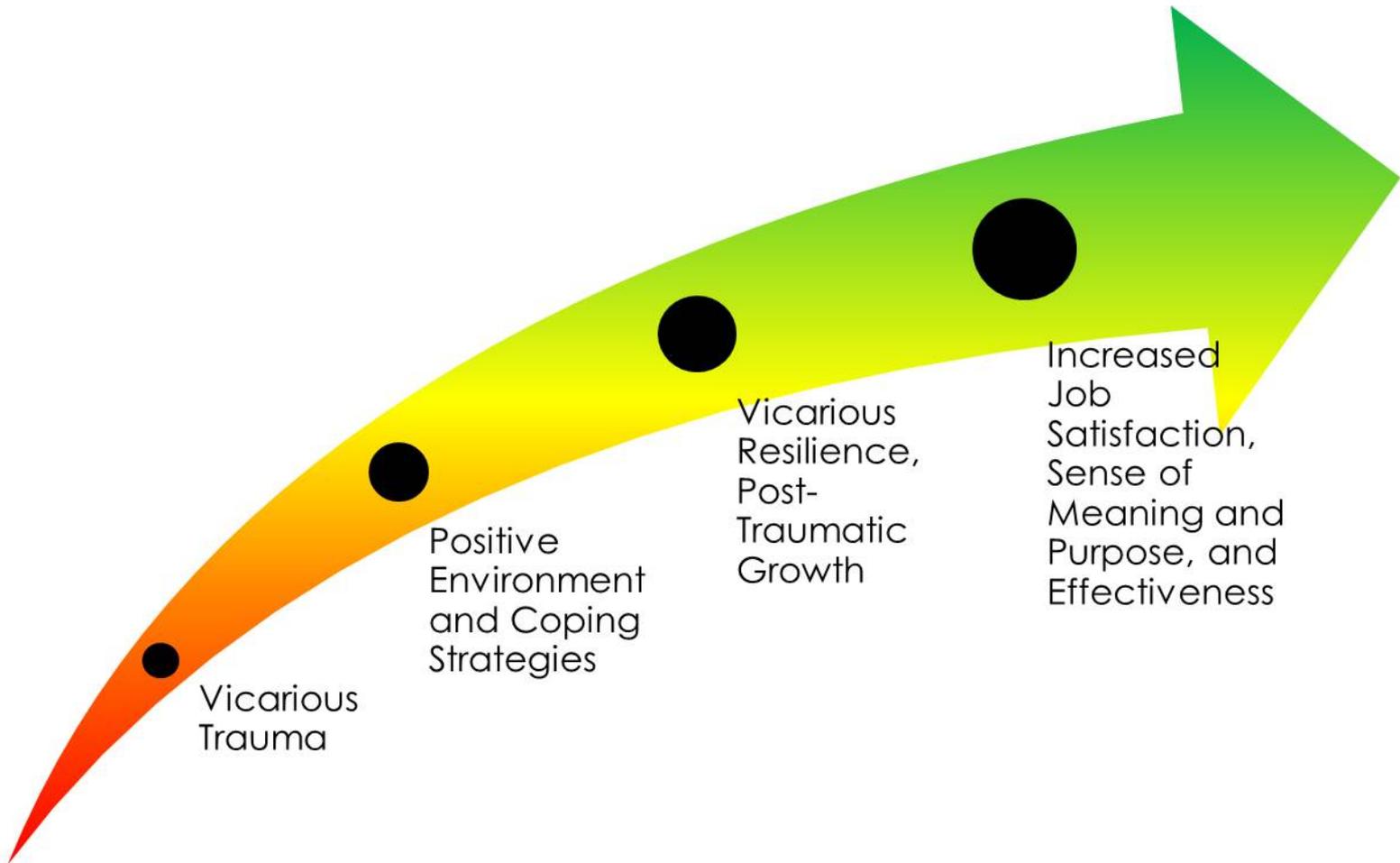
Edelkott N, Engstrom DW, Hernandez-Wolfe P, et al.

“Vicarious Resilience: Complexities and Variations.”

Work Environment: Teamwork and positive working relationships are preventive, whereas isolation and toxic relationships are a risk factor

Vicarious
Trauma





Vicarious Trauma

Positive Environment and Coping Strategies

Vicarious Resilience, Post-Traumatic Growth

Increased Job Satisfaction, Sense of Meaning and Purpose, and Effectiveness

QUESTIONS/COMMENTS?