

# APSAC Research to Practice Brief

**Study Title:** A Pilot Study of Trauma-Focused Cognitive-Behavioral Therapy Delivered via Telehealth Technology

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## **Introduction:**

Half of all youth before the age of 18 will experience at least one potentially traumatic event, including physical abuse, sexual abuse, witnessing domestic or community violence, and/or violent or unexpected death of a loved one (Finkelhor, Turner, Shattuck, & Hamby, 2013; Kilpatrick et al., 2003). This study seeks to reduce barriers for youth in need of mental health services via how Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) delivered through telehealth technology, therapy via videoconferencing software. These barriers include: (1) lack of transportation and means to travel (e.g. gas/parking money) to mental health facilities, (2) lack of insurance, (3) employment barriers (e.g. scheduled work hours, leave restrictions), and (4) limited availability of culturally and linguistically competent services for Spanish-speaking children and families. While telehealth has great potential to reduce these barriers, little research has been done on the effectiveness of TF-CBT delivered to youth via telehealth technology. This study examines the effectiveness of telehealth technology in delivering TF-CBT to children and adolescents with PTSD or adjustment disorder.

## **Research Questions:**

Researchers explored two guiding questions: (1) Does telehealth technology improve access to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for trauma-exposed youth from economically disadvantaged backgrounds? (2) Does TF-CBT delivered by telehealth technology to these youth appear to lessen PTSD, depression, and anxiety symptoms? The researchers focused on five outcomes of interest: (1) strategies for providing TF-CBT via telehealth, (2) technical performance of the telehealth equipment, (3) safety issues, (4) number of sessions attended and rates of treatment completion, and (5) clinical outcomes related to self-reported and parent-reported symptoms of PTSD, depression, and anxiety.

## **Subjects:**

Participants included 15 youth, age 7-16, referred for treatment at a trauma treatment center. 14 were female, 46.7% Hispanic, 40.0% African American, and 13.3% Caucasian. 10 participants lived in underserved urban locations, and five lived in rural locations. All youth met criteria for either PTSD (12) or Adjustment Disorder (3). Five youth had an index trauma of sexual abuse, one had an index trauma of physical abuse, three experienced the traumatic loss of a loved one, two witnessed the

armed robbery of a family member, one witnessed the physical abuse of a sibling, and three experienced multiple traumas. Youth were excluded from the study if they presented with current suicidal ideation or exhibited serious externalizing behaviors and were a danger to themselves or the telehealth equipment. Barriers to treatment services included: lack of transportation, language preference of the child and/or caregiver, caregiver work schedule and rural location.

### **Findings:**

Both school and home settings were utilized in the completion of treatment. There were basic guidelines established for videoconferencing sessions: select a space with minimal distractions and privacy, silence or turning off cell phones, and avoid using the computer for other activities. For home sessions, respecting the child's privacy by providing a space that would not be overheard was emphasized to the parents. Sessions held at school were completed using a provided laptop, and school staff were instructed on how to use the equipment. Technology issues were addressed before the initiation of treatment and were minimal throughout. Safety plans were established with schools and parents before treatment began but were not necessary over the course of this study. Barriers to technology access were lessened by giving participants laptops or network accessible iPads to be used for the duration of the treatment. Appropriate software was predownloaded, which reduced technological issues. The HIPPA compliant Vidyo videoconferencing software proved beneficial for screen sharing from provider to patient. Providers expressed satisfaction with the telehealth model, and the parents who completed satisfaction surveys (47%) were 100% satisfied with telehealth.

Researchers found that TF-CBT delivered via telehealth technology was successful at reducing barriers to treatment. All participants completed between 12-19, 45-90 minute, sessions. All youth completed treatment (0% dropout). All youth had a caregiver who actively participated in treatment. Both youth and their caregivers report a decrease in youth PTSD symptoms. At the completion of treatment, all youth no longer met criteria for either PTSD or adjustment disorder as measured by the UCLA PTSD Reaction Index, which assesses trauma exposure and post-traumatic stress symptoms among children and adolescents.

### **Recommendation:**

The study's findings suggest that providers working with youth impacted by trauma should consider offering TF-CBT through telehealth technologies as a means of reducing barriers and promoting treatment engagement and completion.

The school setting proved conducive in this study for increasing access to treatment. More youth may be able to receive treatment if schools offered an environment where telehealth services were more easily accessible to their students. Increased funding is needed to provide technology for treatment use as well as making quality providers accessible and affordable for underserved communities. Encouraging partnerships between providers and schools to offer mental health services via telehealth, ensures the use of appropriate technology, addresses safety concerns, and maintains privacy.

Future research considerations include: increasing male participants, using a larger sample size, use of a comparison group and randomization, participants without caregiver involvement in treatment, and a focus on either home setting or school setting in order to increase the validity of these findings.

### **Bottom Line:**

*This research suggests that TF-CBT delivered by telehealth technologies can be just as effective as in-person treatment.*

Trauma-focused cognitive-behavioral therapy delivered via telehealth technologies proved successful in reducing youth barriers to accessibility while lessening PTSD symptoms and promoting the completion of treatment.

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### **Other References**

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### **About the Student Research to Practice Brief Author**

**Kymber Stanley** is currently a Master of Social Work candidate with a concentration in Interpersonal Practice and Mental Health at the University of Michigan. Presently, she is a psychotherapy intern at The Women's Center of Southeastern Michigan. Kymber earned her Bachelor of Arts in Psychology and Bachelor of Social Work from Spring Arbor University.

*This brief was produced as part of a collaboration between a SW708 at the University of Michigan and APSAC. The goal of this project is to teach a real-world application of research translation, offer an early opportunity for professional publication, and introduce students to how professional organizations can serve as an ongoing source of knowledge throughout their careers. By distributing the briefs among child maltreatment and child welfare professionals at all career stages, APSAC seeks to speed the dissemination of evidence-based practices and increase access to applied research findings for front line workers, while also helping to shape policy for organizations. If you would like to bring this project to your classroom, [contact Bri Stormer, MSW](#).*