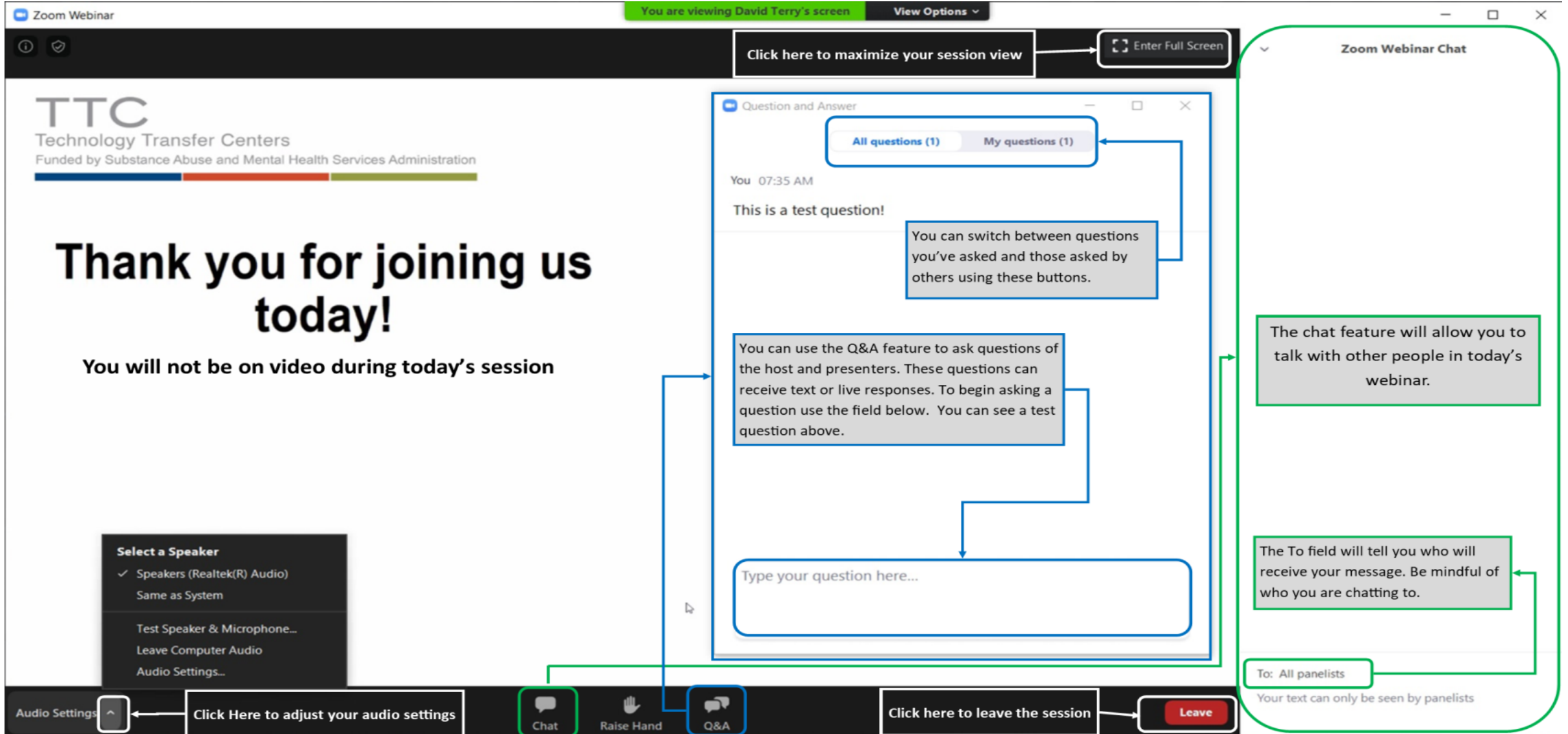


Please Note:

- All attendees are muted
- Today's session will be recorded

Get to know the Zoom Webinar interface



The screenshot shows a Zoom Webinar interface with several key components and annotations:

- Header:** "Zoom Webinar" title bar, "You are viewing David Terry's screen", and "View Options" dropdown.
- Session Controls:** "Click here to maximize your session view" and "Enter Full Screen" button.
- Main Content:** "TTC Technology Transfer Centers" logo and "Thank you for joining us today!" message. A note states: "You will not be on video during today's session".
- Q&A Window:** A "Question and Answer" window is open, showing a test question: "This is a test question!". It includes tabs for "All questions (1)" and "My questions (1)". A text box explains: "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above." Below the text is a "Type your question here..." input field.
- Chat Window:** A "Zoom Webinar Chat" window is open on the right. It contains a message: "The chat feature will allow you to talk with other people in today's webinar." Below this is another message: "The To field will tell you who will receive your message. Be mindful of who you are chatting to." At the bottom, it shows "To: All panelists" and "Your text can only be seen by panelists".
- Audio Settings:** A "Select a Speaker" menu is open, showing options: "Speakers (Realtek(R) Audio)", "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", and "Audio Settings...". A callout points to the "Audio Settings" button in the bottom toolbar with the text: "Click Here to adjust your audio settings".
- Bottom Toolbar:** Includes "Audio Settings", "Chat", "Raise Hand", "Q&A", "Click here to leave the session", and a "Leave" button.



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Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Clinical Innovations in Telehealth Learning Series: Treating PTSD in the Context of COVID-19

Debra Kaysen, PhD ABPP, Stanford University

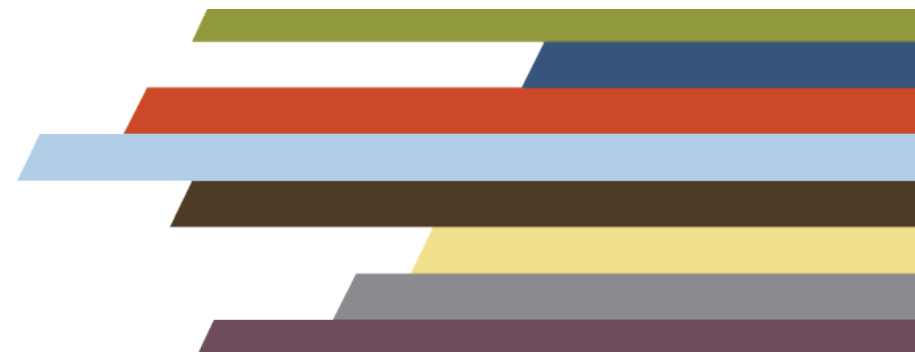
Shannon Wiltsey-Stirman, PhD, National Centers for PTSD, Stanford University

Katy Dondanville, PsyD, ABPP, University of Texas Health Science Center at San Antonio

SAMHSA
Substance Abuse and Mental Health
Services Administration



Building Telehealth
CAPACITY



CLINICAL INNOVATIONS IN TELEHEALTH LEARNING SERIES

- ▶ 4 SESSIONS
- ▶ STARTING TUESDAY, MAY 19
- ▶ EVERY TUESDAY, 10-11am PT / 1-2pm ET
- ▶ REGISTER AT <https://bit.ly/mhttc-telehealth>



Housekeeping Items

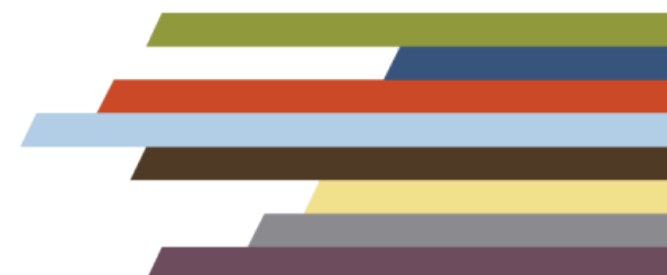
- We have made every attempt to make today's presentation secure. If we need to end today's presentation unexpectedly, we will follow-up with you using your registration information.
- All attendees are muted and attendees cannot share video during this session.
- Remember to ask questions using the Q&A feature
- You will receive an email following the presentation on how to access a certificate of attendance

• Follow us on social media:



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**Please Note:
The session
recording and slide
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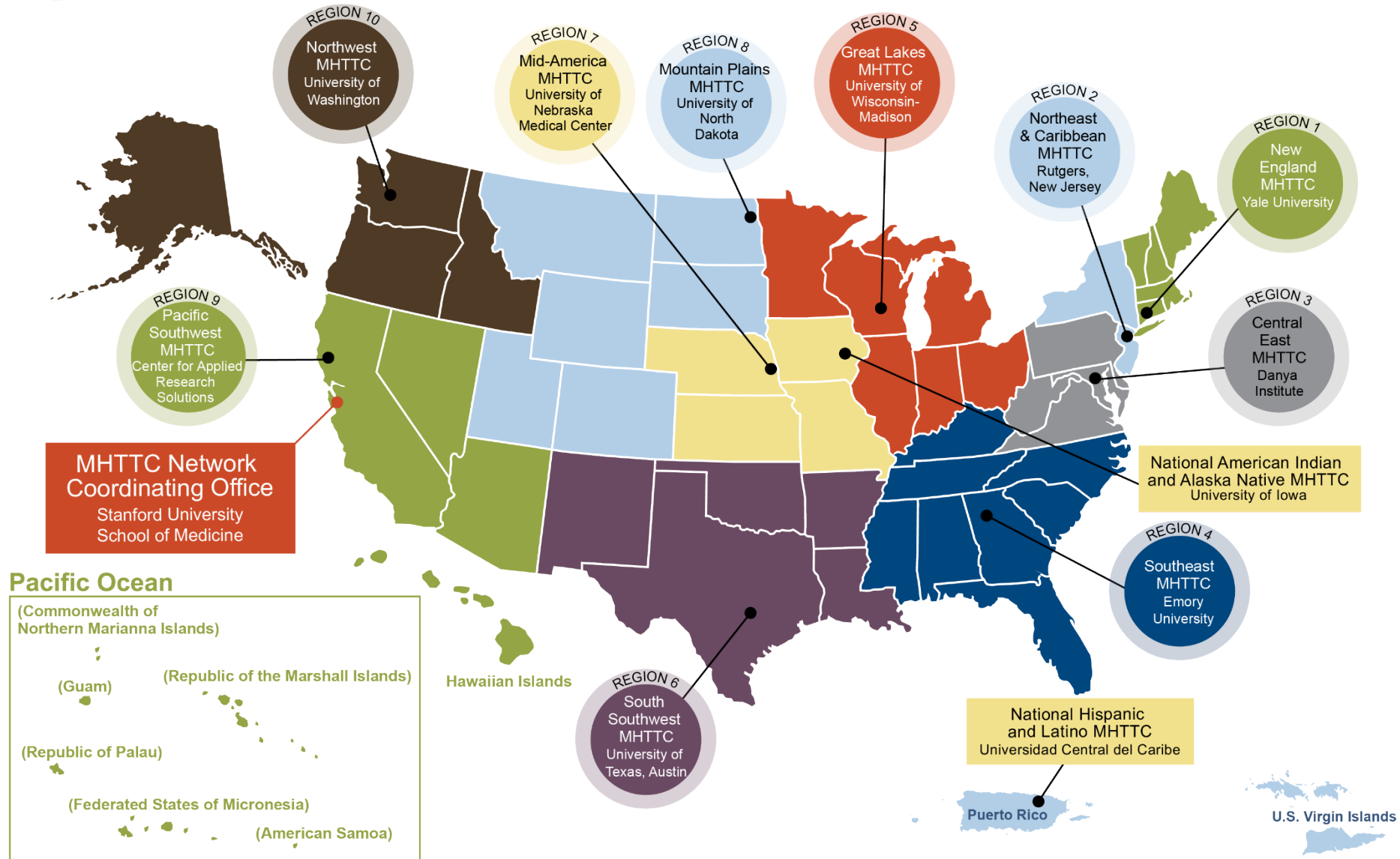
Connect with Your MHTTC - www.mhttcnetwork.org



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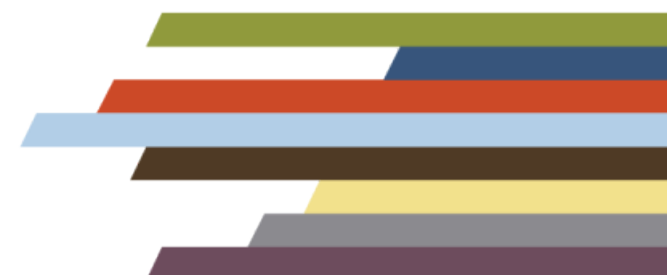
MHTTC Network



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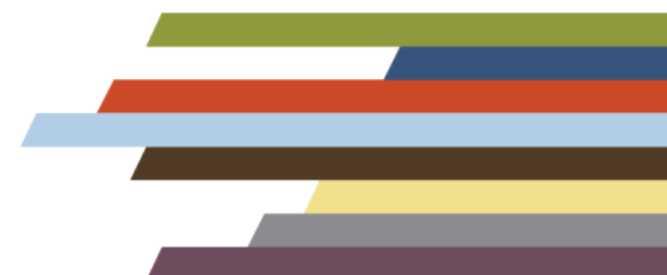
At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the presenters, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



Evaluation Information

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Treating PTSD in the Context of COVID-19

Debra Kaysen, PhD ABPP

Stanford University

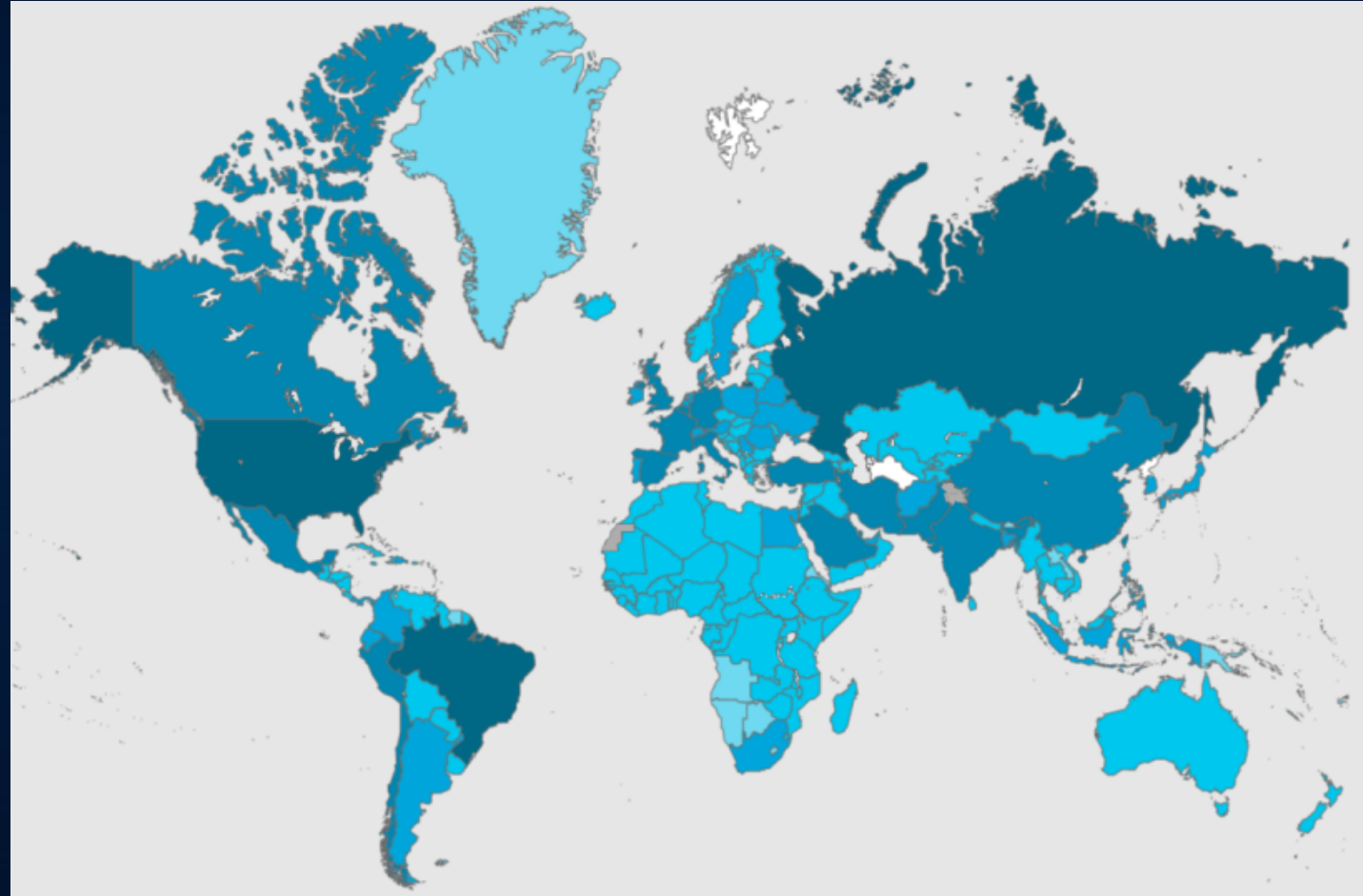
Shannon Wiltsey-Stirman, PhD

National Centers for PTSD

Stanford University

Katy Dondanville, PsyD, ABPP

University of Texas Health Science Center at
San Antonio



Total Cases, World Health Organization, May 29, 2020



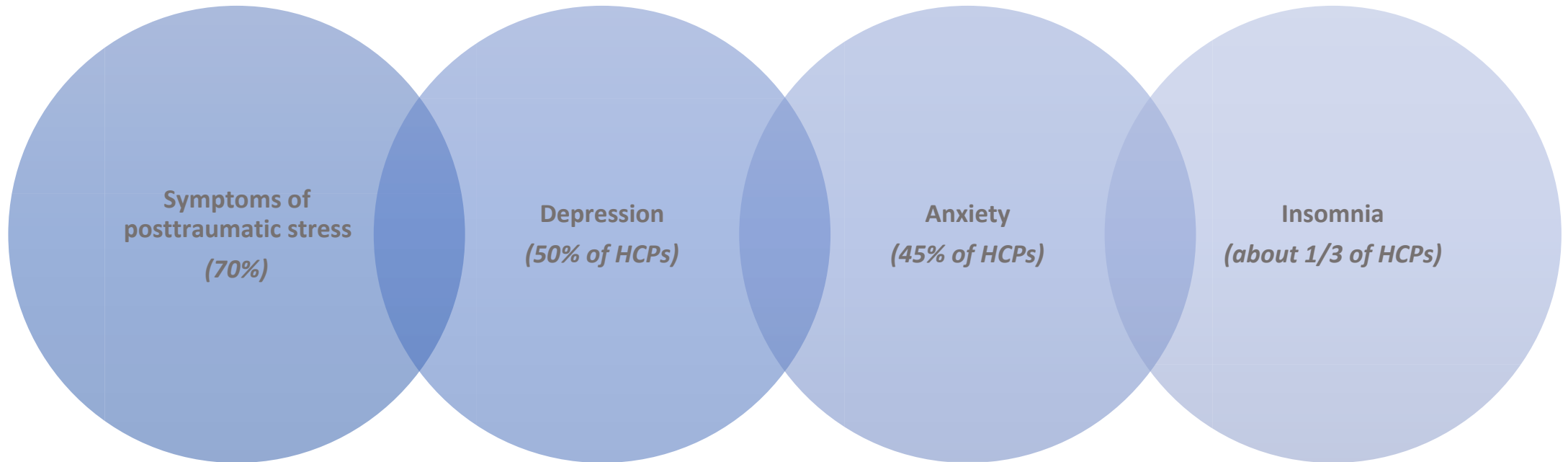
When is COVID-19
Stress vs Traumatic
Stress?

Resilience is the process of adapting well in the face of adversity or significant sources of stress

- Resilience is ordinary & common, not extraordinary.
- Being resilient does not mean the absence of difficulty or distress.
- Resilience is not a trait -- it can be learned and acquired.

Consequences of Intensifying Emotional Distress During this Pandemic

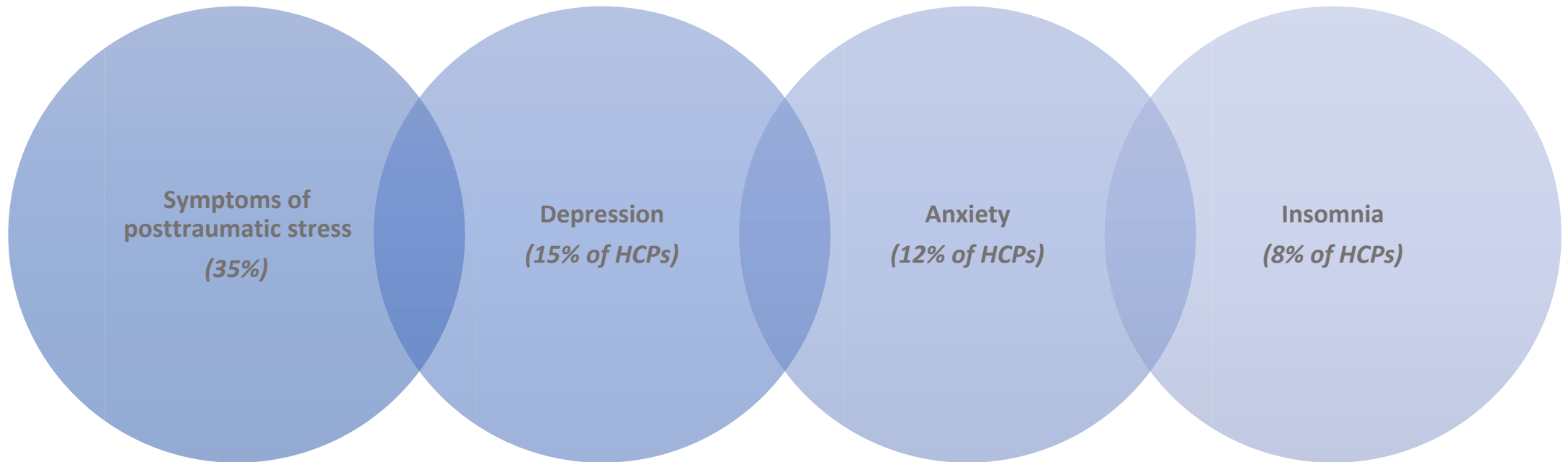
Healthcare Workers Experience Symptoms of:



Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R. and Tan, H., 2020. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Network Open, 3(3), pp.e203976-e203976.

Consequences of Intensifying Emotional Distress During this Pandemic

Healthcare Workers Experience Moderate/Severe Symptoms of:



Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R. and Tan, H., 2020. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Network Open, 3(3), pp.e203976-e203976.

Treatment approach will vary depending on how soon someone presents following a traumatic stressor.

First 24-72 hours

Safety/stabilization

- Initial crisis
- Safety and stabilization
- Psychological first aid
- Non-mental health intervention
- Typically 1-2 sessions

Post-Trauma

Recovery

- Chronic PTSD
- Trauma focused therapies (exposure or cognitive restructuring – e.g. PE or CPT)
- 5-15 sessions
- Specialty mental health

Days to weeks post-trauma

Building resilience

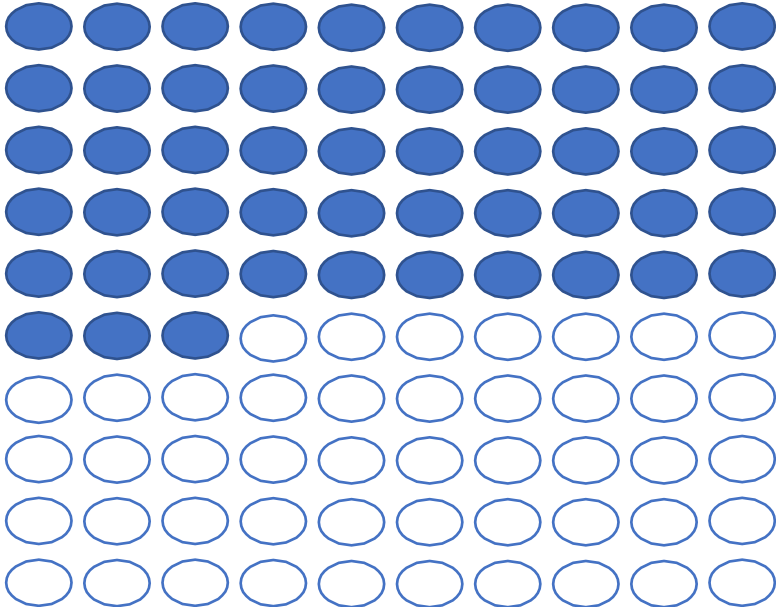
- Natural recovery phase
- Secondary prevention
- Skills based (social support, coping efficacy, behavioral activation, managing reactions)
- 1-6 sessions

Both specific psychotherapies and specific medications are effective for treating PTSD.

Psychotherapy

(CPT, PE, EMDR)

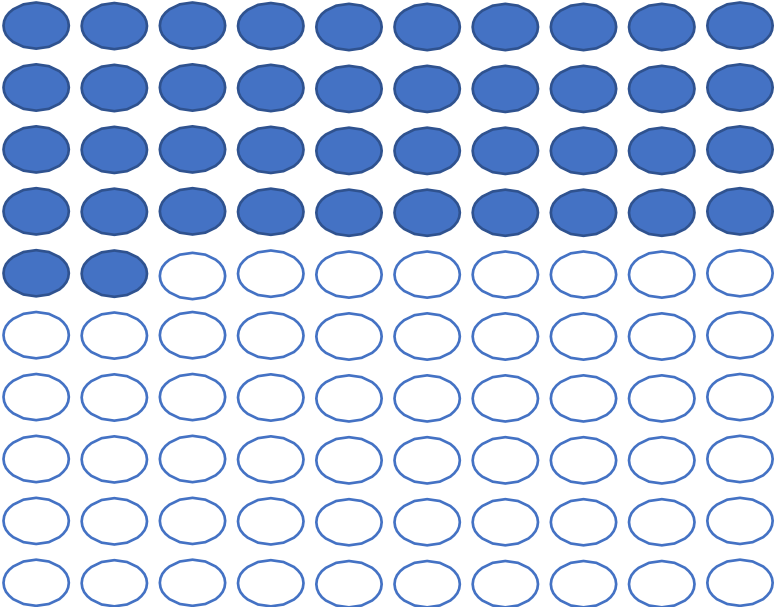
53 out of 100 people who receive a trauma-focused therapy will no longer have PTSD when they finish treatment.



Medication

(Zoloft, Paxil, Prozac, Effexor)

42 out of 100 people who receive a specific medication will no longer have PTSD when they finish treatment.



ISTSS Clinical Practice Guidelines for the Treatment of PTSD (2018): Psychotherapy

Use individual, manualized trauma-focused psychotherapy, with primary component of exposure and/or cognitive restructuring.

Strong

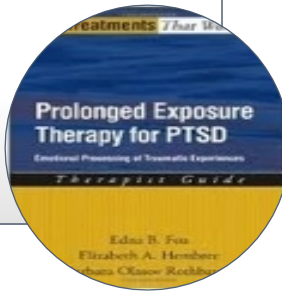
- **Cognitive Processing Therapy***
- **Cognitive Therapy**
- **EMDR**
- **Individual CBT with a Trauma Focus (undifferentiated)**
- **Prolonged Exposure***

Standard

- **CBT without a Trauma Focus**
- **Group CBT with Trauma Focus**
- **Guided Internet-based CBT with a Trauma Focus**
- **Narrative Exposure Therapy**
- **Present Centered Therapy**

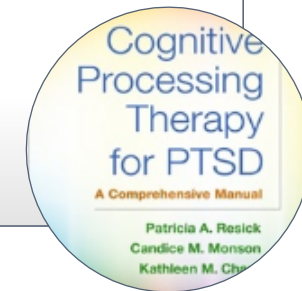
- Active component is exposure
- Exposure to feared stimuli naturally disconfirms negative cognitions
- Includes imaginal and in vivo exposure

Prolonged Exposure (Foa)

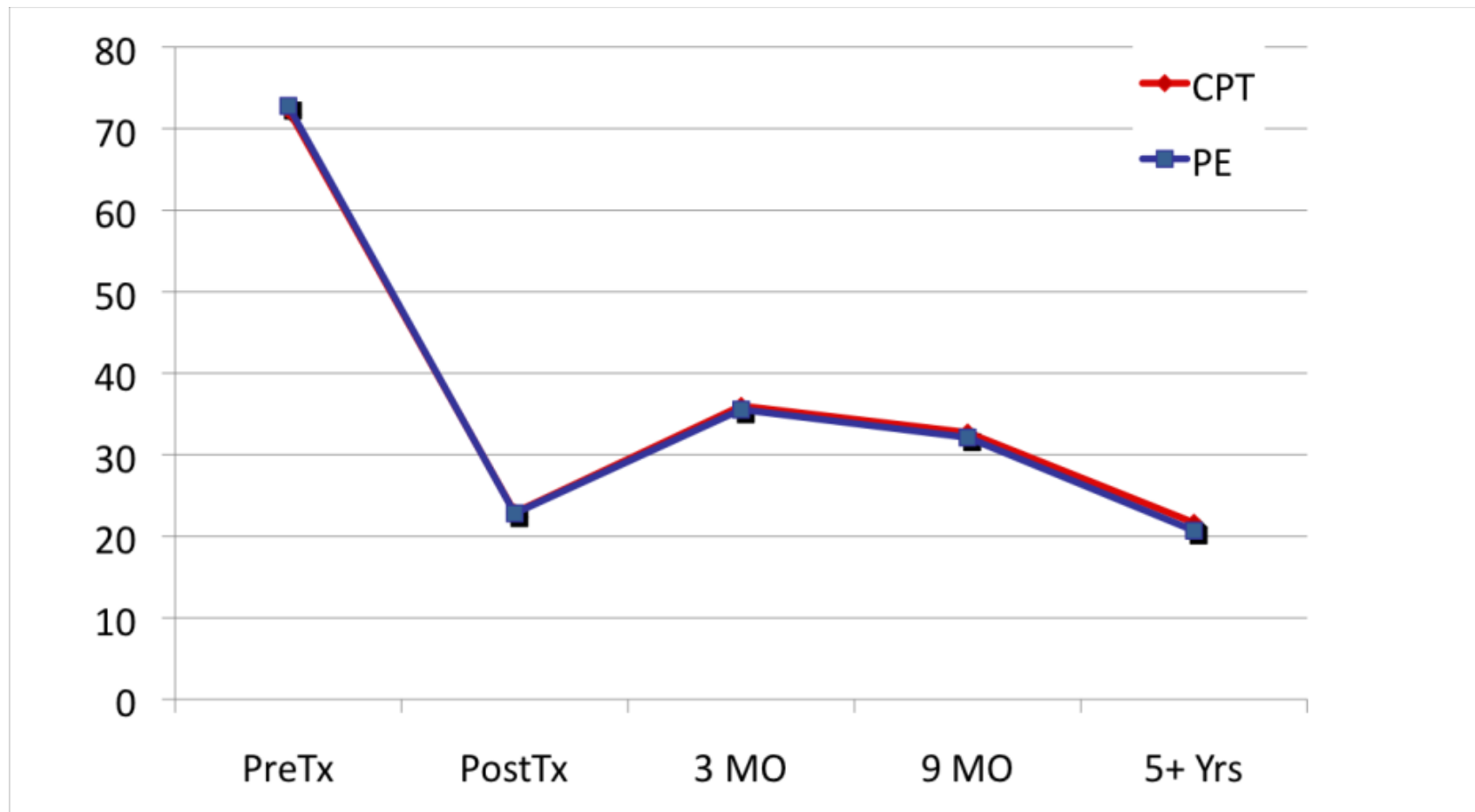


- Active component is cognitive restructuring in context of emotional processing
- CPT effective w/ fewer (or no) exposure sessions
- Changes in beliefs lead to changes in emotions and symptoms

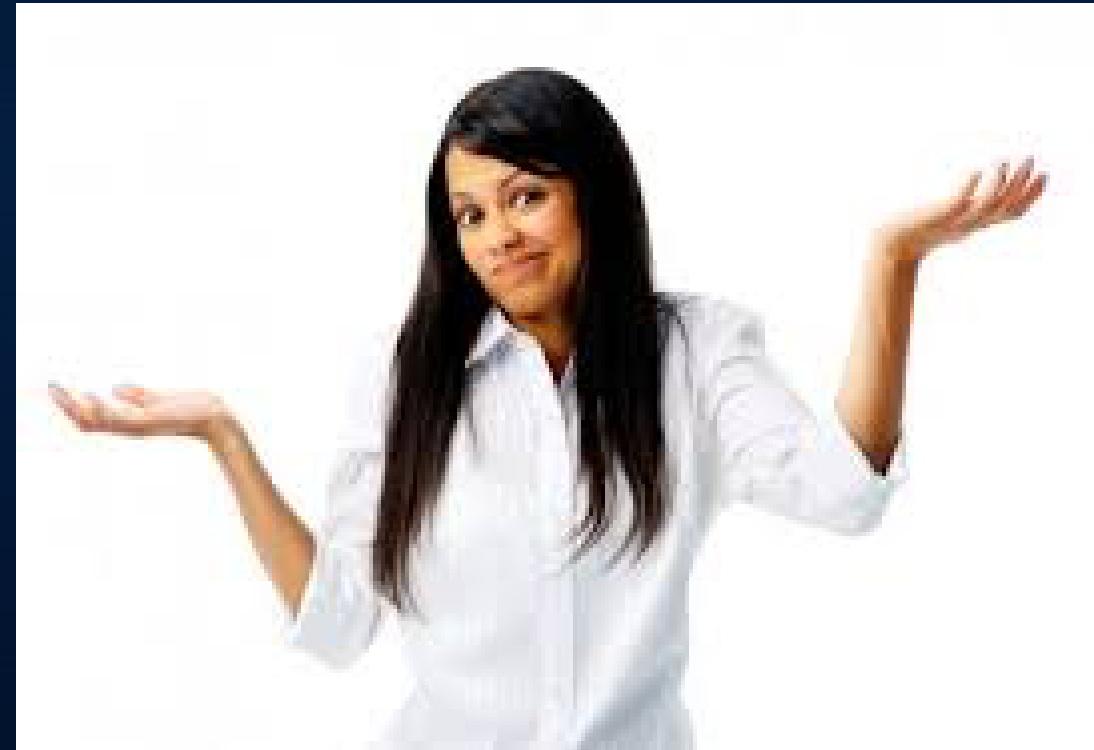
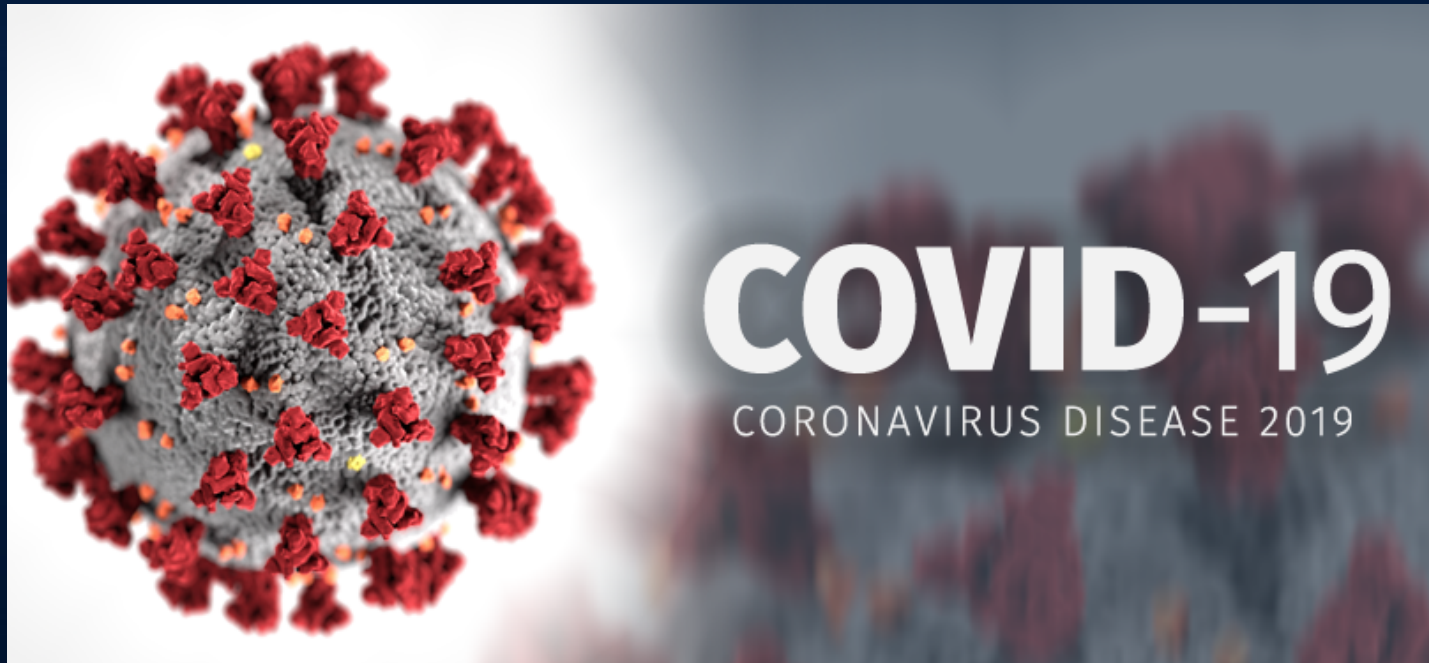
Cognitive Processing Therapy (Resick)



Both PE and CPT have enduring treatment effects, as long as 5 or more years after completing therapy.

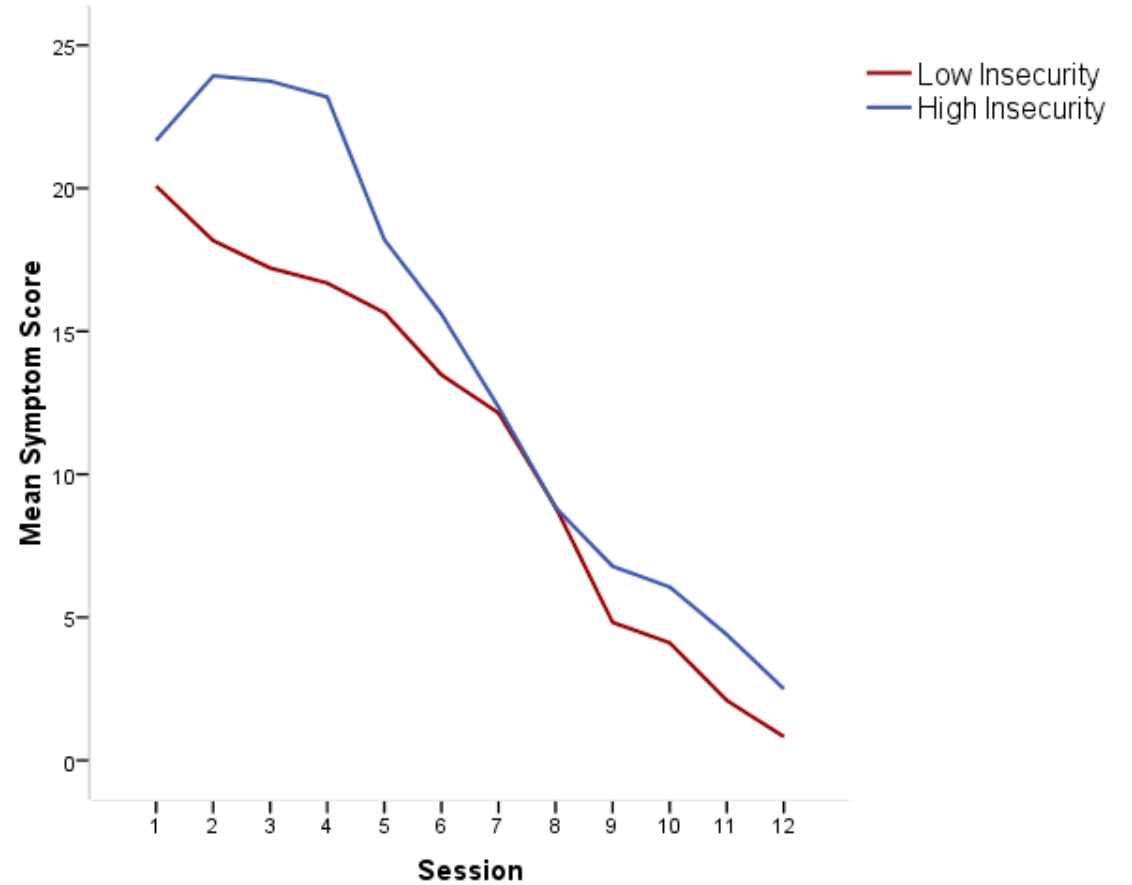


Can you do trauma-focused treatment in
a pandemic?




In providing group CPT in the Democratic Republic of Congo women's symptoms improved even in the midst of ongoing conflict and violence.

Incidents	Setting insecurity
Over 40 people kidnapped and taken into the forest. One woman from group murdered.	High
One attack on village. People fled to the forest for safety.	High
Bullets fired in the center of town by military.	High
6 murders by bandits or military over 2 months.	Low
2 outbursts of fighting causing displacement.	Low
Bandits attacked and robbed health center.	Low
Attack and pillage of the parish and clinic.	Low





Semper Gumby-
Marine Corps
“Always Flexible”



Implementation: Adaptation

Core elements vs. Core functions



What do we mean by core elements?



Parts of the intervention that are empirically or theoretically associated with desired outcomes/impact



Parts of the intervention that are effective and necessary

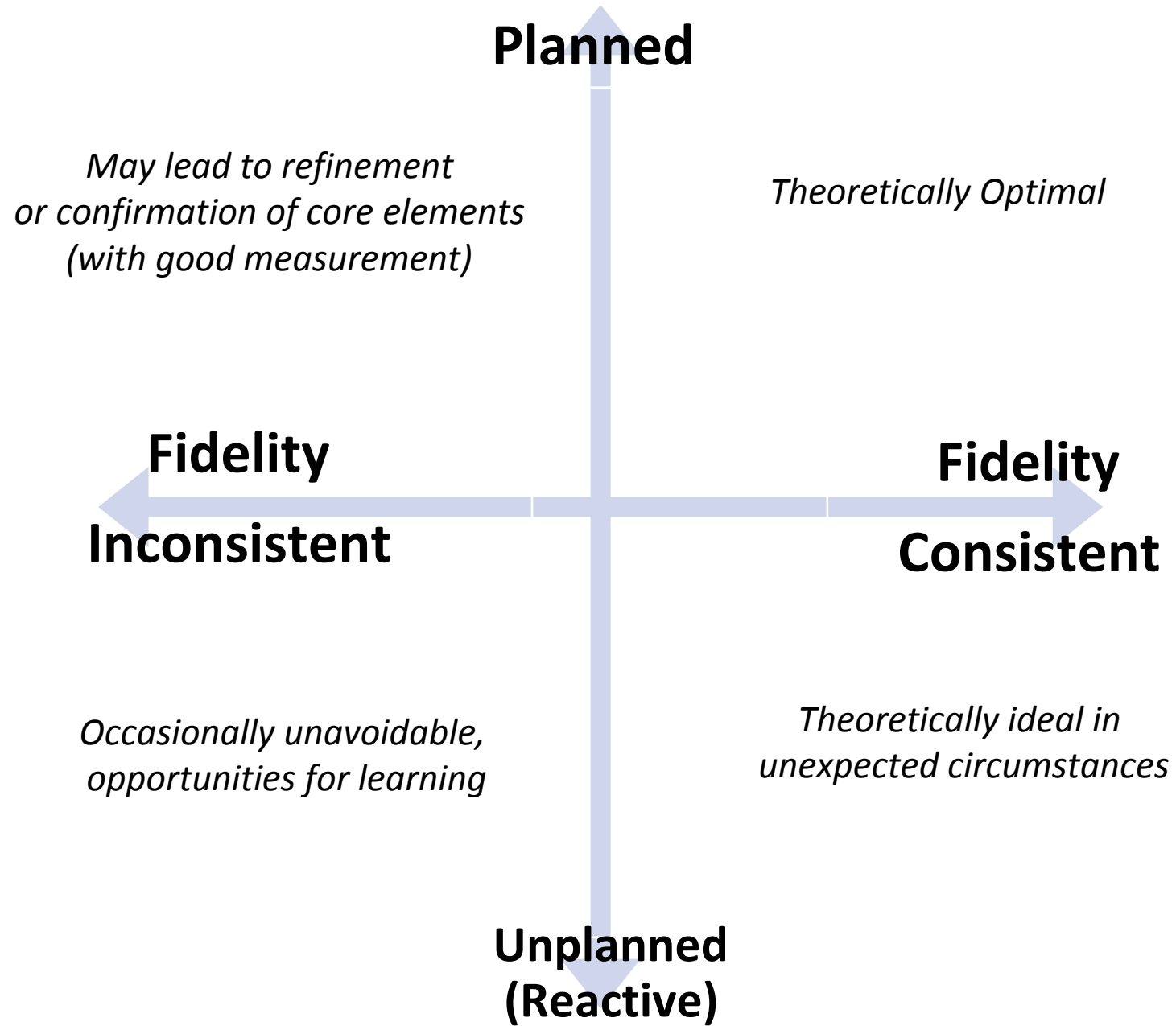


Might mean attending to *function*, rather than *form* in complex settings and interventions (c.f., Mittman, 2018)

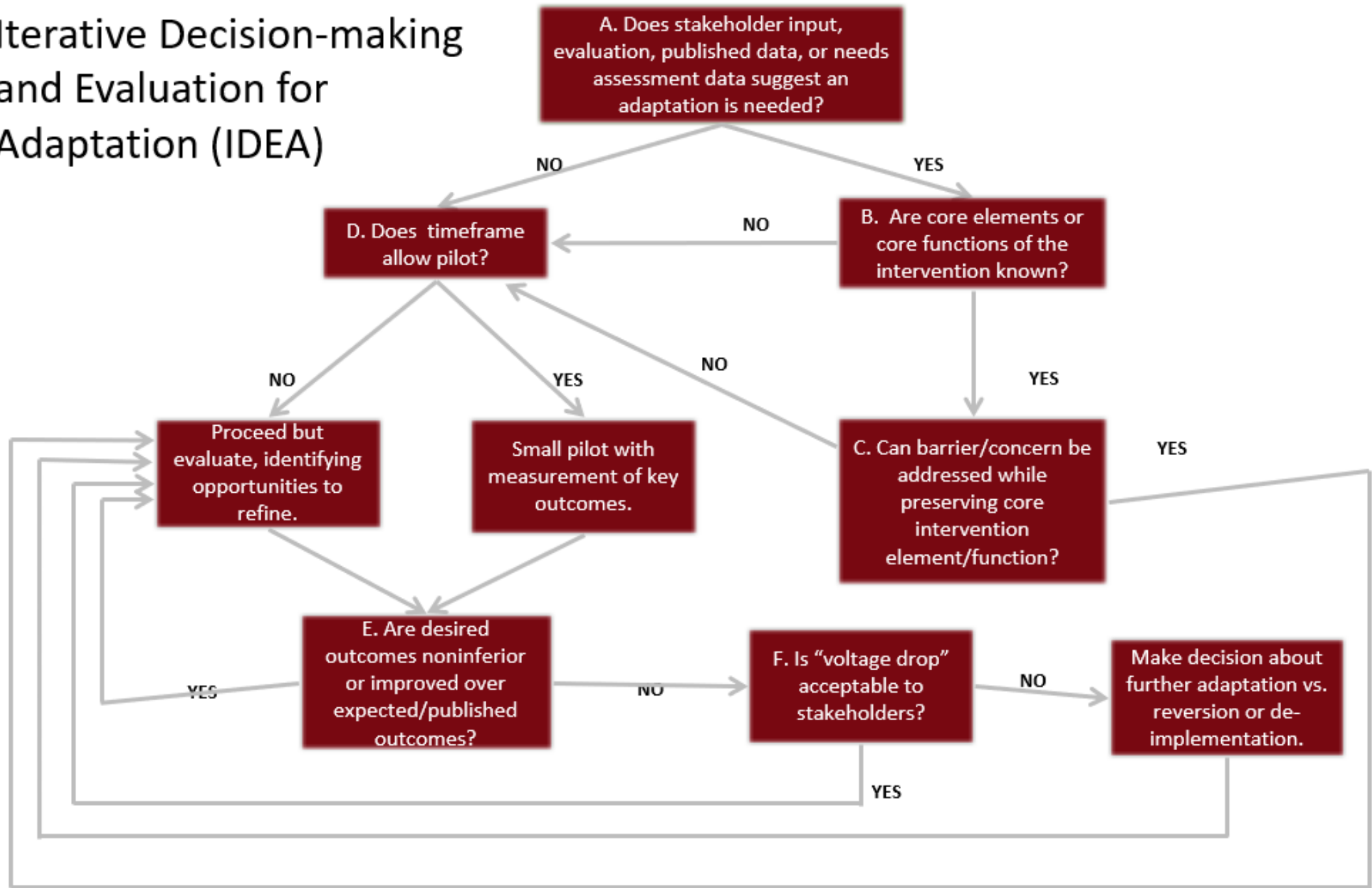


These may not be the same in all contexts

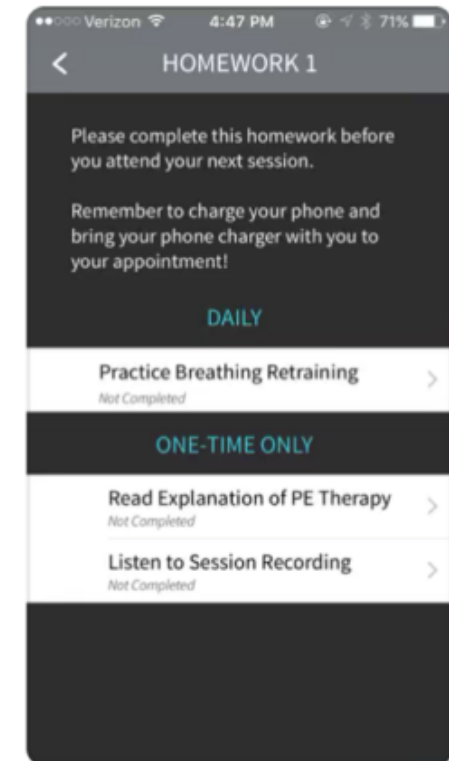
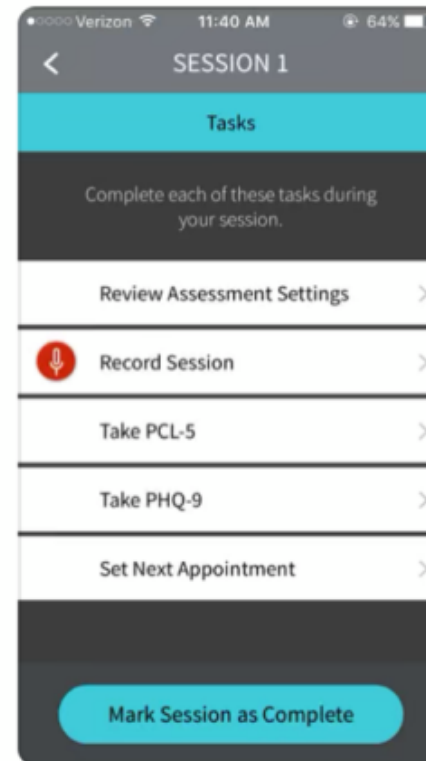
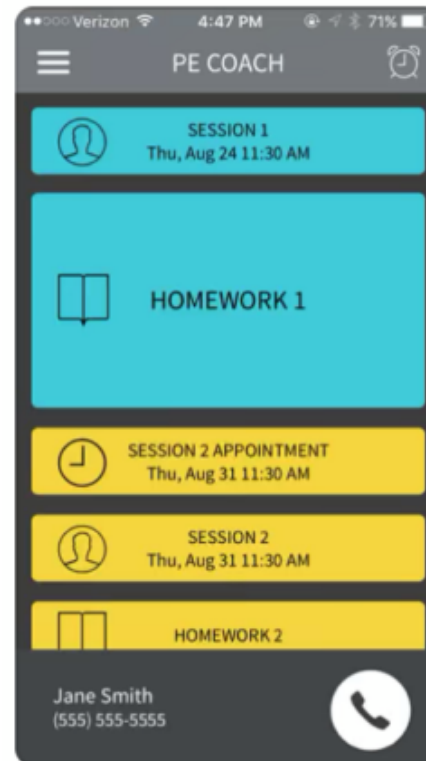




Iterative Decision-making and Evaluation for Adaptation (IDEA)



CPT Coach & PE Coach Client Apps



Telehealth



Exposure during a Pandemic

NOT a Telehealth issue but a Shelter in Place/Social Distancing Issue

Hierarchy Includes:

1. Situations, activities, places, objects that are avoided because they are perceived as dangerous
2. Situations, etc. that are avoided because they are trauma reminders
3. Behaviors or objects that function as safety signals when client cannot avoid
4. Activities that can function as behavioral activation

Group and IOP



Managing Disruptions & Staying on Track

- Collaborative Decision Making
- Space to integrate COVID-19 Stressors in EBTs for PTSD
- Problem solving barriers
- Offering additional support when needed
- When there are detours, considering using the model to address detours.
 - CPT → Worksheets & Cognitive Work
 - PE → Exposure & Emotional Processing



Q&A with Presenters



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Info on All Sessions:
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- Telehealth and Suicide Care
- Telehealth and CBT for Psychosis
- Providing Culturally Relevant Telehealth Services for Latinos during a Pandemic
- Telehealth and Treating PTSD in the Context of COVID-19



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