TeleMental Health and Adolescent Clinical Outcomes

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TeleMental Health Solutions

I declare that I have no proprietary, financial or other personal interest of any nature or kind in any product, service and/or company that will be discussed or considered during the proposed program.

February 14th, 2018. Marjory Stonham Douglas High School. Parkland Florida

Trauma

Witnessing Gun Violence

- **An estimated 3 million American children witness gun violence every year.**
- Children exposed to violence, crime, and abuse are more likely to abuse drugs and alcohol; suffer from depression, anxiety, acute stress disorder, and posttraumatic stress disorder; fail or have difficulties in school; and engage in criminal activity

(Fowler KA et al., 2016, Finkelhor D et al., 2009, Morris E, et al., 2009)

Over 3,000 students attend MSD

The only High School in Parkland Florida

Ranked 53rd in Florida

51% Male

49% Female

(Newsweek, 2018)

Over 300 students witnessed events

- 1200 building freshman students
- Average age 14
- Mixed race and gender
- Affluent socio-economic group
- Many students witnessed friends die.
- Many students recorded events and shared on Social Media

Mental Health – Call to Action

Specialized Mental Health Treatment was in critical need

Local volunteers, bereavement, and guidance counsellors were provided by BCSB

Shortage of specialized trauma therapy practitioners.

Telemental health provided patients with access to specialized trauma therapists.

Referrals

RECEIVED OVER 17 REFERRALS FOR SERVICE. ALL CLIENTS RECEPTIVE TO TELEHEALTH

DONATED 8 HOURS OF SPECIALIZED TRAUMA THERAPIES TO THE STUDENTS AND THEIR FAMILIES DIRECTLY IMPACTED BY THE MSD SHOOTING.

13 STUDENTS ACCEPTED TO TREATMENT AND 4 REFERRED OUT TO OTHER SERVICES (DUE TO CLIENT'S TREATMENT NEEDS AND APPROPRIATENESS).

MSD Students Who Received Treatment

- 14-17 year olds
- 9 females
- 4 males
- 3 family sessions

Therapists

Four therapists assigned to the MSD Clients

All licensed clinicians possessed certifications in trauma-based therapies.

Clinicians had experience working with children and teens

All had been trained and previously been providing telemental health counseling

Procedure and Data Collation

ALL CLIENTS COMPLETED INITIAL ASSESSMENT TO DETERMINE ELIGIBILITY. CONSENTS SIGNED BY GUARDIAN

FULL CLINICAL INTAKE COMPLETED BY CLINICIAN INCLUDING PSYCHO-SOCIAL

PRE-SURVEY ADMINISTERED

DIAGNOSTICS: DSM-V AND ICD

DIAGNOSTIC TOOLS

DSM-V

- UCLA Child/Adolescent PTSD Reaction Index for DSM-5 The DSM-5 version is a semi-structured interview that assesses a child's trauma history and the full range of DSM-5 PTSD diagnostic criteria among school-age children and adolescents.
- PTSD and General Symptom Measures
- Child Post Traumatic stress index
- Child PTSD symptom scale Trauma symptom checklist for children and young children

- Relationship problems with family members, adults, and peers
- Problems with attachment and separation from caregivers
- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Difficulty attuning to others and relating to other people's perspectives

Thinking & Learning:

- Difficulties with executive functioning and attention
- Lack of sustained curiosity
- Problems with information processing
- Problems focusing on and completing tasks
- Difficulties with planning and problem-solving
- Learning difficulties
- Problems with language development

Physical Health: Body & Brain:

- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span
- Developmental delays/regressive behaviors

Behavior:

- Difficulties with impulse control
- Risk-taking behaviors (self-destructive behavior, aggression toward others, etc.)
- Problems with externalizing behaviors
- Sleep disturbances
- Eating disturbances
- Substance abuse
- Oppositional behavior/difficulties complying with rules or respecting authority
- Reenactment of trauma in behavior or play (e.g., sexual, aggressive)

Emotional Responses:

- Difficulty with emotional self-regulation
- Difficulty labeling and expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes and needs
- Internalizing symptoms such as anxiety, depression, etc.

Dissociation:

- Disconnection between thoughts ,emotions and/or perceptions
- Amnesia/loss of memory for traumatic experiences Memory lapses/loss of orientation to place or time
- Depersonalization (sense of being detached from or "not in" one's body) and derealization (sense of world or experiences

Self-Concept & Future Orientation:

- Lack of a continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem

Post-Traumatic Stress Symptoms	• Assess classic PTSD symptoms such as avoidance, re-experiencing, and hyper-arousal. Recognize that many children will experience some symptoms of PTSD without meeting full diagnostic criteria and others may exhibit a range of other symptoms as noted above.
Trauma Reminders and Triggers	• Identify reactions to trauma reminders that are triggered by a child's interaction with specific people, objects, places, or situations. • Identify reactions to reminders that are triggered by specific sounds, sights, smells, tastes, touches, or internal physical states. • Many children, especially younger children, may not be able to name their own personal trauma reminders. They may not make the connection between exposure to these reminders and their subsequent feelings or thoughts. Asking children, caregivers, and other adults in the child's life if they notice certain changes in the child's attitude, awareness, or emotional or behavioral responses in specific types of situations may help the clinician to identify trauma triggers.
Caregiver/ Family Functioning and Response to Trauma	• Ask about caregiver/family o General mental health o Post-traumatic reactions o Coping strategies o Areas in which they would like assistance • Keep in mind that the mental health of caregivers can affect a child's functioning. Caregivers' mental health also sometimes affects the way they answer questions about

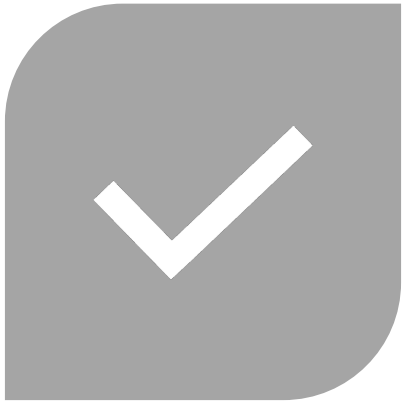
Standardized MH Assessments Used via TH

Traumatic Events Screening Inventory for Children (TESI-C & TESI PRR) The TESI-C assesses a child's experience of a variety of potential traumatic events including current and previous injuries, hospitalizations, domestic violence, community violence, disasters, accidents, physical abuse, and sexual abuse.

TESI PRR is a 24 items parent rating of traumatic events. Clinician-Administered PTSD Scale for DSM-5 - Child/Adolescent Version (CAPS-CA-5) The CAPS-CA-5 is a 30-item clinician-administered PTSD scale based upon DSM-5 criteria for children and adolescents ages 7 and above. It is a modified version of the CAPS5 that includes age appropriate items and picture response option

Designing Treatment Plan

TREATMENT PLAN



CLIENT AGREES TO TERMS OF TREATMENT PLAN AND SIGNS TREATMENT PLAN

ALL CLIENTS AGREED THAT THEIR PARENTS COULD TAKE PART IN TREATMENT IF NEEDED.

Client Case

14-year-old female

No previous history of MH treatment

Parent Police Officer

Parent participated in treatment

Session 2: Client informed therapist of previous self-harm in 2017.

Therapist documented via Platform.

Client attended all therapeutic sessions via platform

Client completed post discharge assessments and survey

Outcomes

1

Number of clients in treatment: 13

2

All clients remained in treatment for the period set down by the individual therapist

3

No missed sessions recorded. Clients attended sessions on time

4

No technological difficulties reported or attended to by support team.

Post Treatment Quantitative and Qualitative Survey

SELF REPORT:

PLATFORM WAS USER FRIENDLY

TREATMENT WAS MORE CONVENIENT, “NOT BEING PULLED OUT OF CLASS,” “NOT WAITING ON TRANSPORTATION”, “INDEPENDENCE.”

SATISFACTION WITH CLINICIAN'S TREATMENT SERVICES

100% SATISFACTION FOR OVER ALL SERVICES

Resources and References

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Thank you.

Q&A

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