

**MEMBER BULLETIN NO. 4**

**OCTOBER 2017**

**HOME-BASED CLINICAL VIDEO TELECONFERENCING & THE FAMILIES PROGRAM**

**Clinical video teleconferencing**

Tele-mental health (TMH) is a subset of telehealth that uses technology to provide mental health services from a distance. TMH includes telepsychology, telepsychiatry, and tele-behavioral health counseling delivered via telephone, internet and email, virtual reality simulators, and videoconferencing. Home-based clinical video teleconferencing is a form of TMH that involves clients receiving counseling services in their home via a secure video link to a remotely located behavioral health professional.

Clinical video teleconferencing is a convenient counseling option for service users which most closely resembles face-to-face counseling in terms of being a multi-sensory experience as compared to using the telephone or a web-based program. It can also reduce the sense of stigma surrounding accessing behavioral health services (Richardson et al., 2009).

**Clinical video teleconferencing outcomes**

Richardson and colleagues' (2009) comprehensive summary of peer-reviewed publications on the use of clinical video teleconferencing found that its use was connected with high patient satisfaction, moderate to high clinician satisfaction and positive clinical outcomes. In a large systematic review of studies, Backhaus and colleagues (2012) also found that clinical video teleconferencing compared favorably to traditional, face-to-face psychotherapy with good clinical outcomes and customer satisfaction in diverse populations. They also noted that there is a need for more large-scale clinical trials to continue assessing its efficacy and effectiveness as a treatment modality.

Most recently, a randomized controlled equivalence trial by Maieritsch and colleagues (2015) found that clinical video teleconferencing for older adults with major depression was as effective as same-room treatment. They also concluded that evidence-based psychotherapy can be delivered via home-based video conferencing without modification of the process used to deliver psychotherapy face-to-face.

**Home-based clinical video teleconferencing in the veteran population**

A recent study of the use of home-based clinical video teleconferencing in the veteran population found it to be equally as effective as face-to-face psychotherapy (Hoge & Ryan, 2015). This study also highlighted the benefits and challenges of using clinical video teleconferencing as:

<b>Benefits</b>	<b>Challenges</b>
<ul style="list-style-type: none"> <li>• Increased access in remote locations</li> <li>• Reduced stigma</li> <li>• Bringing services to those with restricted mobility</li> </ul>	<ul style="list-style-type: none"> <li>• Institutional credentialing requirements</li> <li>• State licensing differences</li> <li>• Ensuring clinicians are trained in telemedicine</li> </ul>

## The FAMILIES Program

### Background

The FAMILIES program (Family Access to Memory Impairment and Loss Information, Engagement and Supports) is an evidence based family counseling intervention to support individuals caring for a loved one living with dementia. Originally developed as the New York University Caregiver Intervention (NYUCI) over 20 years ago, FAMILIES was brought to Virginia in 2014 by the Riverside Center for Excellence in Aging and Lifelong Health (CEALH) and the University of Virginia with funding from the Administration on Community Living (ACL) via the Virginia Department for Aging and Rehabilitative Services (DARS).

### Telehealth Expansion

Bay Rivers Telehealth Alliance (BRTA) joined the FAMILIES Expansion project in September 2016 to create and deliver a telehealth counselling option to make the program more accessible to rural caregivers. Specially certified counselors provide support over 7 in person or home-based video teleconferencing sessions, 3 of which are individual sessions and 4 of which are held involving family and friends to help caregivers strengthen their support network. Evaluations are collected at baseline, 6<sup>th</sup> session, and 6<sup>th</sup> month follow-up session to measure the impact on caregivers.

### How the FAMILIES Program works

BRTA works with FAMILIES project partner Bay Aging to offer caregivers with or without existing internet connections, computer and camera equipment access to FAMILIES Program counselors. Using a laptop with webcam and hot spot to access internet connection, Bay Aging Care Coaches act as telehealth presenters, assisting caregivers in setting up and making the connection to the remotely located counselor through a secure WEBEX link. After assisting caregivers in setting up and making the connection to the counselor, Care Coaches may provide respite care for the family member living with dementia so that the caregiver can participate in the web-based clinical video teleconference.

Caregivers may also go to a Bay Aging, Transit or Housing location to access FAMILIES counselors via telehealth with Bay Aging Care Coaches' assistance as a presenter. Care Coaches ensure caregivers are set up with equipment, logged in and logged off at the conclusion of the session.

### References

- Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., . . . Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services, 9*(2), 111-131. doi:10.1037/a0027924 [doi]
- Godleski, L., Darkins, A., & Peters, J. (2012). Outcomes of 98,609 U.S. department of veterans affairs patients enrolled in telemental health services, 2006-2010. *Psychiatric Services (Washington, D.C.), 63*(4), 383-385. doi:10.1176/appi.ps.201100206 [doi]
- Hoge, C. W., & Rye, C. B. (2015). Efficacy and challenges of in-home telepsychotherapy. *The Lancet. Psychiatry, 2*(8), 668-669. doi:10.1016/S2215-0366(15)00226-6 [doi]
- Maieritsch, K. P., Smith, T. L., Hessinger, J. D., Ahearn, E. P., Eickhoff, J. C., & Zhao, Q. (2015). Randomized controlled equivalence trial comparing videoconference and in person delivery of cognitive processing therapy for PTSD. *Journal of Telemedicine and Telecare*, doi:1357633X15596109 [pii]
- Richardson, L.K., Frueh, C., Grubaugh, A.L., Johnson, R.H., Egede, L., Elhai, J.D. (2009). Current directions in videoconferencing tele-mental health research. *Clinical Psychology: Science & Practice, 16*(3), 323-338.