



Provision of Evidence-Based Therapies to Rural Survivors of Domestic Violence and Sexual Assault via Telehealth

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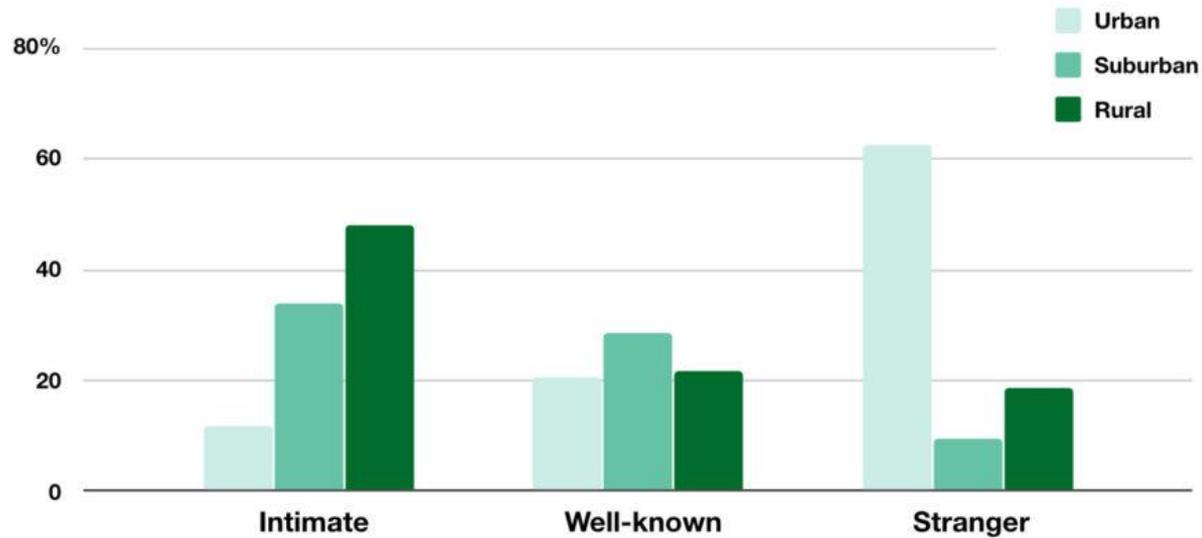
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Background and Origins

- ▶ PTSD/Trauma treatment clinic in Psychology Department
- ▶ Increasingly sexual assault/domestic violence focused
- ▶ 1 in 3 Wyoming women will experience sexual assault; 1 in 4 will experience significant partner violence (CDC National Intimate Partner and Sexual Violence Survey)
- ▶ Almost no access to empirically supported treatments; delays when services are available
- ▶ Historical “Tyranny of Distance” separating victims from services

Sexual Crimes by Type and Geography

Sexual assault happens in all parts of the country. But in rural areas, the percentage of those crimes committed by an intimate partner is more than four times higher than in urban areas.



Source: Bureau of Justice Statistics, National Crime Victimization Survey
Graphic by Alexandra Kanik

3 Stakeholder Groups

- ▶ Doctoral students in Clinical Psychology
 - Concentrated clinical experience
- ▶ Rural victims of sexual assault/partner violence
 - Often indigent
 - Insured/financially stable still lack access
- ▶ DVSA agencies





Trauma Therapists!



GARF Ladies!



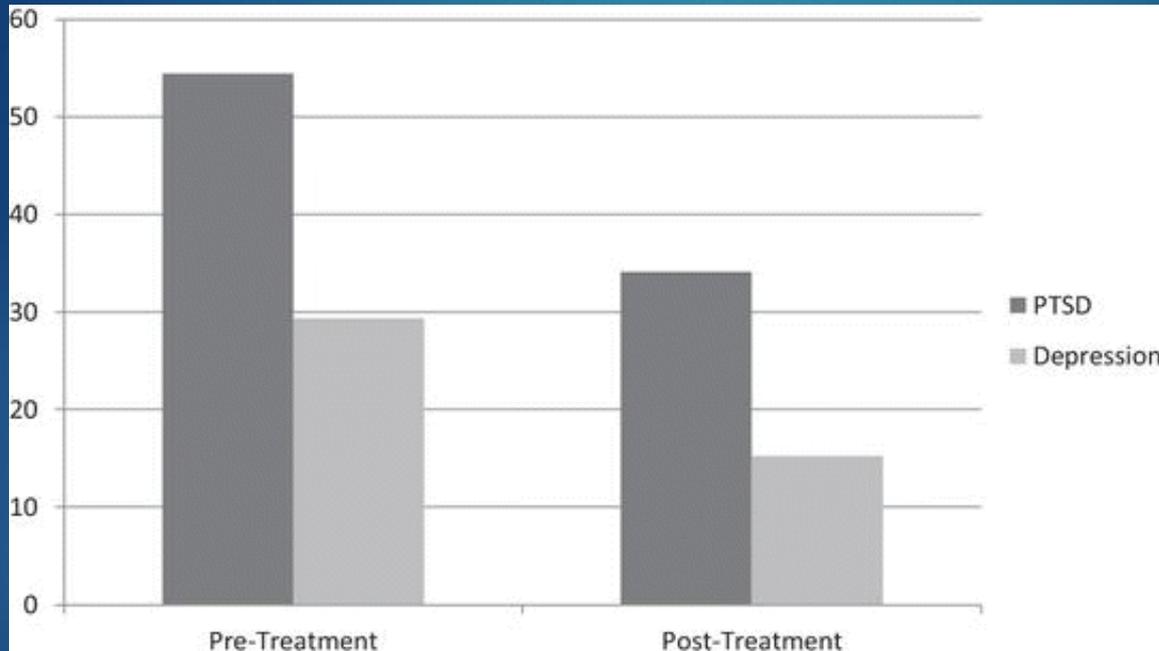
Typical Presenting Issues and Treatment Approaches

- ▶ Post-trauma distress (PTSD, depression, etc.)
 - Cognitive Processing Therapy (CPT)
 - Prolonged Exposure (PE)
- ▶ Stay-leave decision making
 - Motivational Interviewing
 - Values Clarification/Intra-individual focus
 - Psychoeducation (relationships)
- ▶ Immigration/Asylum evaluations
 - And have been done in Spanish, Russian, and Mandarin!

Representative Outcomes (Gray et al., 2015)

- ▶ Initial empirical evaluation of 21 clients presenting with distress from DVSA events.
- ▶ Mean age 32
- ▶ Mean # of sessions 12
- ▶ Assessed PTSD symptoms, depression symptoms, and client satisfaction
- ▶ Also evaluated DVSA agency staff satisfaction, and therapist satisfaction

Primary Clinical Outcomes



- Significant reductions on both measures (PCL and CESD)
- Large effect sizes (Cohen's $d = 1.5$)
- Comparable to in-person client outcomes in magnitude

Client Satisfaction

Table 1

Means and SDs for Individual Items of the Wyoming Telehealth Trauma Clinic Satisfaction Scale

Item	<i>M (SD)</i>
1. Sound quality	4.57 (.51)
2. Video quality	4.62 (.50)
3. Ease of equipment use	4.43 (.75)
4. Confidentiality of services	4.86 (.36)
5. Helpfulness of therapist	4.86 (.48)
6. Sensitivity of therapist	4.95 (.22)
7. Scheduling of sessions	4.86 (.48)
8. Timeliness of scheduling first appointment	4.86 (.36)
9. Matching of treatment to your individual needs	4.90 (.30)
10. Respect shown for your opinions about treatment	4.95 (.22)
11. Overall quality of services	4.81 (.40)

Note. Participants were asked to rate each item on the following scale: 5 = *excellent*; 4 = *very good*; 3 = *good*; 2 = *fair*; 1 = *poor*.

Telehealth Student-Therapist Satisfaction ($n = 13$)

Table 2

Means and SDs for Individual Items of the Wyoming Telehealth Trauma Satisfaction Scale—Student Therapist Version

Item	<i>M (SD)</i>
1. Sound quality	4.27 (.79)
2. Video quality	4.18 (.75)
3. Ease of equipment use	4.73 (.47)
4. Ability to implement treatment effectively	4.18 (.60)
5. Ability to develop rapport with client	4.36 (.81)
6. Opportunity to see more trauma cases	4.81 (.40)
7. Opportunity to learn/implement more ESTs	4.36 (.67)
8. Increased familiarity with domestic/sexual violence	4.81 (.40)
9. Increased understanding of crisis centers	4.45 (.93)
10. Overall quality of experience	4.63 (.50)

Note. Participants were asked to rate each item on the following scale: 5 = excellent; 4 = very good; 3 = good; 2 = fair; 1 = poor.

DVSA Staff Satisfaction ($n = 10$)

Table 3

Means and SDs for Individual Items of the Wyoming Telehealth Trauma Satisfaction Scale–Crisis Center Staff Version

Item	<i>M (SD)</i>
1. Timeliness of therapists contacting clients	4.67 (.82)
2. Quality of staff interactions with therapists	5.00 (.00)
3. Degree to which WTTC addresses unmet client needs	4.33 (.82)
4. Perception of how well client psychological needs met	4.17 (.75)
5. Responsiveness of therapist to client practical needs	4.60 (.89)
6. Professionalism of therapist	4.50 (.84)
7. Ease of technology use	4.00 (1.26)
8. Overall quality of services	4.83 (.41)

Note. Participants were asked to rate each item on the following scale: 5 = *excellent*; 4 = *very good*; 3 = *good*; 2 = *fair*; 1 = *poor*.

Limitations

- ▶ Small sample sizes
- ▶ No control group (but spontaneous symptom remission unlikely due to magnitude of effect size and time elapsed since trauma)
- ▶ Training outcomes not formally assessed – just therapist satisfaction
- ▶ Generalizability of this telehealth model to other contexts/settings questionable

Important Findings and Conclusions

- ▶ Rural clients CAN be connected with evidence-based treatments affordably and outcomes and satisfaction ratings are strong
- ▶ As with other telehealth studies, clients report even higher satisfaction with telehealth than therapists and staff
- ▶ Increases rural university trainees' access to and experience with specialized clinical populations and experiences
- ▶ Trainees get experience with telehealth early in careers



Questions?