Internet-Based Treatments for Trauma Survivors

Subjects: Others

Contributor: HandWiki Zheng

Internet-based treatments for trauma survivors is a growing class of online treatments that allow for an individual who has experienced trauma to seek and receive treatment without needing to attend psychotherapy in person. The progressive movement to online resources and the need for more accessible mental health services has given rise to the creation of online-based interventions aimed to help those who have experienced traumatic events. Cognitive behavioral therapy (CBT) has shown to be particularly effective in the treatment of trauma-related disorders and adapting CBT to an online format has been shown to be as effective as in-person CBT in the treatment of trauma. Due to its positive outcomes, CBT-based internet treatment options for trauma survivors has been an expanding field in both research and clinical settings.

Keywords: mental health services; online resources; behavioral therapy

1. Background

Telepsychiatry in the form of teleconferencing dates back to 1959, when it was used for research and consultation at the University of Nebraska. Then in 1968, successful emergency consultation services were provided via telehealth delivered in Boston and New Hampshire. With the development of larger systems of operation, such as universities and federal health systems, telemental health services began seeing an uptake in research and randomized control trials in the 1990s. Progress continued at a steady pace until 2003, when there was a notable change in the amount of advancement made in this area. Despite early research and success in using telemental health in the treatment of disorders such as anxiety and behavioral problems, more recently, tailoring treatment for trauma survivors to an internet-based format has been gaining momentum.

The growing interest in internet-based treatment options is a result of numerous factors. Convenience is one major reason for the creation and development of such formats. [G][Z] Internet-based treatment options allow for the user to choose when and where to access their program and can more easily fit treatment into their schedule, including after-hours treatment. [S] Anonymity is another reason why users would want to turn to such programs, especially if they feel embarrassed about their reasons for seeking help. [Z] Cost-effectiveness, accessibility for those who live in more isolated or rural areas and for those of marginalized or minority populations are other reasons. [9] Furthermore, limitations occur that hinder people from attending in-person therapy, including childcare, transportation, or getting time off of work. [10] The development of internet-based treatment options allows individuals with these reasons or limitations to be able to access care without the need for in-person interaction.

2. Formats

Internet-based treatment options for trauma-related symptomology exist in the forms of healthcare-supported telehealth options, mobile applications (apps), online group and peer support, and online resources provided by organizations.

2.1. Healthcare-Supported Telehealth

Healthcare providers who have mental health services mostly have online psychotherapy options available, especially as a result of the shift to telehealth in the wake of COVID-19. These services can include both video and phone conferencing between professionals and clients. These providers treat a wide variety of mental disorders, including trauma and stress-related disorders. Options that are available through healthcare providers can include individual therapy through therapist-supported teleconferencing, virtual support groups, and other self-guided online resources.

2.2. Mobile Apps

The advent of smartphone and tablet apps has allowed for an easily accessible platform that an individual can use flexibly within their own schedule. [13] The Department of Veteran's Affairs (VA)'s National Center for PTSD has developed fifteen mobile apps, including seven apps that are designed to be used with a clinician, and eight self-guided apps that can be

used either with or without a clinician. One of these apps, PTSD Coach, is the most well-known mobile app for treating PTSD and has been shown to be an acceptable intervention for those displaying PTSD symptoms. A growing number of mobile apps exist to aid in trauma-care and the high-quality and evidence-based apps have been found to be beneficial. [17][18]

2.3. Group Support

Videoconferencing telehealth group-based treatment options for trauma survivors have also been shown to be effective.
[19][20] Group support options can come in different forms, including health professional-assisted group sessions and peerto-peer support. [21] Furthermore, countless trauma and PTSD support groups exist online and have been found to be effective in lessening stress, depression, and trauma-related symptoms. [22][23] Mobile app group and peer support have also become available and have been shown to be effective, as well. [24][25]

2.4. Additional Online Resources

Additional organization websites also provide psychoeducation and other resources for children, adolescents, and adults, including the Substance Abuse and Mental Health Services Administration (SAMHSA) and other branches of the U.S. Department of Health and Human Services (HHS). Organizations and websites that provide information for opportunities to participate in research studies exist as well, including the International Society for Traumatic Stress Studies (ISTSS) and Clinical Trials.gov.

3. Alternatives to CBT-based Treatments

Other treatment approaches can be found online, as well, including cognitive therapy for post-traumatic stress disorder (CT-PTSD). [29] Eye Movement Desensitization and Reprocessing (EDMR) has been integrated into twelve mobile apps, though only six have been found to be acceptable to use in conjunction with a professional. [30] Though CBT has a mindfulness component, there are apps that are being specially developed to only focus on mindfulness as a means to aid in trauma-care, including one developed by the VA's National Center for PTSD called Mindfulness Coach. [31] Prevention programs are also in the early stages of development and are aimed at high risk populations. [32]

4. Drawbacks of Internet-based Interventions

Though there are numerous advantages for the development and growth of internet-based interventions for trauma, there are also situations in which telehealth might not be beneficial. Children in abusive households could have trouble benefiting from telemental health options in that they may not have the ability to recognize dissociative symptoms, may not have a private space, may not be able to process their trauma when they are not in a safe space, and may not be able to pay attention due to emotion regulation problems. [33] Similar patterns can also be seen in adult populations as well, such as during COVID-19-related shelter-in-place orders that have impacted victims of domestic violence. [34]

Other factors can contribute to an individual's inability to use internet-based resources, including individuals of lower socioeconomic status who may not be able to afford smartphones, computers, or other devices. Poor internet connections have also been a barrier to accessing care via the internet and can be a result of geographic location and internet plans. Older individuals and those with disabilities, such as the hearing and vision impaired, can also be at a disadvantage.

Another consideration with internet-based treatment options is the dropout rate. Similar to the dropout rates for using internet-based treatment options for other mental disorders, online trauma-focused interventions appear to have a generally high dropout rate, with a range of between 15-41% dropout rates during clinical trials. [38][39] The gamification, or use of gaming elements, of mental health apps is one approach to addressing this issue and has been gaining support for improving adherence to app programs, as well as increasing resiliency. [40]

References

- Shore, Jay (2015). "The evolution and history of telepsychiatry and its impact on psychiatric care: Current implications for psychiatrists and psychiatric organizations". International Review of Psychiatry 27 (6): 469–475. doi:10.3109/09540261.2015.1072086. PMID 26397182. https://dx.doi.org/10.3109%2F09540261.2015.1072086
- 2. Smith, Henry (1998). "TELEMENTAL HEALTH: Delivering Mental Health Care at a Distance". http://nebhands.nebraska.edu/files/telemental%20health%20systems.pdf.

- 3. Shore, Jay (2015-11-02). "The evolution and history of telepsychiatry and its impact on psychiatric care: Current implications for psychiatrists and psychiatric organizations". International Review of Psychiatry 27 (6): 469–475. doi:10.3109/09540261.2015.1072086. PMID 26397182. https://dx.doi.org/10.3109/02F09540261.2015.1072086
- 4. Hilty, Donald M.; Ferrer, Daphne C.; Parish, Michelle Burke; Johnston, Barb; Callahan, Edward J.; Yellowlees, Peter M. (2013-05-22). "The Effectiveness of Telemental Health: A 2013 Review". Telemedicine and E-Health 19 (6): 444–454. doi:10.1089/tmj.2013.0075. PMID 23697504. http://www.pubmedcentral.nih.gov/articlerender.fcgi? tool=pmcentrez&artid=3662387
- Racine, Nicole; Hartwick, Cailey; Collin-Vézina, Delphine; Madigan, Sheri (2020-08-19). "Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations". Child Abuse & Neglect 110 (Pt 2): 104698. doi:10.1016/j.chiabu.2020.104698. PMID 32839022. http://www.pubmedcentral.nih.gov/articlerender.fcgi? tool=pmcentrez&artid=7437482
- Barak, Azy; Grohol, John M. (2011). "Current and Future Trends in Internet-Supported Mental Health Interventions" (in en). Journal of Technology in Human Services 29 (3): 155–196. doi:10.1080/15228835.2011.616939. https://dx.doi.org/10.1080%2F15228835.2011.616939
- 7. White, Angela; Kavanagh, David; Stallman, Helen; Klein, Britt; Kay-Lambkin, Frances; Proudfoot, Judy; Drennan, Judy; Connor, Jason et al. (2010-12-19). "Online Alcohol Interventions: A Systematic Review" (in en). Journal of Medical Internet Research 12 (5): e62. doi:10.2196/jmir.1479. PMID 21169175. PMC 3057310. http://www.jmir.org/2010/5/e62/.
- 8. Jones, Andrea M.; Shealy, Kristen M.; Reid-Quiñones, Kathryn; Moreland, Angela D.; Davidson, Tatiana M.; López, Cristina M.; Barr, Simone C.; de Arellano, Michael A. (2014). "Guidelines for Establishing a Telemental Health Program to Provide Evidence-Based Therapy for Trauma-Exposed Children and Families". Psychological Services 11 (4): 398–409. doi:10.1037/a0034963. PMID 24320994. http://www.pubmedcentral.nih.gov/articlerender.fcgi? tool=pmcentrez&artid=4079762
- 9. Barak, Azy; Grohol, John M. (2011). "Current and Future Trends in Internet-Supported Mental Health Interventions" (in en). Journal of Technology in Human Services 29 (3): 155–196. doi:10.1080/15228835.2011.616939. https://dx.doi.org/10.1080%2F15228835.2011.616939
- 10. Lewis, Catrin; Roberts, Neil P; Bethell, Andrew; Robertson, Lindsay; Bisson, Jonathan I (2018-12-14). "Internet-based cognitive and behavioural therapies for post-traumatic stress disorder (PTSD) in adults". Cochrane Database of Systematic Reviews 12: CD011710. doi:10.1002/14651858.cd011710.pub2. PMID 30550643. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=6516951
- 11. Gerber, Megan R.; Elisseou, Sadie; Sager, Zachary S.; Keith, Jessica A. (2020). "Trauma-Informed Telehealth in the COVID-19 Era and Beyond". Federal Practitioner 37 (7): 302–308. PMID 32908333. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=7473719
- 12. Deslich, Stacie; Stec, Bruce; Tomblin, Shane; Coustasse, Alberto (2013-07-01). "Telepsychiatry in the 21st Century: Transforming Healthcare with Technology". Perspectives in Health Information Management / AHIMA, American Health Information Management Association 10 (Summer): 1f. ISSN 1559-4122. PMID 23861676. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=3709879
- 13. Bakker, David; Kazantzis, Nikolaos; Rickwood, Debra; Rickard, Nikki (2016-03-01). "Mental Health Smartphone Apps: Review and Evidence-Based Recommendations for Future Developments". JMIR Mental Health 3 (1): e7. doi:10.2196/mental.4984. PMID 26932350. http://www.pubmedcentral.nih.gov/articlerender.fcgi? tool=pmcentrez&artid=4795320
- 14. Owen, Jason E.; Kuhn, Eric; Jaworski, Beth K.; McGee-Vincent, Pearl; Juhasz, Katherine; Hoffman, Julia E.; Rosen, Craig (2018-07-26). "VA mobile apps for PTSD and related problems: public health resources for veterans and those who care for them". mHealth 4: 28. doi:10.21037/mhealth.2018.05.07. PMID 30148141. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=6087876
- 15. Ameringen, Michael Van; Turna, Jasmine; Khalesi, Zahra; Pullia, Katrina; Patterson, Beth (2017). "There is an app for that! The current state of mobile applications (apps) for DSM-5 obsessive-compulsive disorder, posttraumatic stress disorder, anxiety and mood disorders" (in en). Depression and Anxiety 34 (6): 526–539. doi:10.1002/da.22657. PMID 28569409. https://dx.doi.org/10.1002%2Fda.22657
- 16. Miner, Adam; Kuhn, Eric; Hoffman, Julia E.; Owen, Jason E.; Ruzek, Josef I.; Taylor, C. Barr (2016). "Feasibility, acceptability, and potential efficacy of the PTSD Coach app: A pilot randomized controlled trial with community trauma survivors". Psychological Trauma: Theory, Research, Practice, and Policy 8 (3): 384–392. doi:10.1037/tra0000092. PMID 27046668. https://dx.doi.org/10.1037%2Ftra0000092
- 17. Sander, Lasse Bosse; Schorndanner, Johanna; Terhorst, Yannik; Spanhel, Kerstin; Pryss, Rüdiger; Baumeister, Harald; Messner, Eva-Maria (2020). "'Help for trauma from the app stores?' A systematic review and standardised rating of

- apps for Post-Traumatic Stress Disorder (PTSD)". European Journal of Psychotraumatology 11 (1): 1701788. doi:10.1080/20008198.2019.1701788. PMID 32002136. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=6968629
- 18. van der Meer, Christianne A. I.; Bakker, Anne; van Zuiden, Mirjam; Lok, Anja; Olff, Miranda (2020-12-31). "Help in hand after traumatic events: a randomized controlled trial in health care professionals on the efficacy, usability, and user satisfaction of a self-help app to reduce trauma-related symptoms" (in en). European Journal of Psychotraumatology 11 (1): 1717155. doi:10.1080/20008198.2020.1717155. PMID 32284818. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=7144205
- Banbury, Annie; Nancarrow, Susan; Dart, Jared; Gray, Leonard; Parkinson, Lynne (2018). "Telehealth Interventions
 Delivering Home-based Support Group Videoconferencing: Systematic Review". Journal of Medical Internet Research
 20 (2): e25. doi:10.2196/jmir.8090. PMID 29396387. http://www.pubmedcentral.nih.gov/articlerender.fcgi?
 tool=pmcentrez&artid=5816261
- 20. Gentry, Melanie T.; Lapid, Maria I.; Clark, Matthew M.; Rummans, Teresa A. (2018-05-22). "Evidence for telehealth group-based treatment: A systematic review" (in en). Journal of Telemedicine and Telecare 25 (6): 327–342. doi:10.1177/1357633X18775855. PMID 29788807. https://dx.doi.org/10.1177%2F1357633X18775855
- 21. Banbury, Annie; Nancarrow, Susan; Dart, Jared; Gray, Leonard; Parkinson, Lynne (2018). "Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review". Journal of Medical Internet Research 20 (2): e25. doi:10.2196/jmir.8090. PMID 29396387. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=5816261
- 22. "Online Support Groups: Nuts & Bolts, Benefits, Limitations and Future Directions". https://www.counseling.org/resources/library/Selected%20Topics/Cybercounseling/Gary-Digest-2000-07.htm.
- 23. Winzelberg, Andrew J.; Classen, Catherine; Alpers, Georg W.; Roberts, Heidi; Koopman, Cheryl; Adams, Robert E.; Ernst, Heidemarie; Dev, Parvati et al. (2003). "Evaluation of an internet support group for women with primary breast cancer" (in en). Cancer 97 (5): 1164–1173. doi:10.1002/cncr.11174. PMID 12599221. https://dx.doi.org/10.1002%2Fcncr.11174
- 24. Baumel, Amit; Schueller, Stephen M. (2016). "Adjusting an Available Online Peer Support Platform in a Program to Supplement the Treatment of Perinatal Depression and Anxiety" (in en). JMIR Mental Health 3 (1): e11. doi:10.2196/mental.5335. PMID 27001373. PMC 4820657. https://mental.jmir.org/2016/1/e11/.
- 25. Rebedew, David (2018). "Five Mobile Apps to Help Patients With Anxiety and Depression". Family Practice Management 25 (2): 1–4. https://www.aafp.org/fpm/2018/0300/oa1.html.
- 26. Treatment (US), Center for Substance Abuse (2014) (in en). Trauma Resource List. Substance Abuse and Mental Health Services Administration (US). https://www.ncbi.nlm.nih.gov/books/NBK207198/.
- 27. "ISTSS International Society for Traumatic Stress Studies". https://istss.org/home.
- 28. "Home ClinicalTrials.gov" (in en). https://www.clinicaltrials.gov/.
- 29. Wild, Jennifer; Warnock-Parkes, Emma; Grey, Nick; Stott, Richard; Wiedemann, Milan; Canvin, Lauren; Rankin, Harriet; Shepherd, Emma et al. (2016-11-08). "Internet-delivered cognitive therapy for PTSD: a development pilot series". European Journal of Psychotraumatology 7: 31019. doi:10.3402/ejpt.v7.31019. PMID 27837579. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=5106866
- 30. Marotta-Walters, Sylvia A.; Jain, Kshipra; DiNardo, Jeffrey; Kaur, Paramjit; Kaligounder, Shobila (2018-01-01). "A Review of Mobile Applications for Facilitating EMDR Treatment of Complex Trauma and Its Comorbidities" (in en). Journal of EMDR Practice and Research 12 (1): 2–15. doi:10.1891/1933-3196.12.1.2. https://connect.springerpub.com/content/sgremdr/12/1/2.
- 31. Owen, Jason E.; Kuhn, Eric; Jaworski, Beth K.; McGee-Vincent, Pearl; Juhasz, Katherine; Hoffman, Julia E.; Rosen, Craig (2018). "VA mobile apps for PTSD and related problems: public health resources for veterans and those who care for them". mHealth 4: 28. doi:10.21037/mhealth.2018.05.07. PMID 30148141. PMC 6087876. http://mhealth.amegroups.com/article/view/20524/20219.
- 32. Mouthaan, Joanne; Sijbrandij, Marit; de Vries, Giel-Jan; Reitsma, Johannes B; van de Schoot, Rens; Goslings, J Carel; Luitse, Jan SK; Bakker, Fred C et al. (2013). "Internet-Based Early Intervention to Prevent Posttraumatic Stress Disorder in Injury Patients: Randomized Controlled Trial" (in en). Journal of Medical Internet Research 15 (8): e165. doi:10.2196/jmir.2460. PMID 23942480. PMC 3742408. http://www.jmir.org/2013/8/e165/.
- 33. Racine, Nicole; Hartwick, Cailey; Collin-Vézina, Delphine; Madigan, Sheri (2020-08-19). "Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations". Child Abuse & Neglect 110 (Pt 2): 104698. doi:10.1016/j.chiabu.2020.104698. PMID 32839022. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=7437482

- 34. Zero, Odette; Geary, Meghan (2020-06-01). "COVID-19 and Intimate Partner Violence: A Call to Action". Rhode Island Medical Journal (2013) 103 (5): 57–59. PMID 32481784. http://www.ncbi.nlm.nih.gov/pubmed/32481784
- 35. Zhai, Yusen (2020-06-04). "A Call for Addressing Barriers to Telemedicine: Health Disparities during the COVID-19 Pandemic". Psychotherapy and Psychosomatics 90 (1): 64–66. doi:10.1159/000509000. ISSN 0033-3190. PMID 32498070. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=7316653
- 36. Zhai, Yusen (2020-06-04). "A Call for Addressing Barriers to Telemedicine: Health Disparities during the COVID-19 Pandemic". Psychotherapy and Psychosomatics 90 (1): 64–66. doi:10.1159/000509000. ISSN 0033-3190. PMID 32498070. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=7316653
- 37. Zhai, Yusen (2020-06-04). "A Call for Addressing Barriers to Telemedicine: Health Disparities during the COVID-19 Pandemic". Psychotherapy and Psychosomatics 90 (1): 64–66. doi:10.1159/000509000. ISSN 0033-3190. PMID 32498070. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=7316653
- 38. van der Meer, Christianne A. I.; Bakker, Anne; van Zuiden, Mirjam; Lok, Anja; Olff, Miranda (2020-12-31). "Help in hand after traumatic events: a randomized controlled trial in health care professionals on the efficacy, usability, and user satisfaction of a self-help app to reduce trauma-related symptoms" (in en). European Journal of Psychotraumatology 11 (1): 1717155. doi:10.1080/20008198.2020.1717155. PMID 32284818. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=7144205
- 39. Young, Calvin; Campbell, Kaitryn (2018). Internet-Delivered Cognitive Behavioral Therapy for Post-Traumatic Stress Disorder: A Review of Clinical Effectiveness. CADTH Rapid Response Reports. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health. http://www.ncbi.nlm.nih.gov/books/NBK538921/.
- 40. Litvin, Silja; Saunders, Rob; Maier, Markus A.; Lüttke, Stefan (2020). "Gamification as an approach to improve resilience and reduce attrition in mobile mental health interventions: A randomized controlled trial" (in en). PLOS ONE 15 (9): e0237220. doi:10.1371/journal.pone.0237220. PMID 32877425. Bibcode: 2020PLoSO..1537220L. http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pmcentrez&artid=7467300

Retrieved from https://encyclopedia.pub/entry/history/show/73328