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**Media Contact:**

Susan Varcie

Public Affairs Officer

G.V. Sonny Montgomery VA Medical Center

601-368-4477
susan.varcie@va.gov

**Video Sessions can Provide Effective Therapy Treatments
to Rural Veterans with PTSD**

NEW ORLEANS – Most veterans opted to receive PTSD therapy via video session rather than in person, and their symptom reduction was no different, according to research from the G.V. Sonny Montgomery Veterans Affairs (VA) Medical Center.

The research is being presented Thursday at the Society of Behavioral Medicine’s (SBM’s) 39th Annual Meeting & Scientific Sessions.

PTSD is a common mental health condition in veterans. Two psychotherapies, or ”talk therapies,” have been developed to effectively treat this condition: Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Therapy.  These treatments require 12 to 16 weekly sessions to have effective results.

The VA is committed to making these treatments available to all Veterans. However, many rural veterans live in areas where there is limited access to providers trained in these treatments.  To receive these treatments, veterans must travel long distances to VA clinics, making it hard for them to attend weekly appointments.

Clinical Video Telehealth (CVT) gives veterans the option of connecting with their VA provider remotely. Telehealth can be used to deliver high quality services to Veterans receiving care from community clinics or their home.

Jeanne Gabriele, Lauren Graves, and Jan Lindsay, researchers at the G.V. Sonny Montgomery VA Medical Center and the VA Office of Rural Health, assessed differences in treatment outcomes based on modality. 302 Veterans receiving care from the G.V. Sonny Montgomery VA Medical Center received PTSD therapy sessions in-person, through CVT to a community clinic, or through CVT to the home.  To promote patient-centered care, Veterans were allowed to select their provided treatment modality and psychotherapy (CPT or PE).

Among the study’s findings:

* 60% of veterans selected to receive services through CVT rather than in-person appointments.  Of those receiving CVT services, 19 percent preferred CVT to the home.
* Veterans who received eight sessions of therapy showed significant reductions in PTSD symptoms. There were no differences in PTSD symptom reduction based on service delivery preference. At the end of treatment, 58% of Veterans had final scores in the subclinical range.
* There were differences in treatment engagement by modality with Veterans receiving services to the home having lower treatment engagement.
* Although CVT-Home may increase access to treatment, this modality alone may not increase engagement. Providers may need to assess motivation and ability to attend sessions early in treatment and utilize motivational enhancement and problem-solving techniques to overcome barriers.

“Mississippi is a very rural and medically underserved region,” Gabriele said. “Clinical Video Telehealth gives our veterans access to high-quality mental health treatment regardless of whether they live in a small, remote town or in a larger city with an abundance of resources.”

“Many of our returning Iraq and Afghanistan veterans are balancing school, work, and family responsibilities,” stated Graves. “They simply don’t have the time to travel to the VA each week.”

“Roughly half of all Veterans live in rural areas which has historically led to disparities in accessing the therapies that work” Lindsay stated. “Integrating web and mobile platforms can allow us to extend the reach and effectiveness of evidence-based psychotherapies so we can meet Veterans where they live.”

Gabriele will present the findings Thursday at 3:45 p.m. CT during a paper session at the SBM Annual Meeting, being held in New Orleans at the Hilton Riverside New Orleans. Gabriele is an SBM member.

*The Society of Behavioral Medicine (SBM) is a 2,400-member organization of scientific researchers, clinicians and educators. They study interactions among behavior, biology and the environment, and translate findings into interventions that improve the health and well-being of individuals, families and communities (www.sbm.org).*

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