



Baylor
College of
Medicine

Provider Perceptions of In-Person Telehealth HRT for BFRBs

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Disclosures and COI

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Telehealth is here to stay

- Covid-19 pandemic necessitated a transition to telehealth (Shklarski et al., 2021)
 - Telehealth was not new, but the size of delivery was
- Telehealth is here to stay because of the many benefits it offers (Townsend et al., 2022; Tuerk et al., 2018)
 - Lower provider cost/burden; transportation; rural access to care; specialty care providers; etc.
- Treatment research suggests tele-HRT can be effective (Batastani et al., 2021)
 - But it does not specify *when* and *for whom* is this the case?



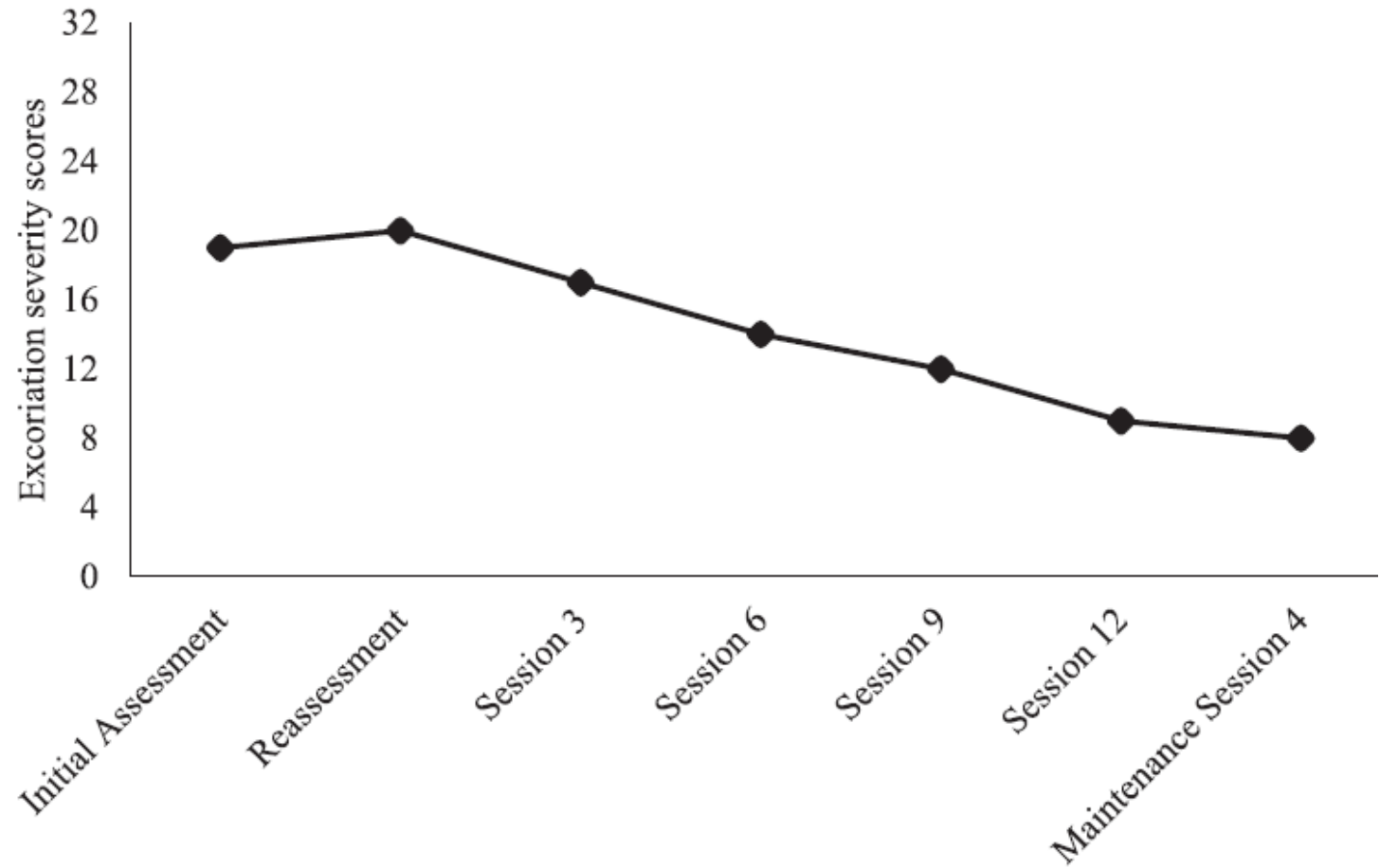
The Curious Case of Arthur

- Arthur, 70 yo white male, living with his wife of 49 years (Wiese et al., 2023)
- Presented Fall 2020 with MDD (partial remission) and excoriation disorder
- Followed by Psychiatry with extensive medication regimen
- Initiated a course of Cognitive Behavioral Therapy (CBT) with Habit Reversal Training (HRT)
 - Completed three telehealth visits before discontinuing



Arthur's Redemption

- Presented again, Summer 2021, in-person
- Completed Reevaluation, 12 CBT with HRT sessions and four maintenance visits



What may Explain the Differential Responses to Treatment?

- Technology literacy (Jabbarpour et al., 2021; Kruse et al., 2020; Traina et al., 2020)
 - Increased frustration
 - Ad-hoc tech support
- Limited field of view (Keuthen & Sprich, 2012)
 - On-going assessment in the context of BFRBs
- Family involvement
 - Difficult to engage multiple family members over video (Burgoyne & Cohn, 2020)
- Symptom severity

Provider Perceptions

- Providers ($n = 172$) treating BFRBs with HRT; rating feasibility of in-person and telehealth for:
 - Different ages
 - Different levels of symptom severity
 - Implementation of different pieces of HRT
 - Identifying and addressing patient factors that may impact with HRT
 - Identifying and addressing environmental factors that may impact HRT

Tele HRT may be suboptimal at younger ages

- Perceived feasibility for telehealth relative to in-person was:
 - Lower for patients under 13 years old
 - Higher for patients 13+ years old

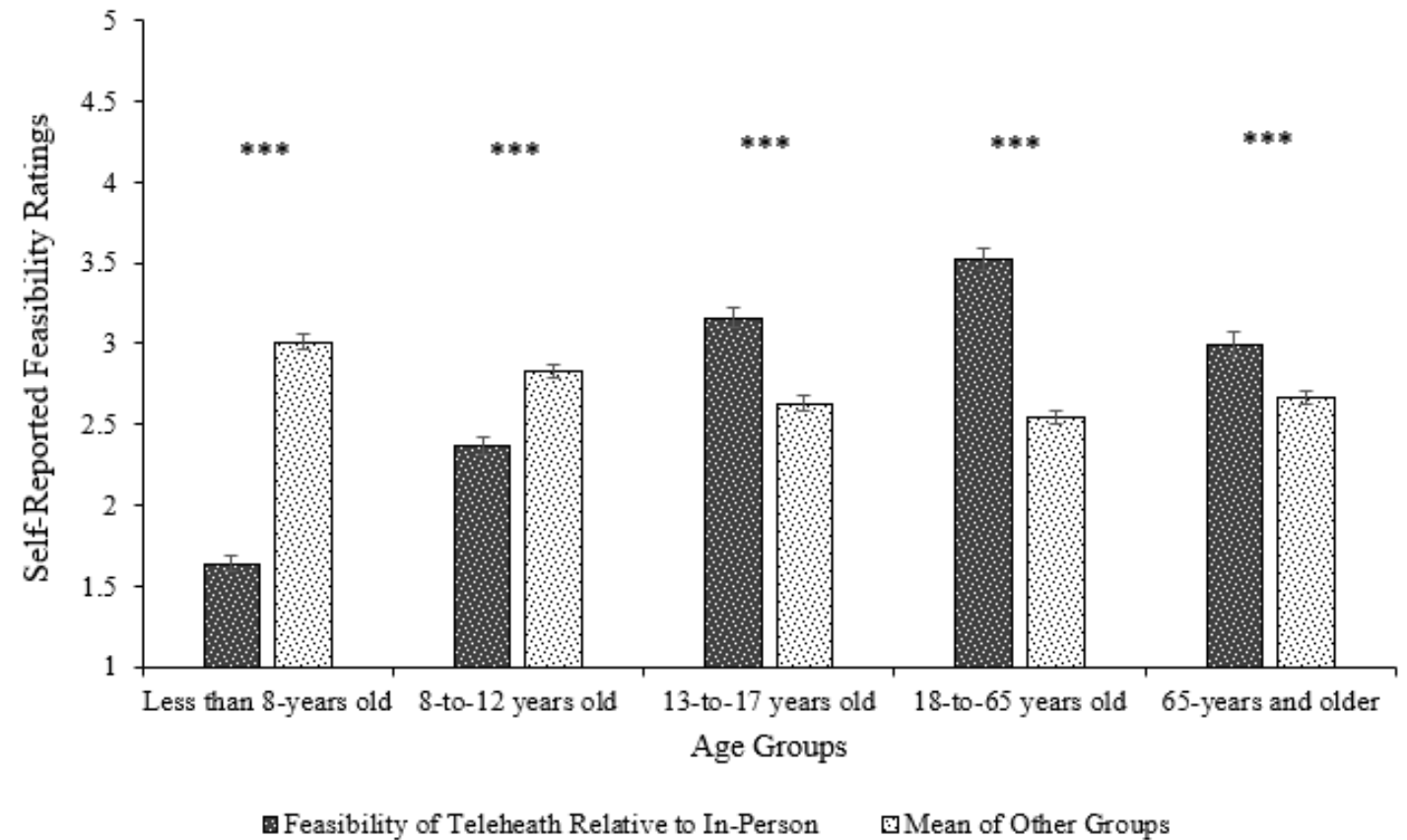


Fig. 1 Self-reported feasibility ratings for delivering HRT via telehealth relative to in-person for different age-groups (1 – “much less feasible”; 5 – “much more feasible”). Error-bars reflect standard error of the mean. *** $p < .001$

Tele HRT may be suboptimal for more severe presentations

- Perceived feasibility for telehealth relative to in-person was:
 - Lower for more severe presentations

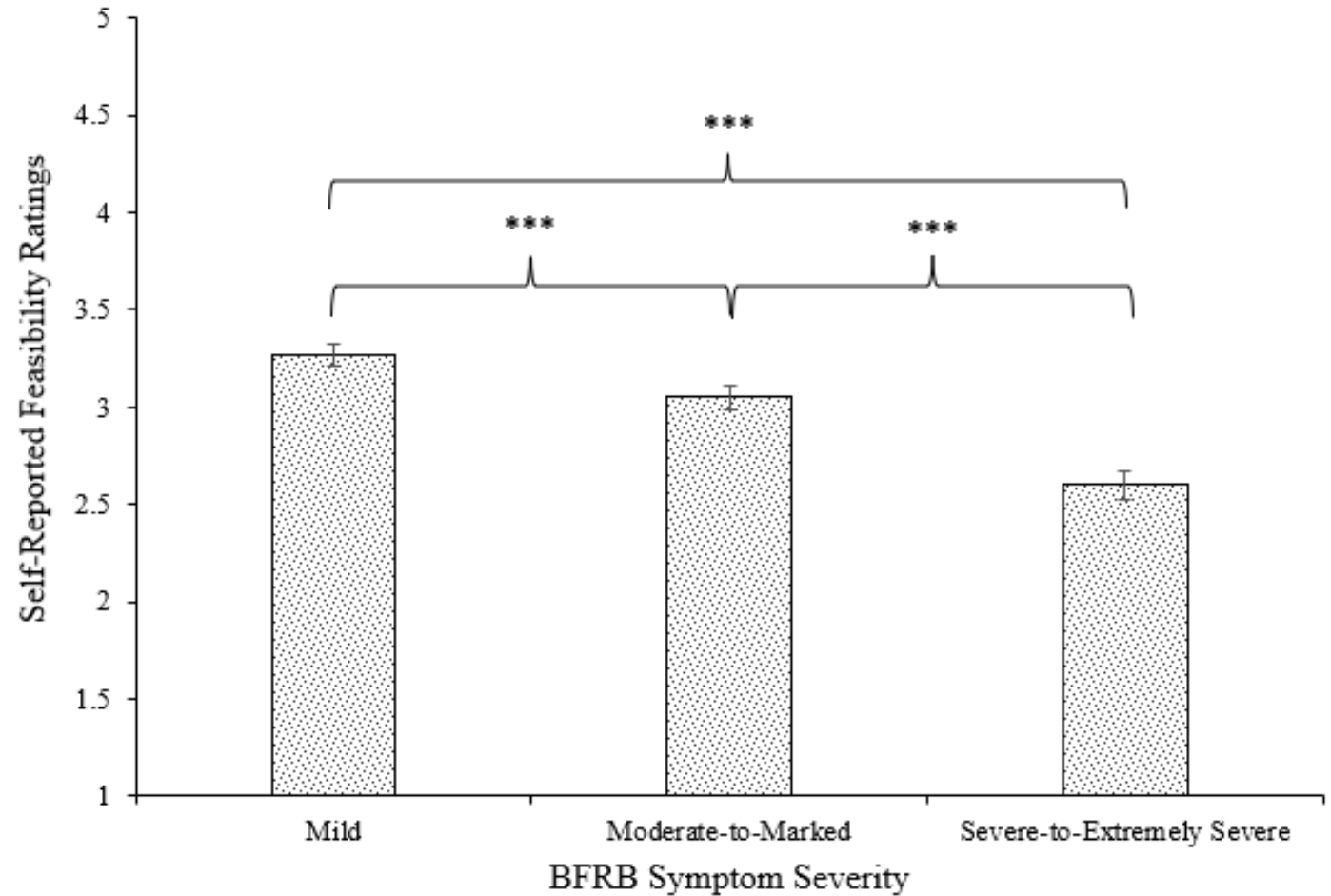


Fig. 2 Self-reported feasibility ratings for delivering HRT via telehealth relative to in-person across different levels of BFRB symptom severity (1 – “much less feasible”; 5 – “much more feasible”). Error-bars reflect standard error of the mean. *** $p < .001$

Provider Ability to Identify and Address Various Factors

- Greater ability to identify and address various characteristics and/or behaviors in-person:
 - Evidence of picking/pulling
 - Eliciting about using CRs and SC
 - Use of instruments
 - Non-verbal communication
 - Difficulty delivering psychoeducation
 - Limited patient insight into sx severity

	<u>In-person</u>		<u>Telehealth</u>		<i>t</i> -statistic	<i>p</i> -value	Effect size
	M	SD	M	SD			
Physical evidence of picking/pulling behaviors (e.g., scabs, bald spots, damage to nail bed, etc.)	4.52	.61	3.38	.99	13.69	<.001***	1.08
Elicit feedback from patients about the use of competing responses and stimulus control techniques	4.64	.53	4.38	.69	5.28	<.001***	.41
Use of instruments to engage in BFRBs (e.g., tweezers)	4.38	.77	4.03	.88	4.54	<.001***	.36
Affective/ environmental factors that facilitate picking/pulling behaviors	4.34	.77	4.25	.76	1.35	0.09	.11
Non-verbal communication	4.62	.56	3.38	1.00	14.98	<.001***	1.18
Difficulty delivering/patient understanding psychoeducational materials	4.37	.89	3.86	1.01	6.00	<.001***	.47
Limited patient insight into symptom severity	4.31	.78	3.72	1.05	7.88	<.001***	.62

Note. Self-reported ratings for ability to identify and address patient characteristics were reported using a 1 (“strongly disagree”) to 5 (“strongly agree”) scale. Cohn’s *d* was used to calculate effect size. *** $p < .001$.

Provider Ability to Identify and Address Various Factors

- Greater perceived feasibility of implementing telehealth relative to in-person HRT for:
 - High versus low awareness of BFRBs
 - High versus low treatment motivation
 - High versus low cognitive ability
 - High versus low family support
 - Low versus high anxiety sensitivity

	<u>Low</u>		<u>High</u>		<i>t</i> -statistic	<i>p</i> -value	Effect Size
	M	SD	M	SD			
Awareness of Repetitive Behavior	2.40	.79	3.29	.77	-11.37	<.001***	-.87
Treatment Motivation	2.14	.86	3.42	.82	-13.97	<.001***	-1.07
Anxiety Sensitivity	3.09	.63	2.80	.87	3.78	<.001***	.29
Cognitive Ability	1.84	.66	3.31	.74	-20.40	<.001***	-1.56
Family Support	2.43	1.00	3.31	.74	-9.38	<.001***	-.72

Note. Self-reported ratings for individual differences were reported using a 1 (“much less feasible”) to 5 (“much more feasible”) scale. Cohn’s *d* was used to calculate effect size. *** *p* < .001

Provider Ability to Implement HRT

- Greater perceived ability to implement *all* aspects of HRT in-person relative to telehealth:
 - Awareness training
 - Competing response training
 - Social Support
 - Stimulus Control

	<u>In-Person</u>		<u>Telehealth</u>		<i>t</i> -statistic	<i>p</i> -value	Effect Size
	M	SD	M	SD			
Awareness Training	4.75	.57	4.36	.83	6.47	<.001***	.50
Competing Response Training	4.79	.48	4.43	.79	6.68	<.001***	.52
Social Support	4.48	.73	4.22	.93	3.77	<.001***	.29
Stimulus Control	4.63	.67	4.36	.88	4.02	<.001***	.31

Note. Self-reported ratings for feasibility of implementing HRT techniques were reported using a 1 (“very unfeasible”) to 5 (“very feasible”) scale. Cohn’s *d* was used to calculate effect size. *** $p < .001$

Future Directions

- These findings do not appear unique to BFRBs
 - OCD (Wiese et al., 2022)
 - Tic/Tourette (Stiede, in preparation)
- Parallel treatment studies
 - Who *is* and *is not* responding
- Telehealth training in PhD/PsyD programs
- Patient perceptions

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