



**EHN CANADA**

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# **Virtual Treatments for Mental Health in a Socially Distanced World**





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# Agenda

- Definition of Terms
- Effects of COVID-19 on Treatment
- Research on Online Treatment
- Online Treatment and Support Options
- Case Study: EHN's Adoption of Online Treatment
- Wagon Platform

# Definition of Terms

## ***Definition:***

### **Virtual Treatment**

Synchronous treatment that takes place via the phone, video chat, or even a virtual reality device.

### **Digital Treatment**

Asynchronous communication, self-guided, app-based.

### **Online Treatment**

An umbrella term referring to both virtual and digital treatment.



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## Effects of COVID-19 on Treatment

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# Effects of COVID-19 on Treatment



Increased cases of substance use disorders (SUD), relapses, and addiction-related deaths



In-person services not been able to transition to online treatment modalities



Regulatory colleges have loosened online treatment restrictions



Insurers, disability managers, and employers are now funding online treatment



Internet access has become a socio-political issue given reliance on online treatment



Clinicians are adapting treatment approaches to maintain quality of care in online settings



Advancements in technology, privacy, user experience



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## Research on Online Treatment

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# Online vs. In-Person Treatment

Is Online Treatment effective?



Multimodal digital psychotherapy is a[n] **effective treatment** for **adult depression** (Marcelle, et al., 2019)



**ICBT** and **face-to-face treatment** produced **equivalent overall effects** for **[mood and anxiety] disorder[s]** (Andersson, et al., 2014)



**ICBT** and is **as effective** as **conventional CBT** (Hedman, et al., 2012)



Yale University  
School of Medicine

After initiation of [online treatment] services, patients' **hospitalization [episodes] decreased** by approximately 25% (Godleski, et al., 2012)



# Benefits of Online Treatment

Pandemic-proof

Treating underserved, remote clients

Client flexibility

Efficient and convenient delivery

Treatment adherence

Outcomes similar to in-person treatment

Staff able to work in flexible environment, work from home

Opportunities for innovation

Clients with anxiety report higher adherence

Diverse group composition (rural, urban, interprovincial)

# Limitations of Online Treatment

Some diagnoses unsuitable (TBI, mania, psychosis)

Access to hardware and internet

Safety and security

Clinician uncertainty

Digital literacy/tech issues

Absence of physical environment

Managing crisis and risk

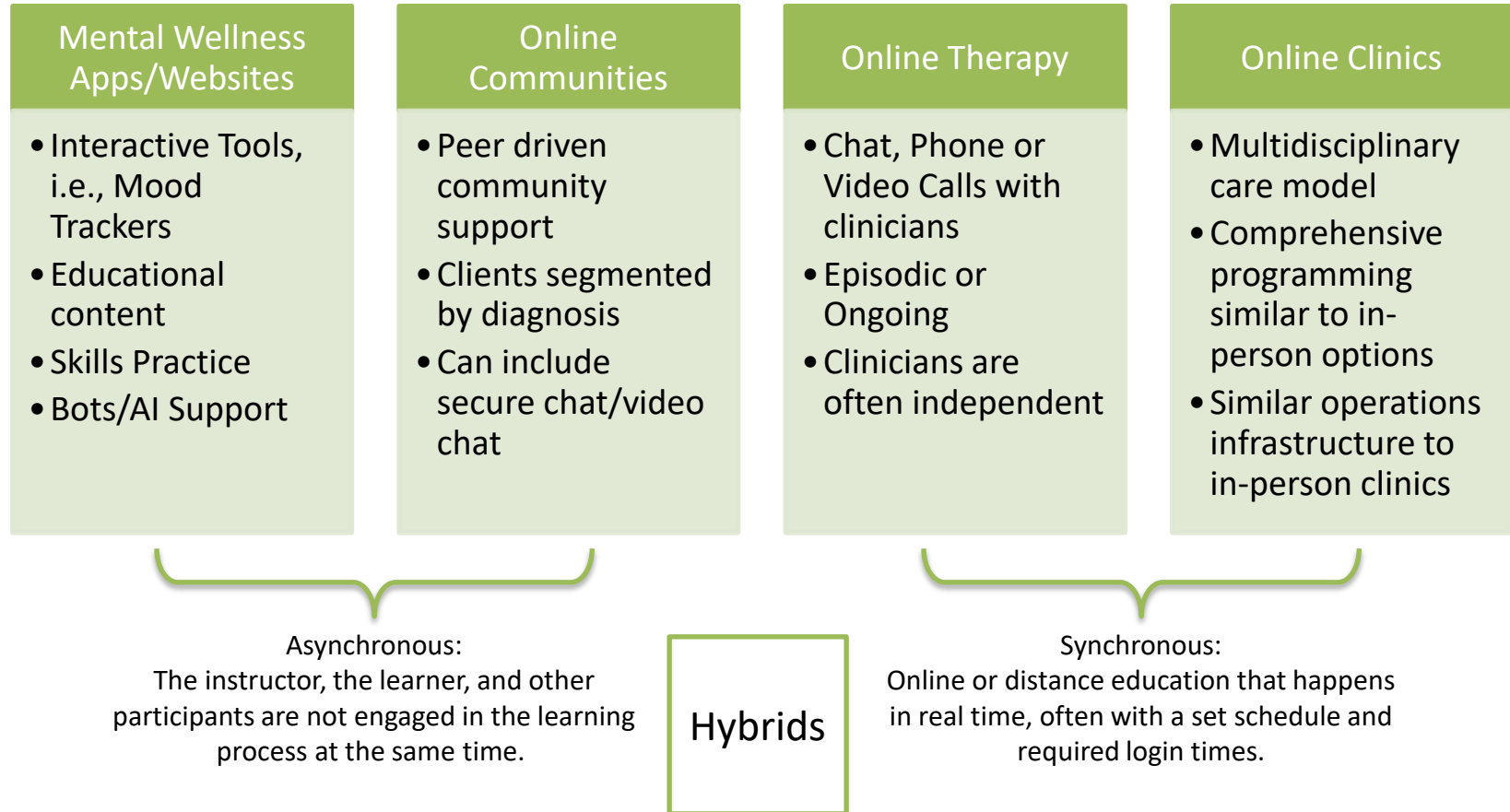


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## Online Treatment and Support Options

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# Types of Online Treatment



# Online Treatment and Support Options

## Effective App Qualities

### High patient engagement



- Clients must be intrinsically motivated to engage with the app
- Improved through real-time engagement, usage reminders, and gamified interactions

### Simple User Interface (UI) and Experience (UX)



- Simple UI/UX increases capacity for learning
- Features include the use of pictures, reduced text, and non-clinical language

### Treat shared symptoms



- Mental health disorders often occur simultaneously, and treatment options are typically similar in content and delivery
- Treating shared symptoms among disorders reduces the need to interact with multiple apps

### Self-monitoring features



- Features that enable users to monitor their mood by reporting their thoughts, behaviours, and actions can increase emotional self-awareness (ESA)
- Increasing ESA reduces symptoms of mental illness and can improve coping skills



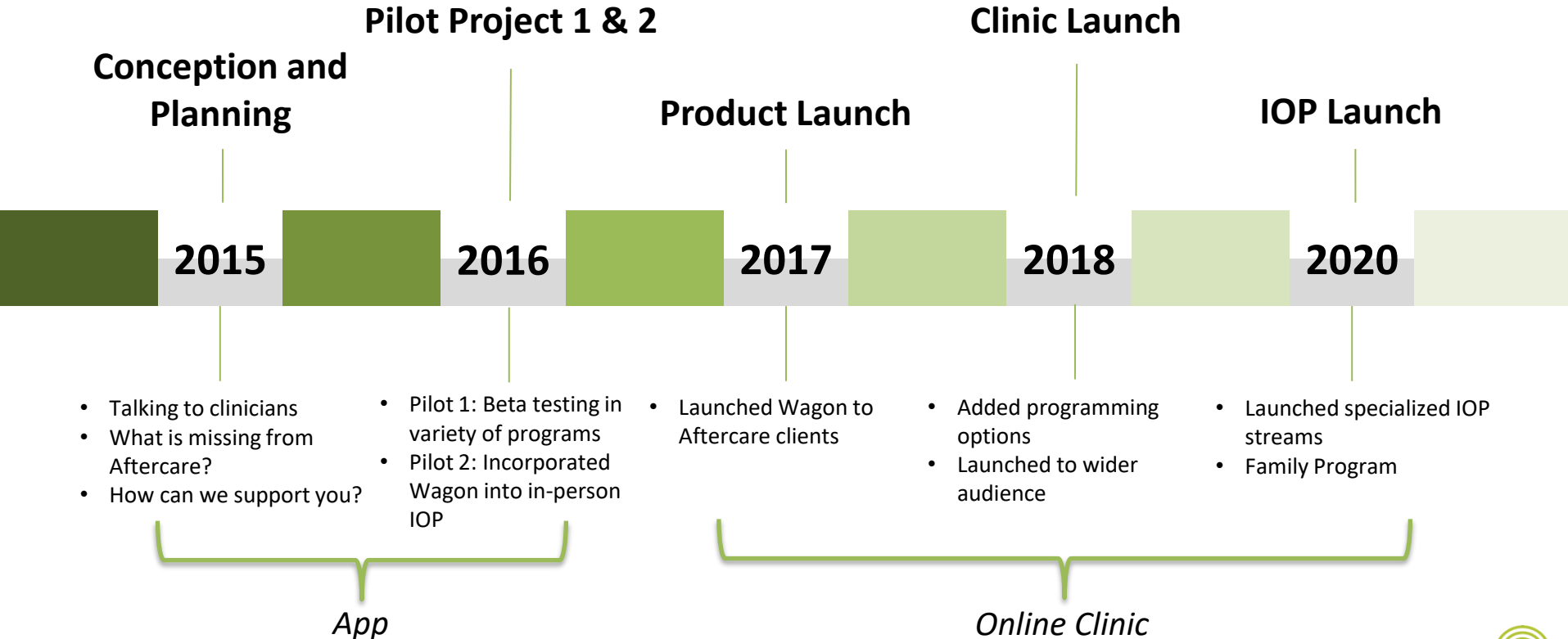
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## Case Study: EHN's Adoption of Online Treatment

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# Timeline: Transition from App to Comprehensive Clinic

EHN Online Powered by Wagon



# Pilot Learnings from Wagon App

App and clinical programming needed to be cohesive and complimentary to achieve high levels of engagement

Specialized team of clinicians; not all clinicians adapted easily to online support

Clients were open, eager, adaptable, and excited to use the App

Introduction of online therapy would increase accessibility and make best use of specialized clinicians



# Learnings from Comprehensive Clinic

Increasing client severity and complexity

New approach to admin and operations

Providing clinical support and supervision

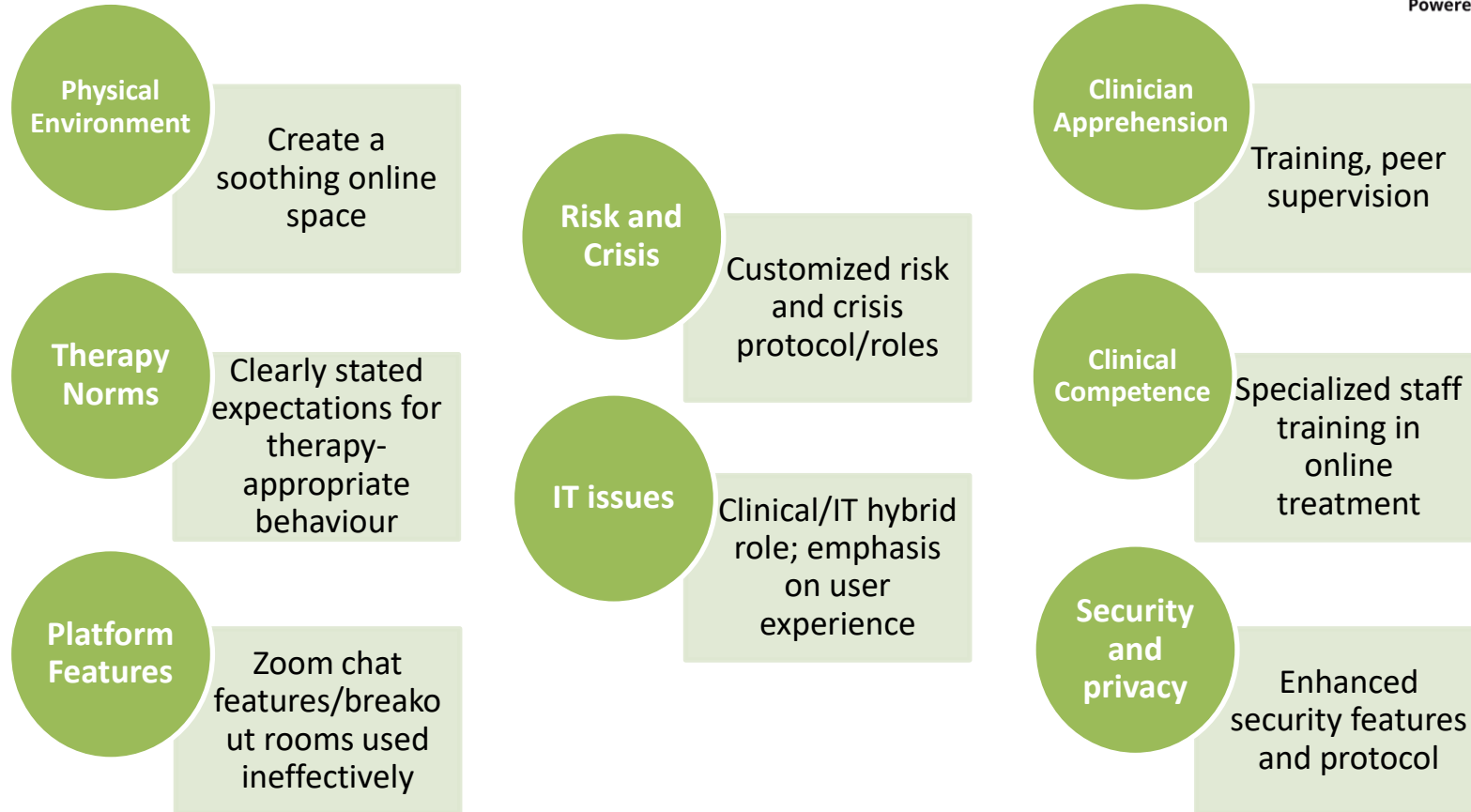
Upgrading technology to accommodate influx of clients

Creating new protocols to manage clinical risk remotely

Modifying procedures and protocol for online groups

Importance for agile, responsive mental health and addictions online programs

# Problem-Solving During the Transition



# Overview of Intensive Outpatient Programs (IOPs)

IOP = Intensive Outpatient Program



8 weeks of intensive therapy

## Program components:

8 hours of psychoeducational/skills groups per week



Cognitive Behavioural Therapy (CBT)



Behavioural Activation Therapy (BA)



Dialectic Behavioural Therapy (DBT)



Acceptance and Commitment Therapy (ACT)



1 hour of individual therapy per week

# Overview of Intensive Outpatient Programs (IOPs)

## Other Program Features



Regular progress measurement



Virtual family education series



10 months of weekly maintenance groups



Drug monitoring



Assessment services (upon request)



Specialty groups: Stabilization, Relapse Prevention, Eating Disorder, Anger Management, and more.



When the current public health situation resolves, these programs are appropriate for both online and in-person.

# Areas of Specialization for Online Treatment



Concurrent Addiction and Mental Health

Mood and Anxiety

Sex and Love Addiction

Workplace Trauma

**Upcoming Specialty Programs:**  
Interpersonal Trauma



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## Wagon Platform

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# Wagon Platform

## Video Counselling



## Patient Mobile App

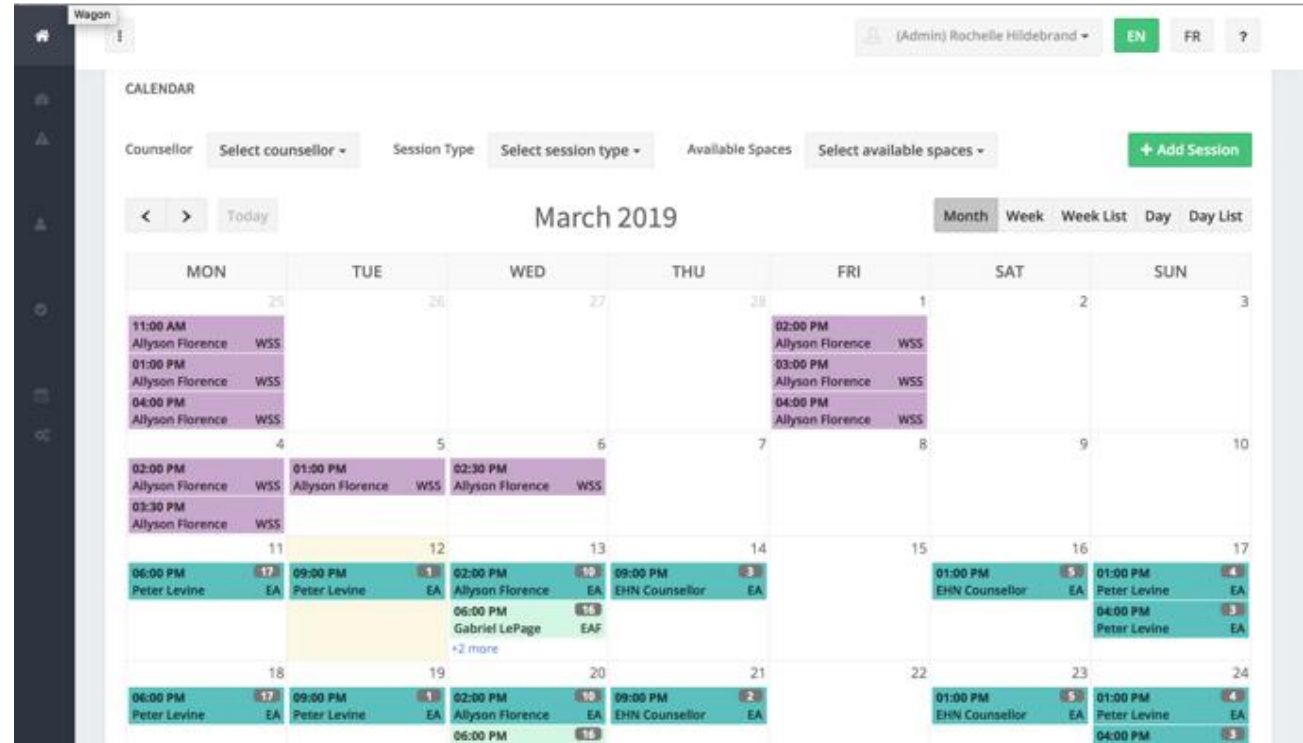


## Clinical Dashboard



# Video Counselling

- HIPPA, PIPEDA and PHIPPA compliant
- Comprehensive dashboard
- Extra online security measures
- Ease of accessibility for clients





# Wagon App

Provided to Clients in Aftercare and Online Programs

## Goal-Setting

- Custom goal-setting for each client based on treatment programs
- Goals are displayed on the home screen and checked off as they are completed

## Coping Tools

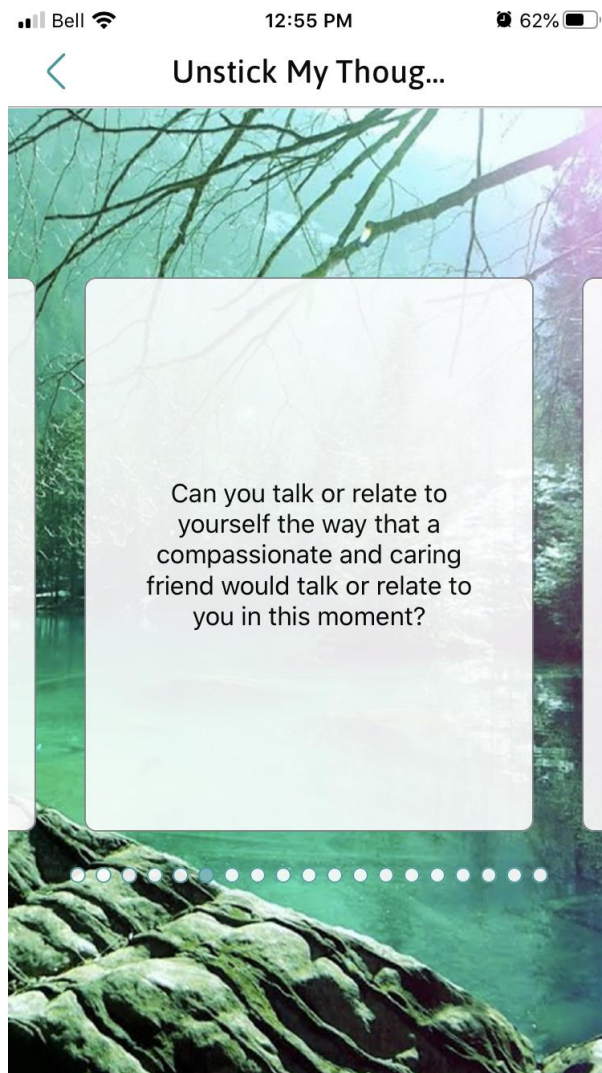
- Coping tools based on skills taught in treatment program
- Includes guided exercises, meditations and coping cards; CBT, DBT, Mindfulness, etc.

## Daily Check-In

- Set of 5-10 questions clients answer each day that track mood, symptoms and use of learned skills
- Different Daily Check-In for each specialty program

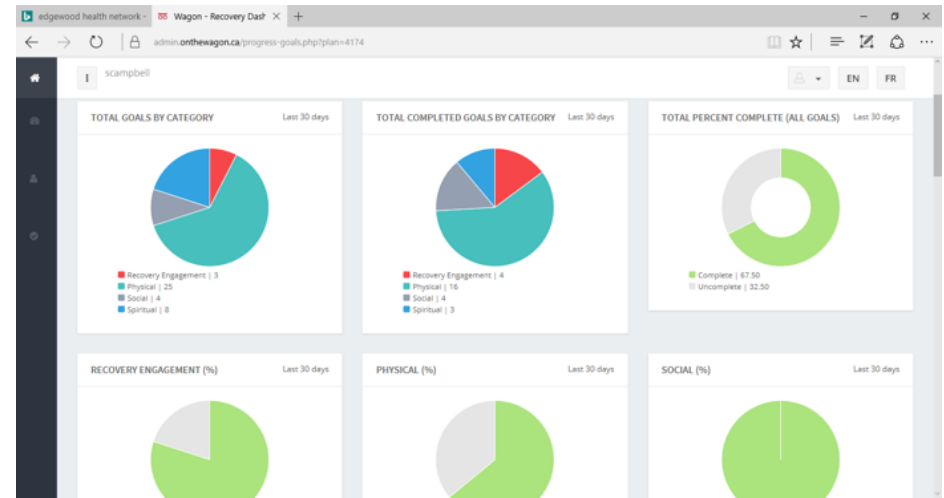
## Progress

- Clients can view their progress in goal completion and from their daily check-in
- Allows them to see patterns and connect symptoms reduction with use of skills



# Clinical Dashboard

- In real-time, counsellors can view the progress of patient goals and a log of the Daily Check-In
- Goal progress or Daily Check-In can be viewed over various timeframes, including last week, month, 6 months ago, or between specified dates.
- Support counsellors check daily for red flags and reach out to clients to check in



The screenshot shows the 'rhildebrand' user dashboard. It features a table titled 'YOUR FAVOURITES' with columns for First Name, Last Name, Email, Abstinence Status, Activity Status, and Actions. The table lists five patients: Rochelle Hildebrand, Michael Parrish, Tess McAndrew, Peter Selby, and Joe Manget. The 'Abstinence Status' and 'Activity Status' are color-coded (green for Abstinence/Active, orange for Inactive, red for Relapsed).

First Name	Last Name	Email	Abstinence Status	Activity Status	Actions
Rochelle	Hildebrand	rochelle_hildebrand@hotmail.com	Abstinence	Active	👁️ ⭐
Michael	Parrish	rmparrish@sympatico.ca	Abstinence	Active	👁️ ⭐
Tess	McAndrew	tess.mcandrew@sunlife.com	Abstinence	Inactive	👁️ ⭐
Peter	Selby	peter.selby@camh.ca	Abstinence	Inactive	👁️ ⭐
Joe	Manget	jmanget@edgewoodhealthnetwork.com	Relapsed	Inactive	👁️ ⭐



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**Thank You!**

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# References

1. Andersson, G., Cuijpers, P., Carlbring, P., Riper, H. and Hedman, E. (2014), Guided Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: a systematic review and meta-analysis. -, 13: 288-295. <https://doi.org/10.1002/wps.20151>
2. Chandrashekar P. (2018). Do mental health mobile apps work: evidence and recommendations for designing high-efficacy mental health mobile apps. mHealth, 4, 6. <https://doi.org/10.21037/mhealth.2018.03.02>
3. Erik Hedman, Brjánn Ljótsson & Nils Lindefors (2012), Cognitive behavior therapy via the Internet: a systematic review of applications, clinical efficacy and cost-effectiveness, Expert Review of Pharmacoeconomics & Outcomes Research, 12:6, 745-764, DOI: 10.1586/erp.12.67
4. Linda Godleski, Adam Darkins, and John Peters Psychiatric Services (2012), Outcomes of 98,609 U.S. Department of Veterans Affairs Patients Enrolled in Telemental Health Services, 2006–2010, 63:4, 383-385 <https://doi.org/10.1176/appi.ps.201100206>
5. Marcelle, E. T., Nolting, L., Hinshaw, S. P., & Aguilera, A. (2019). Effectiveness of a Multimodal Digital Psychotherapy Platform for Adult Depression: A Naturalistic Feasibility Study. JMIR mHealth and uHealth, 7(1), e10948. <https://doi.org/10.2196/10948>
6. McKay JR, Lynch KG, Shepard DS, Pettinati HM. The Effectiveness of Telephone-Based Continuing Care for Alcohol and Cocaine Dependence: 24-Month Outcomes. Arch Gen Psychiatry. 2005;62(2):199–207. doi:10.1001/archpsyc.62.2.199