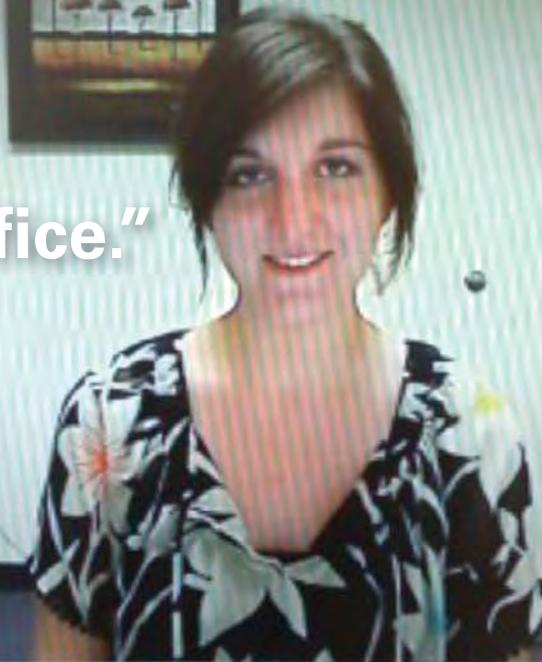




**“Welcome
to my
telerehab office.”**



Once a week, Rehabilitation Counseling Instructor Jamie Schutte commutes more than 75 miles from her office at SHRS in Forbes Tower to interact with a diverse group of clients at the Hiram G. Andrews Center (HGAC) in Johnstown, PA.

As the program coordinator of the Cognitive Skills Enhancement Program at this state-run, residential vocational facility, Schutte, along with other clinicians and graduate students from SHRS, provides group and individual cognitive therapy to adults who have been diagnosed with traumatic brain injuries, ADHD, autism spectrum disorders and other conditions that result in impaired cognitive functioning.

During each 15-week pre-vocational training term, they work with 15 men and women with neuropsychological

disabilities, teaching them how to transfer important skills to the workplace.

Although the collaboration between the University of Pittsburgh and HGAC began more than 15 years ago, Schutte and other clinicians note significant improvements in their ability to help clients solve problems, thanks to the recent introduction of a new software platform known as VISYTER.

VISYTER, which is short for Versatile and Integrated System for Telerehabilitation, was developed at SHRS by Dr. Bambang Parmanto, associate professor in the Department of Health Information Management, in collaboration with the Rehabilitation Engineering Research Center (RERC) on Telerehabilitation.



Using VISYTER technology, RST clinicians can “meet” with clients on a computer screen on days when they are not in the Johnstown facility. The portal houses client information in a secure “cloud,” so that it’s readily available to the next clinician, and provides a vehicle for staff members to communicate more efficiently.

“My clients know if they have an issue, they can talk to me immediately,” remarks Schutte. “Even if I am in Johnstown, they often ask if they can visit me in my telerehab office!”

Schutte adds that VISYTER reduces some of the social demands that are difficult for clients who are on the autism spectrum. “They are often comfortable with technology and enjoy using the videoconferencing system. Computer-based therapy may provide some ‘distance’ during a counseling session, which may make some clients more comfortable.”

Instructor Michelle Sporner also commutes between Oakland and Johnstown. She adds that VISYTER makes clients feel like they’re getting more personal attention, and that in turn leads to self-confidence.

“Technology is part of our clients’ lives,” claims Sporner. “They’re used to working with devices such as the iPod Touch for organizational tasks and supports.”

Sporner has also developed applications

for the iPod Touch that she uses for coaching and memory training for her clients. “Using VISYTER is a natural progression for them.”

Dr. Michael McCue, a clinical neuropsychologist, associate professor and co-director of the RERC on Telerehabilitation, agrees that VISYTER has drastically improved his department’s ability to service clients at HGAC.

“The distance between Pittsburgh and Johnston is irrelevant now,” he acknowledges.

“We’d eventually like to have all of our rehabilitation counseling students conduct interviews using VISYTER.”

“Prior to this, we had a lot of paperwork that created some challenges in communicating with other members of the staff. VISYTER has become a tool that is essential to us, and we have noticed substantial clinical gains because of it.”

Since all client information is available on the VISYTER system, workflow is managed, sessions are scheduled and tracked, and all members of the team can collaborate with each other in real time to solve problems.

McCue credits VISYTER with helping his staff and clients consult with other professionals, like psychologists, who can give HGAC clients increased access to services and resources.

There’s also a tremendous educational aspect to VISYTER, says Schutte. “With this technology, we can help our pre-doctoral students more than ever before. I can sit in on counseling sessions between our students and their clients in Johnstown. It really helps me to refine their clinical skills.”

Sporner notes that VISYTER setups in the Rehabilitation Counseling suites at SHRS are helping faculty to review students’ mock interviews.

“We’d eventually like to have all of our rehabilitation counseling students conduct interviews using VISYTER,” she says. “It is a great learning tool as well as client therapy tool.”

“Our long-term relationship with the Hiram G. Andrews Center has been a success because we’ve always been able to provide consultation, program development and implementation of services that have not been available through state agencies,” observes McCue. “Now, we will continue to transfer our knowledge of emerging telerehabilitation technologies, such as VISYTER, to state employees at HGAC. Everyone wins – our clients, our clinicians and our partners in Johnstown.”