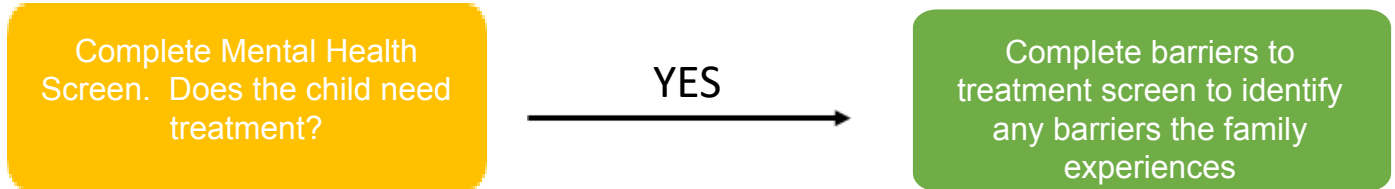
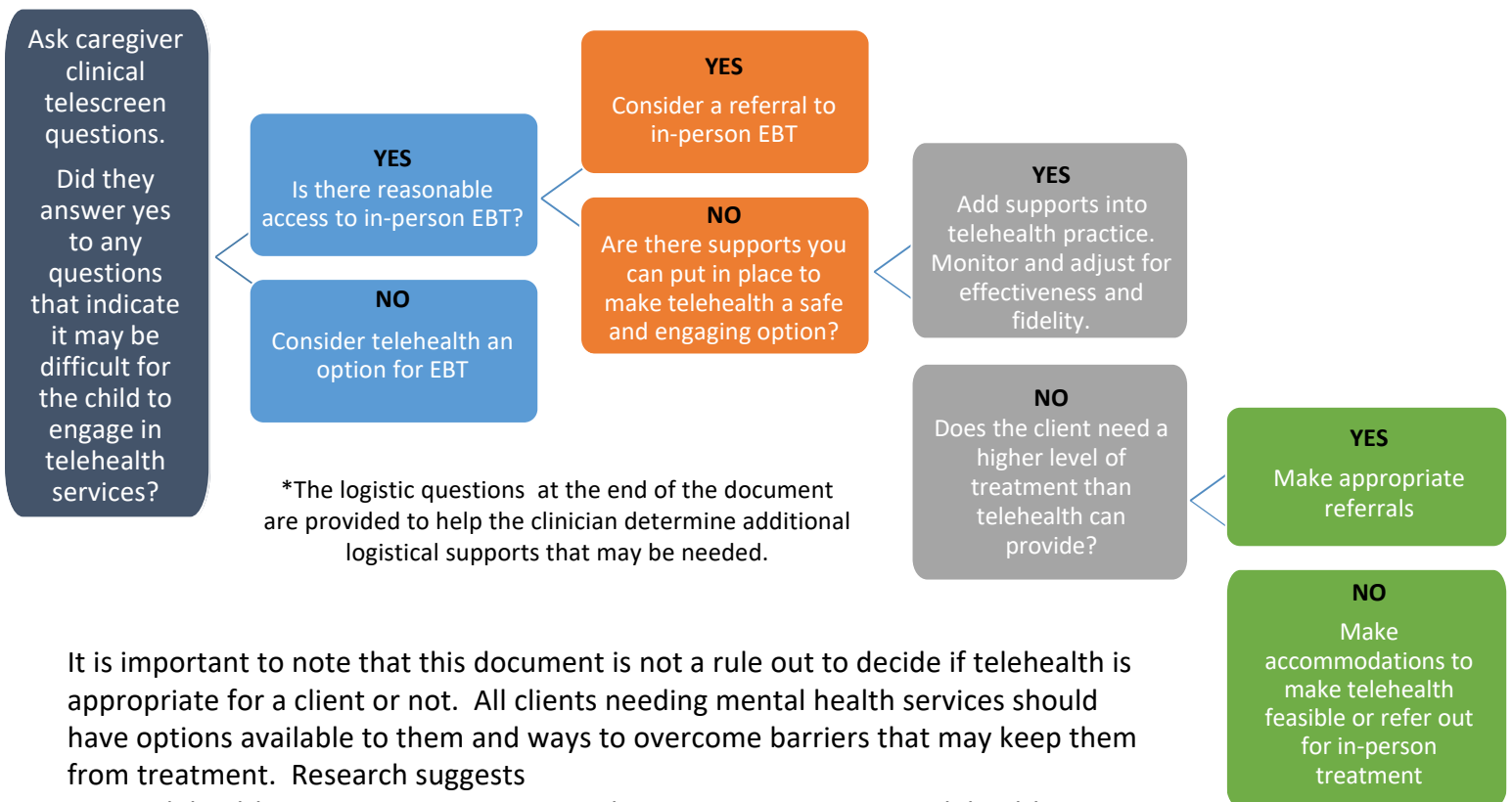




Telehealth Guidance Document: Considerations When Referring For In-Person or To TeleHealth



If the child needs treatment and the family identifies barriers, telehealth may increase access to mental health services. Please complete the telehealth screen and use this Guidance Document:



It is important to note that this document is not a rule out to decide if telehealth is appropriate for a client or not. All clients needing mental health services should have options available to them and ways to overcome barriers that may keep them from treatment. Research suggests

- Telehealth TF-CBT outcomes are similar to in-person TF-CBT Telehealth
- Telehealth modality increased access and decreased barriers
- High caregiver satisfaction with telehealth TF-CBT
- Lower attrition rates with telehealth TF-CBT

While telehealth may not be ideal for every family, it can increase access to care for many families who experience barriers to office-based treatment (e.g., distance to clinic, lack of transportation). Supports can be put in place for clients who may have a harder time with telehealth if in-person evidenced based treatment is not available.

Overcoming Challenges in Telehealth: Supports to Make Telehealth Safe and Engaging



PRESCHOOL/YOUNG CHILD:

Consider shorter sessions. Incorporate caregivers into the session to assist with focus, doing activities, and redirection. Incorporate music, movement, and interactive games into sessions. Take movement breaks. Hold sessions in a room with limited distractions.



HEARING/VISION IMPAIRED:

Visit with the child and family to see what supports and accommodations they use/have access to. Connect with the child's school to see what accommodations they are using. Use a sign language interpreter and/or use the chat function if appropriate for hearing impaired. Incorporate tactile resources sent to client's home such as a tactile book, stress ball, etc.



HYPERACTIVE/ADHD

Consider shorter sessions. Incorporate movement and interactive games into sessions. Take movement breaks. Hold sessions in a room/space that has limited distractions. Provide the child with fidgets and/or seats that use balance and movement. If the child takes medication for ADHD, explore when the medication is most active. Incorporate a caregiver into the session to assist with redirection.



SELF HARM

Consider whether home, school or a partner agency is best to provide additional safety measures during session. Work with caregiver, school, or partner agency to ensure a safe space for therapy (i.e. no sharps). As always, every session ensure the emergency protocol can be followed. Specifically, that you have the phone number of the adult in charge. Ensure specific expectations of not bringing sharps into session and being able to see the child at all times are discussed.



AGGRESSION/PROPERTY DAMAGE

Ensure devices are protected adequately with strong screen protectors and cases like the Otterbox Defender case. Help the family identify a therapy space in the home where there are minimal breakable items. Set up a behavior plan with the child and family prior to sessions that focus on rewarding positive and wanted behaviors.



PROBLEMATIC ELECTRONIC BEHAVIORS

When problematic electronic behaviors are of concern, it is important to securely lock down telehealth equipment and monitor usage appropriately. (i.e. Parental control software, Apple Mobile Device Management) Establish ground rules at the beginning of treatment about using the device appropriately during session, such as keeping camera on, staying in the camera view, and not looking at other sites during sessions.



CAREGIVER UNAVAILABLE

Some caregivers have many barriers that get in the way of them being an active, engaged, and available caregiver. Consider school-based telehealth for the child's portion. It is important to still identify a time to connect with the caregiver to complete the caregiver component of each session and update them on the child's progress and homework even if using school based telehealth.



LACK OF CONFIDENTIAL SPACE

Assist family with identifying a private space within the home for therapy. This can be done by doing a home tour via tele with the caregiver and child. Provide the child with headphones to increase confidentiality. Provide family with a noise machine. Utilize chat box function in the platform. Work with the caregiver to keep other children in the home busy and well supervised to not interrupt the private space during session. Explore whether there is a private space that could be utilized at the school or partner agency like social services.

Barriers to Treatment

Client Name: _____

Date of Birth: _____

Below is a list of barriers that might prevent your child from seeing a clinician face-to-face in an office. There are many reasons why people are unable to get mental health services in person and that might cause you to choose to use telehealth services instead of going to an office. I'm going to read each one. Tell me if any of these are a barrier to your child seeing a clinician face-to-face in an office. (check all that apply)

- ___ Lack of transportation
- ___ Need for childcare
- ___ Work schedule/requesting time off work
- ___ No insurance
- ___ Cost of services
- ___ Distance to mental health services clinic
- ___ Being concerned about what others would think about seeking services
- ___ Language - provider does not speak my preferred language
- ___ Other: _____





TOP Telehealth Screen

Client Name: _____

DOB: _____

Clinical Questions

Below are questions that can be helpful to ask families before beginning telehealth services. These questions are not meant to “rule out” clients for telehealth services, but to alert the clinician to accommodations that may be needed to successfully engage the child in telehealth services.

1. Does the child/adolescent have any vision or hearing problems? If yes, please explain:

2. Does the child/adolescent have attention/concentration problems? If yes, please explain:

3. Does the child/adolescent have a past or current diagnosis of ADHD? If yes, are they currently being treated by a provider? If yes, what is the status of treatment?

4. Does the child/adolescent have any harm to self-safety concerns (past or current self-harm, past or current suicidal ideations)? If yes, please explain:

5. Does the child/adolescent have any harm to others safety concerns (past or current aggression towards others)? If yes, what’s their relationship to the child (i.e. parents, teachers, siblings, etc.)? If yes, please explain:

6. Does the child/adolescent have any harm to property concerns (past or current aggression towards objects i.e. damages property when upset)? If yes, please explain:

7. Does the child/adolescent have any past or current legal issues involving technology (i.e. pornography)? If yes, please explain:

8. Does the child/adolescent have any past or current risky behaviors with technology (meeting strangers online)? If yes, please explain:

9. Does the child/adolescent have any other past or presenting problems that may interfere with their ability to fully participate in TF-CBT via Telehealth? If yes, please explain:



Logistics Questions

1. Are you, or a designated adult, able and willing to be present during the entire duration of the telehealth session? YES NO

2. Are you able and willing to provide designated adults as emergency contacts for the safety plan? YES NO

3. Are you, or a designated adult, able and willing to follow a safety plan if an emergency were to take place during the telehealth session? YES NO

4. Are you able and willing to participate in sessions, either at the same time as the child's session or another agreed upon time, as needed with your child/adolescent? YES NO

5. Is there a quiet location in which the child/adolescent can have privacy during telehealth sessions? (privacy means = a room with a door that shuts) YES NO

6. Do you have a way to reduce the likelihood that confidentiality will be violated during the session, such as a sound machine or noise app? YES NO

7. Are you able and willing to respect the privacy of the child/adolescent during the telehealth sessions? (not interrupting, not listening by the door, not allowing others in the home to interrupt sessions, not asking your child/adolescent after session to explain the details of what was discussed) YES NO

8. Do you have any questions or concerns about your child/adolescent participating telehealth that have not been discussed in the above questions? If yes, please explain: YES NO

Note that a telescreen should never be used as a rule-out tool. Rather, this is additional information meant to help the clinical team make an informed decision on recommendations for the best possible mental health options for your client.