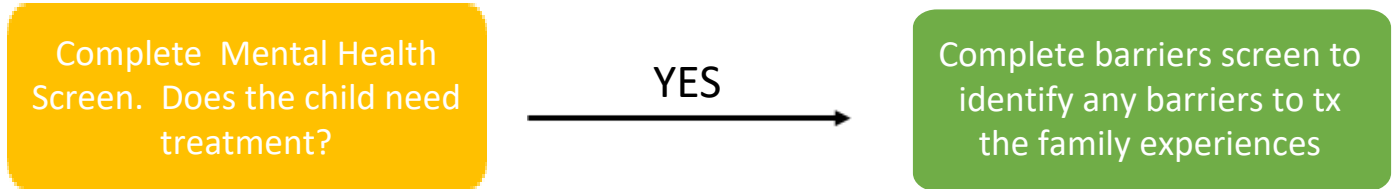
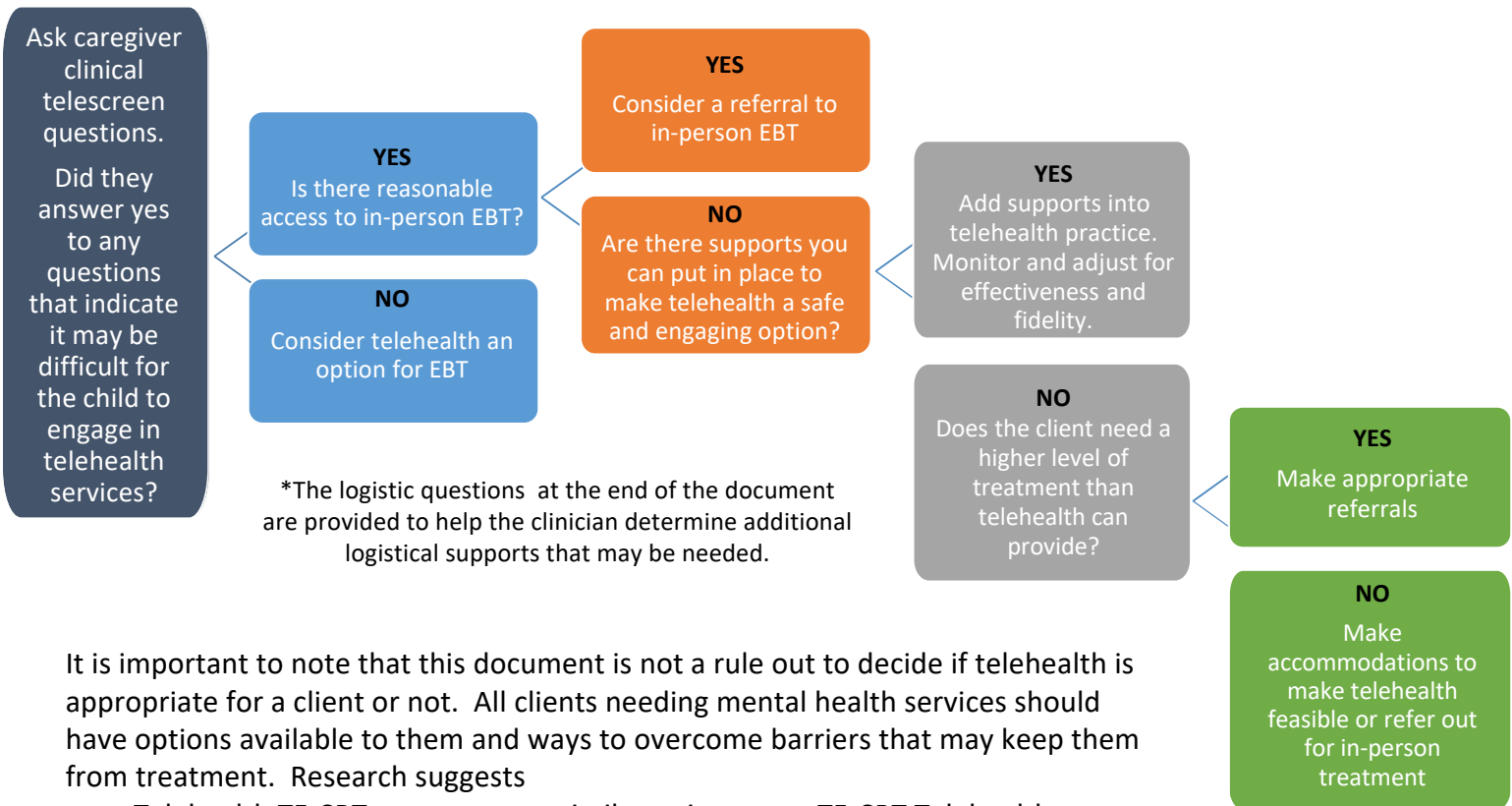




# Telehealth Guidance Document: Considerations When Referring For In-Person or To TeleHealth



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.

# Examples of Supports to Make Telehealth Safe and Engaging



## PRESCHOOL/YOUNG CHILD:

Consider shorter sessions. Incorporate caregivers into treatment, such as having the child sit on a caregivers lap to read a relaxation story. Use music, games, movement, etc.



## HEARING/VISION IMPAIRED:

Visit with the child and family to see what supports they currently use/have access to. Connect with the child's school to see what supports they are using. Use a sign language interpreter if appropriate for hearing impaired. Use the chat function within the videoconferencing platform. 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. Hold sessions in a room/space that has the least amount of distractions. Provide the child with fidgets and/or seats that involve using balance and movement such as an exercise ball or balancing discs. Schedule sessions to coordinate with when medications are most active.



## SELF HARM

See if school or a partner agency, where the environment can be more closely monitored, is an option for telehealth sessions. Work with caregivers or partner agency staff to provide a safe space for therapy. As always, have an Emergency Plan in place. Like in person treatment, have a safety plan in place, including being able to see the child at all times during sessions.



## AGGRESSION/PROPERTY DAMAGE

Things such as screen protectors and defender iPad cases can help protect equipment. Help the family navigate a therapy space in their home that has the least amount of breakable items. Set up a behavior plan with the child and family prior to individual sessions that focuses on positive behavior reinforcements such as labeled praise and a reward system for good behavior.



## PROBLEMATIC ELECTRONIC BEHAVIORS

If a child has problematic electronic behaviors, it is important that telehealth takes place with equipment that can be securely locked down and monitored with a program such as Apple Mobile Device Management or parental control software. Ground rules should be put in place at the beginning of treatment, and as needed, to establish that clients are not allowed to access or view other sites during sessions.



## CAREGIVER UNAVAILABLE

See if school-based telehealth is an option; connect with the caregivers at a later time. See if another trusted adult can be available in the home for the session. Set up times to meet with the caregiver outside of the child's sessions to engage caregiver, cover caregiver components and update them on child's progress.



## LACK OF CONFIDENTIAL SPACE

Help the family problem solve finding a private space within the home. Do a tele home tour with the child/family to see if you can help identify a private space. Provide the child with headphones to increase confidentiality. Provide the family with a white noise machine. Use the chat box function within the videoconferencing platform. See if telehealth services can take place at a partner or community agency such as a school, social services, a confidential space at the public library or a domestic violence shelter.

# 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: \_\_\_\_\_





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

The Telehealth Guidance Document: Considerations When Referring for In-Person or to Telehealth (Condol, Herting, Stewart, 2021) was developed as a resource for the clinical team to consult as they explore whether conducting trauma treatment via telehealth is a good fit for a specific client. The document should not be used as a rule-out tool, rather to help the clinical team make an informed decision on recommendations for the best possible treatment modality for the client. Questions about the Guidance Document or about training should be directed to [stewart@musc.org](mailto:stewart@musc.org), [pcondal@dakotacac.org](mailto:pcondal@dakotacac.org), or [mhdirector@rrcac.com](mailto:mhdirector@rrcac.com)