

Conducting Intakes and Assessments Using Telemental Health (TMH)

This document summarizes information presented in the article “The Fast and the Furious: The Rapid Implementation of Tele-mental Health Practices Within a Children’s Advocacy Center” by Lisa Conradi, Andrea Hazen, and Jill Covert (2022). Access the full journal article at [here](#).

With the emergence of COVID-19, multiple mental health providers have quickly transitioned from providing services face-to-face to providing those same services remotely via telehealth technology, such as Zoom. One of the more challenging aspects of this transition is moving the original intake and assessment process from an in-person encounter to a virtual one. The following guidance has been prepared to assist clinicians in conducting intakes and assessments via telemental health.

Overview of the Trauma-Informed Mental Health Assessment Process

The trauma-informed mental assessment process is a multi-faceted process that includes multiple components. These include:

- A clinical interview with the child and/or caregiver (which will vary based on the age of the child) in which the clinician collects information on the child’s development, family history, exposure to trauma, functioning across domains, and current challenges
- The completion of standardized measures focused on general functioning as well as trauma-specific symptoms and needs
- Observing the child and caregiver during the assessment process to gather information on non-verbal behaviors and interactions
- Coordinating with and gathering information from multiple informants in the child’s life to inform the general picture about the child’s and family’s functioning

Preparing the Client and Caregiver for the Intake and Assessment Process

- **Technology:** Discuss with the client and caregiver if they have the adequate technology to engage in TMH. This includes a computer, webcam, speakers, or a mobile device (such as iPad or phone) which includes capacity for both video and sound.
- **Privacy:** Ensure that the child and caregiver have a private space for the assessment that is free from distractions and where they can answer questions freely.
- **Transparency:** Discuss with the client that we are conducting the assessment via TMH, but it is not ideal and it might be a strange, new process for them. Be realistic about the challenges associated with collecting information in this way. Let them know that you will not “give up on them”, even if there are unforeseen challenges with the technology.
- **Safety:** As with any intake process, highlight safety and the need to maintain safety throughout the process.
- **Informed Consent:** Make sure to complete the Informed Consent as soon as possible. It is recommended that you forward a copy of the Informed Consent to the family prior to the session so they have time to review. During the first intake session, you can briefly review it and address any questions that may have emerged.

Developing Trust and Rapport

A key part of the assessment process is developing trust and rapport with the child and family so that they feel comfortable engaging in services and completing the assessment process. The development of trust and rapport begins with the child and family's very first interaction with the center. The following are some key strategies to help develop trust and rapport via TMH:

- Forward clients a welcome packet which describes information about your center, the services that you provide, etc. so that they can receive as much information about who you are as possible in advance.
- Begin the process of engagement by being transparent about how TMH is different than other forms of therapy and this is likely a new experience for both the therapist and the client. Share with the client that you will both be learning together and that you are committed to this process.
- Practice appropriate eye contact and body language. Keep your eye on the camera you are using (vs. the broader screen itself), as the client will experience that as you looking at them versus slight away from them. Center yourself on your screen so that the child and/or caregiver can see you clearly.
- Ensure that your voice and tone are calm and connected. Over the course of the day conducting TMH sessions, you can get tired, slouch more, and feel the need to speak more loudly, which can actually hurt your voice. Pay attention and incorporate strategies to help maintain your voice as needed (i.e., lozenges, tea, voice exercises, watching your posture, etc.)
- During an initial interaction with the child and family, introduce yourself, your background and experience, how long you have been doing this work, and your qualifications. Provide the client with a sense of who you are and how you are equipped to help them.
- Create strategies to provide a "virtual" tour of the office so that the client can experience what it would be like to come into the office itself. This may be through photos shared with the client, or the therapist or intake coordinator may actually take the client on a video "tour" of the space.
- Ask the child and/or caregiver to provide a tour of their own physical space – this may be their own room, the overall house, or a unique space that they'd like to share with the therapist.
- At the end of the first session, check-in with the client about the experience. What worked well for them? What was challenging? Do they want to continue with therapy? If so, what can be improved next time?
- Provide some homework before the next session, including journal prompts, research, etc., to keep them engaged in the process.

Conducting the Clinical Interview

During the course of the clinical interview, the therapist will ask the child and/or caregiver a number of deeply personal and detailed questions. For the therapist, asking these questions remotely can feel somewhat uncomfortable and impersonal. The following strategies can assist with the clinical interview process:

- Pay attention to body language as much as possible given the technology (and its potential limitations).
- Expect the process of conducting an assessment via TMH to take longer than a traditional assessment. Break up the assessment as much as possible to avoid fatigue for both the therapist and the child/caregiver.

Completion of Standardized Assessment Measures

During a face-to-face assessment session, the therapist or intake coordinator may provide the client and/or caregiver with the measures and ask them to complete them in the office prior to beginning the sessions. However, this process may need to be adjusted during TMH, as sending the measures to families to complete and send back can be time-consuming and costly, particularly if the measures are misplaced. Therefore the following adjustments can be made to the measure administration process:

- If a measure is available online and there is a confidential portal in which the client and/or caregiver can complete the measure privately, that is an option to consider.
- Otherwise, consider administering the measures verbally to the clients via TMH
 - It can be helpful to scan a copy of the measure and sharing your screen so that the client can see the measure and follow along with the questions.
 - If that is not possible or it's difficult to see, you can create a visual representation of just the scaling and share that document, asking the client/caregiver to provide ratings using the appropriate scaling for the measure.
 - As much as possible, provide the client or caregiver with options on how to complete the assessment – do they want to read it quietly and just give responses? Do they want you to read the questions to them and they point to a response on the screen? Try to keep it as engaging and interactive as possible.
- Regardless, the therapist is encouraged to have a copy of the measure in front of them that they can fill it in and complete the scoring after the session is complete.

Providing Feedback Regarding the Assessment Results

A key part of the assessment process is providing an overview of the assessment results back to the family so that they can see how they rated compared to others on various items and understand their areas of strength and concern.

- When sharing the results from the standardized measures, it can be helpful to scan any reports that are generated on the scores and share those in much the same way as you would during an in-person session.