CLINICAL WEBINARS FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE
Telepsychology with Children and Teens in the Age of COVID19

Mary K. Alvord, Ph.D


Attendees Earn One Continuing Education Credit
The National Register is approved by the American Psychological Association to sponsor continuing education for psychologists. The National Register maintains responsibility for this program and its content.
Mary K. Alvord, PhD, is a psychologist with more than 35 years of clinical experience and is director of Alvord, Baker & Associates, LLC in Maryland. Past President (2013) of APA Division 46, Society of Media Psychology and Technology, she has been active in promoting telehealth in her group practice and through workshops. Recently, she founded a non-profit, Resilience Across Borders, Inc. with a mission to promote mental health and reduce barriers. She is co-author of Conquer Negative Thinking for Teens, Resilience Builder Program, and digital recordings on relaxation and wellness.
Disclosures/Conflicts of Interest

• No conflicts of interest nor royalties or stock in any telehealth product
• Co-author of *Resilience Builder Program®* & Relaxation CD’s for youth and adults – royalties from Research Press
• Co-author *Conquer Negative Thinking for Teens* – royalties from New Harbinger
• President of charity – *Resilience Across Borders, Inc.* No income. All proceeds direct to the charity.
References/Citations


Learning Objectives

• Discuss two key elements of informed consent when working with children and teens.

• Apply at least three strategies to successfully engage a child, teen, or family when using telepsychology.

• Describe a plan of action for effective risk management.
We are ALL Learning and Adapting
Why Telepsychology? Now but also to continue

• **Mindset of providing services other than in-person**
  • The more clinicians practice and learn, the more comfortable and competent

• Requires MORE prep and materials for children and teens.

• **CPT CODEs for HIPAA-secure SYNCRONOUS (real-time) Video & Audio sessions: add modifier code (95).** Ex. 90834 (95), Group would be 90853 (95); collateral/parents session 90846 (95; Family session 90847 (95). Location is typically Telehealth (02)
Getting Started

• Internet! Lighting – to side or in front.
• HIPAA-secure platform with BAA
• Equipment needed on both ends:
  • Webcam with sound and phone nearby as a backup should the screens freeze.
  • Audio continuity is most imp!
    If you go to phone, with audio, then mute your video screen or you get echos.
• Large monitor helps!
• Check your video and test your speakers and mic.
• Ask them where they are (for interjurisdictional and safety reasons) and with whom?
For extra security use unique link for each session plus password

- Topic: National Register Demo
- Time: Apr 3, 2020 02:00 PM Eastern Time (US and Canada)

- Join Zoom Meeting
  - https://zoom.us/j/********?pwd=************************

- Meeting ID: 5** 7** 9**
- Password: 0*****

- Dial by your location
  - +1 646 558 8656 US (New York)
Private space & minimal distractions for all and more so for groups

Where are parents, sibs, pets? Ask them to wear earbuds/headphones.

Recording – transparency on their part - what if they want to record from another device?

VERBAL & WRITTEN consent – do you have teen sign + parents?

If you meet with parent first for update, send a separate link. Or, if joint, how will you handle space in the room.

SAMHSA TIP 60
Tech back-up plans
This is where familiarity and clinician tech competence come in. Know all the possible problems that can go wrong to help troubleshoot!

Stay on top of your secured lines. This came from the IT that monitors our system, on 3/17: “Please be aware that malicious actors are taking advantage of everyone being on edge about Covid-19 and attempting to manipulate you into running malicious code on your systems including a new Crypto variant conveniently named CoronaVirus.”

How will you handle payments from split parents?

Determine where the informed consent will be (your website, or (securely) emailed, or?)
How will they return it?
How will they (digitally) sign?
Do you have secured email, fax, mail?

Consent is all normal in-person PLUS BACK-UP for troubleshoot and EMERGENCIES
Below, please include the names and telephone numbers of your local emergency contacts (including local physician, crisis hotline, trusted family, friend, or confidant).

<table>
<thead>
<tr>
<th>Physician or Psychiatric Name &amp; Relationship</th>
<th>Telephone number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Hotline and local Crisis Center Names</td>
<td>Telephone number(s)</td>
</tr>
<tr>
<td>Family Member Name &amp; Relationship</td>
<td>Telephone number(s)</td>
</tr>
<tr>
<td>Friend Name &amp; Relationship</td>
<td>Telephone number(s)</td>
</tr>
</tbody>
</table>

By signing this document you are declaring your agreement with the following statement:

I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits of video conferencing. I agree to Telehealth sessions (CPT code includes the modifier of 95) via videoconferencing.

Signature __________________________ Date __________

Print Name __________________________

If for minor, Parent or Legal Guardian Signature (1) Date __________

Print Name(s) if minor as well as parent/legal guardian signature (1)

If for minor, Parent or Legal Guardian Signature (2) Date __________

Print Name(s) if minor as well as parent/legal guardian signature (2)
Cultural Considerations

Take into account family values, religious beliefs, and cultural norms regarding mental health.

What does it mean to have a “problem” or a “disorder”? 

Who is part of, or lives with, the family? Does the child live in more than 1 household?

Some ethnicities are less likely to seek services. Some parents disagree on what services are needed, if any.

What is the stigma in the “community” regarding anxiety, depression, ADHD, ASD?

If the patient or family speak several languages, be sure to check out vocabulary for emotion expression.

When another language is primary, that is often the language that is easiest to express self, esp. when upset.

Telehealth can help decrease the barrier of having a translator online (language or sign)
Resilience Demo

Long rubber band is great to illustrate concepts and a child should be able to also have one on the other side of the screen to duplicate the activity.
Taking initiative and focusing on that which you can control

Protective Factors

Proactive

Attachments & Connections

Proactive Parenting

Community

Special Talents

Self-Regulation

Alvord & Grados, 2005
Alvord, Zucker & Grados, 2011
I CAN – try – change – I CAN

Resilience
Research

• Few studies prior to 1996
• Since 1996, at least one peer-reviewed article/yr. until a few years ago. Since 2012 RCT research studies have increased exponentially!
• Empirical studies:
  • Most with adults esp. early studies with. Myers ADHD RCT study, Comer PCIT
  • Improvements in symptoms and no differences between VC and in-person
  • Higher attrition rates for in-person
  • Alliance measures mixed even while outcome measures improved
  • Satisfaction ratings similar, but when dissatisfied it was primarily due to technology glitches. Kids like it and are more comfortable with it (digital natives😊)
• Dealing with language and hearing/expression barriers
• Content
What services can we provide over telehealth for what age or dx?

Think what you would do in-person, how you translate to video/audio

Supervision/consultation

Individual Therapy

Group Therapy

Intakes – assessment (online BASC-3 ex)

Parent/collateral interventions

Continuity of services
Create your Own Checklist
Special Considerations w Children & Teens

• Evidence-base exists, but we need more varied environments; Storch et al (2011) found that treating OCD via TMH was superior!
• Legal issue: Permission from parent(s) or guardian—divorce/consent issues if you will do primarily virtual visits – which house?
• Involving systems (teachers, parents, siblings, other providers)
• Depending on age and activity level age, larger room with several cameras might be necessary – or make telehealth inappropriate.
• Cameras with pan/tilt/zoom to better capture facial expressions
• Note what else they might be doing while talking with you? Who is in room? Pet?
• Emergency or urgent back up plan for teens, esp. important. What if they just SLAM the laptop shut or run out of the room???
• Use of mobile devices for exposures – smartphones, laptops, incorporating use of apps (Virtual Hope Box, Mood Coach, for ex.)
• School-based TMH increasing
• Providers seek update on TMH competency
• All ethical considerations as with adults, but more in addition as need to consider the family dynamics and custody.
• Appropriate attire, position (upright) and space:
Consider the Visual and NOISE BACKGROUND

Might need to wear headsets & a white noise machine (not Alexa)—now that we are home, dogs, kid noises

Esp. because we are home now, we need to maintain our privacy for professional and safety reasons. Our background can be distracting.

Consider purchasing a 4-panel screen. Virtual backgrounds can work but need more bandwidth and best with green screen.
Consider the type of therapy you do and guide the parent on the other side of the screen- advantage is that it generalizes to the home
Set-up for children

• Consider supplies (art, paper, games, toys, props, puppets, rubber bands, file folder) to illustrate concepts you will need on your end or for fun.

• Be extra aware of lighting and background

• Who, if anyone will be in the room with them and at which point?

• You will have to ask parents/caregivers to have supplies and toys on their end. (toy figures and Battleship and Uno work well)

• Determine which games you can play on shared whiteboard – tic tac toe; hangman

• Integrate MOVEMENT breaks. Might be shorter sessions than in-person?
Chose games that can be played on both sides of the video
Create a file folder TV screen to “change channels”
Set-up for teens

• A check-in with a parent? Advise separate computer links
• Index cards
• Phone
• Paper
• Assignments
• Workbook
• Exposure hierarchy, for ex.
• Websites with electronic games: unofreak
Create fun avatars with kids and teens  For ex. https://avachara.com/avatar/
Interactive Shared White Board can grant the other person “remote control” and can “annotate”.

What if my parents die, or I die, or ..... 

What if I get sick, What if vomit

What if I can't get to sleep?
Cognitive Flexibility
<table>
<thead>
<tr>
<th>Feeling</th>
<th>Body</th>
<th>Thoughts</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worried</td>
<td>Stomach tense, temples of forehead tight</td>
<td>What if I get it? (or illness like cancer)</td>
<td>Get upset if dragon grows really upset</td>
</tr>
<tr>
<td></td>
<td>happy</td>
<td>good things - neutral</td>
<td>happy or tired, do fun things</td>
</tr>
</tbody>
</table>
Group Therapy – ex’s from Resilience Builder Program®

• Sessions for this time period: Resilience: Proactive vs Reactive vs Passive; Optimistic Thinking; Problem solving; Stress Management; Off the Mark Thinking; Anxiety Management; Anger Management

• Structured sessions – use White Board in-person as well
• Now, mute all participants except one speaking.
• Use mute and video on/off as behavior management.

• Relaxation/Self-Regulation through the computer – works well!
Visualization, PMR, Mindfulness walk (video via phone app) or object in the house to practice the 5 senses to attend to the moment.
The Format of group therapy

In-person
STRESS Management
What are the triggers and how does it affect thoughts, emotion, body, action, sleep?
Rules

- no virtual backgrounds
- one person talks at a time - notice the outline of their box
- private space - headphones

BLAME

What I can Control
- what I do at home

What I Can't Control
- COVID19

wordyy off the mark

on the mark

breathing fast

where do you feel your anxiety?

what do you do or avoid?
Working on social skills and reciprocity. Video outstanding way to see it and hear it. Look at yellow border around person speaking.
Some examples with CBT practice

**Exposures**

- PCIT - room to room via video and bluetooth
- Parenting with one in-person, one face-to-face
- Modeling/recording practices
- Developing hierarchies
- Group Tx
Setting up a goal or anxiety hierarchy
BACK-UP and SAFETY PLANNING

• Legal issues: Licensure requirements – DURING COVID19 and BEYOND
  Laws: Detention and involuntary commitment/ duty to warn/ protective services reporting

• Ethical issues: Area of competence. Appropriateness of treatment, Is this patient isolated and better served outside the home? Issues of confidentiality (i.e. recording). INFORMED CONSENT – review telehealth agreement w minors as appropriate and adults in charge. Includes discussion of safety concerns and plans as well as technological back-up plans.

• Technology: Competence of use of VC. Internet speed, quality of audio and video, back-up plans for technology glitch.

• Environment: Lighting, privacy, others in the home/neighbors nearby, patient mobility (wheelchair bound, walker, etc.). Guns or other weapons in the home.

• Resources in Community: local 911, hospitals or partial programs. Other emergency systems.

• ALWAYS have phone number and address of where they are during the session. Have contact info for identified back-up individual. Monitor risk each session – include outcome measures.

• Collaborate with parents/families as appropriate, and with other providers! Have a team available for consult and emergency implementation.
Ethics and Risk Management

• BE PREPARED for various challenges (clinical and technological).
• Do you have contact prior to the face-to-face (vs. in-person)? How do you screen for appropriateness, or does someone else screen? Intake assessments (rating scales) online
• How do you verify identification? Location? Payment?
• Depends on the setting and your requirements for in-person visit prior to initiation of face-to-face.
• Start by determining who is best suited for telehealth. Must carefully screen for appropriate fit. Identify high-risk clients/situations and determine a plan immediately including perhaps, only doing in-person treatment (after COVID19 or intensive) or collaborative care with professional who has in-person (treatment facility) contact.
• Resources in your setting and response time for emergency situation. Important to have numbers from both parents and caregivers.
• Awareness of mental health status, and if changes take place, modality of delivery may need to change. Alcohol and substance abuse for teens including vaping. Can they get any now with stay at home measures of COVID19?
• What if you are faced with calling protective services? What are the rules in the state you are in and the child/teen is in? Now they are all in the house together?

• How will you deal with an angry child or teen who slams the laptop closed and won’t answer the phone?
Trainings

- APA has CE trainings on telepsychology


- [https://telehealth.org/telehealth-training-courses/](https://telehealth.org/telehealth-training-courses/)
Additional Resources

• https://www.nationalregister.org/coronavirus-resources/

• APA Division 46 – Society for Media Psychology and Technology has a long-standing Telehealth and New Technologies Committee

• Samples of Client Service Agreements which incorporate statement about Telehealth and a Separate Telehealth Agreement on www.alvordbaker.com/forms
Summary

• SET UP: *HIPAA-secure Platform with Business Associate Agreement (BAA) Computer or laptop
• Get the signed informed consent and determine your policy re parental consent and how will pay
• Set up Expectations and RULES with kids and teens --- Developmental considerations, of course.
• Set up your room and determine props, games, online games, etc.
• Document why you are doing telehealth and document WHERE the child or teen is located (which parent house)
• Consider engaging activities and incorporate movement
• Bill using the modifier codes: Add (95) to normal CPT code
• Location is 02 for telehealth
A 501(c)3 charity that strives to enhance resilience and mental health for all through clinical practice, research, and training. We support youth from high poverty communities through our evidence-based group intervention, the Resilience Builder Program®. Future > AR & technology

To learn more, check out our feature on NPR’s All Things Considered!

https://n.pr/3a6zNc6

Website: www.resilienceacrossborders.org

https://www.facebook.com/ResilienceAcrossBorders/

Twitter: @ResilienceXBdrs
Q&A

• Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.

• Due to time constraints, we will not be able to address every question asked.