



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

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

Alvord, Baker & Associates, LLC and
Resilience Across Borders, Inc.

www.alvordbaker.com

www.resilienceacrossborders.org

Attendees Earn One Continuing Education Credit

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- **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.

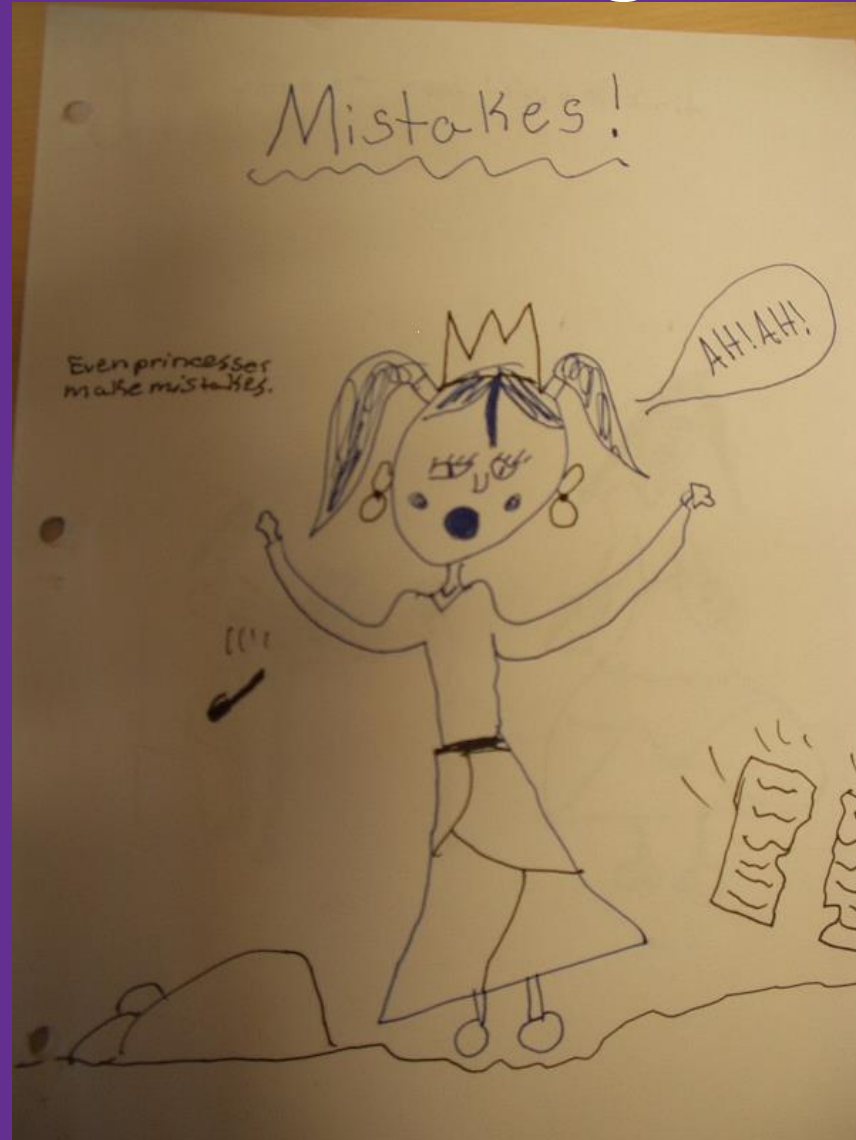
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- Myers, K. Stoep, A.V., Zhou, C., McCarty, C., Katon, W. (2015). J Am Acad Child Adolesc Psychiatry 2015;54(4):263–274.

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 SYNCHRONOUS (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)



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

SAMHSA TIP 60

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?

Using Technology-Based Therapeutic Tools in Behavioral Health Services

Essential Elements of Informed Consent To Participate in TAC

Services process and alternatives:

- Whether communication will be synchronous or asynchronous
- Response standards and scheduling
- Frequency of interactions
- Misunderstandings (text-based and video-based risks)
- Alternative treatments or delivery approaches

Individuals who may have access to clinical information:

- Other providers on both ends of a Web conferencing exchange
- Technical staff members required to operate or maintain the technology
- Other participants in groups or chats
- Supervisors
- Program evaluators or quality assurance monitors

Potential benefits of the service:

- Access to services
- Privacy
- Reflection time
- Access to specialists and supervisors

Confidentiality of communications and records:

- Confidentiality laws that apply to clinical exchanges using technology
- Legal exceptions that apply to telemental healthcare or telemedicine just as they do to in-person clinical work, including child abuse, elder abuse, medical emergencies, threats of violence, or danger to self, as dictated by state and federal laws

Privacy and privacy risks:

- What is being transmitted, including identifiable images, clinical information, appointment reminders, and billing information
- Form of transmission, including attempts to protect privacy using encryption
- Privacy risks inherent in transmission, such as failures of technology, and unauthorized access to electronic information
- Storage/destruction policies for electronic communications (e.g., text messages, emails)

Roles and credentials of all individuals involved in service delivery:

- Names, roles, and credentials of all providers who participate in clinical care and how the client can confirm credentials (includes providers on both ends of a telemedicine exchange)
- Billing or administrative staff members who may contact clients about administrative issues

Emergency procedures:

- Expectations for response to postings, emails, telephone calls, or text messages
- Contact information and procedures if immediate follow-up is needed
- Emergency/crisis services contact information
- Steps providers may take if concerned about safety of a client

Ways for clients to protect their privacy:

- Controlling access to communications through establishing passwords, deleting cookies, and controlling computer access
- Understanding the risks of sharing email accounts
- Limiting or preventing the provision of identifying information on social media
- Identifying Internet security risks
- Installing virus, spyware, and malware detection software

(Continued on the next page.)

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

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."**

Essential Elements of Informed Consent To Participate in TAC (continued)

Charges and payment:

- What the charges for services are, including email exchanges, telephone calls, and text messages
- How charges will be billed
- What the charges will be for no-shows

Service disruptions:

- Ways to handle service disruptions
- Potential impact of service disruptions on privacy or confidentiality
- Alternative ways to contact the provider

Regulatory agencies and grievances:

- Who regulates the service provided
- What are the internal and external channels and contact information for filing a grievance

staff members in a clinical practice may access technology-based communications with clients. These policies should additionally ensure that clients do not assume that there will be real-time communication with clinicians (e.g., a policy to inform clients that they should not use a technology-based intervention to contact their clinician when in crisis, such as when experiencing suicidal or homicidal ideation, making plans, and/or exhibiting intent). All providers should put their TAC policies in writing and clearly communicate them to clients at the start of the therapeutic relationship using an informed consent agreement. It is also helpful to have clients sign off on these policies to acknowledge that they have reviewed them and agree to comply.

SAMHSA offers confidentiality and health privacy resources (CSAT, 2004c; <http://www.samhsa.gov/healthprivacy>). For information on providing TAC to veterans, see the planned TIP, *Reintegration-Related Behavioral Health Issues in Veterans and Military Families* [SAMHSA, planned e]).

Informed Consent

Providers of technology-assisted services are bound by the same legal and ethical requirements and standards of practice that apply to in-person service delivery; however, technology

introduces some additional risks and benefits that should be covered with participants in technology-assisted services. The risks and considerations vary by type of technology used, as well as the type of service delivered. The box beginning on the previous page outlines some of the more common considerations related to technology-facilitated care.

The Digital Divide and Healthcare Disparities

Although Internet and mobile phone access is rapidly increasing all over the world, some populations may have greater access to these technologies than others. Variables that influence access include rural versus urban locations; socioeconomic status; and various demographic characteristics, such as age. Even with access, some people may not be able to engage in TAC readily due to challenges with technological literacy, health literacy, or reading literacy. Additionally, some technology-based tools and interventions may not be accessible to or perceived as useful by various groups if they don't address individuals' needs in a culturally responsive manner. Clients will benefit from tools that are in the language with which they have the greatest facility.

TAC offers great potential to lessen the digital divide and address healthcare disparities

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).

Physician or Psychiatrist Name & Relationship	Telephone number(s)
Crisis Hotline and local Crisis Center Names	Telephone number(s)
Family Member Name & Relationship	Telephone number(s)
Friend Name & Relationship	Telephone number(s)

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)	

Adobe Export PDF

Convert PDF Files to Word or Excel Online

Select PDF File

TelehealthVi...ABA_2020.pdf

Convert to

Microsoft Word (*.docx)

Document Language: English (U.S.) [Change](#)

Convert

Create PDF

Edit PDF

Comment

Combine Files

Organize Pages

Fill & Sign

Send for Signature

Send & Track

More Tools

Store and share files in the Document Cloud

[Learn More](#)

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?

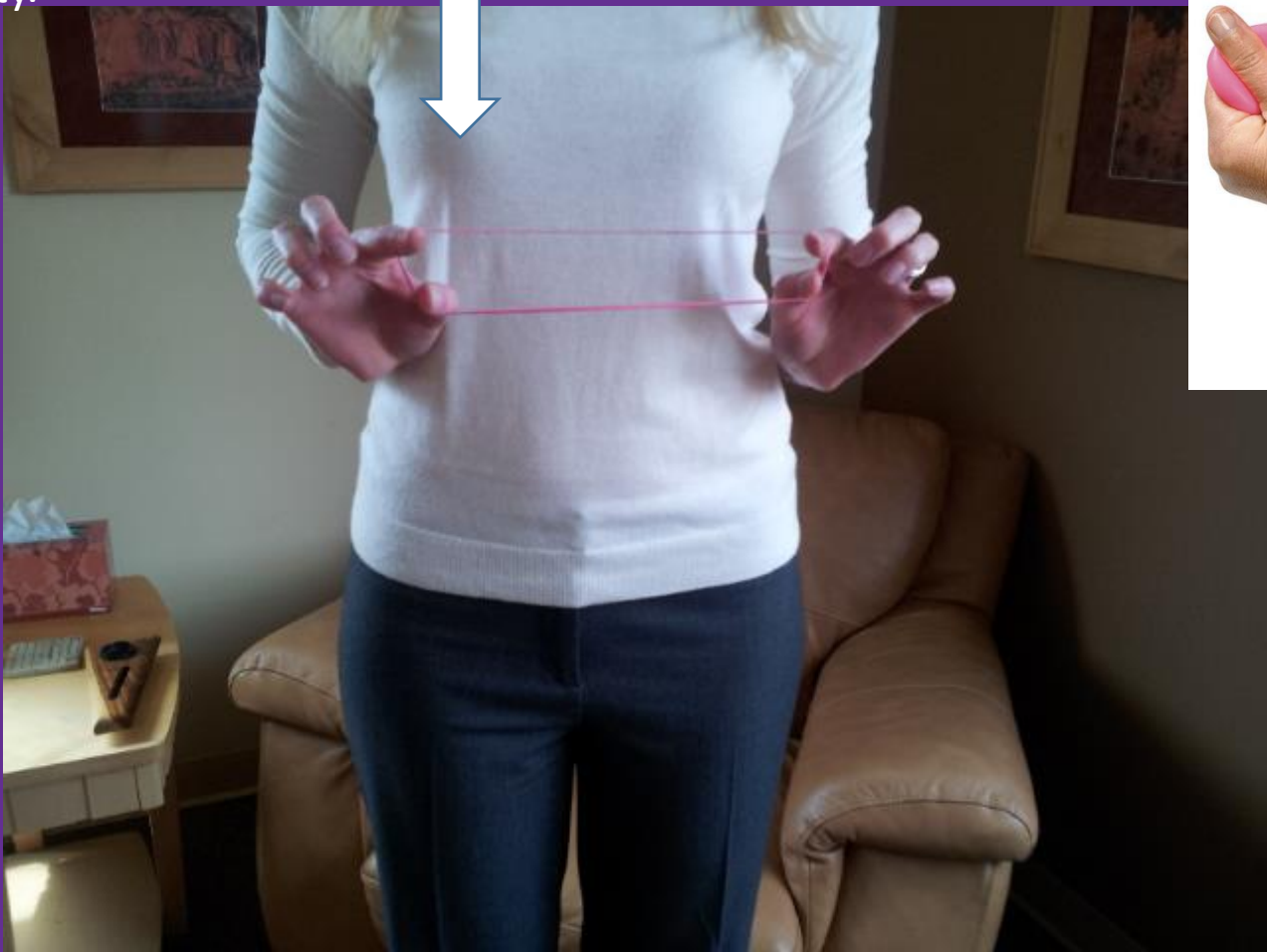
If the patient or family speak several languages, be sure to check out vocabulary for emotion expression.

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)

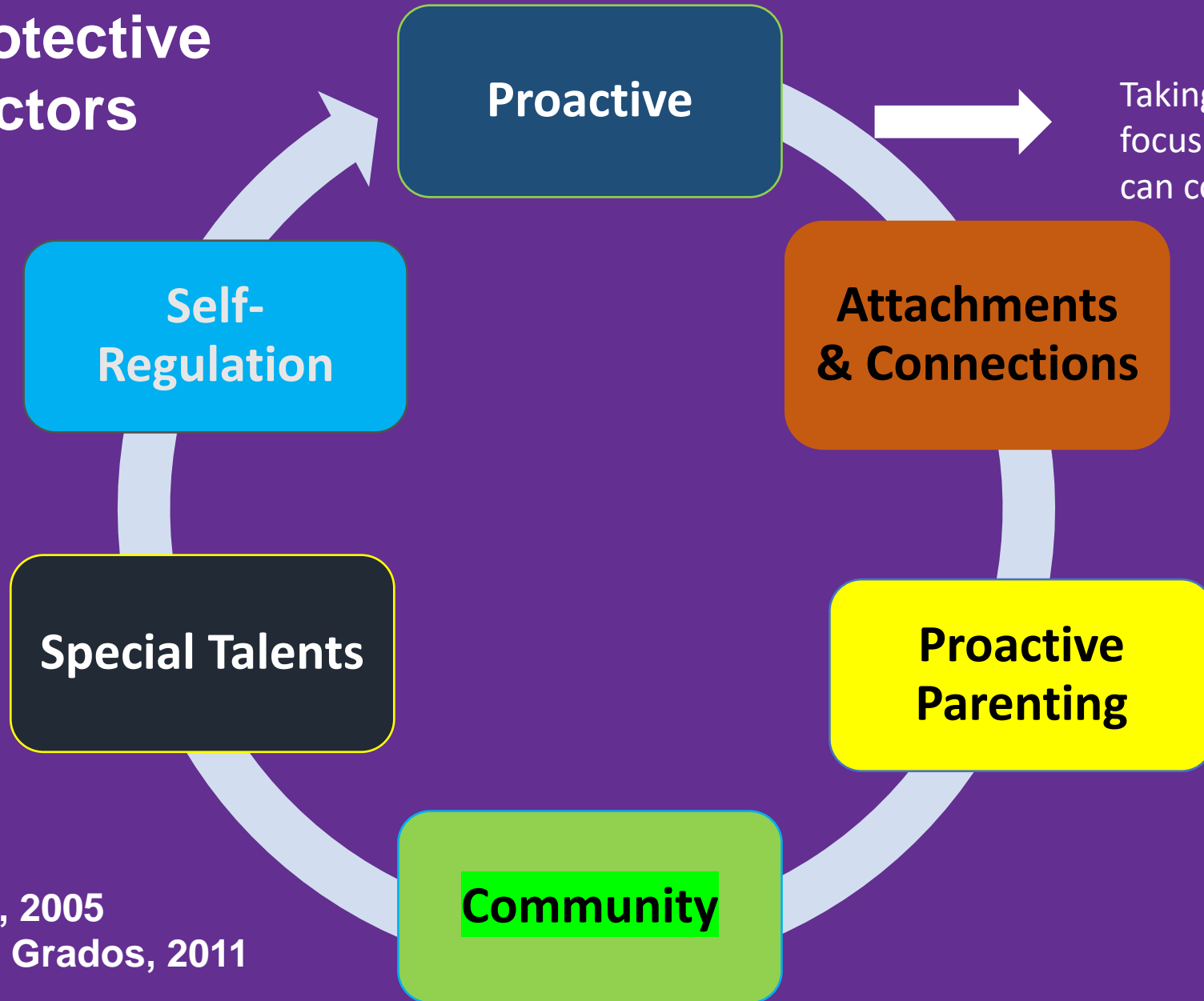
Long rubber band is great to illustrate concepts and a child should be able to also have one on the other side of the screen to duplicate the activity.

Resilience Demo





Protective Factors



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



for what age or dx?

Supervision/
consultation

Group Therapy

Individual Therapy

Intakes –
assessment
(online
BASC-3 ex)

Parent/collateral
interventions

Continuity of services

Create your Own Checklist



Special Considerations w Children & Teens

(see guidelines Myers K, Nelson E-L, Rabinowitz T, et al. American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents (2017).

- 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.

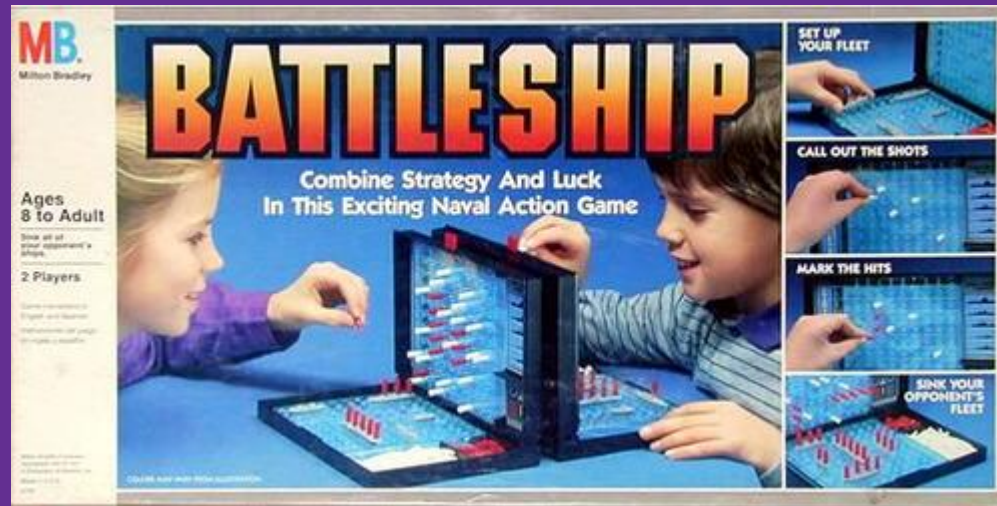
Consider the type of therapy you do and guide the parent on the other side of the screen- advantage is that it generalizes to the home



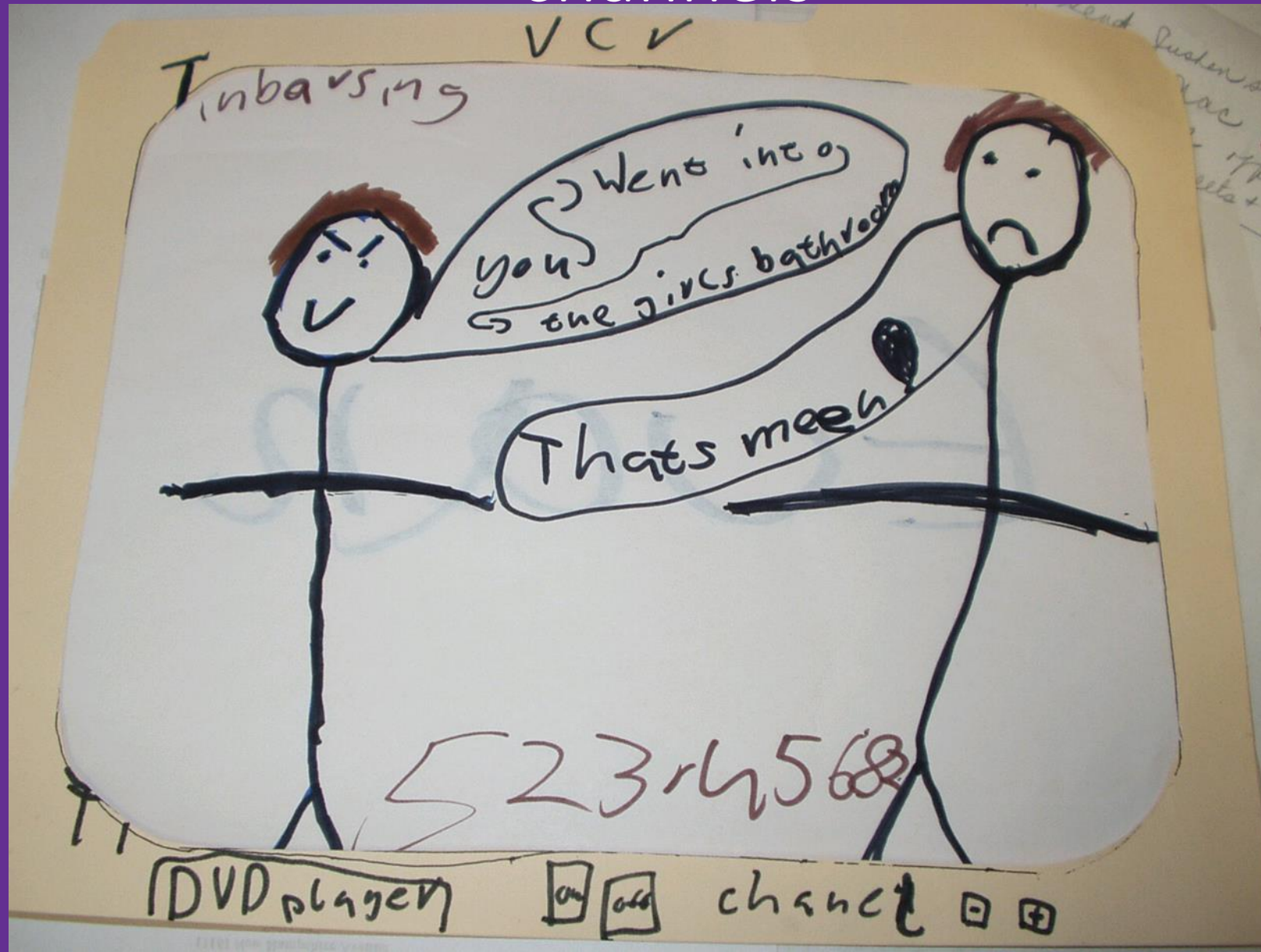
Set-up for children

- 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 a 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/>



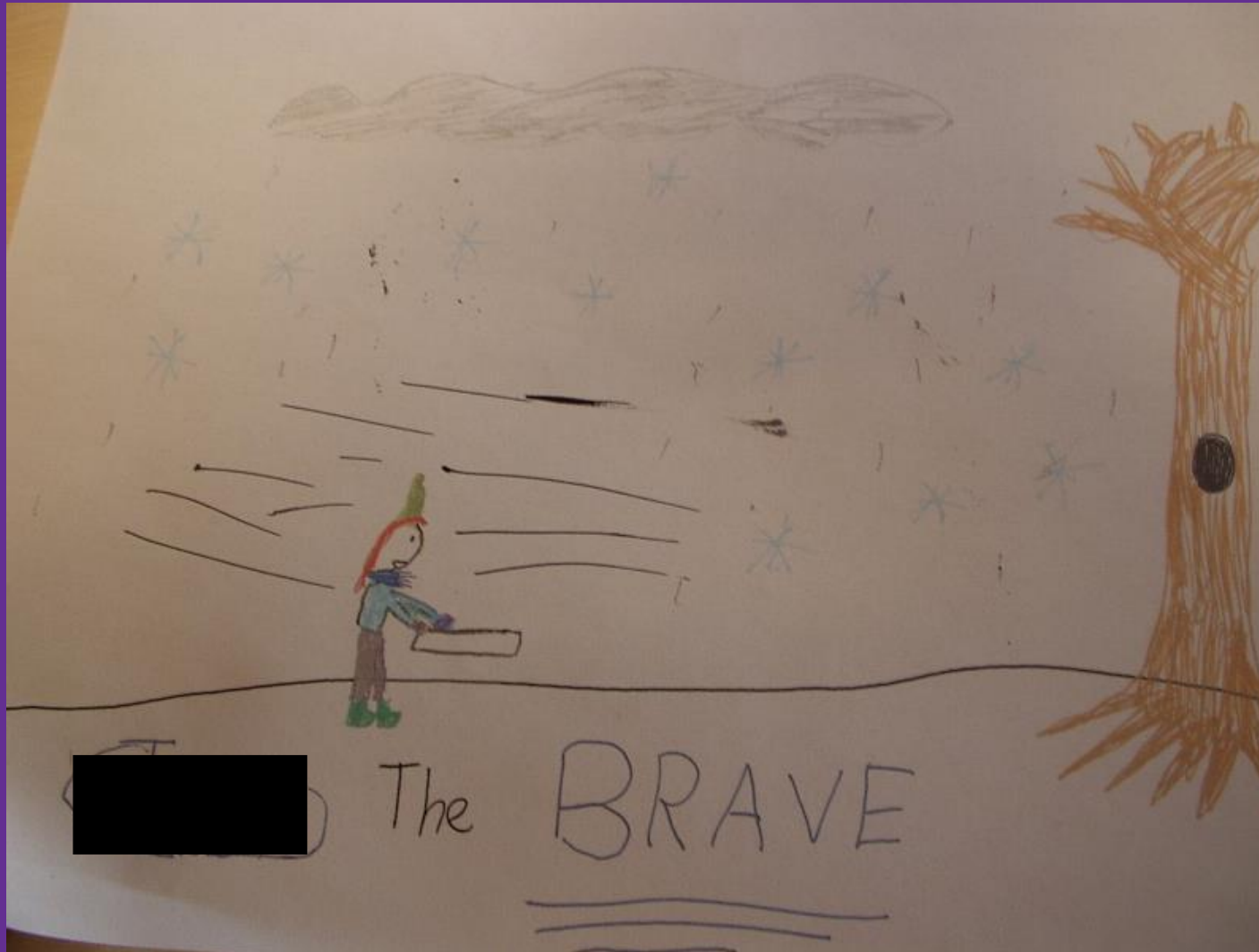
Interactive Shared White Board can grant the other person "remote control" and can "annotate".





Cognitive Flexibility

Making Books Together



Feeling

Body

Thoughts

Behaviour

Worried

Worried

Stomach
tenses
temples of
forehead
tight

What if I
get it?
(an illness
like cancer)

Get upset
if dragon grow
get really upset

alm

happy
relaxed

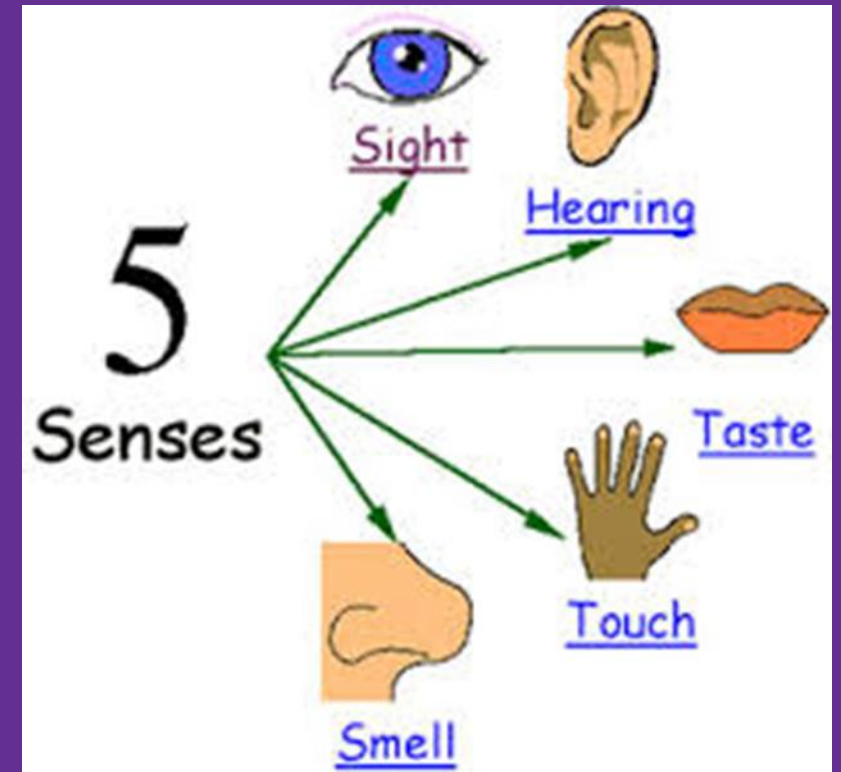
good
things
—
neutral

happy or
tired
do fun
things

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



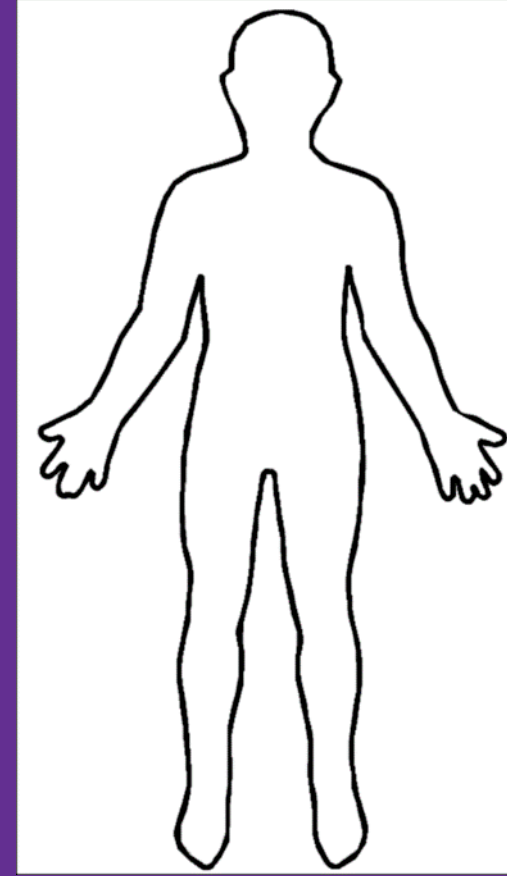
The Format of group therapy

In-person •



STRESS Management

What are the triggers and how does it affect thoughts, emotion, body, action, sleep?



Mute

Stop Video

Manage Participants

New Share

Pause Share

Whiteboard

More

ID: 301-593-6554

Stop Share

Pause Share (Alt+T)

Select

Text

Draw

Stamp

Spotlight

Eraser

Format

Undo

Redo

Clear

Save

Whiteboard - Zoom

Talking:

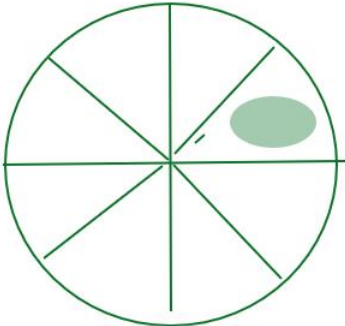
Rules

no virtual backgrounds

one person talks at a time - notice the outline of their box


private space - headphones

BLAME

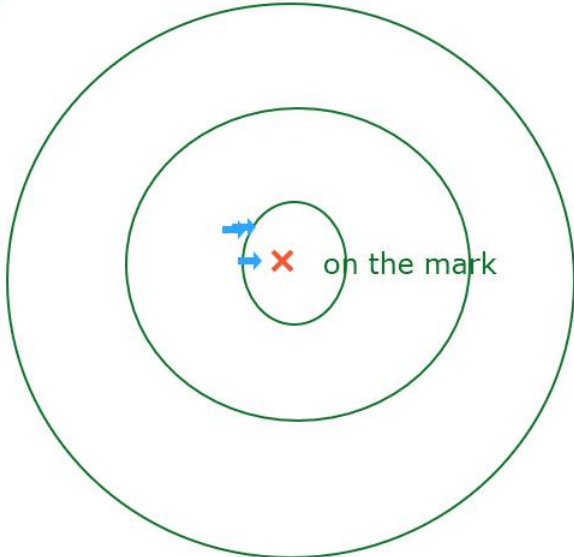


What I can Control

what I do at home



wayyy off the mark




on the mark

What I Can't Control

my sis

COVID19



breathing fast

where do you feel your anxiety?

what do you do or avoid?


RB participation coop Leader ★

John ✓✓✓

Sam ✓

Joey ✓✓✓★

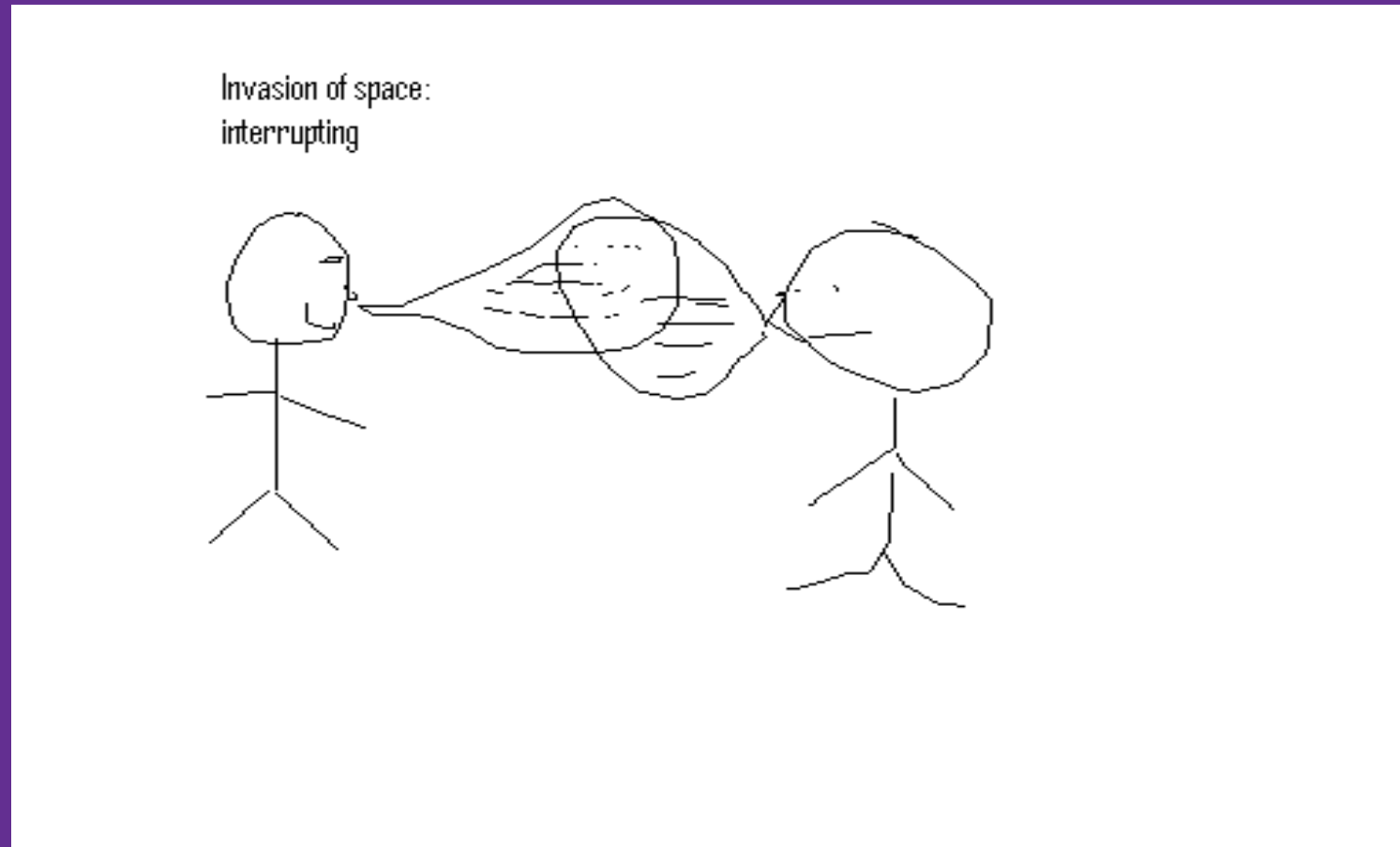
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Working on social skills and reciprocity. Video outstanding way to see it and hear it. Look at yellow border around person speaking.





Some examples with CBT practice

Exposures

PCIT – room to room via video and bluetooth

Group Tx

Parenting with one in-person, one face-to-face

Modeling/recording practices

Developing hierarchies

Setting up a goal or anxiety hierarchy

I HAVE ACHIVED A GOAL. PLEASE WRITE THE GOAL YOU ACHIVED BETWEEN EACH LADDER STEP. THANK YOU.

GOAL LADDER!!!!
HOORAY!!!!!!!

ACTIVITY IDEA: A PRIVALAGE FOR ACHIVING AT LEAST 5 GOALS.
PLEASE WRITE YOUR IDEA FOR THE ACTIVITY FOR ACHIVING THESE GOALS.

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
- National Register has recorded webinar given March 20, 2020 on Pragmatics of Telepsychology.
<https://ce.nationalregister.org/videos/pragmatics-of-telepsychology-practice-in-the-age-of-covid-19-archived/>
- <https://www.adaptivetelehealth.com/index.php/prospect/training>
- <https://www.adaptivetelehealth.com/index.php/provider>
- <https://www.tzkseminars.com/Custom/TZKSeminars/Pages/WebinarDetails.aspx?id=5586&The-Practice-of-Tele-mental-Health-and-Use-of-Social-Media:-Ethical,-Legal,-and-Clinical-Issues-for-Practitioners--3-CEs->
- <https://www.zurinstitute.com/clinical-updates/corona-virus-telemental-health-act-now/>
- <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

RESILIENCE ACROSS BORDERS

thanks you
and the National Register!

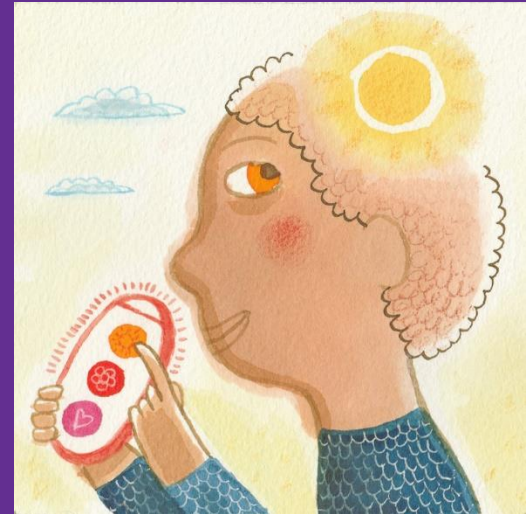
- A 501(c)3 charity that strives to enhance resilience and mental health for all through clinical practice, research, and training. We support youth from high poverty communities through our evidence-based group intervention, the Resilience Builder Program®. Future > AR & technology
- To learn more, 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.



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