

LESSONS LEARNED FROM ENGAGING CHILDREN AND TEENS THROUGH TELEHEALTH DURING COVID19 AND MOVING FORWARD

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Disclosure



Co-author: *Resilience Builder Program* for children and adolescents: Enhancing social competence and self-regulation;

Relaxation and Self-Regulation Techniques for children and teens: Mastering the Mind-body connection (CD and digital);

Relaxation and Wellness Techniques: Mastering the Mind-body connection (CD and digital)

Royalties: Research Press.

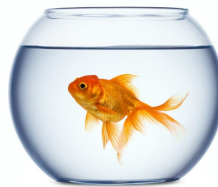
Co-author: *Conquer Negative Thinking for Teens: A workbook to breaking the nine thought habits that are holding you back.* Royalties: New Harbinger.

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- *Technology*
- *Transforming treatment, Training, Teaching, Tracking, and Time (Alvord, 2013)*

• *And GOING FORWARD - let's think outside the fish bowl!*



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Learning Objectives

- List three ethical considerations when using telehealth with children and teens.
- Prepare three critical elements to discuss as part of informed consent for ethical telehealth practice.
- Plan two strategies for therapy implementation considering in-person, virtual, and hybrid models.
- Analyze the risk and benefits of how to move forward as the state lifts COVID restrictions.

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Resilience and Self-Efficacy – individuals and systems uncertainty constant change(s) loss and grief angst

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Resilience Demonstration: A framework for an individual, family or group

The core of resilience is believing that while we can't control everything, we CAN control many aspects of our life

- Discuss Being Proactive and Self-Talk
- Demonstrate resilience (materials: rubber band, bouncy ball, flat object, finger trap)
- Illustrate why resilience is important



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In-
Person
vs.

Face-to-Face

Telemental Health
Telehealth Video/Audio or Audio-only
Telepractice
Telebehavioral Health

TERMINOLOGY

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Research (Backhaus, et al, 2012; Gentry et al, 2018 Gros et al, 2013; Jones et al, 2014; Shore, J. H., Et al, 2018; Thorp et al, 2012)

- Few studies prior to 1996. Starting in 2000's MANY
- Modalities: primarily individual, some family (PCIT- Comer), group, little on couples, mostly CBT
- Problem areas: PTSD, anxiety, depression, eating disorders smoking sensation, OCD, substance abuse, tics (C-BIT), social phobia, addictions, chronic pain, IBS, obesity, PCIT in home, TF-CBT, etc.
- Now focus on pandemic and post COVID19

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Promising Research improved access to tx - beyond the office

- Summary of results:
- Groups: similar treatment results as for in-person. Indication that group process factors – alliance between member, group cohesion might be slightly affected. Suggest 1 in-person mtg at start. This is not necessarily possible. Outdoor meeting?
- 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.

• Sources: Gentry et al, 2018. Evidence for telehealth group-based treatment: A Systematic Review
 • Backhaus et al, 2012 Videoconferencing Psychotherapy: A systematic review and all the more recent studies.
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Reducing barriers and Increasing ACCESS



Ethics: Justice entitling access to, benefit from care Cultural norms and CONTEXT

- COVID19 and public health emergencies of all kinds – fires – earthquakes - etc.
- College students
- Multi-lingual or multi-culturally specific providers
- Distance. Continuity of care issue What state do they return to and obligations
- Time constraints
- Exposures – group is GREAT for tx of social anxiety
- Family or Group-based care – servicing more across settings and locations
- Temporary or long-term physical disabilities that may limit mobility
- Cultural competence – expression of distress in somatic symptoms, for ex.
- Cultural factors critical esp. when bring in remote "specialists"
- Collaboration across geographic barriers
- Interpreters: ASL or foreign language
- Specialists

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DISPONIBLES EN ESPAÑOL

Mental Health Apps AVAILABLE IN SPANISH

Lumosity
 Utiliza principios de neurociencia para ayudarte a mejorar tu memoria, atención y habilidades cognitivas. Puedes jugar juegos de entrenamiento gratis por día.

Sanvello
 Utiliza principios de terapia cognitivo-conductual (TCC) para ayudarte con la ansiedad, depresión y el estrés. Obsérvalo tu progreso a lo largo del tiempo, obteniendo estadísticas y consejos personalizados, y puedes obtener consejos personalizados para mejorar tus hábitos.

MyLife Meditation
 Ofrece ejercicios de meditación guiada basados en ciencia te ayudan a estar en "estado de flujo". Puedes hacer un seguimiento de tu estado de ánimo a lo largo del tiempo, lo cual puede ayudarte a identificar cosas que pueden ayudarte. La versión gratuita de acceso a ejercicios.

For example: Mental Health Apps for the Latinx community

- The One Mind PsyberGuide team looked at mental health apps that had Spanish translations, and picked three that had appropriate, comprehensive Spanish content available: [Lumosity](#), [Sanvello](#), and [MyLife Meditation](#) (formerly Stop, Breathe & Think). A downloadable toolkit with information on these apps, which could be shared as a resource with clients, can be found [here](#).
- Some other helpful resources for Spanish speakers include:
 - [Bambu Meditation App](#)
 - [Yana App](#)
 - [Therapy for Latinx](#)
 - [Cal Health Connect](#)

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Ethical Guidelines and Guidelines for Technology Practice

- [2018](#) Wrape & McGinn CLINICAL AND ETHICAL CONSIDERATIONS FOR DELIVERING COUPLE AND FAMILY THERAPY VIA TELEHEALTH *Journal of Marital and Family Therapy*, 45(2): 296–308.
- [Microsoft Word - With Logo AMFTRB Proposed Teletherapy Guidelines DRAFT as of 09.12.16.docx](#)
- [Attorney Articles | New Platforms, Same Laws \(camft.org\)](#)
- [Telehealth FAQs for Therapists During COVID-19 \(camft.org\)](#)
- American Telemedicine Association (ATA) and SIGS have also provided guidelines
- Special Issue on telehealth: *Journal of Marital and Family Therapy*, 2021-04, Vol.47 (2)

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Ethical Considerations: Fidelity and Responsibility Clinical AND Technical Competence

- Understand HIPAA. It's a process that requires knowing where your data is, ensuring privacy and confidentiality, etc. Need **HIPAA-Secure** video conferencing (business associate agreement) and typically practice within state lines (also distinguish intakes that is state guided & continuity of care). Temporary licenses were granted during Public Health Emergency, but now that restrictions have lifted, most no longer allow it.
- Boundaries of competence – Technological AND Clinical
- Confidentiality and issues regarding recording
- * Privacy Issues – **group/family/couples** privacy particularly critical to address and discuss
- Security Issues
- Safety Issues
- Practice with technologies you are familiar with
- **INFORMED CONSENT** in writing and verbally

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Ethical Principle: Integrity Informed Consent

- Synchronous process with limitations: missed non-verbal's, internet speed or cut-offs and plans to address
- Benefits of telehealth video sessions
- Privacy – who has access and how is it protected – essential for group, couples and family work – who participates and when
- Confidentiality- how it applies to telehealth; exceptions as in-person
- Records – no recording on either end unless specified. How are records kept.
- Emergency procedures- clinical emergency plans and technology failures
- See page 26 of SAMHSA Tip 60 [Using Technology-Based Therapeutic Tools in Behavioral Health Services \(samhsa.gov\)](https://www.samhsa.gov/using-technology-based-therapeutic-tools-in-behavioral-health-services)

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Informed Consent – both written and verbal

- **Example Group Therapy** describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.
- Determine where the informed consent will be. Electronic, DocuSign, portal, Office
- How will they return it if your office is remote?
- Do you have secured email, fax, mail?
- Discuss risks and benefits, just as in-person, but now you also have to discuss privacy issues, tech back-up plans, safety plans, local resources.

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This is small print. Refer to page 26 of the SAMHSA pdf

SAMHSA TIP 60

Private space & minimal distractions for all and esp. for groups/families

Do you have teen sign + parents?

LINKS to SESSIONS
If you meet with parent first for update, send a separate link. How do you structure who is in the "room" and when. Or, if joint, how will you handle space in the room.

Critical to have clinical emergency back-up plans

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

Service process and alternatives:

- Virtual communication will be synchronous or asynchronous
- Response standards and scheduling
- Frequency of interaction
- Mutual understandings (text-based and video-based risks)
- Alternative treatment or delivery approaches

Individuals who may have access to clinical information:

- Other providers on both ends of a video conferencing exchange
- Technical staff members required to operate or maintain the technology
- Other participants in groups or classes

Intended benefits of the service:

- Program evaluation or quality assurance monitors
- Access to services
- Referral time
- Access to specialists and supervisors

Confidentiality of communications and records:

- Confidentiality laws that apply to clinical exchanges using technology
- Clinical work, including field notes, video, audio, 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
- Plans of transmission, including attempts to protect privacy using encryption
- Privacy risks inherent in transmission, such as failure of technology, and unauthorized access to electronic information
- Storage/retention policies for electronic communications (e.g., text messages, email)

Risks and credentials of all individuals involved in service delivery:

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

Emergency procedures:

- Specifications for response to postings, emails, telephone calls, or text messages
- Emergency/urgent services contact information
- Plans for how to handle a crisis

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
- Identifying Internet security risks
- Installing virus, spyware, and malware detection software

(Continued on the next page.)

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What else might they be doing?



Who else is in the room that you can't see on the screen?
Who else might be in a room and can hear

Use of earbuds/headphones helps.

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Ethics and Risk Management

- Informed Consent needs to be clear and have emergency numbers.
- 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?
- How do you verify identification? Location?
- Resources in your setting and response time for emergency situation.
- **How will you deal with a family or group member who disconnects or closes the laptop?**



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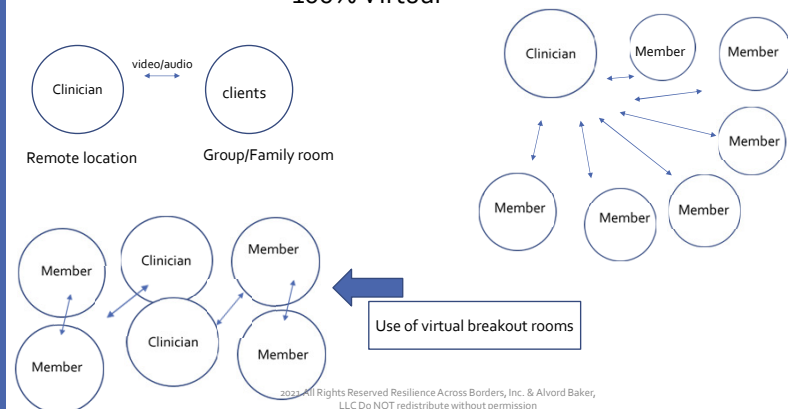
Safety Planning (Luxton et al, 2012)

- **Legal issues:** Licensure requirements
- 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 patient agreement which 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 other providers! Have a team available for consult and emergency implementation.
- Make sure you have a **Crisis protocol.**

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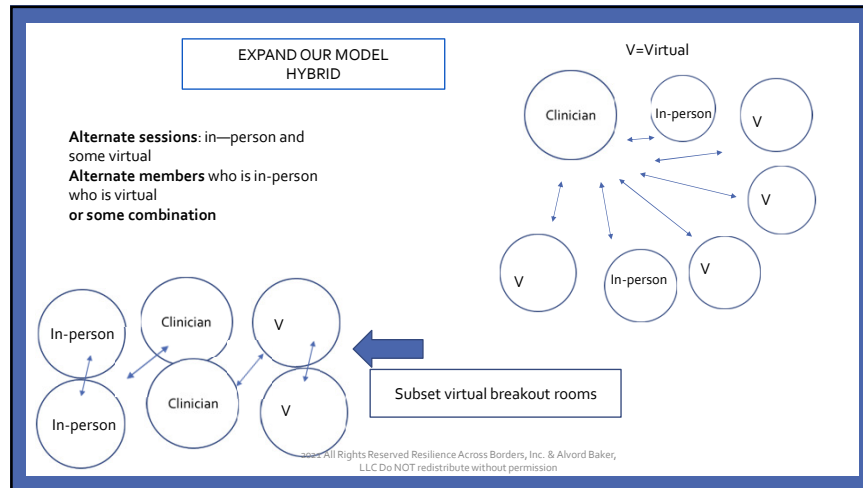
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100% Virtual



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ETHICAL ISSUES that impact privacy
Which modality for what length?
What types of groups, configuration of families?

- Focused or general
- Time-limited or ongoing
- Inclusion/exclusion criteria
- Children, teens, young adults, adults
- Parent groups
- "Support" vs. therapy groups
- OR Resilience Builder Groups
- OR Stress Reduction Groups
- Or ?

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Number of group leaders

Topics will you include for group

Structure – support, process or focused?

Time-limited or ongoing

Members fixed or open

- Telehealth Agreement for GROUP
- Rules for confidentiality
- Lighting and Background
- Who is in the room
- Consider supplies or worksheets
- Share whiteboard or annotate
- Integrate MOVEMENT breaks.

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Strategies for therapy Implementation

- We are creative and innovative
- We can incorporate online tools such as spinners [Online Spinner \(superteachertools.us\)](https://superteachertools.us/)
- We can collaborate and learn from each other –virtual ideas folders
- Incorporate some movement for children and teens and family interaction
- We can turn the materials we use, virtual i.e. whiteboard, games, assignments
- We are building resilience in our clients.


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Mid way through a session



INDOOR Scavenger HUNT

- Movement
- Perhaps in the form of a scavenger hunt, but can do for one item.
- For ex. Say, find something in your room or home you are proud of. That calms you. That is flexible.
- Or, this week is the letter C. Find something in your room that starts with the letter C.
- Can either have them show it, or in a group can have them describe and group members guess what it is.

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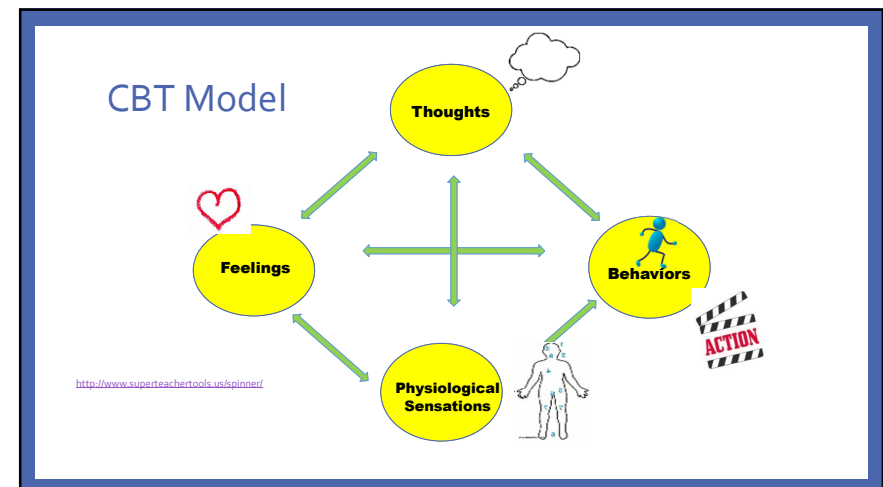
Create fun avatars with kids, teens and even ALL family members! <https://avachara.com/avatar/>



Four avatars are shown: a woman with brown hair wearing a blue jacket, a woman with brown hair wearing a pink polka-dot top, a man with dark skin wearing a white jumpsuit and a red and white baseball cap with "dk" on it, and a man with light skin wearing a blue long-sleeved shirt and red shorts.

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On the Mark and Off the Mark Thinking



Way off the mark!



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Common Thinking HABITS

- The "I Can't" Habit
- The Catastrophizing Habit
- The All-or-Nothing Habit
- The Zooming-In-on-the Negative Habit
- The "I Should, You Should" Habit
- The Fortune-Telling Habit
- The Mind-Reading Habit
- The Blaming Habit
- The "It's Not Fair!" Habit

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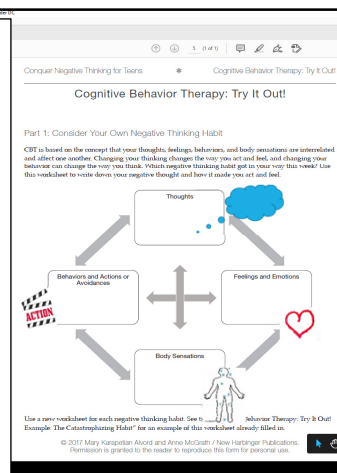
Challenging thought habits



Reality checks: How realistic is it?
How likely is the worst thing to happen?
What are some possible more helpful thoughts?
What are other possibilities of what might happen?
What would you tell your friend thinking those same thoughts?

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You can share on screen or send them via mail or email.

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RESILIENCE BUILDER ASSIGNMENT 1.3
Optimistic Thinking

Name _____ Date _____

Describe a situation in which you were thinking in a negative way this week.

What negative self-talk were you able to "catch"?

1. _____
2. _____
3. _____

How could you "change the channel" and replace each of these negative thoughts with positive and realistic thoughts?

Make sure the thoughts are:

- Temporary versus permanent (realize that it won't last forever)
- Specific versus global (focus on just this specific issue)
- Realistic about who is to blame (is it my responsibility to change something?)

My optimistic thoughts would be:

1. _____
2. _____
3. _____

After you have realistically explained the cause of a problem, think optimistically, know that you have some control over what happens next, and act in a proactive way.

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EACH SESSION HAS AN ASSIGNMENT

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White Board activity typically use more than one page

- What I can Control
- What is going well
- What I need to accept

What I can do proactively to change

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Games for families or groups

**THE GAME OF THINGS...
HUMAN IN A BOX!**

More than **25%** new topics!

Pick a Topic. Write a response. Guess who said what...

YOU WON'T BELIEVE THE THINGS... YOU'LL HEAR!

4 or More Players • Ages 14 to Adult

www.wheelofnames.com

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APPS Developed by the National Center for Telehealth and Technology

VIRTUAL HOPE BOX

CBT-i

Remind Me

Distract Me

Relax Me

Worry Me

Coping Tools

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Informed Consent with emergency contacts and local resources

Ethical Considerations –privacy, confidentiality, security controls on HIPAA-secure platform, etc.



Online spinners Games

5 Senses

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Moving Forward

- Dealing with Uncertainty
- Challenging Catastrophic Thinking
- Challenging All-or-None Thinking
- BUILDING RESILIENCE ➡ Being proactive, taking initiative and problem-solving while regulating emotions!

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Released June 2021

- [Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders \(samhsa.gov\)](https://samhsa.gov)
- "Implementation and use of telehealth as a mode of service delivery has been increasing in recent years. Between 2016 and 2019, use of telehealth doubled from 14 to 28 percent.⁹ This trend continued between 2019 and 2020, due in large part to the COVID-19 pandemic. **Telehealth visits for mental health increased by 556 percent between March 11 and April 22, 2020.²⁷**
- The use of telehealth was steadily increasing prior to the COVID-19 pandemic... Among these beneficiaries, people living with schizophrenia or bipolar disorder in rural areas were more likely to use telehealth for mental health care than those with any other".

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Centers for Medicare and Medicaid Service (CMS)

Proposed 2022: [Impact on insurance coverage, even if not approved providers CMS extended nationally Telehealth through October 2021.](#)

- Proposed to
- make permanent some provisions enacted years to address the coronavirus pandemic, while continuing most until at least Dec. 23, 2023
- make the patient's home an originating site, as long as patient and telemental health provider meet in-person within six months of beginning telehealth services and at least once every six months after.
- expand from only interactive, real-time, audio-visual to include audio-only and count it as telehealth when visual-audio not available with new modifier

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Considerations as we move forward in an uncertain world before opening in-person

Determine

- Procedures, modalities, strategies
- Safety protocols
- Risk and protective factors

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Costa, et al 2021

- "The disruption caused by the COVID19 pandemic in mental health care may have not been completely solved by simply substituting tele-mental health care for in-person care.
- "... importance of building innovative strategies to create a working alliance with people who need care through tele-mental health. ...
- It is about empowering and providing people the means to utilize technology as a tool ultimately to support them in their own recovery, including a focus on self-care and fostering social support. It is about the possibility of redefining ways in which tele-mental health is offered equitably and truly made accessible to everyone who needs it."

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In-Person -

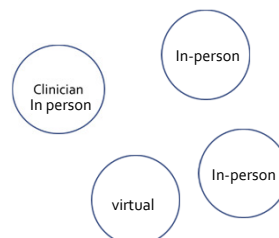
Traditional Setting



Future > Hybrid

Alternate some sessions are virtual and some in-person, or some in-person and other group or family members virtual

GREAT for blended family, divorced families, extended families where distance gets in the way



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Opportunities to change, expand and create new models

- Families – blended, divorced families and extended
- Telehealth clinics in private practice, healthcare, and agencies.
- Prisons, homeless populations, schools, employment sites, day care settings, camps, sports,
- Place of service? A car, a shopping center, a park, a school, etc.
- Telehealth on-site health care to employees with partnerships with hospitals (i.e. Rockwell, NE)



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