

# Therapy Via Telehealth: TF-CBT, PCIT/PC-CARE, & IMH

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# Objectives

- 1) Increase comfortability in implementing an Evidence-Based Treatment (specifically TF-CBT) via Telehealth
- 2) Discuss certain safety protocols necessary to implement trauma treatment via telehealth format
- 3) Prepare you for implementing PRACTICE components via telehealth
- 4) Discuss Compassion Fatigue Reduction strategies important for therapists in increased isolation

# Thank you!



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# The GOOD NEWS.....



# Research Findings

- Effective delivery across various populations and disorders (Hilty et al., 2013)
- Effective for adults and children (Gloff et al., 2015)
- Effective across racial/ethnic groups (Stewart et al., 2017)
- For PTSD Symptoms (Sloan et al., 2011)

# Some Ethics

- Ensure HIPPA compliant platforms (although lax restrictions currently due to COVID-19 restrictions)
- Read Telehealth Guidelines and Regulations from important governing bodies
  - American Telemedicine Association
  - American Psychological Association
  - American Psychiatric Association
  - American Academy of Child and Adolescent Psychiatry
- Informed Consent and other agency policies should be followed at all times

# Some Logistics

- Laptop/Tablet is better than smartphone
- Reliable internet connection is needed
- Better to have a microphone headset
- Client needs access to email
- Confidential space (for client and yourself)

# Safety First (ALWAYS)

Must have an Emergency Protocol (before beginning treatment)

- 1) Adult caregiver or another consented adult must be home during full duration of session
- 2) Gather at least 2 additional contact forms (other than what is being used for telehealth session)
- 3) Safety protocol for medical or psychiatric emergency (including witness of abuse)



# Example Safety Protocols

- Verify caregiver's presence in household before beginning session
- Verify caregiver's contact information each session so caregiver can be called into room for emergencies
- Record the child's location in the home (and have address in front of you)
- Explain procedure of calling 9-1-1 or sending police for welfare check
- Send out mobile crisis unit (if available)
- Stay on telehealth call until help arrives

# Considerations for Clinicians & Clients

## Clinicians

- Private location
- Neutral background
- Ensure identity & location of patient
- Emergency information readily accessible
- Appointments spaced out to allow for breaks, tech issues, etc.

## Clients

- Private location with no interruptions
- Caregiver located in home
- Do's & Dont's for telehealth

# Additional Considerations for Telehealth with Children

- Set ground rules
- Make it fun and engaging
- May need shorter sessions (or conjoint sessions) for younger kids
- More animation and excitement
- Schedule prep time for conversion of activities/worksheet/videos
- If transitioning from in-clinic, have a “processing” session to discuss worries and concerns
- May need a behavioral management strategy

# Assessment/Screening

- For trauma treatment, still need assessment measures to determine case conceptualization, treatment plan, and treatment progress
- Additional screening for appropriateness for telehealth
- Self-report measure options:
  - Mail, email, online survey, read aloud, PP utilization
- Still recommended that trauma measure be administered interview-style to child if possible

# When to screen OUT of telehealth

- Severe externalizing behaviors?
- Active suicidality with intent and plan and no contact for safety?
- Age of child?
- ADHD?
- Current perpetrators in the home?

# Telehealth MH Services with 0-5-year olds



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# Getting Started

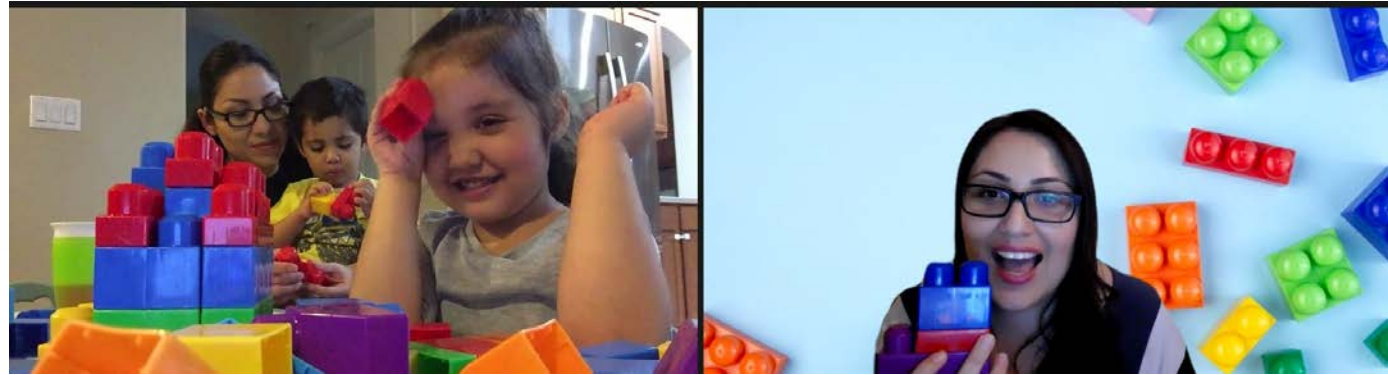
- Schedule appointments outside of nap/mealtime
- Help the caregiver prepare for session
  - Gather materials: toys/activities
  - Have snacks available
  - Remove distractions
    - TV off, phones/tablets unavailable
    - Limit toys available to client
- Email/mail handouts beforehand
- Be prepared to be active
- Have fun Zoom backgrounds available





# Engaging Little Kids

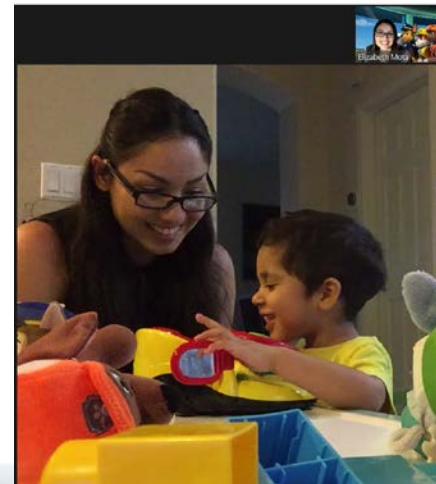
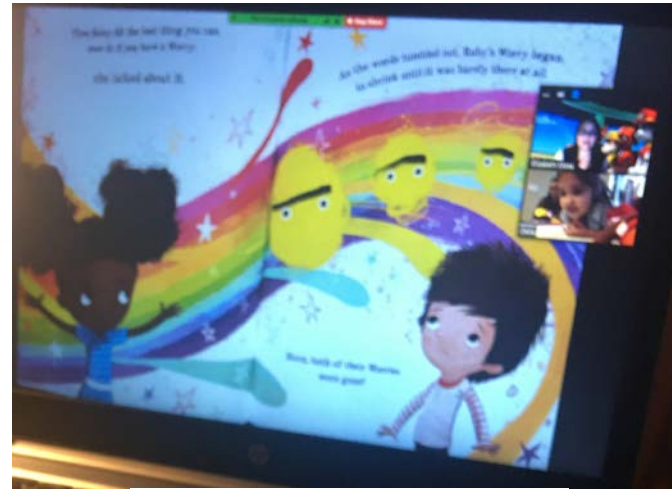
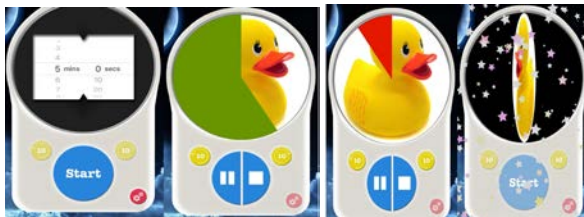
- Parents are always involved
  - And often, so are siblings
- Zoom backgrounds are your friends
  - Know what your client likes





# During Session

- Have toys available to play along, model, engage
- Be animated
- “Where is...”, Clapping, making faces
- Songs, books, timers
- YouTube books



# Fun Activities

- PROS:
  - Providing services in the child's natural setting
  - Provides a context for symptoms
- Activities:
  - Show and tell: favorite toys/books
  - Use camera/screen for making faces and guessing feelings (or video)
  - Older kids: scavenger hunt
  - "I spy" mindfulness
  - Playdoh, bubbles, coloring



# Finally to the BEST STUFF

## TF-CBT Telehealth Applications



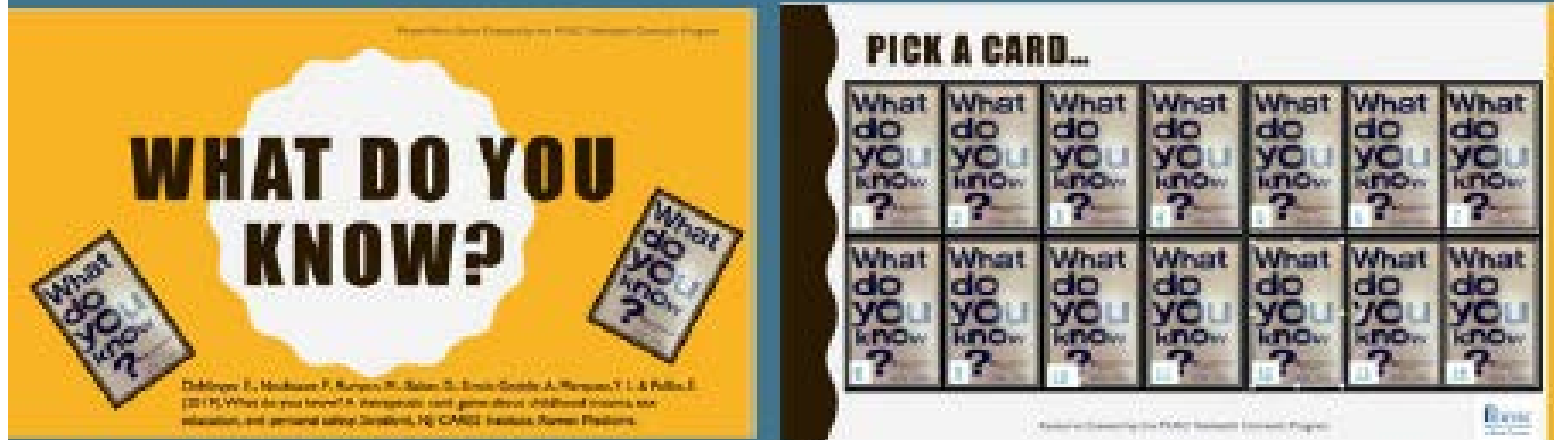
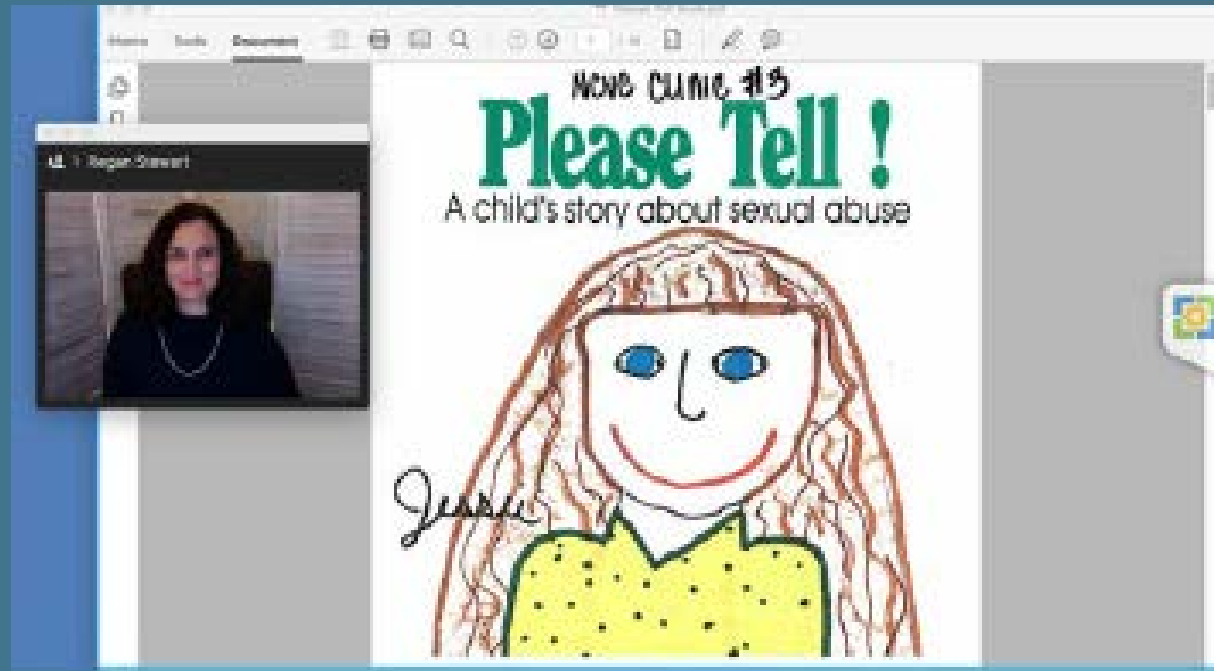
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# Psychoeducation

- Use Screen Share option to:
  - Read books
  - Play Games
  - Review worksheets
- Create “games” via Powerpoint to provide information
- Still have the same conversations you would during in-person sessions

Steward,  
Condol, &  
Nerting, 2020



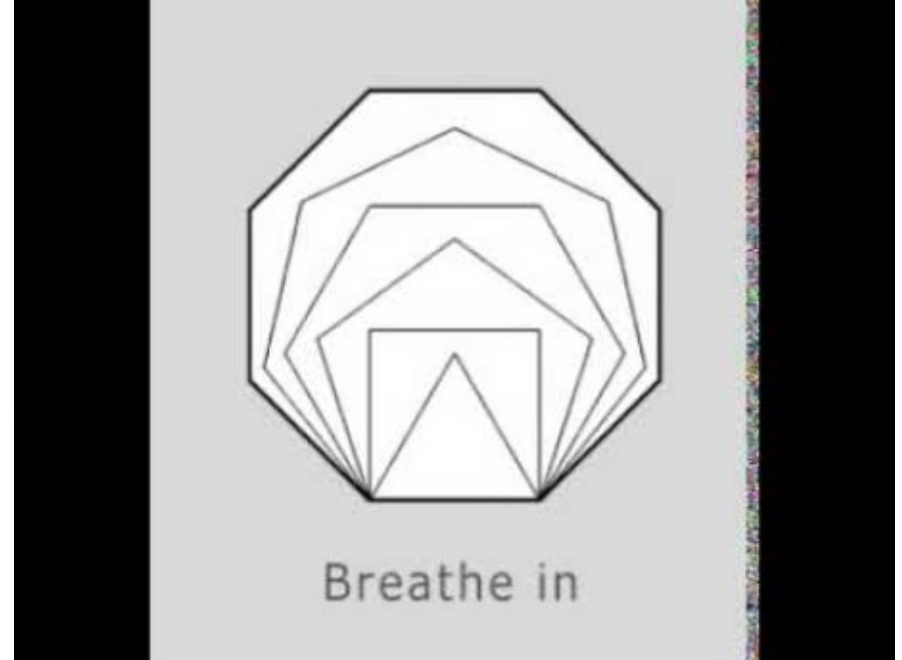
# Parenting Skills

- Use Screen Share option
- Create visual schedules together in Word or Powerpoint then email/mail to family
- Especially during COVID, make sure you are checking in about basic needs and resources
- Importance of connection time (practice)

# Relaxation

- Great creative with videos & activities
  - YouTube is your friend!
- Breathing GIF
- Meditation apps via online or phone
- Yoga
- Change camera angles to better see children practicing techniques
- Don't forget to connect relaxation to trauma triggers

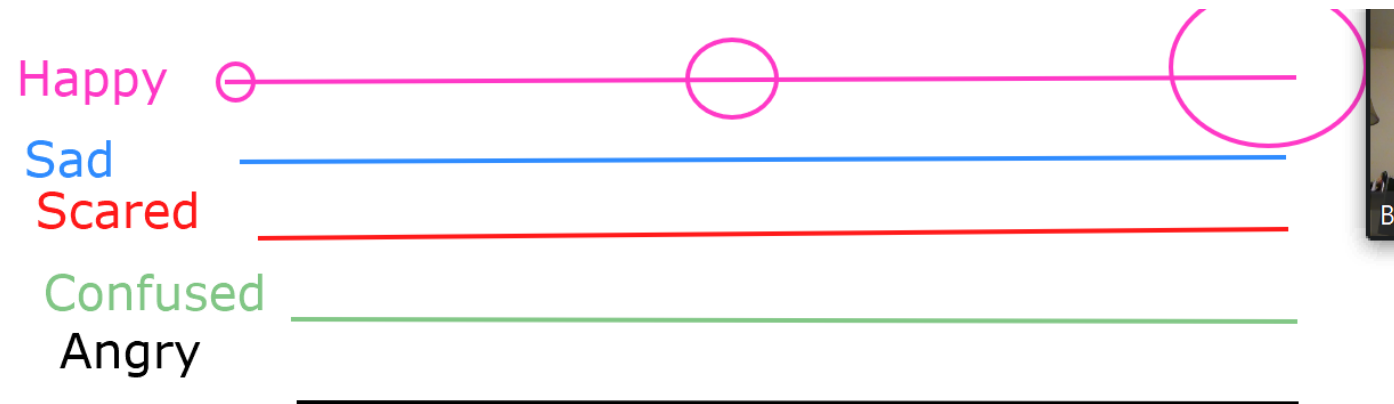




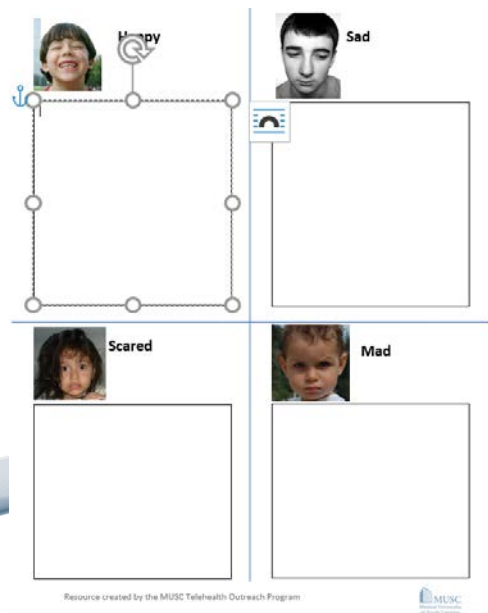
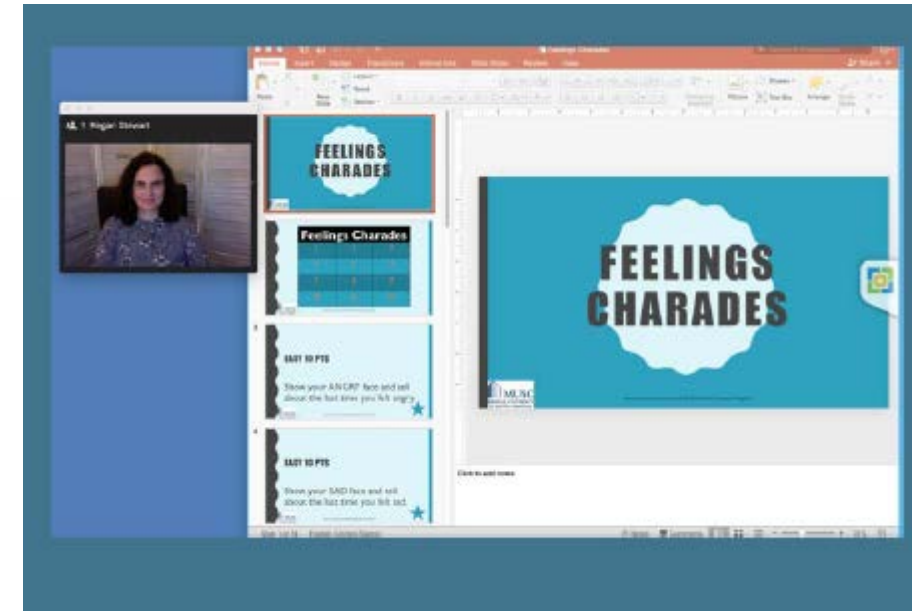


# Affect Regulation/Modulation

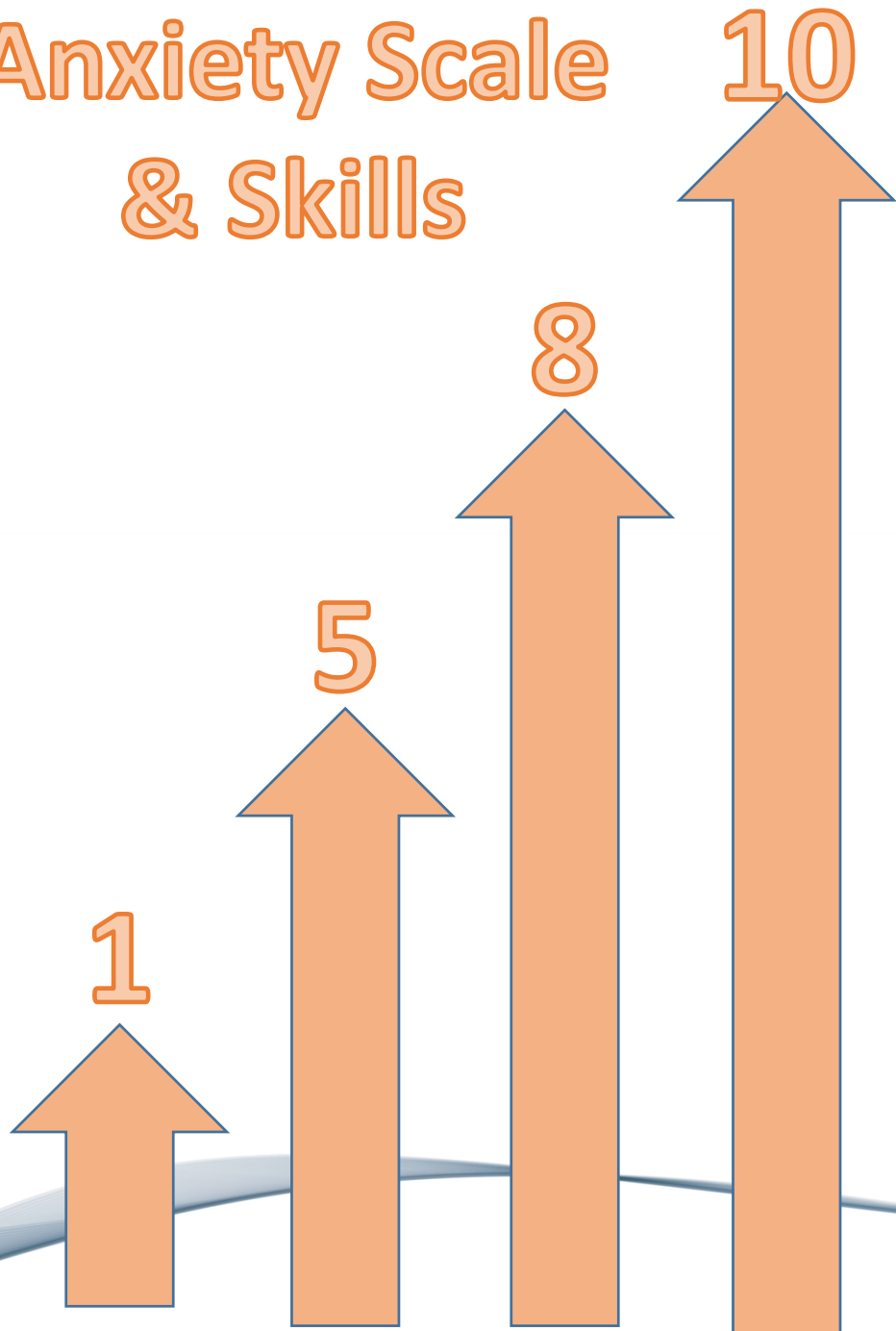
- Screen share your favorite worksheets and activities.
  - You can manipulate worksheets in Word or PP
- Using the “WhiteBoard” function, client’s can draw directly on your screen
- Emotions Jeopardy/Feelings Charades
- Utilize videos and clips



<https://www.thehelpfulcounselor.com/20-in-side-out-clips-to-help-teach-children-about-feelings/>



# Anxiety Scale & Skills



## Levels 1 – 4

- Journal
- Call a friend
- Breath

## Levels 5 – 8

- Go for walk
- Spend time with pet
- Repeat mantras

## Level 9 -- 10

- Splash cold water on face
- Intense Exercise
  - 5-4-3-2-1 Grounding
- Urge Surfing

# Cognitive Coping

- Screen Share worksheet
- Created Word documents with pictures
- Animated Triangle
- Utilize powerpoints



Thoughts → Feelings!  
What feelings would follow this thought?

That dog is staring at me. He looks mean. I bet he wants to jump on me or bite me!

FEELING =

Thoughts → Feelings!  
What feelings would follow this thought?

That dog is staring at me. He looks mean. I bet he wants to jump on me or bite me!

FEELING =  
ACTION =

Thoughts → Feelings!  
What feelings would follow this thought?

That dog is looking at me. He seems interested and friendly. I bet he wants to play!

FEELING =

Thoughts → Feelings!  
What feelings would follow this thought?

That dog is looking at me. He seems interested and friendly. I bet he wants to play!

FEELING =  
ACTION =

# Trauma Narration and Processing

- Use Screen sharing feature for typing narration
- Powerpoint is also an option for younger children
- If client is drawing pictures along with narration, make sure there is a plan for confidentiality
  - Take screen shots of drawings
  - Secure in envelopes or locked cabinets
  - If transitioning to telehealth from in person, scan in drawings
- Double check location is safe
- Consider if abuse occurred in home and make a plan

# Trauma Narration & Processing: other considerations

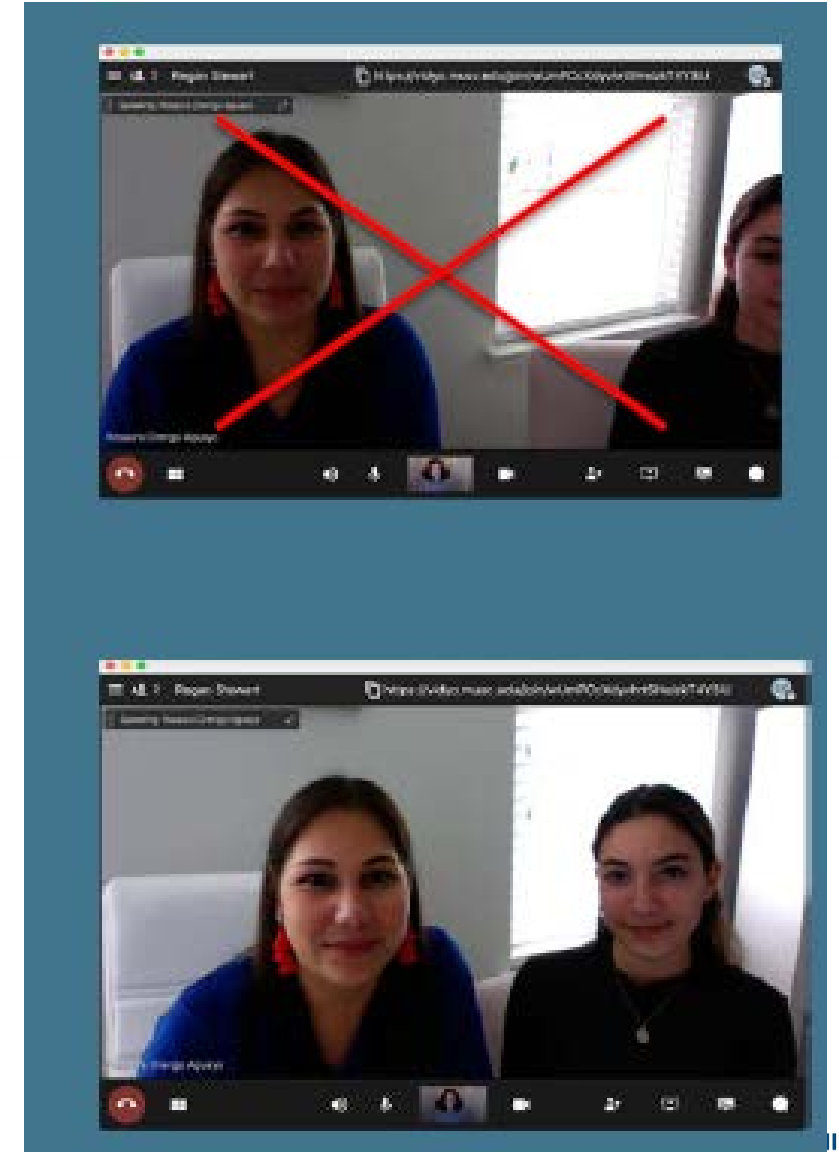
- Discuss an avoidance of avoidance plan
- May need more “reset” time after narration due to not changing locations
- May need more emotional check ins due to not “feeling” energy in the room
  - Have your SUDS ratings easily displayed
- Have caregiver engage in connection time to help younger children transition
- Collateral sessions – make sure child is out of room/hearing

# In-Vivo Mastery of Trauma Reminders

- This is actually IMPROVED by telehealth options
- Create SUDS rating together via Powerpoint
- “Take you with them” to In-Vivo homework assignments
- Live coaching during in-vivo exposure
- For younger children, may need more caregiver involvement

# Conjoint Session

- Work with camera angles in order to make sure you see both child and caregiver at same time
- Have narration pulled up on screen share
- Caregiver may be in other location
  - Coach caregiver on connection through technology





# Enhancing Safety

- Shocking tip: USE SHARE SCREEN 😊
- Create safety plan together in Word and email to client
- Create healthy and unhealthy relationship lists
- <https://amaze.org/>
- Join One Love Youtube Channel
- Same topics as in-clinic sessions
  - General safety issues
  - Internet safe
  - Sexuality & Identity
  - Healthy relationships
  - Sex Education/Safe Sex/Consent
  - Planning for future trauma or loss reminders

# Telehealth Graduation

- DON'T FORGET POST MEASURES!!
- Help plan graduation snacks/fun with child and caregivers
- Mail certificate or make PDF version
- Plan for booster sessions as needed



# A few other thoughts....

- You got this! You may need to conduct a triangle on any thoughts related to now being a telehealth therapist. 😊
- Make sure you are still connecting & collaborating with colleagues
- During COVID-19, be willing to share vulnerabilities with clients and caregivers
- Think about reducing disparities through telehealth even after COVID-19 emergency

# Dyadic Coaching (PCIT & PC-CARE) via Telehealth

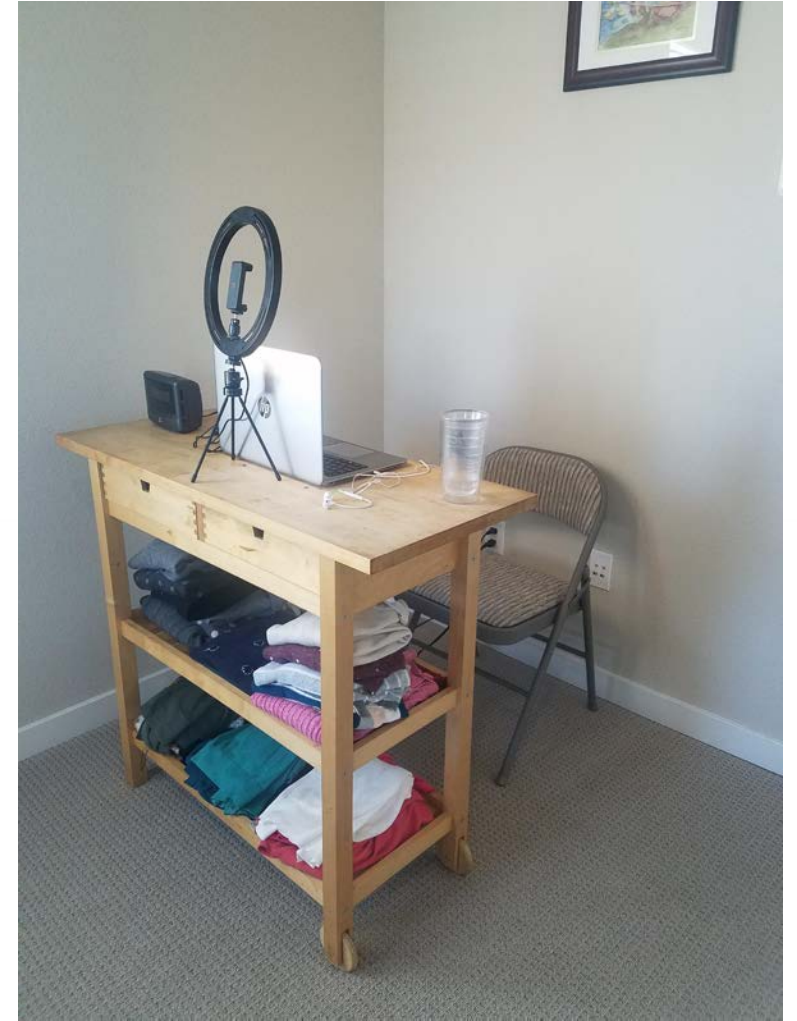
# Prepare Your Equipment

- 1) Use a laptop
- 2) Wear headphones
- 3) Test your camera and microphone
- 4) Prepare your timer
- 5) Open session documents
- 6) Practice screen sharing

# Prepare Your Space

Your home is now your clinic/office

- 1) Background
- 2) Lighting
- 3) Professional attire
- 4) Peripheral sound
- 5) Your mental space





# Prepare Your Families

## Camera placement



# Prepare Your Families

- Plan for audio
  - Do they have a Bluetooth earpiece?
- Plan for session time
  - Is it snack, nap, school time?
- Plan with the child
  - Be open
  - Set expectations



# Prepare in Advance

1. Complete measures
  - Online administration
  - Interview
2. Plan for toys
  - Building, Pretend, Figures
3. Coding sheet & instructions ready



## WEEKLY DATA RECORDING AND CLINICAL NOTES

CLIENT NAME		DATE	START TIME	STOP TIME	SESSION TYPE/ NUMBER
CAREGIVER	DAYS PRACTICED	CLINICAL PRESENTATION			TOYS USED
PARENT'S STATEMENTS: POSITIVE		TALLY CODES			TOTAL
TALK	AK				
	ID				
UNLABELED PRAISE (UP)					
LABELED PRAISE (LP)					
REFLECTION (RF)					
BEHAVIOR DESCRIPTION (BD)					
AVOID		TALLY CODES			TOTAL
QUESTIONS	Q				
	RQ				
INDIRECT COMMANDS (IC)		CO	NC	NOC	
DIRECT COMMAND (DC)		CO	NC	NOC	
NEGATIVE TALK (NTA)					
ISSUES TO ADDRESS					
PLAN					

# Conducting DPICS

- 1) Explain the purpose and process
  - Make sure the child understands
- 2) Practice to test audio
- 3) Read instructions
- 4) Mute
- 5) Video off (optional)
- 6) Code

CLINICAL NOTES/ DPICS ASSESSMENT (CONT'D.)	
STRENGTHS OF DYAD	
Dad wants to engage and tries to match JG's energy level. JG has fun playing with dad.	
CLINICAL OBSERVATION OF INTERACTION DURING CHILD DIRECTED PLAY ACTIVITY	
Dad engages by asking questions. As dad asked questions, JG's activity level increased.	



15-MINUTE DPICS DATA RECORDING AND CLINICAL NOTES

CLIENT NAME		DATE	START TIME	CDI	PDI	CU (circle one)
JG		4.10.20	timer	5 min		
CAREGIVER		CLINICAL PRESENTATION			TOYS USED	
dad		high activity			blocks	
PARENT'S STATEMENTS: POSITIVE		TALLY CODES			TOTAL	
TALK	AK	11111 11111 111			20	
	ID	11111 11				
UNLABELED PRAISE (UP)		1			1	
LABELED PRAISE (LP)					0	
REFLECTION (RF)					0	
BEHAVIOR DESCRIPTION (BD)					0	
AVOID		TALLY CODES			TOTAL	
QUESTIONS	Q	11111 11111 11111 11111 11111 111			31	47
	RQ	111				
INDIRECT COMMANDS (IC)		CO 11	NC	NOC 11111 111	12	
DIRECT COMMAND (DC)		CO	NC	NOC 111	3	
NEGATIVE TALK (NTA)		1			1	
CLINICAL NOTES						
ISSUES TO ADDRESS						
PLAN						

COMMANDS DURING PARENT- DIRECTED PLAY ACTIVITY

ommands. JG tantrummed or ignored commands. I, he began pleading, which led to more tantrums.

COMMANDS DURING CLEAN UP ACTIVITY

to listen. Eventually dad cleaned up by himself.

# PCIT Teach Sessions

- Follow protocol
- Screen share materials
- CDI
  - Have your own “Mr. Bear” and toys for modeling & parent practice
- PDI
  - Work with caregiver to identify TO space
    - Visibility during sessions + safety/potential problems
  - Consider feasibility of backups
  - Both you and caregiver need your own “Mr. Bear”

# References

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