Therapy Via Telehealth: TF-CBT, PCI T/ 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 & Don’ts 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
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
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
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
Anxiety Scale & Skills

1 – 4
- Journal
- Call a friend
- Breath

5 – 8
- Go for walk
- Spend time with pet
- Repeat mantras

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
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/](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
Conducting DPI CS

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
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


