

TELEHEALTH

CONSIDERATIONS FOR BEST PRACTICES: WORKING WITH YOUTH AND FAMILIES



In mental health services, telehealth is the use of technologies (i.e., phone calls, videoconferencing) by providers to offer services at a distance.¹



Individuals may request a change in service delivery modality based on need, preference, or extenuating circumstances at any time. This may include in-office or in the community sessions, or a hybrid model.

If this is the case, discuss options that are available at your site or referrals to maintain continuity of care.

Please note: For information on recommendations for telehealth use, refer to the Telehealth Services Guidance for OMH Providers.¹

Many individuals experience barriers to participating in mental health care. These may be reduced or eliminated by the use of telehealth as the mode of service delivery. When telehealth has been decided upon, there are core areas and best practices for providers to consider throughout the course of treatment. These core areas are access, privacy/confidentiality, safety, assessment, and intervention.

Benefits with Children, Youth, and Families

Telehealth can increase access to care by maximizing available providers in rural and under resourced areas. It can also increase access to and continuity in care due to the ease of scheduling and lack of coordination needed for young people and caregivers (e.g., non-negotiable school and work schedules; travel time and costs; childcare).² The flexibility in choosing a location that feels comfortable as well as the technology literacy of today's youth can make it more appealing. Telehealth has several advantages and yet it is crucial for providers to regularly check-in with the people they are supporting through this modality.

Continued Use of Telehealth during Treatment

When working with children, youth, and families, their clinical needs drive the continued use of telehealth. Providers can use this guide to help them determine the ongoing appropriateness of telehealth throughout the course of service delivery.

The following **five core areas** specific to telehealth best practices can support providers as they conduct virtual sessions: **access, privacy/confidentiality, safety, assessment, and intervention.**

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1. ACCESS

Verify the youth/family have continued access to elements necessary to promote active participation in care:

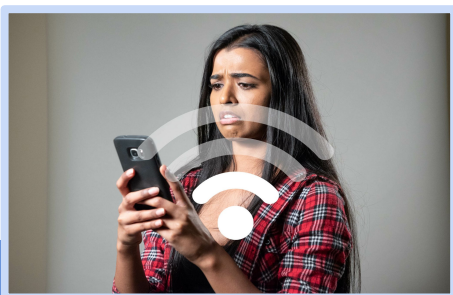
Reliable internet connection and equipment (i.e., computer, smartphone) are vital to promote wellness and boost engagement.

Look for factors impacting active participation in the telehealth sessions.

For example, the availability of and proficiency in use of technology may differ for those in care. Any impairments to the hearing, vision, and/or cognition of the provider or person in care may require adaptive technology not considered in previous sessions. Accessibility standards such as text captioning and audible output may need to be put in place.

Tips to Problem-Solve Sample Barriers

- If the youth is proficient in the technology but the caregiver lacks the skills, research tutorials to increase their proficiency.
- If engagement is an area for improvement, ask the youth and family about what has and has not worked in the past to help you better strategize about how to engage them virtually. Any environmental stimuli that easily detracts from the session can also be discussed.



2. PRIVACY AND CONFIDENTIALITY

Confirm there are no disclosure concerns:

Preferences for disclosure can be revisited through collaborative decision-making and implemented in future telehealth sessions.

Ensure space are effective for continued communication and collaboration.

For example, if there are unexpected interruptions consider if any topics or situations require increased planning to discuss (e.g., gender identity, family arguments). Check-in about any discomfort with sharing openly due to features of the space (e.g., thin walls, lack of extra rooms) or surroundings (e.g., observations by others). Security protection software (e.g., antivirus/malware, firewalls, encryption) can also promote secure connections.

Tips to Problem-Solve Sample Barriers

- If disclosing information may be concerning for the young person, discuss the most appropriate times and spaces to hold telehealth sessions that would increase privacy and confidentiality.
- If stigma around mental health in the household minimizes the opportunities to discuss concerns, share information to educate the individual and their family members about mental health and consider engaging the family in being supportive partners in care.

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3. SAFETY

Ensure the layout of the home or the location of telehealth service prioritizes safety: Consider the quality and strength of protective factors, and the proximity to risk factors, and aim to promote the well-being of those you work with while allowing for self-determination.

Have conversations around attending to safety concerns with the youth and family. For example, during times of crisis prevention and de-escalation, there may be a need for increasing sessions and check-ins along with impromptu family involvement. Considering symptoms and the likelihood of a crisis, review with the youth and family what community supports look like (e.g., crisis centers, child emergency rooms, EMS/police involvement, hospitals) and conduct a virtual home tour/scan (to reduce access to lethal means).

Tips to Problem-Solve Sample Barriers

- If there is a history of unsafe conditions in the home, select 'safe codes' or 'phrases' to indicate when there are any concerns and a more general topic should be discussed or session should be shortened until safety can be re-established.
- Establish agreements and policies about after-hours contact and engage in psychoeducation about options when the clinician is not available.

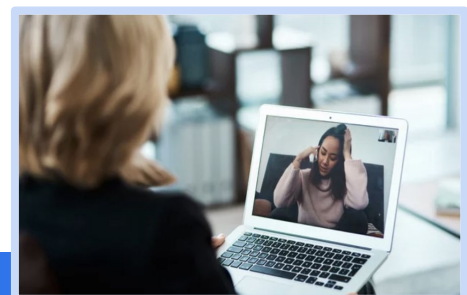
4. ASSESSMENT

Review for any emerging needs or presenting problems once the initial assessment: Consider the need for continued ongoing assessment during the treatment planning and delivery phases.

Evaluate the effectiveness of remote assessments. For example, there may be non-verbal aspects of clinical presentation (e.g., body language, body odor, eye contact) useful to creating the care plan. Continue to assess for symptom changes throughout the treatment process and consider if other assessments are better suited.

Tips to Problem-Solve Sample Barriers

- If there is a preference for telehealth care but the ongoing assessment protocol requires that the caregiver fill-out several forms, generate fillable pdf forms that can be completed prior to or during a telehealth session.
- Leverage the opportunity to virtually meet with the youth and, if appropriate and with the youth and caregiver's permission, other collaterals (e.g., caregiver, teacher) to discuss any emerging needs, symptoms, or concerns.



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5. INTERVENTION

Ensure the current treatment strategies are effective: Consider the unique characteristics of telehealth and the elements needed for the youth and family member to progress in treatment during and in-between sessions.

Continue to promote progress in care. For example, acknowledge and incorporate ways to engage the whole person based on developmental and cultural considerations; interests and strengths; areas of growth and support; and fit for the intervention. Attention to the needs of the youth and family may necessitate efforts such as shorter sessions or inclusion of games/activities that require them to move around to break up the session. Discuss with them how best to minimize distractions (e.g., turning television and music off). The virtual space can also be modified to be culturally-responsive and affirming (e.g., display preferred pronouns, symbols indicating support/allyship) to build the therapeutic relationship.

Tips to Problem-Solve Sample Barriers

- If the appropriate treatment requires equipment (e.g., clay or markers in play therapy), consider mailing materials or determine if common household items can serve as substitutes without compromising the integrity of the intervention.
- If the family has concerns around any social determinants of health that impact their continued participation in treatment via telehealth, provide referrals which attend to the family in a holistic manner. These can include electronic resources or directories for food, housing, primary health, education, etc.



References

1. New York State Office of Mental Health. (2023). *Telehealth services guidance for OMH providers*. <https://omh.ny.gov/omhweb/guidance/telehealth-guidance.pdf>
2. Palmer, C. S., Levey, S. M. B., Kostiuk, M., Zisner, A. R., Tolle, L. W., Richey, R. M., & Callan, S. (2022). Virtual care for behavioral health conditions. *Primary Care: Clinics in Office Practice*, 49(4), 641-657. <https://doi.org/10.1016/j.pocp.2022.04.008>

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