

Minimizing Disruptions in Care

Behavioral Telehealth (Video and Phone): Skill Development Webinar Series Questions & Answers

Telehealth with Traumatized Children and Adolescents

Webinar 6: June 3, 2020

Question	Answer
Do you have any links for interactive games? Any suggestions?	Triangle of Life video came for CBT
Any tips on creating trauma narratives via telehealth?	It can be done in the context of TF-CBT. Use share screen/whiteboard on the platform so that you retain the narrative while it's being developed. For younger children, narratives are picture based. Caregivers need to keep the pages private between sessions.
Would you by chance have any ideas on doing support group sessions with children?	I train CBITS and Bounce Back, which are trauma-specific group models. Other than those I don't have any experience with groups via telehealth.
Any suggestions on treatment models for children where due to the family's poverty income status, can't afford the technology to do facetime/video Telehealth.	You'll do phone appointments likely, which is a fine alternative, but not all EBPs are approved for phone-based delivery, so check with the EBP developers or your supervisor.
With virtual sessions, I have experienced some inconsistency from some caregivers compared to pre-telehealth sessions. Do you have any tips on engaging caregivers?	Structure is key – ask to meet with them weekly and focus on behaviors – that's what caregivers most want to see change, so join and engage around behaviors, pointing out progress as well as work that still needs to be done.
Regarding technology, I often get the question from parents: how long should the technology be taken away for? What is your opinion?	It depends on the infraction. Any consequence (tech based or not) has to be directly related to the child's misbehavior, e.g. if a child mishandles the privilege of having screen time, then they should lose screen time for some amount of time, but know when and how they can earn it back.
What is your position on the 'Social Media' and its role in trauma, exacerbation of damage to self-esteem, symptoms, and	Social media is a blessing and a curse. It needs sophisticated supervision by adults, but most adults are not very sophisticated with it so that's the first problem. It can also cause vulnerable youth to feel

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overall psychological issues with vulnerable youth?	more friendless, less popular, more alone vs the opposite of those things. Therapists need to be asking about it and finding out how youth are coping with it.
Are the resources you mentioned, books on COVID-19 and race, appropriate for adolescents?	Depends on the teen. Clinical judgement.
Are you considering watching the video of George Floyd's death as meeting the diagnostic criteria for PTSD?	Depends on the viewer. For some people it is profoundly disturbing/traumatizing, for others it is triggering, for others it is upsetting but doesn't leave lasting symptoms. Every person has unique responses.
Advice on how to work with foster youth who have recently returned home and are very guarded, not willing to share, afraid of being removed again.	Validation of their reality/feelings is the only way to engage with these youth. Whether a treatment model can be fully delivered or not is dependent on many factors, but validation is never a waste of time.
Do you ask them about how/what they are eating? I look for the carb loading which can impact their emotions/behaviors and sleep.	I don't typically but might for certain kids.
What happens when they really do not have access to devices to participate in therapy, who is to provide?	You will do phone appointments in all likelihood, which is a fine alternative, but not all EBPs are approved for phone-based delivery, so check with the EBP developers or your supervisor.
Looking for suggestions to support therapists who are hesitant/uncomfortable to move families/teens away from phone sessions and onto telehealth platforms while we continue working remotely.	Some EBPs can only be done via video platforms, so there's compliance with fidelity they need to know about. Also, telehealth isn't going anywhere, so it's a learning curve that all therapists need to make.
Please expand how come we cannot do trauma work on phone?	You need to check with specific EBPs, but in general, without being able to see non-verbal communication and affective expressions, you run the risk of making serious clinical mistakes.
How do you engage with a foster teen over tele-health who is indifferent and does not want to engage?	Validation of their reality/feelings is the only way to engage with these youth. Whether a treatment model can be fully delivered or not is dependent on many factors, but validation is never a waste of time.

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<p>Any resources for connecting/providing technology to underserved youth/families without access to technology in order to provide Telehealth? Any tips about observing for trauma responses via telehealth (versus in person)?</p>	<p>I don't know local resources to the first question, but it's an important question. We observe kids avoiding via telehealth (turning off camera, not showing their faces) as a trauma symptom. Other than that, we closely observe just like in person.</p>
<p>In regard to platform and environment, what are your thoughts on backgrounds/fillers?</p>	<p>Don't use them. Keep it real so that the client knows you have a door behind you, and it is closed and that no one else is in the room.</p>
<p>How can you work with a child that does not want to be on camera more than 10 minutes? I never had a problem meeting with him in person.</p>	<p>Use the 10 minutes like a boss and use the rest of the time with caregivers. Add 1 minute to the 10 each session and see if child tolerates that.</p>
<p>What are your recommendations on parent engagement? I have found that in having all the children home due to COVID-19 or summer vacation, parents are less able to partake in conjoint sessions.</p>	<p>It's challenging. If you can meet with a parent even for 30 mins a week, it's helpful. Maximize that time by reviewing treatment goals, progress, and their perceptions of how the child is doing.</p>
<p>How can one help a teen with special needs that has experienced a traumatic event and has been avoiding a social environment? You shared that we should play a game if that is something that was done in session prior to COVID. Any recommendations of virtual game.</p>	<p>COVID stay-at-home is probably just what that teen likes, however, they do need to develop social skills and social tolerance. This would be a good time for doing an in vivo exposure plan (i.e. systematic desensitization plan). As for games, google any game that you play in your office and there is likely a virtual version.</p>
<p>How do you handle families who are consistently not prepared for sessions? They are at the market, cooking dinner for hungry, fussy kids, over at grandmas with all the cousins, etc.</p>	<p>I directly address the issue. At some point if my requests for focus haven't been met, then I point out that the behaviors that they want to see improved will likely not improve very much unless they are willing to participate and learn how to support their child's treatment. So, I ask them to decide if they want the behavior better or not.</p>
<p>Yes, I had to close clients due to lack of space. We work in Watts so there is no safety for them. I</p>	<p>If no video platform option, then phone-only contacts for the time being.</p>

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tried to work with clients, but it is hard to do it. What do we do then?	
What do you do if a child/adolescent won't show themselves on camera because of trauma symptoms?	Educate about avoidance, reward them for 1 minute or 2 minutes on camera, add 1 minute each week and keep rewarding.
What kind of self-regulation techniques can we work on to manage PTSD symptoms? Many children do not want to do breathing. It is hard to do these via telehealth.	Apps are great – Calm, Breathe2Relax, Instant Heart rate, PTSD coach. Ask the child to find an app or YouTube video that helps them relax and show it to you. Music is also a good intervention.
How can I engage a child in therapy who avoids emotional content and only wants me to watch them dance TikTok moves? She has inconsistency in home environment. She doesn't respond verbally, ignores directives, and ignores emotional content. She often will mute or hide the screen. How can I engage in a more goal directed manner with this child? She is a new patient who was never seen in person in my play therapy room.	The TikTok moves are the reward for doing work first. Set an agenda that is 15 minutes of work/talking, then let the TikTok dances commence.
What are conversations a therapist, who is white, can have with children who are Black that may not feel comfortable talking with a white therapist due to racial tension going on?	Embracerace.org has books for children about race and racism that a therapist of ANY race should be willing to read with children. Best would be to have the caregiver read it with the child during session and the therapist is more of an observer to their experience.
If consumers do not have access to telehealth and can only getting services over the phone, what are best practices?	CBT, parenting coaching/skills work, and stabilization or crisis planning.
For structure during a telehealth session (sessions need to be private) yet what if there is no 'space' for that in a client's home?	Take it outside or if there's no privacy, you can't do trauma work – you'll do generic CBT.
I work with foster children and youth at a home and it is very difficult to maintain structure, even set therapy times, due to the logistics of how the facility works. (Highly variable, changing staff	This is a systems issue – supervisors above the staff need to be engaged in a conversation about how best to deliver services to their residents.

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<p>between shifts, gaps in communication, lack of availability of devices to do telehealth, etc.) Any recommendations on working with staff to create structure, when sessions are often rescheduled or interrupted? I am working on establishing structure (to each kid's specifications) within session as best I can.</p>	
<p>What are some general tips for engagement if children or teens don't have access to video?</p>	<p>Phone-based sessions.</p>
<p>What are some good interventions to engage a child when they feel isolated due to this COVID and him being the only child?</p>	<p>Can the child do Zoom meetings with relatives or friends? Have caregiver set up a Zoom play day for their kids.</p>
<p>How would you engage non-verbal children?</p>	<p>By having conjoint sessions with caregiver. Non-verbal children often are willing to whisper or speak in code with a caregiver, so you'll need them in most sessions.</p>
<p>Can you elaborate more on the term trauma if it's not trauma? What would you call it?</p>	<p>It could be distress, sadness, anger, disappointment – any number of strong feelings but not be a traumatic response.</p>
<p>What do you think about doing in-depth trauma work (such as trauma narratives) via telehealth?</p>	<p>I think as long as the EBP supports it, it can be done. TF-CBT, for example, includes narrative work and it has been approved by the developers on video-based telehealth platforms.</p>
<p>If after asking "How are your parents acting?", kids respond saying "They don't want me to say"... how might you handle this?</p>	<p>"How do you know they don't want you to say?" or "is anything unusual happening at your house or are the grown-ups stressed?"</p>
<p>How do you re-strategize if a child's privacy during tele-health is not possible/lacking?</p>	<p>Do generic CBT, no trauma work, and move to phone if needed.</p>
<p>Great child (book) resources! Any books/YouTube/websites dedicated to teens?</p>	<p>PTSD Coach (app); nctsn.org has many products for teens, including videos</p>