NCTRC Telehealth Hack Series

Behavioral Health Services &
Early Intervention

March 24th, 2021

NCTRC Telehealth Hack Data

- The National Consortium of Telehealth Resource Centers collects registration, participation, questions/answers, chat comments, and poll responses for this program and shares this data with the HHS – Health Resources and Services Administration (HRSA). **Your individual data will be kept confidential.** These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives

NATIONAL CONSORTIUM OF
TELEHEALTH
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CTRC	CALIFORNIA TELEHEALTH RESOURCE CENTER	**gpTRAC**	gpTRAC Great Plains Telehealth Resource & Assistance Center
HTRC	HTRC Heartland Telehealth Resource Center	**MATRC**	Mid-Atlantic Telehealth Resource Center
NETRC	NORTHEAST TELEHEALTH RESOURCE CENTER	**NRTRC**	NRTRC Northwest Regional Telehealth Resource Center
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Nationals

CCHP	Center for Connected Health Policy The National Telehealth Policy Resource Center	**TTAC**	TTAC TelehealthTechnology.org

The National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts to who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.
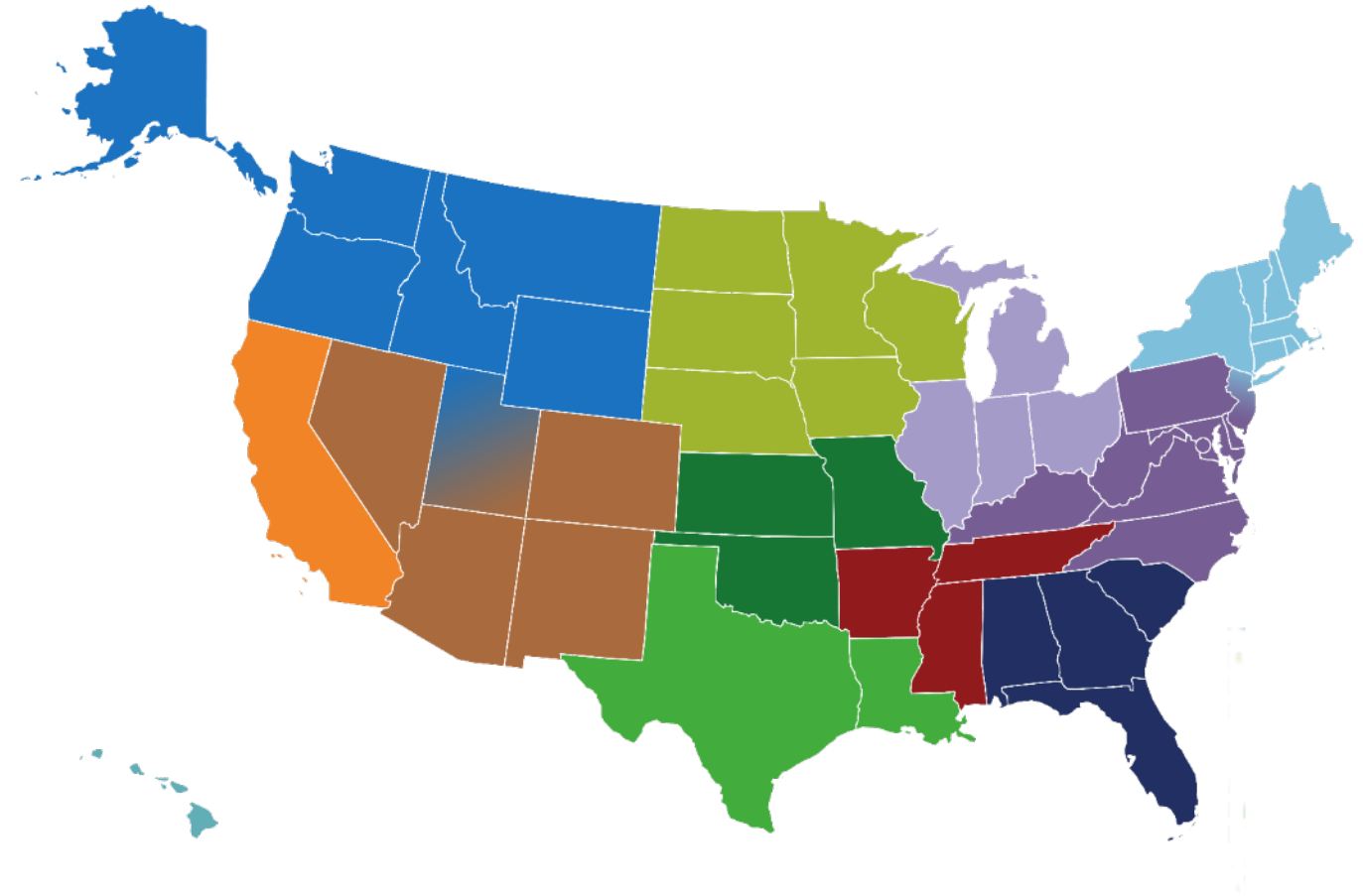
Transitioning from HHS - ASPR

The National Consortium of Telehealth Resource Centers (NCTRC) have played an active role throughout the legacy HHS – ASPR Telemedicine Hack series. With the program becoming widely popular, HHS – ASPR has agreed to transition the program to the NCTRC.

With the Telehealth Hack program now fully transitioned, the NCTRC will provide peer-to-peer learning sessions through March 2021, covering core topics and specialties where telehealth is utilized.

Webinar Tips and Notes

- Your phone &/or computer microphone has been muted.

- Please place your questions into **the Q&A function**.

- For technical assistance with Zoom, please use **the Chat function**.

- Attendees are able to adjust video sizing via Zoom's sliding feature.

- Attendees can toggle Closed Captioning in the toolbar.

- The webinar is being **recorded**.

- Recordings will be posted to our website and YouTube Channel:

  www.telehealthresourcecenter.org

  https://www.youtube.com/c/nctrc

UAMS Disclosure Policy

It is the policy of the University of Arkansas for Medical Sciences (UAMS) to ensure balance, independence, objectivity, and scientific rigor in all directly or jointly provided educational activities.

All individuals who are in a position to control the content of the educational activity (course/activity directors, planning committee members, staff, teachers, or authors of CE) must disclose all relevant financial relationships they have with any commercial interest(s) as well as the nature of the relationship. Financial relationships of the individual's spouse or partner must also be disclosed, if the nature of the relationship could influence the objectivity of the individual in a position to control the content of the CE. The ACCME and ACPE describe relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest. *Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CE activity.*

Disclosures

The following planners and speakers of this CE telehealth series and activities have no relevant financial relationships with commercial interests to disclose:

Aria Javidan

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The accreditation compliance reviewer, Courtney Bryant, has no financial relationships with commercial interests to disclose.

Joint Accreditation and Credit Designation Statements

Joint Accreditation Statement
In support of improving patient care, this activity has been planned and implemented by the University of Arkansas for Medical Sciences and National Consortium on Telehealth Research Centers. University of Arkansas for Medical Sciences is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

AMA Credit Designation Statement
The University of Arkansas for Medical Sciences designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits*^{TM}. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACPE Credit Designation Statement
These knowledge based activities will provide pharmacists up to 1.0 contact hours or 0.1 CEU. CE credit information, based on verification of live attendance and completion of the program evaluation, will be provided to NABP within 60 days after the activity completion.

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ANCC Credit Designation Statement

The University of Arkansas for Medical Sciences designates this live activity for a maximum of 1.0 ANCC contact hours. Nursing contact hours will be awarded for successful completion of program components based upon documented attendance and completion of evaluation materials.

AAPA Credit Designation Statement

The University of Arkansas for Medical Sciences has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 1.0 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

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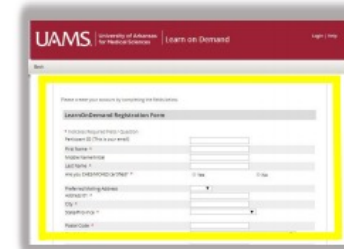https://uams.community360.net/content/uams/LODNewUser.pdf
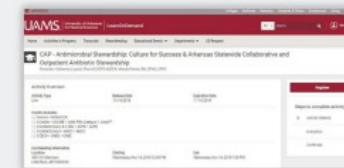
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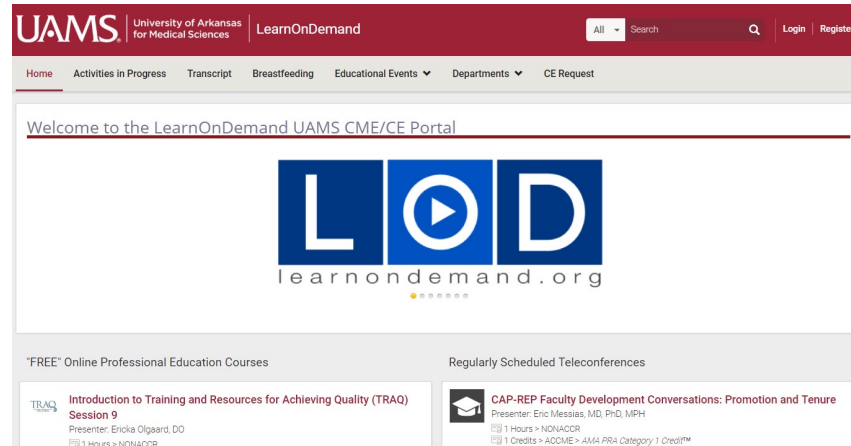
In order to receive your CE credit:
- Login to https://learnondemand.org/lms/activity?@curriculum.id=-1&&@activity.id=7312911 with your new or existing login.
- Search for the Topic
- Launch, Evaluate, click continue to print your certificate.

Deadline!!!

All evaluations must be completed by

Wednesday, April 7th, 2021

If you do not complete an evaluation by this deadline, you will not receive continuing education hours for this conference.

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LOD
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Course Evaluation & CE Certificate

❖**Deadline !!!**

April 7th, 2021;   11:59 PM

No credit will be awarded after this date!!!

❖**www.learnondemand.org**

Questions about evaluations and/or certificates should be

directed to **IDHI@uams.edu**

or 1-855-234-3348

Today's Agenda

- **Didactic (35 min)** – Susan Elswick, EdD, LCSW

- **Q&A (15 min)** – Moderated by Dr. Christian Ramers

- **Closing Remarks (5 min)** – Mei Kwong, JD

Facilitator Introduction

Christian B. Ramers, MD, MPH, AAHIVS – Biosketch

Dr. Ramers is the Chief of Population Health and Director of Graduate Medical Education at the Family Health Centers of San Diego (FHCSD), a large Federally Qualified Health Center (FQHC) system serving nearly 200,000 medically underserved individuals throughout San Diego county. He is board certified in Internal Medicine, Infectious Diseases, and Addiction Medicine, and is particularly interested in HIV, HBV, HCV, and service of medically underserved, immigrant, and refugee populations. He co-chairs the California Chapter of the American Academy of HIV Medicine and has advocated for HIV/HCV care at the state legislative level. He has served as a consultant for CDC-sponsored HIV/HBV/HCV educational projects in Asia and Africa. Since 2018 he has served as the Senior Clinical Advisor for the Clinton Health Access Initiative's Global Hepatitis Program, working to eliminate HBV and HCV in seven partner countries in Asia and Africa.

NCTRC Hack Series: Behavioral Health for Early Intervention in a Virtual World

Dr. Susan Elswick

University of Memphis

School of Social Work

3/24/2021 @ 1PMCST

Susan Elswick EdD LCSW

Dr. Elswick is an Associate Professor at the University of Memphis in the School of Social Work. She is the School Social Work Certificate Coordinator for the University of Memphis.

Dr. Susan Elswick has over 16 years of clinical mental health experience that includes community mental health, case management, residential programming, school-based programming, integrated behavioral health, infant mental health, and home-based services. She is a Licensed Clinical Social Worker in TN, AR, and MS; she is also a Registered Play Therapist and Supervisor (RPT-S).

One of her areas of research focuses on the use of informatics and technology in the field of social work. Dr. Elswick serves as the Co-chair for the Council on Social Work Education (CSWE) Annual Program Review Technology Track that focuses on harnessing technology for social good in behavioral health practice, and she is a current Faculty Affiliate on campus at University of Memphis with the Institute for Intelligent Systems (IIS). She is a Co-PI on the U of M's $2.58 million National Science Foundation (NSF)-funded project, which will lay the foundation for a future Learner Data Institute (LDI) at the university. Most recently, she was awarded funding from Urban Child Institute to develop the School Mental Health Access to Resources through Telehealth (SMART) Research, Training, and Treatment Center.

She is also the owner of a tech start-up Engage Data Systems LLC.

Overview

- Due to COVID-19, many early intervention and infant mental health therapists have been thrust into tele-behavioral health practice with our infant/ child and family clients. Many early intervention specialists are feeling overwhelmed as there was never a process for tele-behavioral health supports in the past. This training will support early intervention and infant mental health therapists with gaining new skills and tools to support their early intervention work within the virtual therapy space.

Learning Objectives

- Participants will learn how to plan and troubleshoot common barriers to telehealth programming with early intervention services;

- Participant will be able to list new skills and activities to engage children and families in the telehealth work;

- Participants will be able to list activities that support attunement, co-regulation, and mindfulness in a virtual session;

- Participants will be able to explain best practices used across the nation in early

How to Set up Tele-health for Practice

What Providers Need To Consider

Use of Clinical and Evidence-based Practices (adapted)

- Clinician manages the natural environment
- adapt EBI to telehealth, understands documentation
- Be flexible
- Establish relationships
- Understands how to utilize technology
- *****Currently there is no certification/ credentialing required to provide Telehealth (e-social work Certificate-Indiana Univ; Hospitals; other university programs)**

Legal Considerations

- Clinician must be licensed within the state services are being provided and where client is located
- **HIPPA and FERPA** compliance
- check liability and practice insurance
- state-by-state requirements

Understanding Clinical Roles and Responsibilities (parent, client, and provider)

- Complete this in intake and consent stages
- **utilize initial assessments** to guide needs
- be prepared to trouble shoot issues
- have a back up/ safety plan prepared
- **understanding caregiver's preference in service delivery**

Assessing Digital Literacy

- Incorporate Digital Literacy Assessments into intake
  - Common Sense Media (survey/ questionnaire)
- Should include accessibility issues (internet, technology access, etc.)
- Ask parents preference
- Identify back-up plan for when technology fails
- Discuss confidentiality and safety planning processes
- Do a parent tech "check-in" before first session

Equipment

Computer/ iPad/ iPhone	Internet High Speed Internet
Webcam	Microphone
Headset	Location/ Room considerations- free from distractions

Approved Platforms for Telehealth-Thinking About Security

- Best practices for helping professionals is to utilize apps where the technology vender is HIPAA compliant and has entered into a HIPAA business associate agreements **(BAAs)** in connection with the provision of their video communication products.

- The following vendors meet these criteria:
  - Doxy.me
  - Skype for Business / Microsoft Teams
  - Cisco Webex Meetings / Webex Teams
  - Updox
  - VSee
  - Zoom for Healthcare*****
  - Google G Suite Hangouts Meet
  - Amazon Chime
  - GoToMeeting
  - Spruce Health Care Messenger

Skills Clinicians Need

- Ability to **Follow the Caregivers Lead – But have an idea of what you will cover**

- Ability to **Use the Environment in Session**

- **Engaging the Family-**gathering information in intake will assist

- **Pacing** the session- Stopping mid way through the session and ask "Are we getting to everything you wanted to focus on today"

- **Managing Challenging Behaviors-** Supporting the caregiver through coaching, help caregivers implement rules from the beginning, use redirection, movement, and reinforcement in sessions

- **Documentation-** use an adapted SOAP note-include why telehealth used, who was present, where the session occurred, goals addressed, assessments used, and treatment plan.

- *****Experience in using telehealth is <u>NOT</u> required at this time BUT can prove to be very helpful*

Benefits of Telehealth

Telehealth is Effective

- Tele-practice has been proven to be effective for a number of diagnosis, which include the following:
  - Developmental delays (including motor delays)
  - Feeding Disorders
  - Attachment Disorders
  - Behavioral Disorders
  - Sensory Processing Disorders
  - Autism Spectrum Disorder
  - Hearing Loss and Speech Disorders
    - Grogan-Johnson, 2010; Cason, 2011; Boisvert et al, 2012; Kurland et al, 2018.
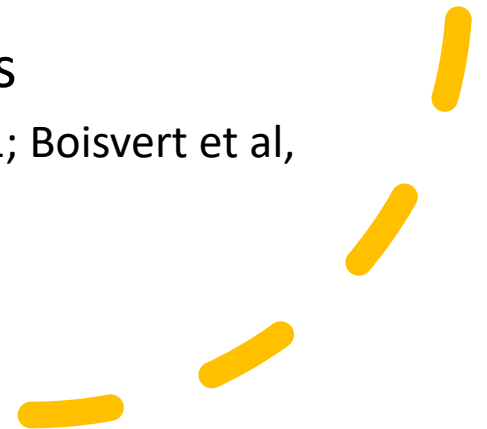
Benefits of Telehealth

- Children are seen in their **natural environment**

- Allows opportunities to **include other family members** (to help skill generalization)

- Providers are able to support more **daily routines and home-based activities** (feeding routines, potty training, etc)

- **Recordings** can be played back for parent **feedback loop and video modeling**

- **Breaks down barriers to service** (transportation and scheduling issues)

- Increases opportunities for **in vivo services** during difficult times (behaviorally)

- Increases parents' **self-efficacy and family engagement**
  - Baggett et al, 2010; Sutherland et al, 2018; Little et al, 2018.

Creative Ways to Engage Children and Families in Sessions

What is our goal?

Telehealth and maintaining attention-Our goal should be to **support the caregiver in gaining child's attention**, and not us as a provider attempting to gain the attention.

Adjust your time in the session- be flexible

Many children already use technology daily- **engage them through games and activities**

Family Play Activities

- Video therapy has sometimes allowed for an increased ability to include families in sessions.

- These family sessions have proved to be especially fruitful and rich, as family members navigate both new stressors and an increased amount of time around one another.

- Helping families develop teamwork mindsets and supportive relationships within the system is often a goal of therapy, and one of my favorite activities using video therapy to do so has been **family scavenger hunts.**

- By asking families to find items such as **"something that makes you feel safe"** or **"something you like to do with your family",** this activity promotes both movement throughout the house, a window into family interactions, as well as an opportunity for meaningful discussions between members.

- https://samaritan-center.org/5-play-therapy-activities-using-telehealth/

SCAVENGER HUNT BINGO

Something you got for a birthday gift	Something that smells good	Something you can use when you are feeling stressed	Something you really want to show me	Something that reminds you of someone you miss
Something you don't let your siblings touch/use	Something that is your favorite color	Something you are proud of	Something that makes you laugh	Your favorite game
Something you like to do with your family	Something that makes you feel safe	FREE	Your favorite toy	Something unique
Something that brings you comfort	Something you can do for fun	Something you don't like	Something that shows your personality	Something you hope isn't for dinner tonight
Your favorite	Your favorite	Something you	Something that is	Something you

Family Scavenger Hunt BINGO Board

Build a Doll House Parent Play Activity

Creating a dollhouse together is an activity that can be shared between a parent and a child during a session. As parent and child create a home together, they are unconsciously building a deeper relationship, perhaps projecting their ideal home into their new creation. The therapist has access to a treasure trove of information as parent and child work together in this activity.

- Materials needed:

- A large empty shoe or boot box. The type that comes with the lid attached to it is ideal. If one of these boxes is not available, use masking tape to "hinge" the lid to one side of the box.

- Glue & masking tape

- Wrapping paper, construction paper

- Pictures, photographs, magazines that can be cut up, drawing materials

- Family figures, dollhouse furniture

- Creating the Dollhouse:

- Snip both ends of one of the long sides of the box so that the side of the box unfolds creating an open area (see picture).

- Begin by decorating the lid and sides. Glue or tape wrapping paper/construction paper to cover the lid, the back and sides of the box. Glue or tape construction paper to cover the inside of the box giving the appearance of ceiling and walls (see picture).

- Open the lid in an angle to represent the roof of the dollhouse (see picture). Use masking tape to prevent the lid from closing down.

- Draw pictures, bring small photos, or cut little pictures found in magazines, and glue them to construction paper, creating a "picture frame", and glue or tape these framed pictures to the walls.

- When ready to play, place small figurines and miniature furniture inside the house.

- Then, step back and become aware of where the figures have been placed in relation to each other.

Parent Play (Homework Activities)

- Encourage 5 Minutes of **"Special Play"** time between caregiver and child a day (Child Parent Relationship Therapy (CPRT) and Parent Child Interaction Therapy (PCIT)- See sample handout

- **Prescriptive Parent Play-** This is similar to CPRT and Filial in that the caregiver is participating and trained to conduct components of play therapy- BUT this is a little more directive in nature and leads parents with prompts. Bibliotherapy Family Interventions: https://www.memphis.edu/socialwork/research/social-emotional.php

- Parents can **send sample Videos** of play time and homework for feedback

Ways to Engage the Family

- **Use the technology** to your advantage
- Direct Instruction Model- **"I do, we do, you do"** model or **"show me"**
- Address and use **objects in the environment**
- Vary your **voice** (pace, intonation, cadence, etc.)
- Be descriptive and **provide labeled praise/ feedback** for caregiver in session
- When activity level decreases or the parent is stuck **be ready to offer suggestions**
- Use the **caregiver**
- Have your own **props and toys** available
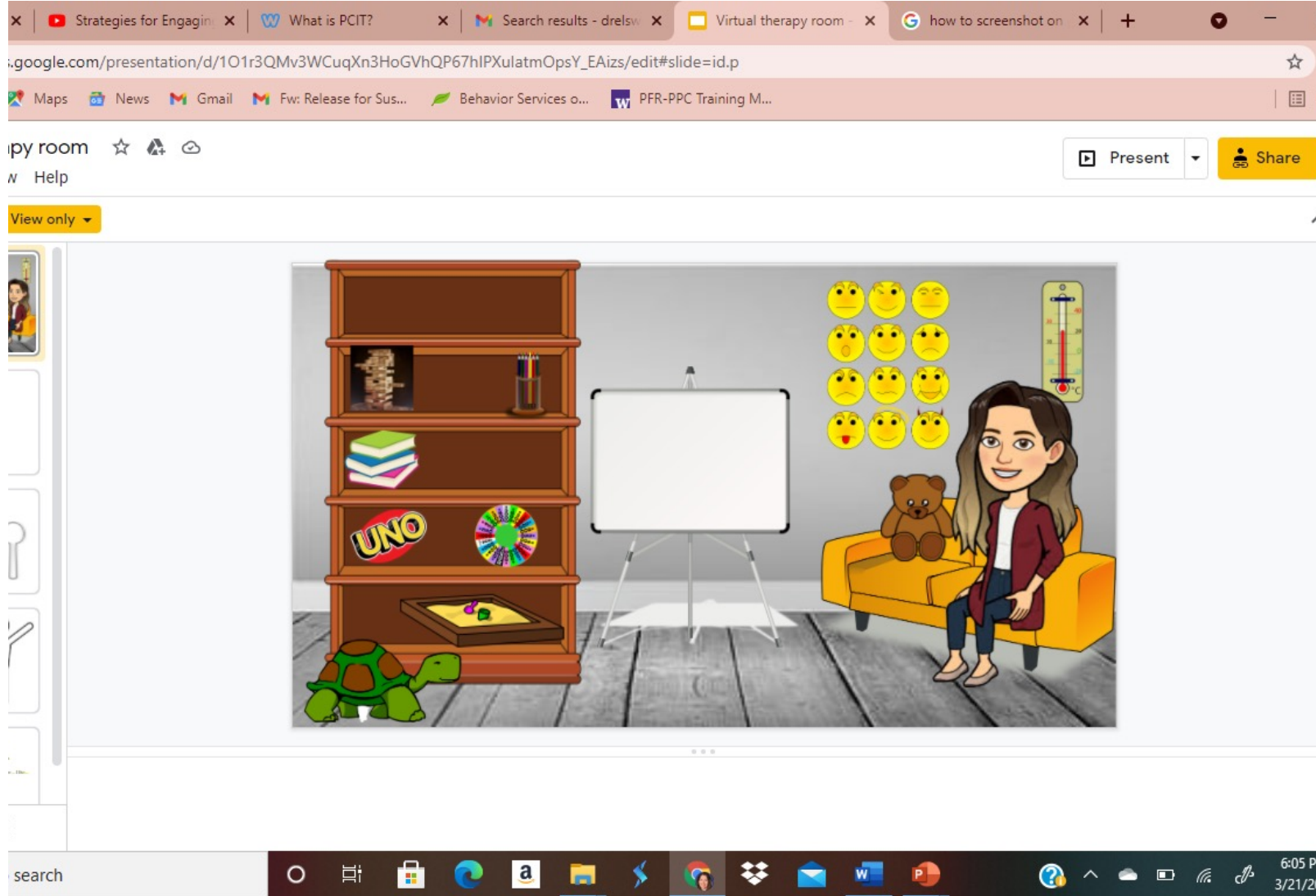
Virtual Playroom
Dr. Rachel
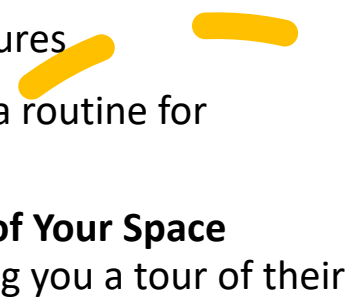Altvater :
https://www.you
tube.com/watch
?v=L_B2oUk9Jok

Activities that Promote Attunement, Co-Regulation, and Trust in Sessions

What is Attunement?

- Attunement is defined as ….
  - A kinesthetic and emotional sensing of others
  - The clinician's ability to be present to, and with, another's expression of their experience.
  - The clinician's ability to relate to client's (parent and child) level of safety within the therapeutic relationship AND environment.

How to Create Safety in Virtual Programming

- **Assess** family and child's **digital literacy skills** (start this in intake)

- Do a **"Check IN" and "Check Out"** Procedures

- Make things **predictable** each time (have a routine for therapy)

- Allow the Child/ Caregiver to Take a **Tour of Your Space** Virtually (See if they are comfortable giving you a tour of their space)**Making videos in advance and Social Stories

- Begin with a **"Here and Now"** Activity

- Invite them to Locate the Floor in their Room- **Grounding activities**

- Invite them to create their own **sensory box-** Therapy Box

- **Use the screen share feature** whenever possible- Play interactive games (Jamboard/ Google Slides)

- Use **sensory/ movement activities** that are grounding

- Ask the child what would make them feel safer? (turn off camera? Tilt the camera?)

- https://www.threebirdscounseling.com/post/2020/03/23/tips-for-helping-clients-ground-during-telehealth

Supporting Children and Caregiver in a telehealth model

- Set **rules and expectations** and make things predictable for children- structure helps to ground the dysregulated

- **Create predictability** for the clients

- **Guided Imagery Exercises and mindfulness**

- Children, Caregivers, and Practitioners **CANNOT stay on a computer for an hour** or more (zoom exhaustion**) adjust session length**

- **Role Play Activities**

- Games and Social Time

- **SEL check-ins** during the session

- **Whiteboard Activities/ Share screen**

- **Breaks card procedures**

- **Utilize Play-based activities** to sustain engagement (**Scavenger Hunt, Wiggle Games, expressive art directives, use of shared screen in session, bibliotherapy, use the virtual Active Student Responding "reactions," breakout groups, etc**.)

- Make sure you are tracking progress
    - **Use Rapid Assessment Instruments**

Best Practices in Early Intervention and Telehealth

Evidence-Based Interventions

The following EBI have adapted well to tele-practice:

- Child Parent Psychotherapy (CPP)
- Child Parent Relationship Therapy (CPRT)
- Parent Child Interaction Therapy (PCIT)

About CPP

Child Parent Psychotherapy (CPP)

- Therapy for young children 0-5 yrs and their families
- It is a dyadic therapy intervention
- Supports family strengths and relationships
- Helps families heal and grow after stressful experiences
- Respects family and cultural values
- Focuses on processing stressful situations/ traumatic events and speaking the truth about these events (developmentally appropriate way)
- https://childparentpsychotherapy.com/about/

Child Parent Relationship Therapy (CPRT)

- Child-Parent Relationship Therapy is a play-based treatment program for young children presenting with behavioral, emotional, social, and attachment concerns.

- The goal of CPRT is to strengthen the quality of the parent-child attachment bond as a means of reducing child behavior problems and stress in the parent-child relationship.

- CPRT was developed for children ages 3- 8, but has been adapted for use with toddlers and preadolescents.

- In CPRT, parents are taught specific skills that focus on enhancing a secure attachment with their child and helping parents attune to and respond to their child's underlying needs to address symptoms.

- Parents also learn to effectively limit their child's misbehavior. In CPRT, parents implement the skills in weekly play sessions with their child and get feedback on their skills from a certified CPRT facilitator.

- https://cpt.unt.edu/what-child-parent-relationship-therapy

Parent Child Interaction Therapy (PCIT)

- PCIT is an evidence-based treatment for young children with behavioral problems.

- PCIT is conducted through "coaching" sessions during which the caregiver and child are in a playroom while the therapist is in an observation room watching the caregiver interact with their child through a one-way mirror and/or live video feed.

- Caregivers wear a "bug-in-the-ear" device through which the therapist provides in-the-moment coaching on skills they are learning to manage their child's behavior.

- PCIT is done across two treatment phases.
  - The first phase of treatment focuses on establishing warmth in your relationship with your child through learning and applying skills proven to help children feel calm, secure in their relationships with their parents, and good about themselves.
  - The second phase of treatment will equip you to manage the most challenging of your child's behaviors while remaining confident, calm, and consistent in your approach to discipline. In this phase, you will learn proven strategies to help your child accept your limits, comply with your directions, respect house rules, and demonstrate appropriate behavior in public.

- http://www.pcit.org/what-is-pcit.html

Resources and References

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Questions and Answers
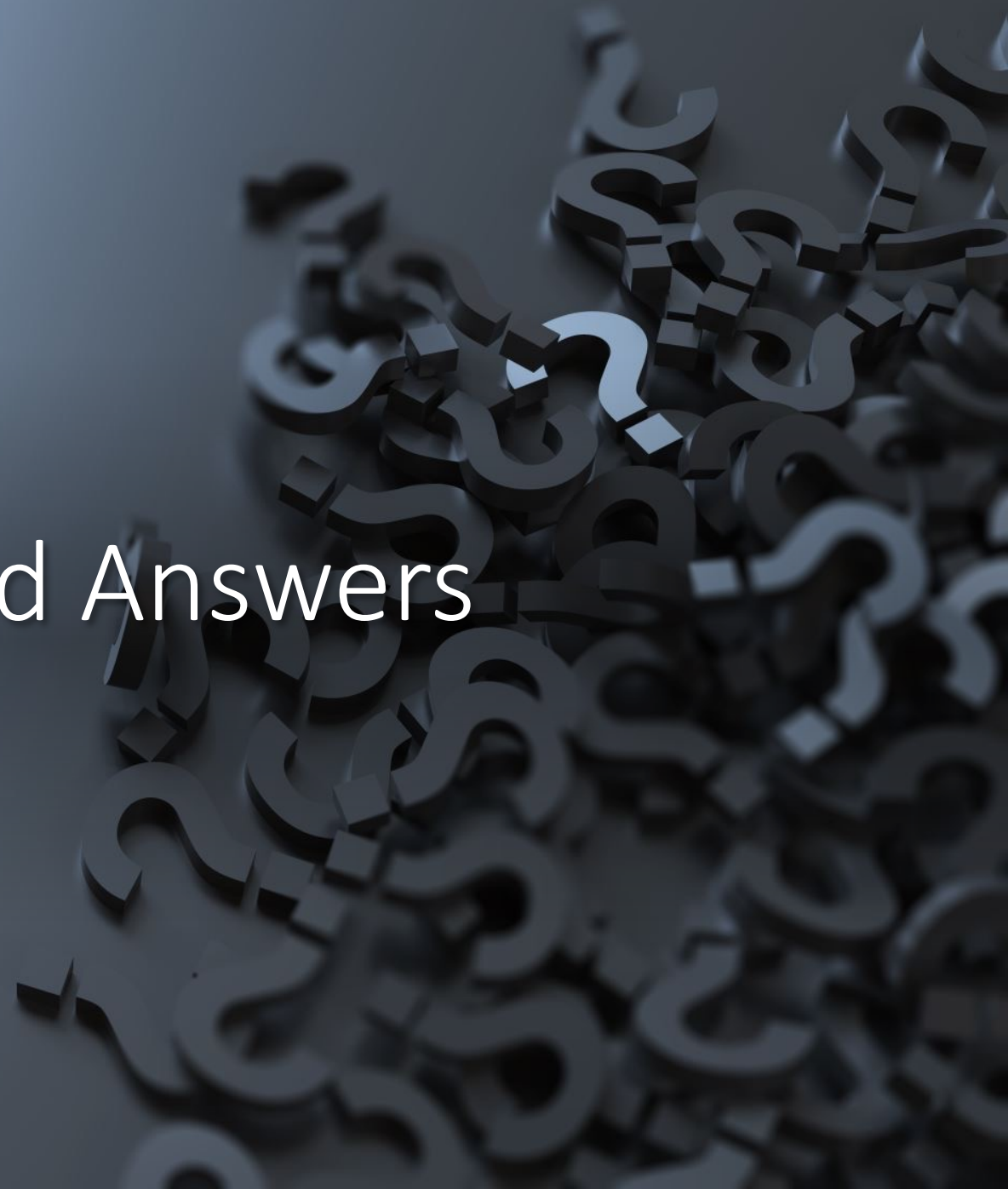
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Telehealth Hack Series

- All of the NCTRC Telehealth Hack webinars were recorded. The recordings and slide decks are available on the NCTRC Telehealth Hack page: https://telehealthresourcecenter.org/hack-series/

Thank you!