# Welcome!

Telebehavioral Health with Teens and Young Adults: Maximizing Engagement, Promoting Safety, and Making the Most of Technology

Johanna B. Folk, Ph.D.
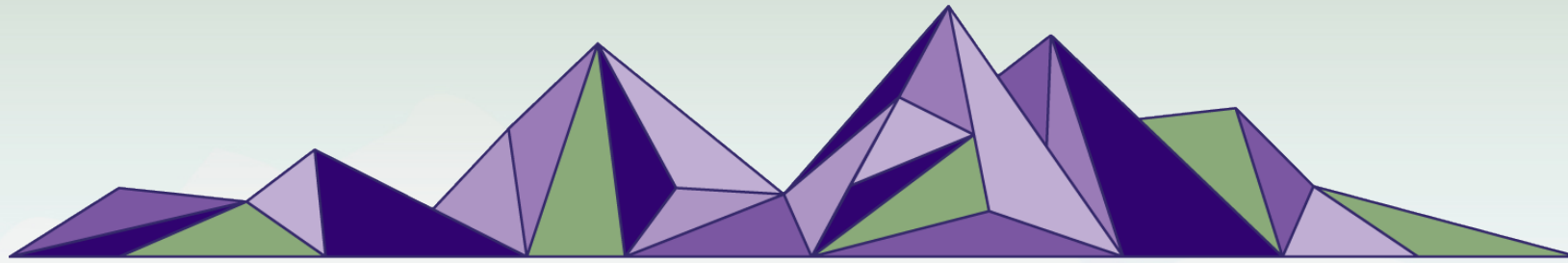
## A few notes……

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✓ Today's talk is purely for informational purposes; and is not to be regarded as legal advice. Please consult with legal counsel, as well as current legislative and regulatory sources, for accurate and up-to-date information.

✓ WHOVA Q&A for content questions for speakers.

    ✓ WHOVA chat for logistics questions and technical support.

✓Evaluation →    Certificate of Attendance and/or CME credits.

We gratefully acknowledge support from:

# Learning Objectives

1. Describe key components of a telemental health time-out to ensure youth safety and privacy

2. Discuss three creative ways to build trust and rapport via telehealth

3. Identify three strategies to use technology for monitoring and reinforcing progress in treatment

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# Johanna Folk, Ph.D. (she/they)



- No financial disclosures to report.
- Research funded by National Institutes of Health

- White, Jewish, queer woman
- Clinical psychologist working predominately with adolescents and families
- Academic working at the intersection of the legal and behavioral health systems in a medical center
- Experience as a clinician and a patient in telemental health services
- Product of public school education
- Daughter of a social worker and ex-mental health professional
- Aspiring Good Trouble Champion

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# Rapid Transition to Telehealth

**The Transition of Academic Mental Health Clinics to Telehealth During the COVID-19 Pandemic**

Johanna B. Folk, PhD, Marissa A. Schiel, MD, PhD, Rachel Oblath, PhD, Vera Feuer, MD, Aditi Sharma, MD, Shabana Khan, MD, Bridget Doan, PNP, MN, Chetana Kulkarni, MD, Ujjwal Ramtekkar, MD, MBA, MPE, Jessica Hawks, PhD, Victor Fornari, MD, MS, Lisa R. Fortuna, MD, MPH, MDiv, Kathleen Myers, MD, MPH, MS

Drs. Folk and Schiel are co-first authors of this article. Drs. Fortuna, Fornari, and Myers are co-senior authors of this article.

**Objective:** A consortium of 8 academic child and adolescent psychiatry programs in the United States and Canada examined their pivot from in-person, clinic-based services to home-based telehealth during the COVID-19 pandemic. The aims were to document the transition across diverse sites and to present recommendations for future telehealth service planning.

**Method:** Consortium sites completed a Qualtrics survey assessing site characteristics, telehealth practices, service use, and barriers to and facilitators of telehealth service delivery prior to (pre) and during the early stages of (post) the COVID-19 pandemic. The design is descriptive.

**Results:** All sites pivoted from in-person services to home-based telehealth within 2 weeks. Some sites experienced delays in conducting new intakes, and most experienced delays establishing tele-group therapy. No-show rates and use of telephony versus videoconferencing varied by site. Changes in telehealth practices (eg, documentation requirements, safety protocols) and perceived barriers to telehealth service delivery (eg, regulatory limitations, inability to bill) occurred pre-/post-COVID-19.

**Conclusion:** A rapid pivot from in-person services to home-based telehealth occurred at 8 diverse academic programs in the context of a global health crisis. To promote ongoing use of home-based telehealth during future crises and usual care, academic programs should continue documenting the successes and barriers to telehealth practice to promote equitable and sustainable telehealth service delivery in the future.

**Key words:** COVID-19, telemedicine, videoconferencing, ambulatory care

Figure 1a: Proportion of visits occurring via telehealth by site

| | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Children's Colorado | 0.01 | 0.40 | 0.99 | 0.78 | 0.32 | 0.22 | 0.18 | 0.21 | 0.28 | 0.43 | 0.58 | 0.58 | 0.58 | 0.60 | 0.56 | 0.56 | 0.47 |
| University of Florida | 0.27 | 0.28 | 0.87 | 0.64 | 0.53 | 0.51 | 0.55 | 0.53 | 0.51 | 0.48 | 0.50 | 0.48 | 0.49 | 0.46 | 0.46 | 0.45 | 0.41 |
| Nationwide | 0.00 | 0.32 | 0.98 | 0.99 | 0.96 | 0.90 | 0.83 | 0.84 | 0.77 | 0.77 | 0.78 | 0.76 | 0.76 | 0.37 | 0.66 | 0.63 | 0.62 |
| BC Children's | 0.01 | 0.07 | 0.33 | 0.69 | 0.74 | 0.84 | 0.80 | 0.79 | 0.87 | 0.90 | 0.90 | 0.83 | 0.88 | 0.89 | 0.90 | 0.91 | |
| Zuckerberg SF General | 0.12 | 0.59 | 0.81 | 0.88 | 0.89 | 0.87 | 0.79 | 0.89 | 0.88 | 0.84 | 0.85 | 0.86 | 0.84 | 0.83 | 0.79 | 0.78 | 0.77 |
| University of Maryland | 0.00 | 0.04 | 0.95 | 0.96 | 0.95 | 0.96 | 0.94 | 0.92 | 0.95 | 0.94 | 0.94 | 0.95 | 0.94 | 0.90 | 0.91 | 0.88 | 0.84 |
| Texas Children's | 0.01 | 0.12 | 0.92 | 0.94 | 0.97 | 0.93 | 0.96 | 0.90 | 0.88 | 0.86 | 0.89 | 0.88 | 0.89 | 0.90 | 0.88 | 0.88 | 0.85 |
| Zucker Hillside | 0.00 | 0.32 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Seattle Children's | 0.01 | 0.39 | 0.97 | 0.98 | 0.97 | 0.96 | 0.96 | 0.95 | 0.92 | 0.93 | 0.94 | 0.94 | 0.93 | 0.93 | 0.92 | 0.92 | 0.91 |
| SickKids | 0.07 | 0.40 | 1.00 | 0.99 | 0.99 | 0.99 | 0.97 | 0.91 | 0.89 | 0.89 | 0.92 | 0.96 | 0.96 | 0.97 | 0.97 | 0.97 | 0.97 |
| Boston Medical Center | 0.00 | 0.49 | 0.98 | 0.99 | 0.99 | 1.00 | 0.99 | 0.98 | 0.97 | 0.98 | 0.98 | 0.97 | 0.98 | 0.98 | 0.96 | 0.96 | 0.95 |
| NYU Health Child Study Center | 0.06 | 0.50 | 1.00 | 1.00 | 0.97 | 0.97 | 0.97 | 0.96 | 0.95 | 0.95 | 0.95 | 0.95 | 0.96 | 0.94 | 0.93 | 0.92 | 0.90 |
| NYU Brooklyn | 0.00 | 0.64 | 0.99 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 0.99 | 0.99 | 0.98 | 0.97 | 0.94 | 0.93 |

Figure 1b: Proportion of visits occurring via telehealth: Box-and-Whisker Plot
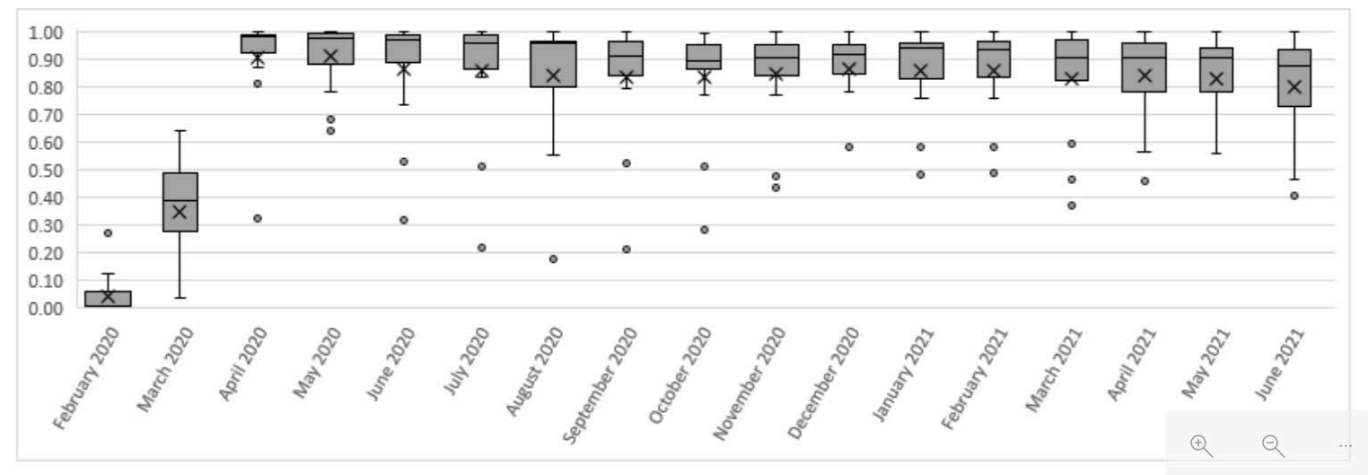
# Can mental health services be delivered effectively to youth via telehealth?

Quick Overview of the Current State of the Literature

# Evidence is growing

- Videoconferencing is largely equivalent to in-person
- Limited research specifically on youth
  - Meta-analysis by Batastini et al. (2021): 5 of 43 studies (11.6%) involved youth (ages 3 and 17 years).
  - Meta-analysis by McLean et al. (2021): 20 studies on family and group therapy
- Youth from rural areas prefer in person over telehealth, but view telehealth as an important adjunct (Mseke et al., 2023)

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# Is it Safe to Do Telehealth with Youth?



Environmental Safety

Clinical Safety

Safety-Driven Disposition Planning

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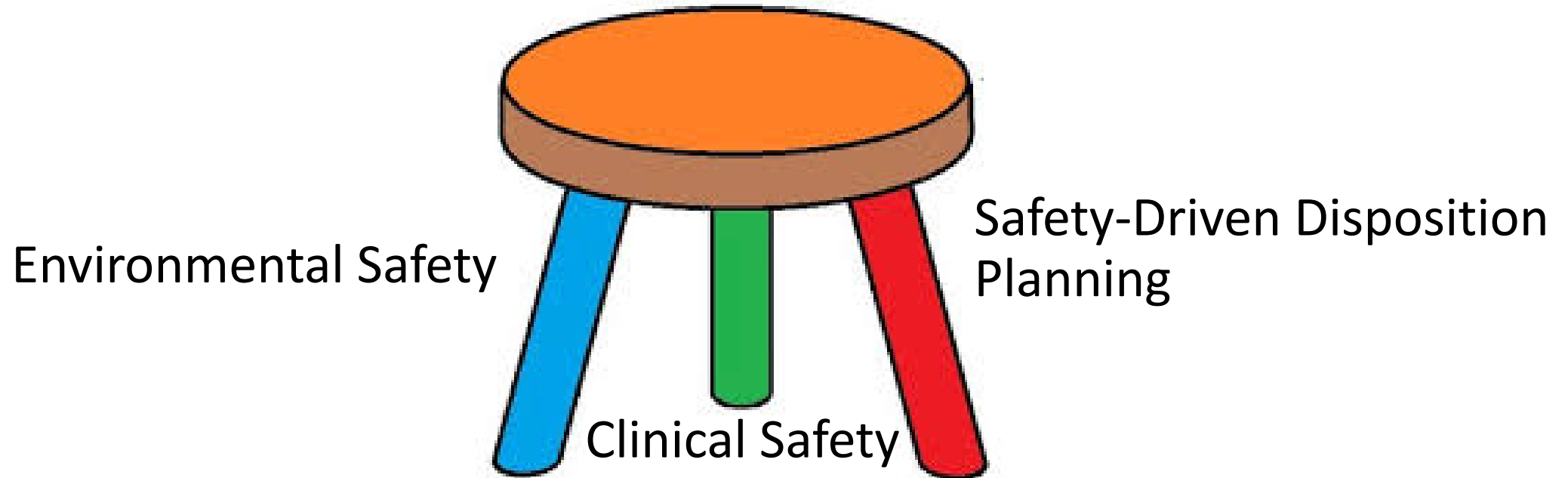
# Privacy and Safety Protocol for Home-Based Telehealth

## Home-Based Telemental Health: A Proposed Privacy and Safety Protocol and Tool

Aditi Sharma, MD,[1,2,i] Vera Feuer, MD,[3] Barbara Krishna Stuart, PhD,[4] Johanna B. Folk, PhD,[4] Bridget T. Doan, PNP,[5,6] Chetana A. Kulkarni, MD, FRCPC,[5,6] Ujjwal Ramtekkar, MD, CPE, MBA,[7,8] Lisa Fortuna, MD, MPH, M.Div,[4,*] and Kathleen Myers, MD, MPH, MS[1,*]

**Abstract**

*Objectives:* To describe the development of a protocol and practical tool for the safe delivery of telemental health (TMH) services to the home. The COVID-19 pandemic forced providers to rapidly transition their outpatient practices to home-based TMH (HB-TMH) without existing protocols or tools to guide them. This experience underscored the need for a standardized privacy and safety tool as HB-TMH is expected to continue as a resource during future crises as well as to become a component of the routine mental health care landscape.
*Methods:* The authors represent a subset of the Child and Adolescent Psychiatry Telemental Health Consortium. They met weekly through videoconferencing to review published safety standards of care, existing TMH guidelines for clinic-based and home-based services, and their own institutional protocols. They agreed on three domains foundational to the delivery of HB-TMH: environmental safety, clinical safety, and disposition planning. Through multiple iterations, they agreed upon a final Privacy and Safety Protocol for HB-TMH. The protocol was then operationalized into the Privacy and Safety Assessment Tool (PSA Tool) based on two keystone medical safety constructs: the World Health Organization (WHO) *Surgical Safety Checklist/Time-Out* and the *Checklist Manifesto*.
*Results:* The PSA Tool comprised four modules: (1) *Screening for Safety for HB-TMH*; (2) *Assessment for Safety During the HB-TMH Initial Visit*; (3) *End of the Initial Visit and Disposition Planning*; and (4) the *TMH Time-Out and Reassessment* during subsequent visits. A sample workflow guides implementation.
*Conclusions:* The Privacy and Safety Protocol and PSA Tool aim to prepare providers for the private and safe delivery of HB-TMH. Its modular format can be adapted to each site's resources. Going forward, the PSA Tool should help to facilitate the integration of HB-TMH into the routine mental health care landscape.

**Keywords:** patient safety, child and adolescent, telemental health, service delivery

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## Module 1: Screening for Safety for HB-TMH

Timing: At referral or pre-visit
Completed by: Administrative or clinical staff

### A. Environmental Safety

Address where session will occur:
_____

Caregiver or trusted adult to be present or available during the sessions: _____
Caregiver or trusted adult's telephone number: _____
Backup telephone number (for re-establishing contact should video connection fail, different from the phone used for session): _____
PCP (name, address, telephone): _____
One or more other supports (e.g., trusted adult): _____
Local Emergency Services (Name and telephone): _____

Family confirmed there is a private space available for treatment:
☐Yes
☐No, and other privacy strategies reviewed: _____
Does the child/teen have access to any firearms?
☐Yes
☐No
  Are the firearms locked?
  ☐Yes
  ☐No
  ☐N/A
  Are the firearms unloaded?
  ☐Yes
  ☐No
  ☐N/A
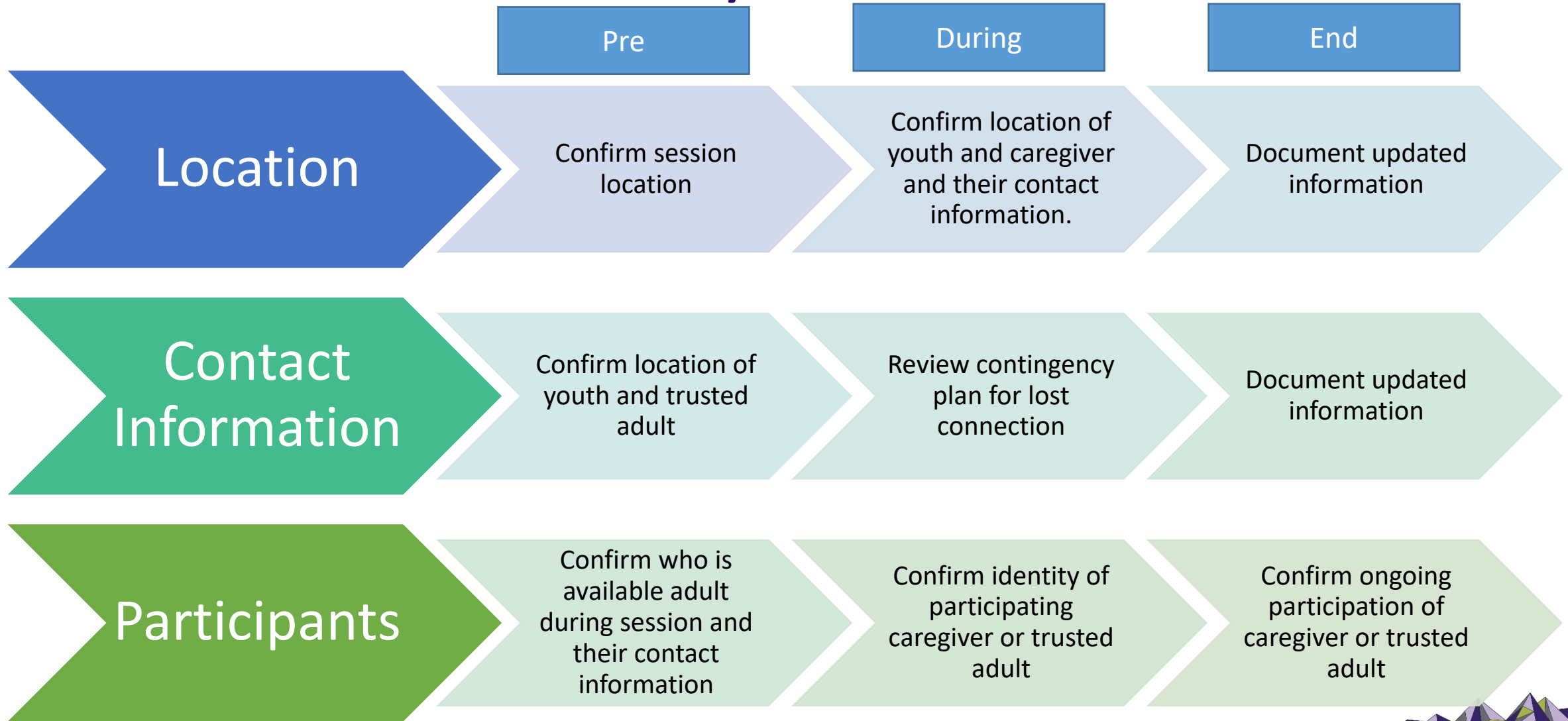  Is the ammunition locked separate from the firearm(s)?
  ☐Yes
  ☐No
  ☐N/A
Does the child/teen have access to other lethal means?
☐Yes:_____
☐No
☐N/A

# Environmental Safety

|  | Pre | During | End |
|---|---|---|---|
| **Location** | Confirm session location | Confirm location of youth and caregiver and their contact information. | Document updated information |
| **Contact Information** | Confirm location of youth and trusted adult | Review contingency plan for lost connection | Document updated information |
| **Participants** | Confirm who is available adult during session and their contact information | Confirm identity of participating caregiver or trusted adult | Confirm ongoing participation of caregiver or trusted adult |

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# Environmental Safety

|  | Pre | During | End |
|---|---|---|---|
| **Additional Contacts** | Document numbers of local emergency services and support persons | Confirm awareness of emergency services phone number and location | Review local emergency services and natural support contacts |
| **Privacy** | Review privacy expectations and troubleshoot barriers | Confirm privacy and determine privacy strategies | Document privacy strategies discussed |
| **Lethal Means** | Assess access, plan for securing, review emergency protocol, gather relevant ROIs | Develop contingency plan for safety concerns that arise during session | Safety plan; educate on lethal means restriction; considerations for telehealth |

UW Medicine | Harborview Medical Center | Behavioral Health Institute

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# Clinical Safety

| | Pre | During | End |
|---|---|---|---|
| **Screening** | Complete telehealth screening questions and obtain clinical safety screens | Screen for clinical risk using empirically validated scales | Safety plan; Symptom management resources; Virtual tools |
| **Support** | Confirm relevant releases and contact information for trusted adults | Review contingency plan for current safety concerns | Review contacts for clinical team and crisis resources |

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# Disposition Plan

```
Plan  →  [Pre]
         Alert clinician to
         concerns that would
         impact youth or
         caregiver safety
         during telehealth

      →  [During]
         Is telehealth
         appropriate or is in-
         person care needed?

         Re-assess suicide
         and violence risk

      →  [End]
         Continue
         assessment for in-
         person care needs
         and transition as
         needed
```

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# Telehealth Time Out: Do At Every Visit

❑ Location of patient and caregiver or trusted adult

❑ Identity and contact information of available caregiver or trusted adult

❑ Back-up phone number and contingency plan for losing connection

❑ Privacy status/strategies to use if privacy is compromised

❑ Lack of lethal means and/or secure status, as clinically indicated

❑ Contingency plan for in-session safety issues, as needed

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# Building Trust and Rapport

Discuss three creative ways to build trust and rapport via telehealth

# Common Challenges

Issues with Technology

Limits on Activities

Loss of Social Connectedness

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# Getting Started

**Setting the Scene** → **Introducing Telehealth** → **Building Rapport** → **Maintaining Engagement**
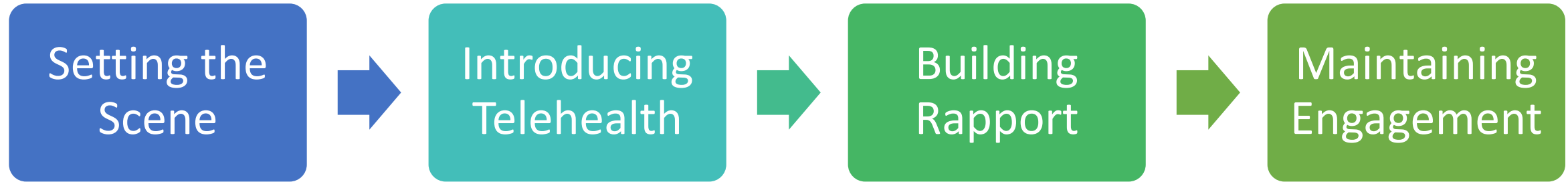


Building Rapport with Youth

(Saegar va Dyk et al., nd)



Telehealth for TAY and Young Adults

(Hermsen-Kritz, 2020)

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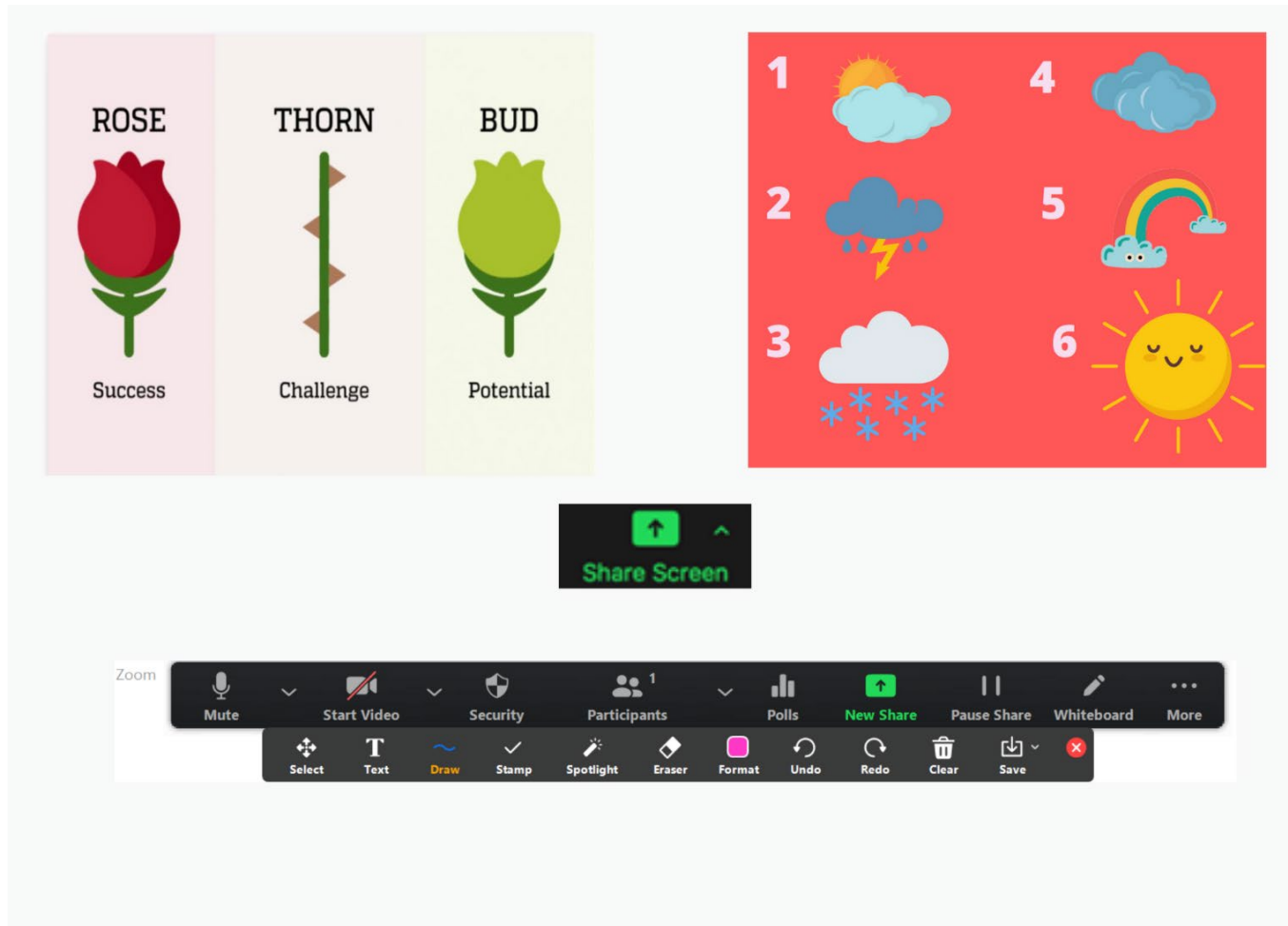
# Check-Ins



- Unique check-ins can increase social connection

- Allows youth to describe feelings in a creative way

- Use Zoom's chat and annotate features

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# Icebreakers

- Can encourage being on video

- Helps build rapport with youth or group participants

# Polls
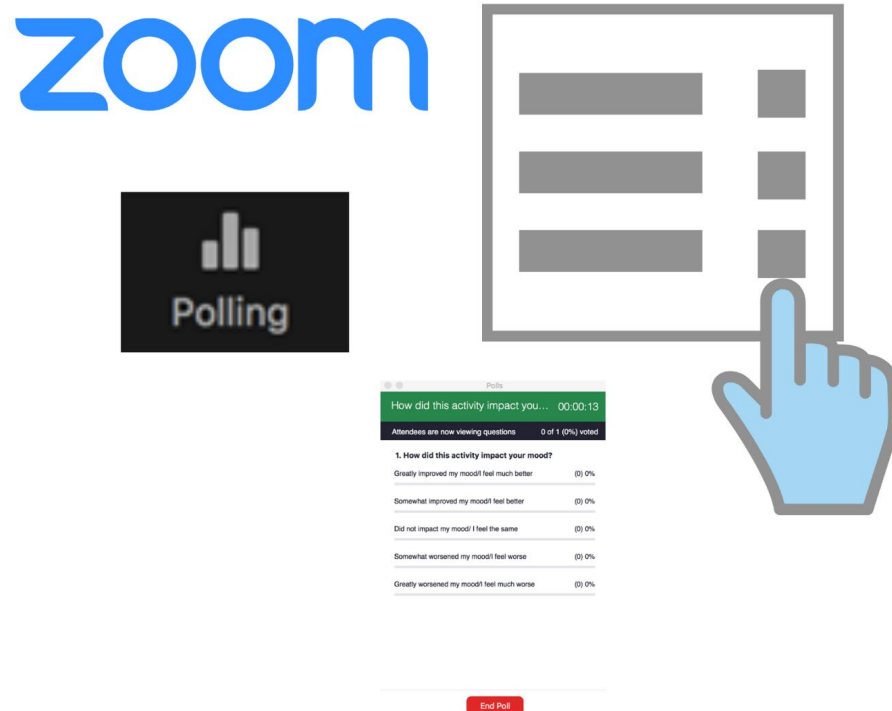


- Allows youth to have an anonymous choice in a group setting

- Check the pulse of the session
  - "How did this activity affect your mood?"

- Create poll before the meeting

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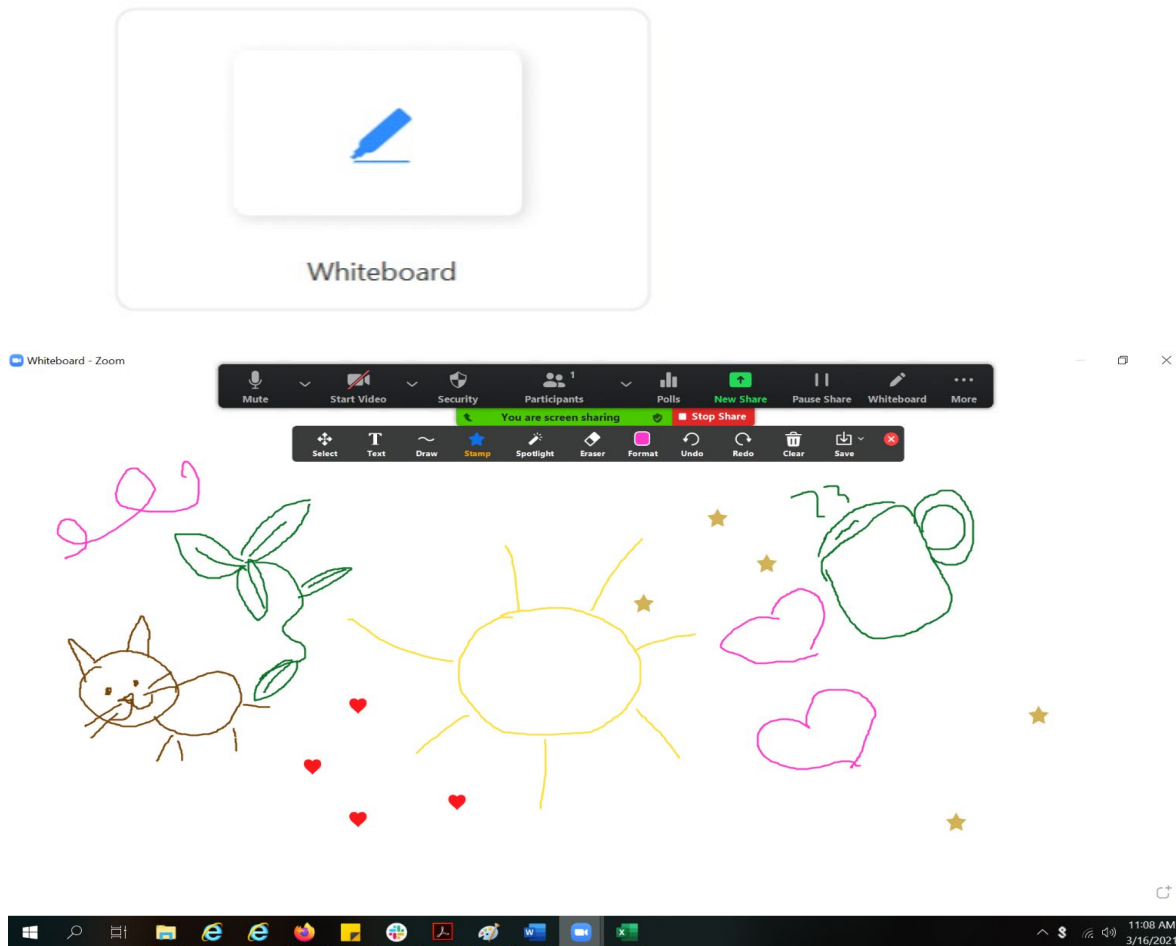
# Whiteboard

- Available whiteboard feature on Zoom allows youth to use the annotate feature on one screen

- Activities such as "draw what brings you joy" allow clients to explore their creativity

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# Breakout Rooms
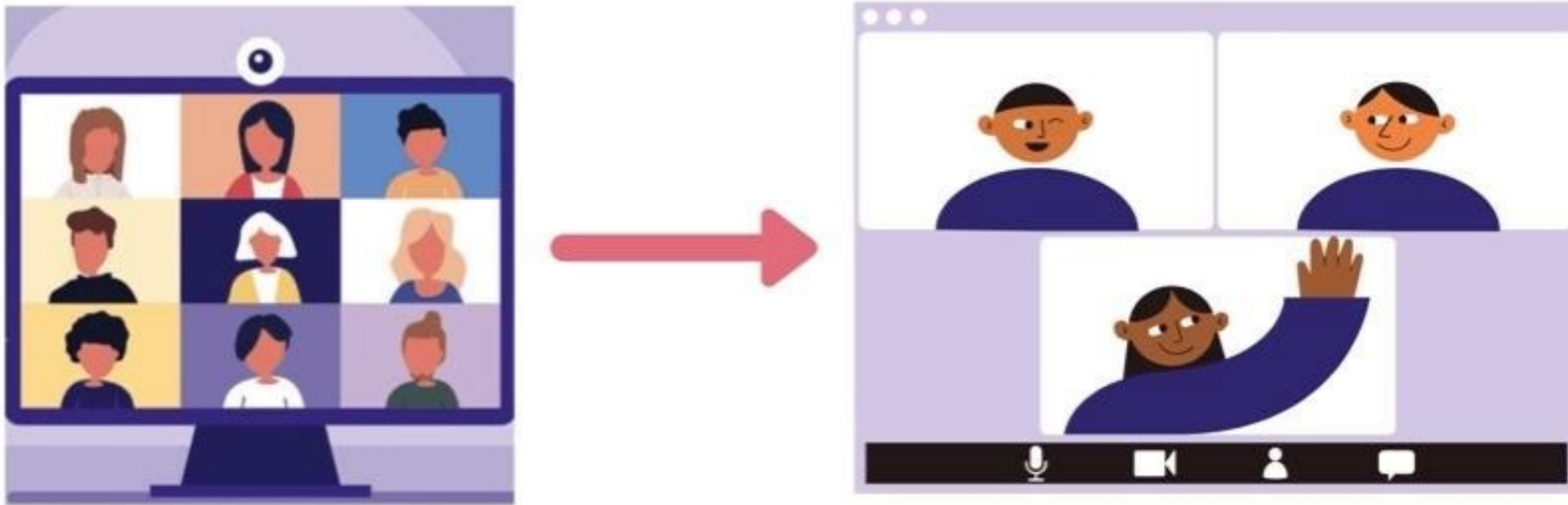


- Create smaller groups to encourage participation
- Allows multiple providers to work with different session participants at the same time

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# Activities
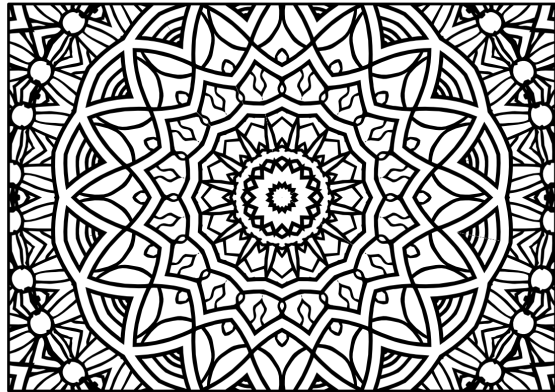


20 Questions

Charades

Coloring

Virtual Tours of the World

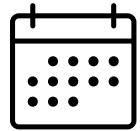Would you Rather?

Pictionary

Puppets

Memory Game

Online Bingo

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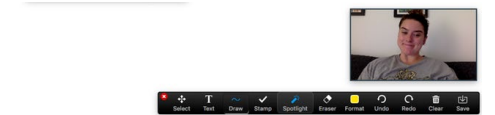
# Maintaining Engagement

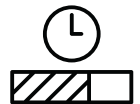Identify three strategies to use technology for monitoring and reinforcing progress in treatment

# Collaborative Goal Formation Strategies
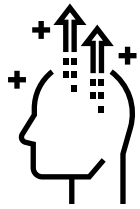
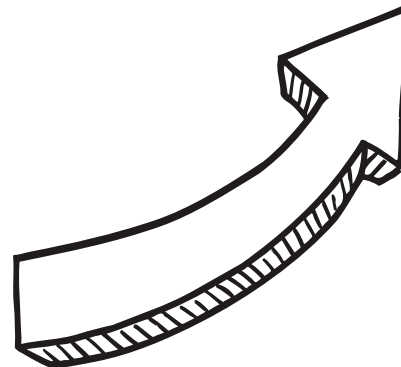Clarify presenting problem & motivation

Identify short- and long-term goals

Assess progress over time

Regularly review progress

Highlight adaptive changes

Compare current & past functioning

Identify areas for continued growth

(Adapted from Defife & Hillsenroth, 2011)

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# Tracking Progress

|  | Monitoring | Reinforcing |
|---|---|---|
| **Who?** | Clinician, caregiver, and/or client | Clinician & caregiver |
| **When?** | Regularly & as needed | Any chance you get! |
| **How?** | Structure (e.g., worksheet, app); screensharing; shared document | Praise, celebrations, rewards |

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# Tracking Progress





- Tracking goals and intentions as a form of self accountability

- Using tools like a habit tracker as a visual reminder of personal progress

- Using technology and apps to help with tracking (ex. Streaks, Habitshare, Tally)

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# Text Reminders and Apps
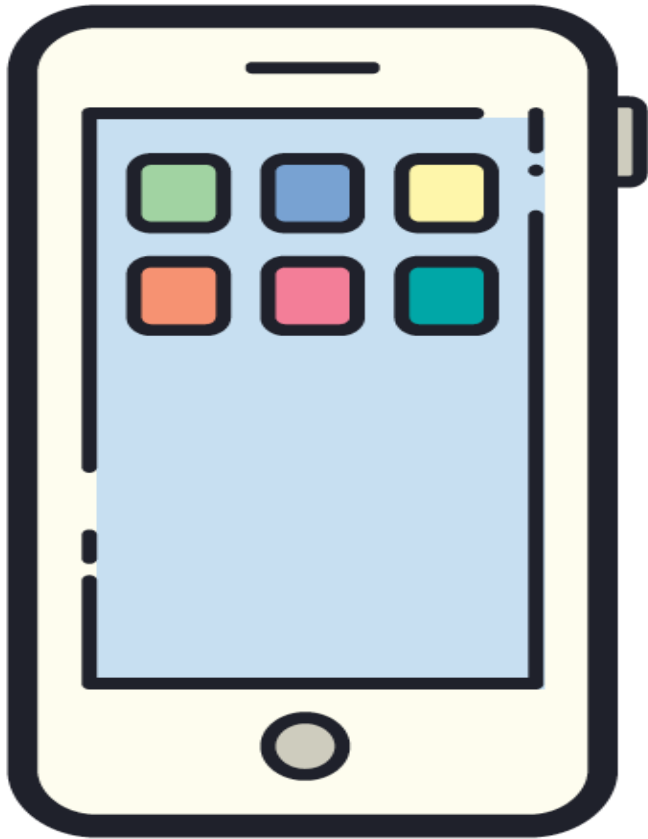
- Using clinician-automated text reminders to remind youth to practice skills

- Suggesting youth set text reminders to practice skills on their phone using a reminder app

- Using mental health apps with free content to complete mood check-ins, mindfulness practice, journaling

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# Leveraging Social Networks

- Family

- Friends

- Other service providers

- Accountability partners

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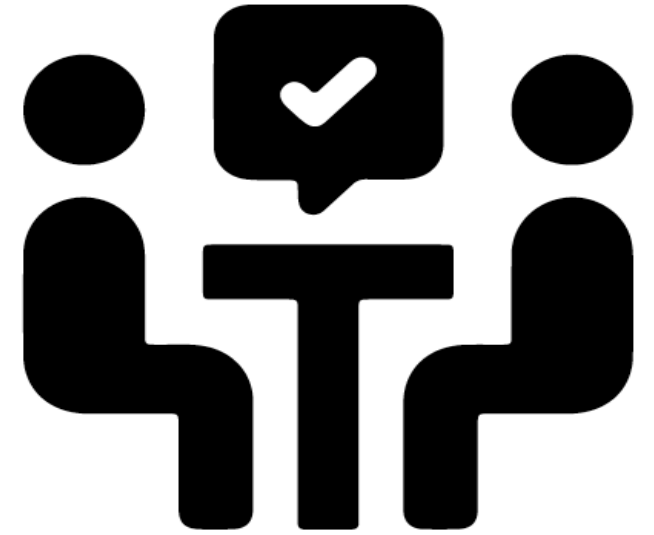
# Summary

- Telemental health services can be:
  - As effective as in person care
  - Safe to deliver
  - Engaging both during and in between sessions

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# Relevant Readings

- Batastini, A. B., Paprzycki, P., Jones, A. C., & MacLean, N. (2021). Are videoconferenced mental and behavioral health services just as good as in-person? A meta-analysis of a fast-growing practice. Clinical Psychology Review, 83, 101944.

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# Thank you!

Questions?

Johanna.Folk@ucsf.edu            @johanna_folk