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CEDAR Clinical Brief

Center for Early Detection Assessment and Response to Risk

Supporting young people at risk for psychosis through telehealth

Jasmine Mote, PhD, Christopher Ceccolini, MA, James Green, BA, Michelle Friedman-Yakoobian, PhD

What Is Telehealth?

Telehealth (also known as telemedicine) is the use of electronic information and telecommunication technologies (e.g., video-conferencing software) to support remote clinical care. It is used when in-person health care cannot be provided. For many mental health conditions, telehealth is just as effective at helping people manage symptoms and receive emotional support as in-person services. A recent review found that young people experiencing psychosis were able to access telehealth services and found those services helpful (Santesteban-Echarri et al., 2018).

Can Telehealth Support Young People at Risk for Psychosis?

During the COVID-19 global pandemic, telehealth is playing an incredibly important part in reducing the strain on the burdened health care system while maintaining the mental and physical health of millions of people who are quarantined or following stay-at-home orders. Outlined in this clinical brief are some considerations for working with youth and young adults at risk for psychosis (clinical high risk, or CHR), as well as with their families, using telehealth. All names and identifying information of clients have been changed to protect client confidentiality.

Benefits of Telehealth over Traditional Therapy

Eliminates distance/travel and other barriers to coordinated specialty care services

Telehealth enables more flexible scheduling of clinical visits with individuals and their families, which is particularly critical for families engaged in coordinated specialty care services. For example, Sarah is a teenage client at CEDAR. She sees an individual therapist, a psychiatrist, and her parents see a family therapist. When she was receiving in-person treatment, she and her family were only able to attend sessions biweekly due to the long distance between her home and the clinic, as well as her parents' inflexible work schedules. Further, Sarah saw her individual therapist and psychiatrist on the same day due to these obstacles, which meant that only one of these visits was reimbursable from her insurance (multiple visits in one day was not reimbursable). Telehealth has enabled more frequent meetings with Sarah and her parents among their clinicians. Rather than meeting biweekly, Sarah's individual treatment now includes two shorter meetings per week to address her increase in symptoms after the quarantine began. Sarah's parents also join for part of her individual sessions, and her individual therapist has (with her consent) briefly joined family therapy sessions to help review the course of treatment. Additionally, all these visits are now reimbursable by insurance, because they can be feasibly scheduled on different days.

Improved understanding of client resources at home

It is difficult to accurately describe our home environments when we are not in them, and as therapists it can be easy to forget to ask important questions related to a client's available resources. Living in a messy, chaotic home may contribute to a child's difficulties with attention and organizational skills. A client's sleep problems may be more attributable to their lack of air conditioning in the summer. Alternatively, home environments may also provide positive resources that otherwise may go unnoticed. For example, during in-person sessions, Jessica struggled to name activities with her therapist that helped her feel relaxed. However, during a telehealth session, Jessica's therapist saw her cat jump on her lap. This started a conversation about how much Jessica cares for her cat and enjoys playing with him, allowing her therapist to learn about a positive activity that Jessica could engage in when she was feeling down or upset. Without telehealth, Jessica's therapist may not have learned that Jessica had a cat, missing out on this activity that Jessica took great pleasure in and helped her feel more relaxed.

Practicing therapy skills in clients' natural environments

Currently, most clients are engaging in therapy in their homes, a context that the therapist can capitalize on while utilizing telehealth. Kendra is a CEDAR client who experiences distress related to thoughts that her roommates are monitoring her behaviors. In traditional in-person sessions, her therapist would help Kendra brainstorm positive statements to remind her of her skills to address these thoughts and remind Kendra to place those statements around her bedroom. However, during telehealth sessions, Kendra is able to write down statements such as "Your roommates care about you" and "Remember: Is there evidence for that thought?" and immediately tape them on her desk and bedroom door to see every day.

Challenges of Telehealth and Potential Solutions

Although there are several benefits for telehealth, there are also some challenges. Below is a list of some common challenges and some strategies that can help.

CHALLENGE

Privacy concerns, especially for children/ adolescents

EXAMPLE

Brian is a teenage bisexual male. He is not out to his parents.

STRATEGIES

Therapist reminded Brian's mother during the first telehealth session the importance of maintaining privacy during Brian's therapy sessions. Brian's mother agreed to stay in her home office, the room farthest from Brian's bedroom, to help him feel more comfortable during sessions. Other strategies that may be helpful:

- Client can use headphones
- Client and therapist could use the chat function on web conference software to discuss sensitive topics
- Client can use a fan or noisemaker outside the door to minimize being overheard.
- Some clients choose to meet in a car, garage, or another private space in the house.

CHALLENGE **Difficulties with rapport/emotional connection over video**

EXAMPLE Consuela is a new client the therapist has not yet met in-person. The therapist can only see the client's face and not the rest of her body. During the session, the client appears distracted, moving away from the computer multiple times, and repeatedly saying that it is hard for her to think of things to say.

STRATEGIES

The therapist acknowledged the difficulty of getting to know one another over video. Together, they brainstormed different activities to help become more comfortable, including asking Consuela to keep thought logs each day that they could discuss during their sessions, having a "body check" where Consuela could discuss signs of anxiety that the therapist could not see (e.g., heart racing, feet tapping), and taking scheduled breaks during session for Consuela to move around and stretch to minimize distracting, spontaneous movements.

CHALLENGE **Client does not like to see themselves on the screen**

EXAMPLE Jo struggles with paranoid thoughts and often refuses to turn on their camera during sessions with their therapist.

STRATEGIES

Jo's therapist keeps her camera on during video sessions while Jo has their camera turned off. Gradually, their therapist invites them to discuss concerns about being on camera, addresses specific concerns (e.g., that the video is not being recorded), as well as the advantages of Jo turning on their camera during sessions (e.g., therapist could see their facial expressions to know when they may be feeling distressed).

If a client has other concerns related to seeing themselves on the screen, but is not concerned that the therapist can see them, the therapist can teach clients how to minimize or turn off the "self view" using the web conferencing software.

CHALLENGE **Assessing safety and managing safety concerns**

EXAMPLE Anne manages frequent suicidal ideation, including a longstanding plan and varying levels of intent and plan viability.

STRATEGIES

Anne's therapist reviews basic information (Anne's location, contact numbers, who else is in her location) and confirms with Anne a "support person" that Anne gives consent for the therapist to contact in case of an emergency that does not necessitate formal crisis intervention. Anne's therapist confirms at the start of every telehealth session prior to initiating services. Other typical processes related to assessing risk to self and others are reviewed during course of telehealth treatment.

Reminder: Research supports the use of telehealth for assessing and managing suicide risk behaviors (Luxton et al., 2010).

Additional Telehealth Reminders & Tips

USE YOUR ENVIRONMENT If there are objects in your home or office that might be helpful for clients to feel more comfortable with telehealth or can be tools in therapy, use them!

CHECK IN WITH CLIENTS ABOUT THEIR POSTURE AND BODY EXPRESSIONS It may be more difficult to see changes in body posture and other nonverbal expressions (e.g., nervous foot tapping) over video. Explicitly asking clients to talk about how their body is responding to difficult subjects can help provide more information.

USE SCREEN SHARING You can share a Word document with clients from your computer screen as you work on an activity or share a video from the Internet that might be helpful to watch together. You can also allow clients to share their screens with you if helpful.

USE THE CHAT FEATURE If a client lives with family members or others and wants to say something particularly sensitive or difficult about the people they live with, they can message you directly through a chat feature on web conferencing software. This feature may also be useful if you want to send a client a quick website link or share other quick information that is easier to write in a chat box. Just remind clients to copy any important information they want to keep after the session ends somewhere else.

HUMOR ABOUT TECHNICAL DIFFICULTIES We all have experienced frustrating technical difficulties. If your video session freezes or you accidentally log off, you can use humor to help the client feel more comfortable.

TELEPHONE IS STILL AN OPTION Remind clients that they can call into a secure phone line rather than using a webservice like Zoom, especially if technical difficulties become insurmountable.

COVID-19 Pandemic Related Concerns

Along with concerns that clients experienced prior to the pandemic, they may also be experiencing new mental health concerns, such as increased feelings of loneliness and social isolation or interpersonal difficulties with family members. Clients may also be experiencing what looks like real grief, regardless of whether a loved one is sick or has died – the grief for a past that may never return as well as worries about a future that remains uncertain. Clients, especially those with prior traumatic experiences but also those without, may need help recognizing certain symptoms (e.g., dissociation, guilt, shame, mood swings, hopelessness, difficulty concentrating) as part of a trauma or grief process related to the pandemic. It is important for clinicians to validate these feelings and continue to focus on ways that clients can continue to lead fulfilling lives. Behavioral activation (engaging in experiences that help increase positive emotion), mindfulness, and thought monitoring are all skills that clinicians can deploy through telehealth to help clients manage these potentially new experiences during this difficult time.

Additionally, clients and their families may also be experiencing unemployment or furloughs, school difficulties, front line jobs that put their health and safety at risk, and general uncertainty of their future. Clinicians, now more than ever, may need to be educated about and help connect clients with additional services to help them with these new needs.

Finally, clinicians are not immune to these mental or physical health consequences of the COVID-19 pandemic. Clinicians should also seek appropriate supervision and support as they experience these and other difficulties.

Resources

Luxton, D. D., Sirotin, A. P., & Mishkind, M. C. (2010). Safety of telemental healthcare delivered to clinically unsupervised settings: A systematic review. *Telemedicine and e-Health*, 16(6), 705-711.

Santesteban-Echarri, O., Piskulic, D., Nyman, R. K., & Addington, J. (2020). Telehealth interventions for schizophrenia-spectrum disorders and clinical high-risk for psychosis individuals: A scoping review. *Journal of telemedicine and telecare*, 26(1-2), 14-20.

Do you have questions that you would like us to address in future clinical briefs?

CONTACT James Green at **JamesGreen@BrooklineCenter.org**

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL
Department of Psychiatry

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The Early Psychosis Learning Collaborative (EPLC) is part of an initiative by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s New England Mental Health Technology Transfer Center Network (MHTTC), which provides training, technical assistance, and tool and resource development to enable states and mental health practitioners to provide recovery-oriented practiceswithin the context of recovery-oriented systems of care.To learn more about us, please see: **https://mhttcnetwork.org/centers/new-england-mhttc/eplc-landing-page**