

Telehealth Delivery of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) with Hispanic Youth Before and During COVID-19

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The MHTTC Network uses
affirming, respectful and
recovery-oriented language in
all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



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Objectives

1. Describe the state of the evidence for telehealth delivery of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for underserved Hispanic youth
2. Describe logistical and practical tips for implementing TF-CBT via telehealth (e.g., equipment, procedures, documentation, ethical and safety considerations)
3. Describe culturally and linguistically tailored resources for implementing TF-CBT via telehealth.
4. Describe challenges, facilitators, and special considerations for delivery of TF-CBT via telehealth with Hispanic youth *before and during* the COVID-19 global pandemic.

Trauma & Access to Care Disparities

- Approximately half of all youth will experience at least one type of potentially traumatic event before the age of 18 (Finkelhor, Turner, Shattuck, & Hamby, 2013)
- Trauma exposure increases the risk for a host of mental health problems and disorders (Kessler, 2000)
- Significant disparities in trauma exposure and access to evidence-based mental health treatment exist among racial and ethnic minority youth (Alegria, Vallas, & Pumariega, 2010; Roberts, Gilman, Breslau, Breslau, & Koenen, 2011).

Barriers in Access to Care

1. Lack of transportation and means to travel (e.g., gas/parking money) to mental health facilities
2. Lack of insurance
3. Employment barriers (e.g., scheduled work hours, leave restrictions)
4. Limited availability of culturally and linguistically competent services
5. Long waitlists
6. Stigma
7. More recently, a global pandemic rendering in-person services impossible



Telehealth as a Potential Solution

- Telehealth: Use of interactive technologies, such as videoconferencing via computer and/or tablet, to deliver a broad range of health-care services to patients as an alternative to traditional models of delivery (i.e., in-person office-based) to minimize barriers in access to care and address health-care disparities (Kazdin, 2008; Myers & Comer, 2016).



Effectiveness of Telehealth



Effective in the U.S. & globally¹



High satisfaction^{2,3}



As effective as in-person treatment²



Standard of care is the same as in-person treatment⁴

1. Acharibasam, J. & Wynn, R. (2018). Telemental Health in Low-and Middle-Income Countries: A systematic review. *International Journal of Telemedicine and Applications*, 1-10.
2. Barshur, R., Shannon, G., Barshur, N., & Yellowlees, P. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine and e-Health*, 22, 1-27.
3. Whealin, J., King, L., Shore, P., & Spira, J. (2017). Diverse veterans' pre-and post-intervention perceptions of home telemental health for posttraumatic stress disorder delivered via tablet. *International Journal of Psychiatry in Medicine*, 52, 3-20.
4. American Psychological Associations. (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68, 791-800.

Telehealth Trauma Treatment for Adults



Prolonged Exposure (PE)

- Clinic-based (Gros et al., 2011; Strachan et al., 2012; Tuerk et al., 2010)
- Home-based (Gros et al., 2011; Strachan et al., 2012; Tuerk et al., 2010)



Cognitive Processing Therapy (CPT)

- (Maieritsch et al., 2016; Moreland et al., 2015)



Meta-Analysis

- Telehealth treatment for PTSD symptoms is effective (Sloan et al., 2011)

Telehealth Trauma Treatment for Children



Guidelines for establishing a telehealth program for trauma-exposed children

- (Jones et al., 2014)



School and home-based case studies

- (Shealy et al., 2015; Stewart et al., 2017; Stewart et al., 2019)

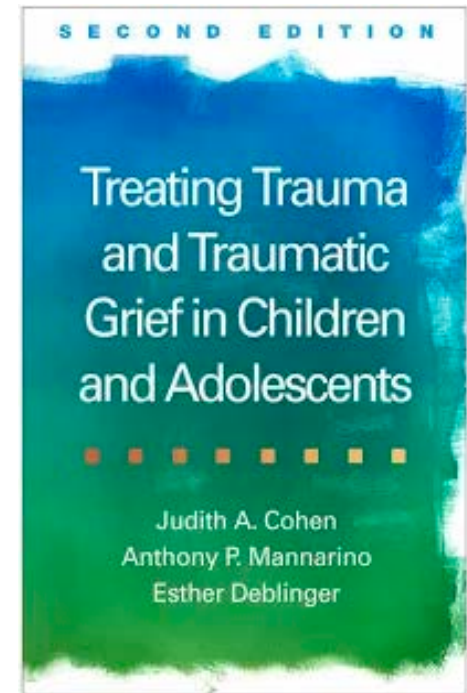


School and home-based pilot studies

(Stewart et al., 2017; Stewart et al., 2020)

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- Empirically-validated, multi-component psychotherapy model for children ages 3-18 addressing trauma-related symptoms, including PTSD, depression, and moderate behavioral problems.
 - 20+ randomized controlled trials supporting its efficacy
 - Highest rating by the California Evidence-Based Clearinghouse for Child Welfare
 - Successfully implemented in community service agencies worldwide.



(Cohen, Mannarino, & Deblinger, 2017)

P **Psychoeducation and Parenting**
 Psychoeducation about childhood trauma and PTSD
 Parenting component, including parent management skills

R **Relaxation**
 Relaxation skills individualized to the child and parent

A **Affect Modulation**
 Affective modulation skills adapted to the child, family, and culture

C **Cognitive Coping**
 Connecting thoughts, feelings, and behaviors related to the trauma

T **Trauma Narrative**
 Assisting the child in sharing a verbal, written or artistic narrative about the trauma(s) and related experiences
 Including cognitive and affective processing of the trauma experiences

I **InVivo Exposure**
 Mastery of trauma reminders

C **Conjoint Parent-Child Sessions**
 Practice skills and enhance trauma-related discussions

E **Enhancing Safety and Development**
 Enhancing future personal safety and optimal developmental trajectory by providing safety planning and social skills training





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TF-CBT Web^{2.0}

A course for Trauma-Focused Cognitive Behavioral Therapy

Foundations of TF-CBT	Trauma Narration and Processing I
Psychoeducation	Trauma Narration and Processing II
Parenting Skills	In Vivo Mastery
Relaxation	Conjoint Parent-Child Sessions
Affect Identification & Regulation	Enhancing Safety & Future Development
Cognitive Coping	

TF-CBT Web Español
<http://tfcbt-es.musc.edu>

Telehealth Outreach Model

- Based on Outreach Model developed by Michael de Arellano (de Arellano et al., 2005)
- Utilizes a three-pronged approach to treatment

Telehealth Outreach Model

Telehealth

Evidence-Based
Treatment

Intensive Case
Management &
Engagement
Strategies

de Arellano, M.A., Waldrop, A.E., Deblinger, E., Cohen, J., Danielson, C.K., & Mannarino, A.R. (2005). Community outreach program for child victims of traumatic events: A community-based project for underserved populations. *Behavior Modification*, 29, 130-155.

Intensive Case Management & Engagement Strategies

Intensive Case Management

- Maslow's Hierarchy
- An example: "I can't worry about my child having problems in school and my child not listening to me at home, while I am making sure I can get him to school and making sure he has a home."

Engagement Strategies

- Address concrete & attitudinal barriers (McKay & Bannon, 2005)
- Reminder calls & text messages

TF-CBT Via Telehealth Pilot Study: Participants and Context

- **70** children participated in the pilot study



88.6% Racial/Ethnic Minorities

- **58.6%** Hispanic
- **30%** African American

34%
*Received TF-CBT
in Spanish*

7 Underserved Communities
In South Carolina



63%
School-based



34%
Home-Based

Results

- **62** of 70 completed all components of TF-CBT (**88.6%**)



Treatment effects comparable to in-person TF-CBT (effect size=2.42). **96.8%** of children no longer met criteria for PTSD



High Caregiver engagement.
81% of caregivers participated in TF-CBT with their child



High caregiver satisfaction

vs. 25-60%
Typical
completion rate
for TF-CBT in-
person studies

Stewart, R.W., Orenge-Aguayo, R., Young, J., Wallace, M., Cohen, J., Mannarino, T., & de Arellano, M.A. (2020). Feasibility and Effectiveness of a Telehealth Service Delivery Model for Treating Childhood Posttraumatic Stress: A Community-Based, Open Pilot Trial of Trauma-Focused Cognitive Behavioral Therapy. *Journal of Psychotherapy Integration*, 30(2), 274-289. <http://dx.doi.org/10.1037/int0000225>

Caregiver Satisfaction



100% satisfied with telehealth



100% would recommend telehealth to a family member or friend



100% said level of rapport with therapist was as good as in-person



86% said telehealth equipment was easy to use

Villalobos, B.T., Dueweke, A., Orengo-Aguayo, R., & Stewart, R.W. (under review) Patient Perceptions of Trauma-Focused Telemental Health Services Using the Telehealth Satisfaction Questionnaire (TSQ).

TF-CBT via Telehealth Pilot Study Conclusions

- **9.5 of every 10 children** (96.8 % no longer had PTSD after TF-CBT via Telehealth)
- **8.8 out of every 10 children** (88.6% completed a full course of TF-CBT via Telehealth)
- **Very High Satisfaction** with the telehealth delivery format
- **Increase access** to trauma-focused treatment to underserved communities

**TF-CBT delivered via telehealth is feasible,
acceptable and effective!**

Advantages of Telehealth

Reduces common transportation and distance barriers to treatment

More flexible and accommodating for families with busy school and work schedules

Decrease class time missed by students for therapy appointments

Decrease work time missed by caregivers for appointments

Reduces common barrier of needing childcare

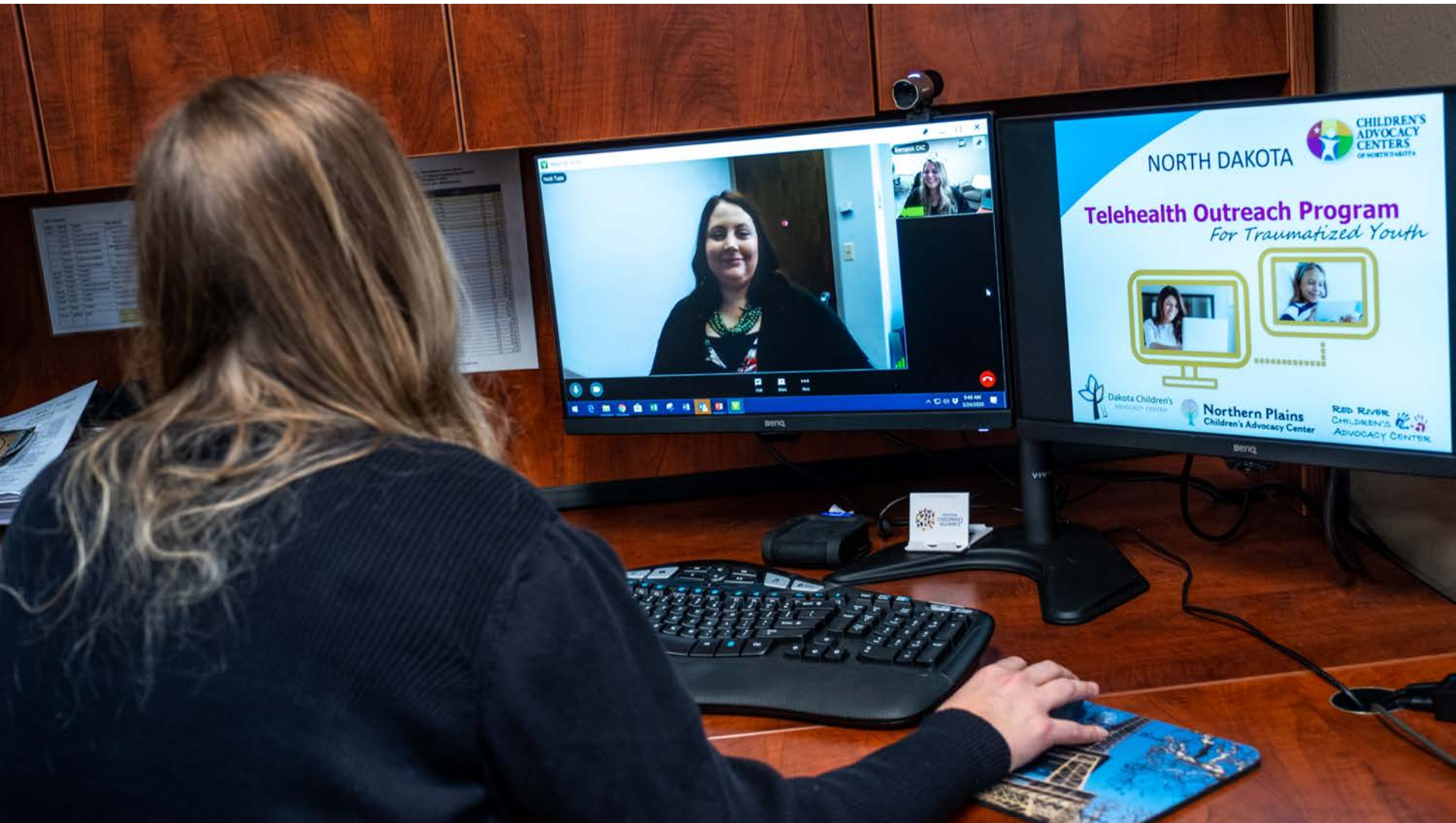
Works around family medical and mental health barriers

Allows for more regular treatment attendance which can help reduce the length of treatment

Increases likelihood of treatment completion

Helps maintain safety and treatment to continue during health crisis

Telehealth Logistics



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Setting Up Telehealth



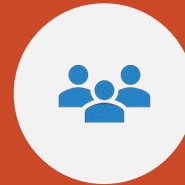
**IT &
EQUIPMENT**



**CONSENT
PAPERWORK**



**EMERGENCY
PROTOCOL**



**CLINICIAN AND
CLIENT
CONSIDERATIONS**



**INTAKE
ASSESSMENT /
INITIAL
APPOINTMENT**

Telehealth Outreach Program

For Traumatized Youth



Most children who need mental health services do not receive them, particularly those children who have experienced trauma. The Telehealth Outreach Program's goal is to reduce barriers and expand access to trauma specific and evidence-based mental health services to children across the state of North Dakota.

What Is Telehealth?

Telehealth is simply receiving mental health services through electronic means whereby the clinician and client are in two different locations. Sessions are accessed through a secure video conferencing platform. A telehealth screening and thorough assessment are conducted to determine if telehealth services are a good fit for a child and family.

ADVANTAGES OF TELEHEALTH

- Research shows that TF-CBT via telehealth is just as effective as in-person treatment¹.
- Allows for flexibility and accommodations for families with busy schedules.
- Decreased class time missed by children for mental health services.
- Decreased work time missed by caregivers for mental health services.
- Reduces common transportation and distance barriers to treatment.
- Allows for more regular and consistent treatment attendance which can improve outcomes and reduce length of treatment.

Marketing the Program

TELEHEALTH IS AS EFFECTIVE AS IN-PERSON TREATMENT¹



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Training of Therapists & Staff

Including:

- Protocols, procedures and forms
- Assessing for Barriers to Treatment
- Screening for Telehealth fit
- Maintaining fidelity to evidenced based treatments
- Client safety and confidentiality
- Creating and utilizing electronic techniques
- Engaging family and child in tele treatment



Telehealth Equipment



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Staff Equipment and Supplies

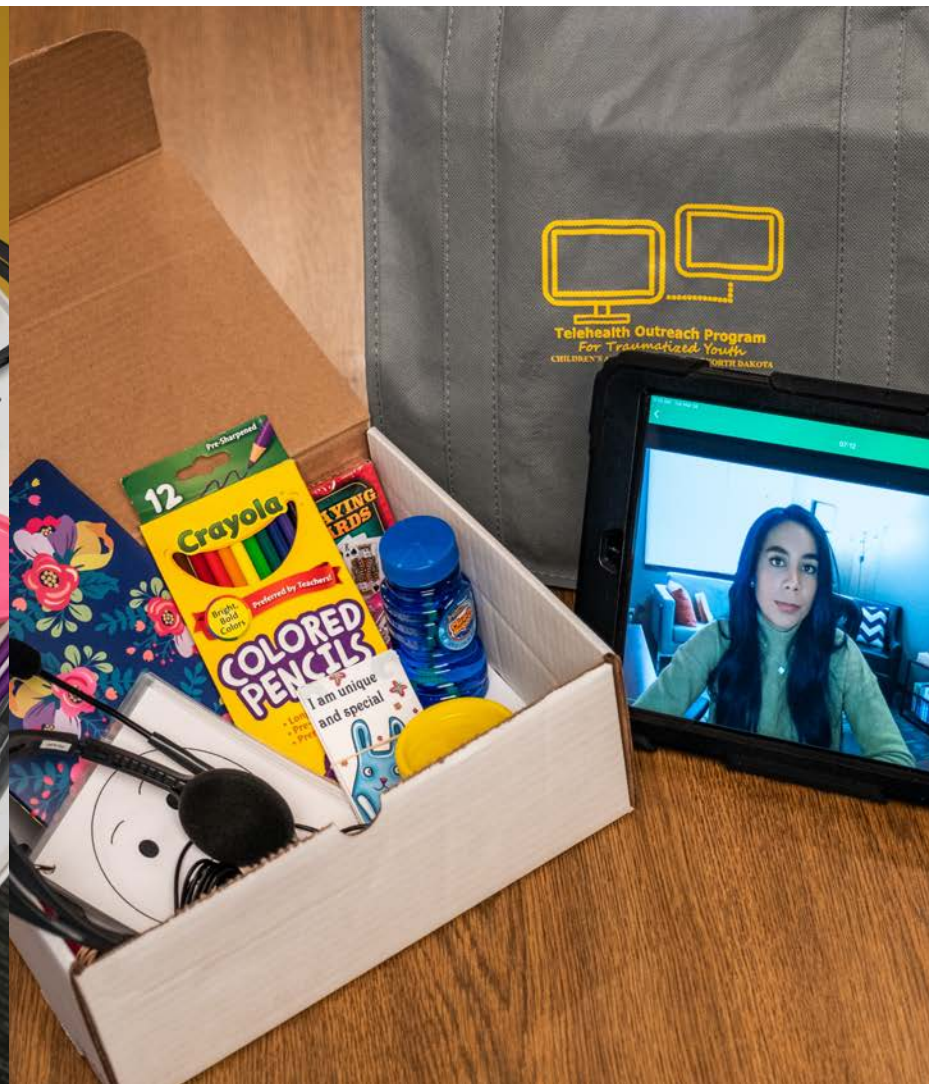
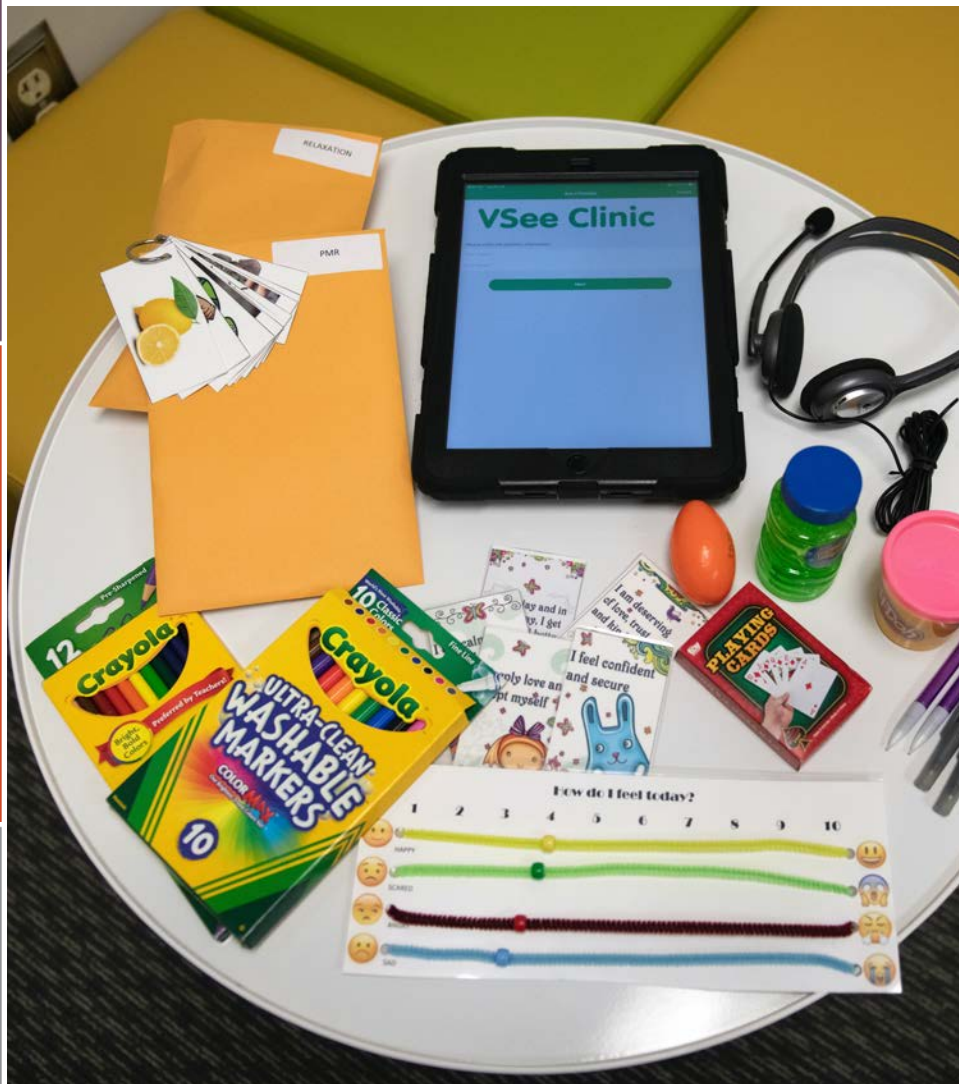
1. Computer (desktop or laptop)
2. Webcam
3. Headset with microphone (recommended)
4. Reliable internet connection for clear video feed
5. Dual Monitors (recommended)
6. Sound Machine (if needed)
7. Platform with screen share



Patient Equipment Needed

- **Families using own equipment:**
 1. Computer, tablet, or smart phone
 2. Headphones (recommended)
 3. Reliable internet connection
- **If providing iPad to families:**
 1. Cellular-data enabled iPad
 2. Otterbox defender case
 3. Headphones with microphone
 4. Monthly data service plan for each iPad
 - Approximate data use is 1-2 GB for 4 sessions/month





Screening

Over the phone

Completed by MH provider or advocate

Purpose to quickly screen for appropriateness for telehealth

- Vision or hearing difficulties
- Safety/Self-harm/SI concerns
- Impulsivity, attention problems, destructive behaviors
- Privacy at home
- Adult available during session
- Equipment needs

Start process to obtain signed consents, loaner agreements, emergency protocol

Barriers to Treatment and Telehealth Screen

Barriers to Treatment

Client Name: _____

Date of Birth: _____

Below is a list of barriers that might prevent your child from seeing a clinician face-to-face in an office. There are many reasons why people are unable to get mental health services in person and that might cause you to choose to use telehealth services instead of going to an office. I'm going to read each one. Tell me if any of these are a barrier to your child seeing a clinician face-to-face in an office. (check all that apply)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Lack of transportation

Need for childcare

Work schedule/requesting time off work

No insurance

Cost of services

Distance to mental health services clinic

Being concerned about what others would think about seeking services

Language - provider does not speak my preferred language

Other: _____

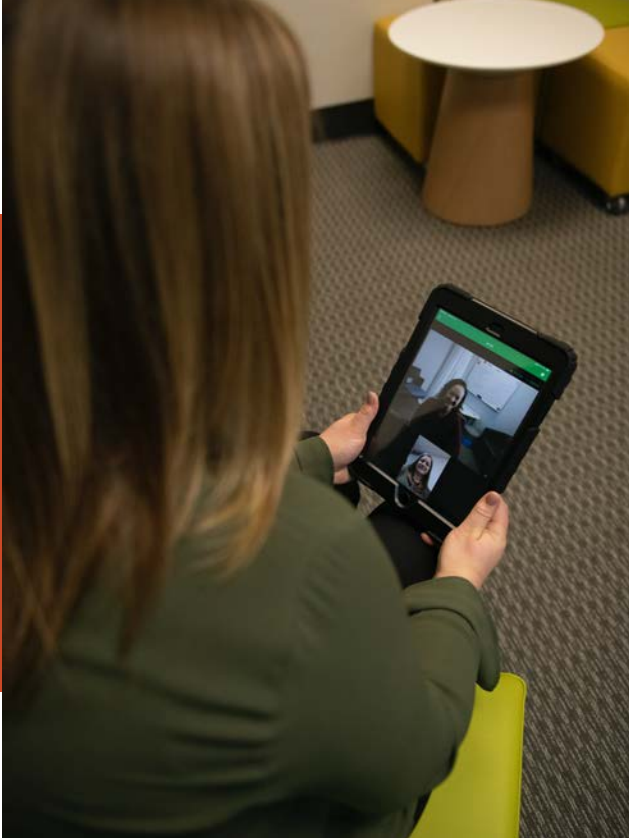


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Actively help patients connect to the platform



- Send tip sheets to family
- Set up a time prior to the session to help caregiver connect to the platform
- Do a test call to check connectivity and sound

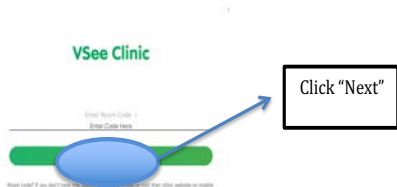
Technology Tip Sheets

- Tip sheets should be created for families on how to operate the iPad, laptop, and video conferencing program for sessions.

3. The Vsee clinic application should appear like the one below.



4. Enter the code provided by your mental health provider then click "Next".



Actively create a safe space for therapy



- Discuss with caregiver the need for a private space
- Explain the importance of privacy
- Problem solve typical challenges
- Discuss expectations for therapy
 - Dressed
 - Prepared
 - Caregiver involvement

Considerations for Clinicians

Private location

Neutral background
that limit distractions

Ensuring identity and
location of patient

Emergency information
for patient readily
accessible

Appointments spaced
out to allow for breaks,
stretching, and
resolving technology
issues

Discuss telehealth expectations with the family

- Explain expectations for telehealth sessions (be specific!)
- DOs/DON'Ts Tip Sheet
 - TV/radio turned off, no playing on phone or computer during session
 - Everyone must be fully dressed
 - No laying in bed
 - No driving or sessions where there is not privacy
 - No smoking, drinking alcohol or drug use during session

Privacy: Multigenerational Families/ Multiple people in the home

1. Talk with family upfront about need for privacy
2. Anywhere with a door that closes
3. Headphones
4. White noise machine



Addressing Technology Issues

Low digital literacy

- Simple tip sheets with screenshots/graphics
- Set up time prior to the session to help caregiver connect to the platform

Poor connection

- Others using WIFI
- Ethernet cord, move closer to router

No internet at home

- Public WIFI
- Loaner hotspot

No access to computer/tablet





Policies and Forms

Review Relevant Telehealth Guidelines

- State telehealth guidelines and regulations
- American Telemedicine Association
<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide>
https://www.americantelemed.org/resource_categories/practice-guidelines/
- American Psychological Association
<https://www.apa.org/practice/guidelines/telepsychology>
- American Psychiatric Association
<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/practice-guidelines>
- American Academy of Child & Adolescent Psychiatry
https://www.aacap.org/AACAP/Clinical_Practice_Center/Business_of_Practice/Telepsychiatry/Telepsych_Home.aspx

Informed Consent & Consent for Treatment

Do you have existing consent for treatment?

Do you need specific telehealth consent?

- You may or may not have to have written consent for tele treatment. Check with your local licensing board.

What to include in the Telehealth Consent

- Explain what telehealth is.
- Identify limits to confidentiality and that the laws of confidentiality apply to telehealth services.
- Identify the potential risks of conducting services via telehealth.
 - Loss of video connection
 - Unclear sound or video feed
 - The need for another staff to assist with technology troubleshooting

Obtaining Consent

Consider electronic consent options

- DocuSign
- Patient Chart

Verbal consent

- Always consult with your local regulatory bodies
- “I obtained verbal consent from the patient to provide this service through virtual electronic communication. The patient verbally authorizes the release of any medical information required to process for submission for financial coverage, including services provided during this visit and understands they are responsible for charges not covered by insurance/benefits.”

Obtaining Consent

How will you send tip sheets and links to families?

- Email
- Patient Chart

Do you have existing email consent?

What to include in email consent

- General email risks
- Specific email risks
- Conditions for use of email

Equipment Forms, Tracking, Procedures

Equipment Tracking Document

Equipment Check In-Out Procedures

Equipment Loaner Agreement

Equipment Letters for Families

Equipment Cleaning Protocol

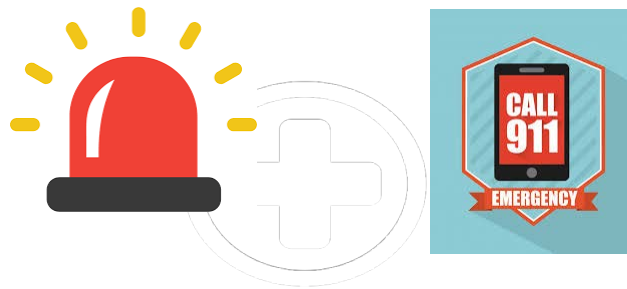
Telehealth Outreach Program



1. Inspect for damage
2. Physically clean iPad, screen and case
3. Charge iPad
4. Turn on and unlock iPad
5. Check pictures and clear any images saved
6. Check for updates on iOS and VSee app
7. Check guided access and make sure lock works correctly
8. Check screen lock code, making sure lock works correctly
9. Log Ipad back in



Emergency Protocol Home-Based Telehealth



Emergency Protocol in Home-based Settings

- Complete the emergency protocol at the beginning of the first visit
- Caregiver must be present at the home
 - Clinician should speak with the caregiver on camera at the beginning of session
- Have caregiver's cellphone/home phone number available and easily accessible
 - Clinician should verify caregiver's contact information at each session
- Record the child's location in the home
- In the event of an emergency, clinician calls caregiver and asks her/him to enter the room with the child
 - In event of imminent danger and If caregiver cannot be reached, clinician calls 911 to ensure patient safety
- If patient cannot be de-escalated and a safety plan cannot be reached, clinician calls 911 to ensure patient safety
- Know local resources in the area where the patient is located (e.g., mobile crisis unit)





Telehealth Session Note

In addition to regular session note information (e.g., name, DOB, session summary) clinician should add the following information to each session note:

1. PLATFORM USED
2. TELE-SITE (including safety procedure)
3. PROVIDER LOCATION
4. MODIFIER
5. Example: "This encounter was completed using real-time videoconferencing directly with the patient, connecting from a remote access site to the patient's home. Patient's mother was available on-site at the home during this session for emergency purposes."

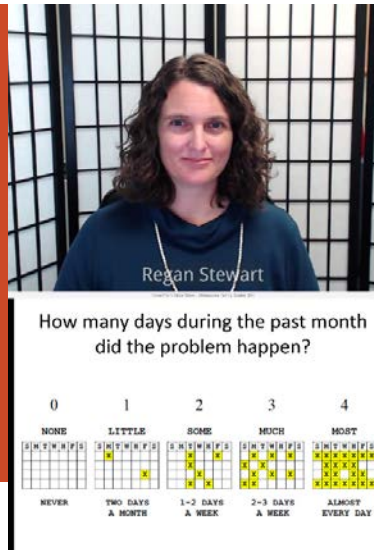
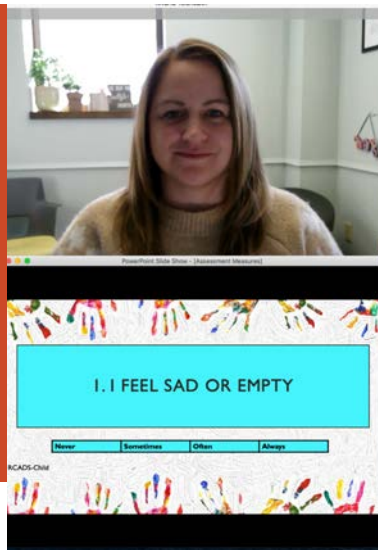
TF-CBT via Telehealth



Screening Patient Appropriateness for TF-CBT via Telehealth

- It is important to assess if patients are appropriate for telehealth services & what accommodations are needed
- Considerations for TF-CBT via telehealth
 - Externalizing problems: throwing computer, will be physical risk to self if in the room alone
 - Active Suicidal Intent/Plan: if a child cannot be alone in the room without significant concerns for suicide
 - Age of child: can he/she sit for extended time in front of computer and actively engage with therapist
- What accommodations will the child need for telehealth to be successful?

Administration of Assessment Measures via Telehealth



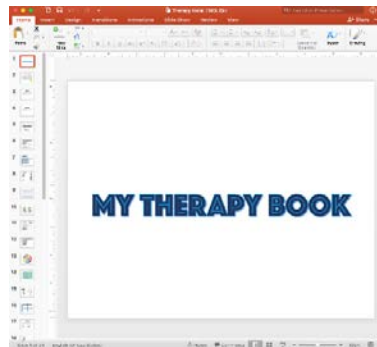
- **Self-report measures**
 - Utilize screen sharing feature to display instrument. Therapist reads questions aloud and records patient answers.
 - Mail questionnaires to patient
 - Send via email
 - Utilize online completion (e.g., REDCap, Qualtrics)
- **Interview measures**
 - Administer verbally, just as in person

Providing Psychoeducation via Telehealth



- **Use screen sharing feature**
- **Read books (electronic format)**
 - Most of the books recommended by the TF-CBT developers have an e-format available
 - You can also hold the book in front of the camera if you don't have an e-format available
- **Create Jeopardy style games**
 - Getting to Know You
 - PTSD Jeopardy

Providing Psychoeducation via Telehealth



- Make PowerPoint presentations
- Use TF-CBT workbook pages or other informational pages (screen share & email or mail copy to caregiver also)
- Have conversations just as you would during in-person sessions

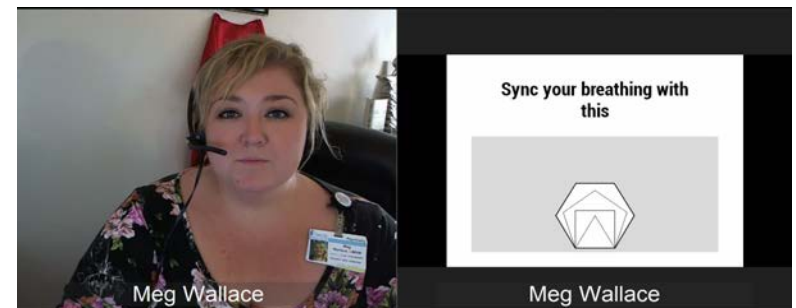
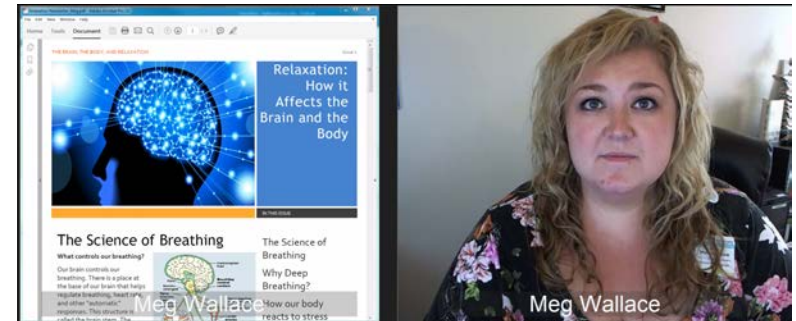
Parenting Skills via Telehealth During COVID-19

- Time of stress for many caregivers and so it is important to support the caregiver and review coping skills with them.
- Assess families' needs and connect them to community support.
 - Free lunches and community food delivery
- Help caregiver identify activities to do with children at home.
 - NCTSN
- Discuss limiting exposure to news and how to talk to children about COVID-19.
 - NCTSN



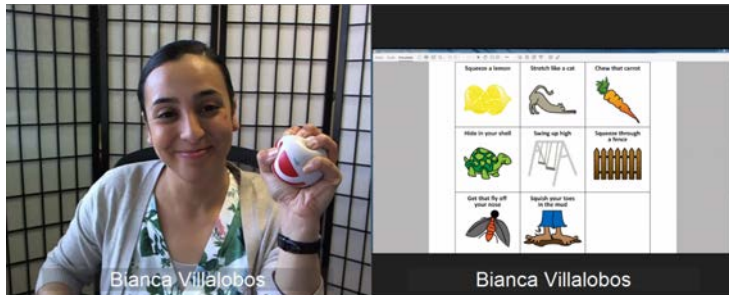
Teaching Relaxation Skills via Telehealth

- Use screen sharing for educational materials
- Create visuals through videos or PowerPoints
- Breathing techniques
- Change camera angles to better be able to see children practicing techniques
- Have child sit further from camera to give a wider angle

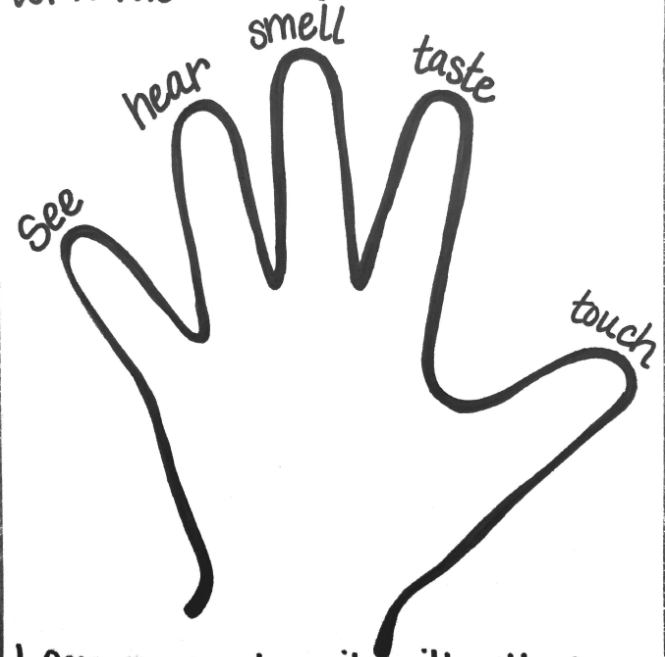


Did you know!?!

- Soccer players practice controlled breathing
 - Why?
 - It helps them feel calm
 - It helps them focus
 - It helps prepare them for the game



I can carry a positive memory
with me in my hand...



I can remember it with all of my
senses to help it feel real in my mind.

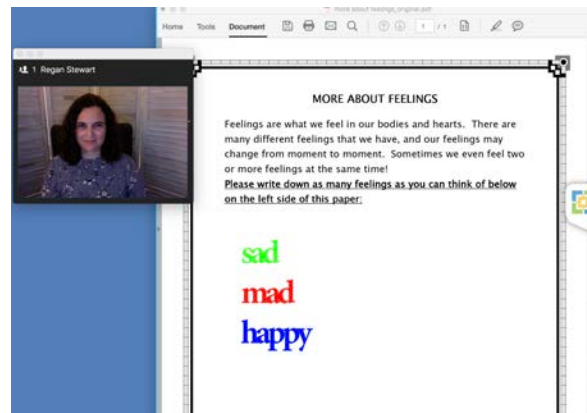


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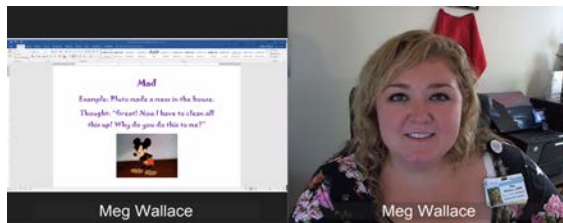
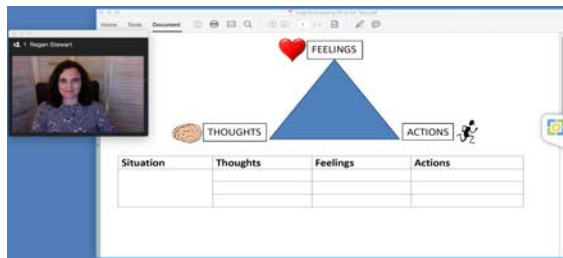
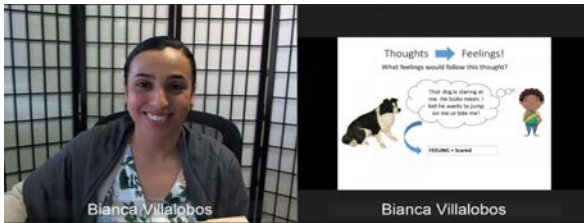
Teaching Affective Identification & Modulation via Telehealth

- Use screen sharing feature
- Create PDF versions of worksheets
 - You can manipulate worksheets to allow addition of text, colors, and drawing features
- Create Jeopardy style games
 - Emotions Jeopardy
- Utilize videos
 - YouTube
 - Animated movies (if appropriate)



Teaching Cognitive Coping via Telehealth

- Use screen sharing feature
- Create PDF versions of worksheets
- Create Microsoft Word documents with pictures
- Utilize PowerPoint



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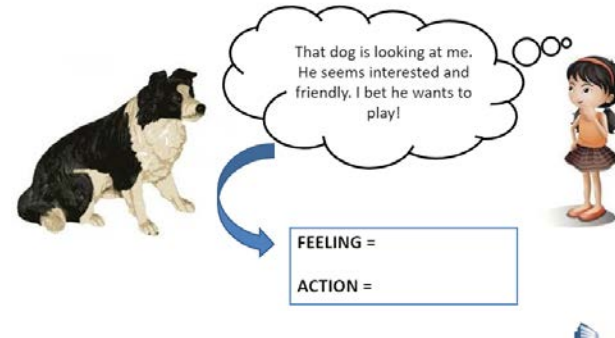
Thoughts ➡ Feelings!

What feelings would follow this thought?



Thoughts ➡ Feelings!

What feelings would follow this thought?



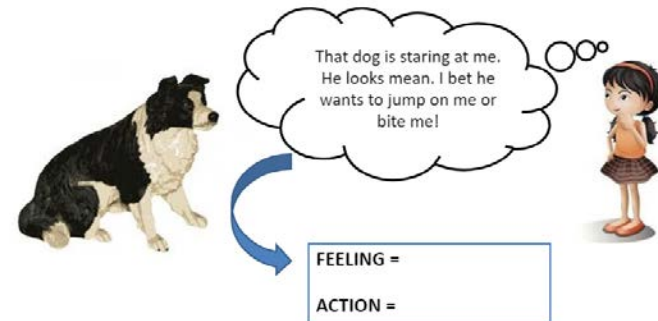
Thoughts ➡ Feelings!

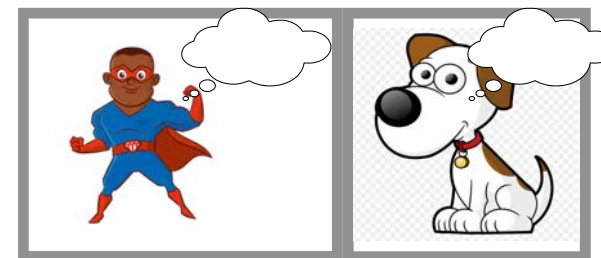
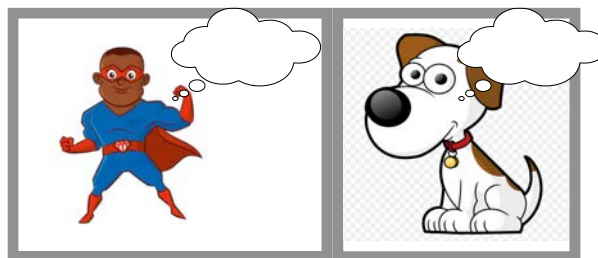
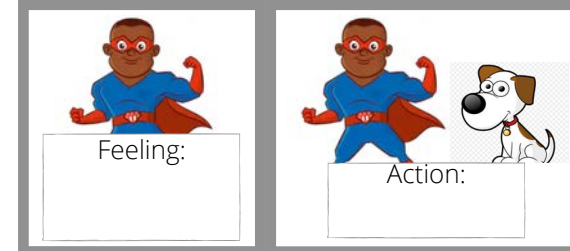
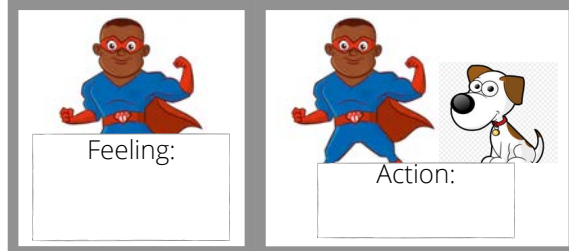
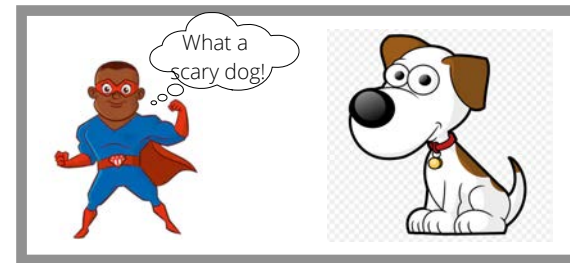
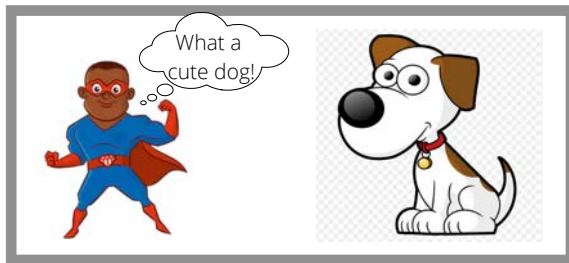
What feelings would follow this thought?



Thoughts ➡ Feelings!

What feelings would follow this thought?



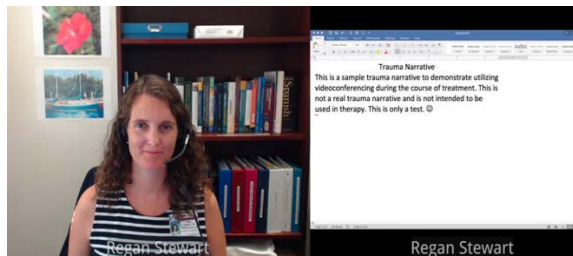
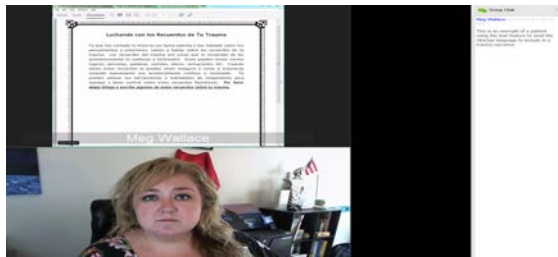


Creating a Trauma Narrative via Telehealth

One day when I was playing in my room I heard my mom and dad yelling. I was scared



- Use screen sharing feature
- Create the Trauma Narrative in Microsoft Word, PowerPoint
- For younger children, add pictures or clipart



Chat Functionality



- For narrative work, you can utilize the chat feature to allow patient to physically write their narratives (especially if it is difficult for providers to keep up with dictation or if patient would like to physically write).
- Providers can copy the chat text into a word document to save for future use.

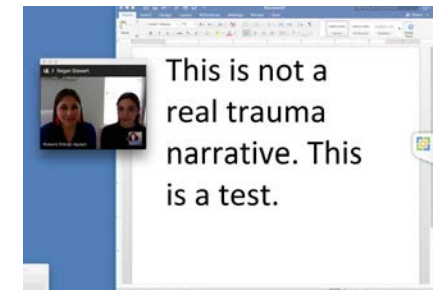
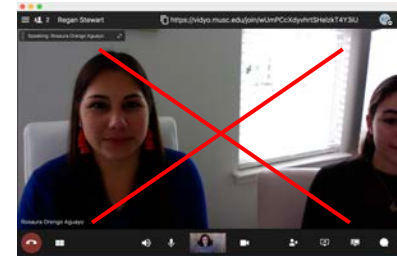
Facilitating a Conjoint Session via Telehealth

Parent and Child seen at the same time

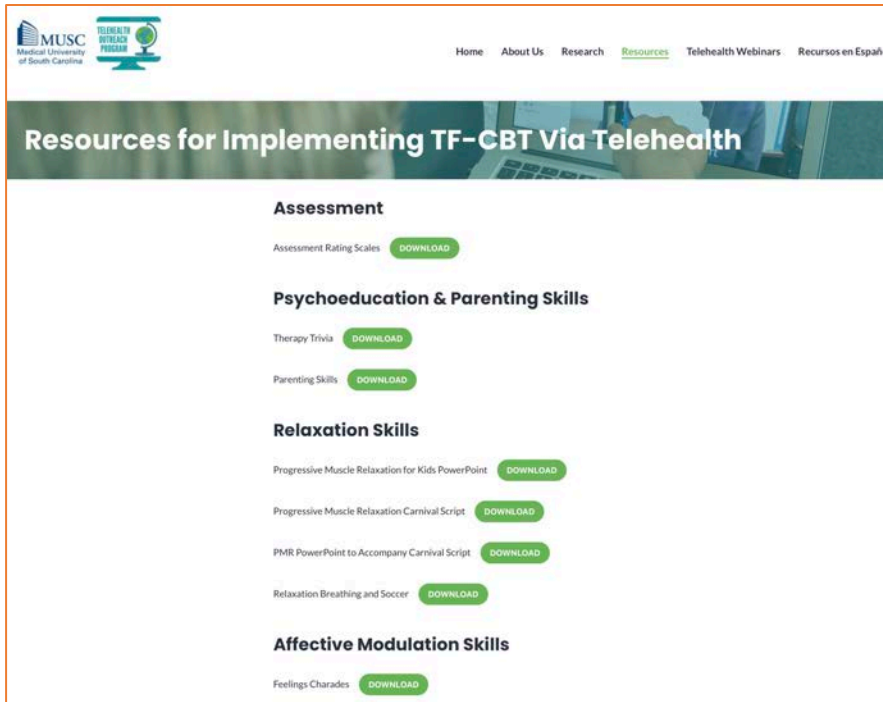
Positioning of child and parent in front of camera

Use screen share function for child to be able to read the narrative to the caregiver

Parent and child in same location or different locations



Additional Resources



The screenshot shows the MUSC Telehealth Outreach Program website. The header includes the MUSC logo and navigation links: Home, About Us, Research, Resources, Telehealth Webinars, and Recursos en Español. The main heading is "Resources for Implementing TF-CBT Via Telehealth". Below this, there are four categories of resources, each with a "DOWNLOAD" button:

- Assessment**
 - Assessment Rating Scales
- Psychoeducation & Parenting Skills**
 - Therapy Trivia
 - Parenting Skills
- Relaxation Skills**
 - Progressive Muscle Relaxation for Kids PowerPoint
 - Progressive Muscle Relaxation Carnival Script
 - PMR PowerPoint to Accompany Carnival Script
 - Relaxation Breathing and Soccer
- Affective Modulation Skills**
 - Feelings Charades

telehealthfortrauma.com
Telesaludparatrauma.com

CLINICAL PRACTICE FORUM

Resources and Recommendations for Engaging Children and Adolescents in Telemental Health Interventions During COVID-19 and Beyond

Aubrey R. Dueweke, Megan M. Wallace, Anel V. Nicasio,
Medical University of South Carolina

Bianca T. Villalobos and Juventino Hernandez Rodriguez,
University of Texas Rio Grande Valley

Regan W. Stewart, *Medical University of South Carolina*

THE RAPID SPREAD of the novel coronavirus (COVID-19) in the past several months has created unprecedented challenges across multiple domains of life. In an attempt to slow the spread of the virus and minimize the dangers associated with overburdening health care systems, authorities across the United States have implemented physical distancing measures, asking people to stay at home and avoid nonessential travel and outings. In order to continue providing services while adhering to physical distancing measures, many mental health care providers have transitioned to providing therapy via telehealth technology, but are unsure of how to adapt procedures and materials. In particular, youth-focused providers may be uncertain

how to shift therapy online while keeping children and adolescents actively engaged during sessions.

We aim to provide guidance to youth-focused practitioners who are considering transitioning therapy services to a telehealth format. We have developed these recommendations based on our experience providing home- and school-based telemental health services, as well as training predoctoral clinical psychology interns to do so through the Telehealth Outreach Program (TOP) within the Mental Health Disparities and Diversity Program at the Medical University of South Carolina (MUSC). Although TOP was not formally established until 2015, practitioners from MUSC have been delivering evidence-

based mental health treatments to underserved children and adolescents through telehealth technology since 2011 (see Jones et al., 2014, and Stewart, Orengo-Aguayo, Gilmore, et al., 2017, for more detail).

A Brief Overview of Telemental Health

Telemental health refers to the use of interactive real-time technologies (e.g., videoconferencing) to deliver mental health care to clients (Centers for Medicare and Medicaid Services, 2020). Use of telehealth technology can extend the reach of evidence-based care and address health disparities by minimizing logistical barriers to help-seeking (e.g., distance from the clinic, lack of transportation or childcare; Myers & Comer, 2016; Yellowlees et al., 2008). Within the last decade, there has been an exponential increase in empirical studies investigating the effectiveness of telemental health interventions, which have been proven to be effective at treating various disorders, including depression, anxiety, posttraumatic stress disorder (PTSD), and substance use disorders (Hilty et al., 2013). Additionally, research has shown that telemental health is an effective treatment modality for both adults and children (Gloff et al., 2015; Hilty et al.), and across diverse racial and ethnic groups (Hilty et al.). Furthermore, research suggests telemental health interventions may be as effective as in-person treatment and youth and their caregivers report high sat-

June • 2020

171

<http://www.abct.org/docs/PastIssue/43n5.pdf>

(Dueweke et al., 2020)



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it only takes a couple of
minutes! Just scan this code with
your smartphone. Don't worry if
you can't - an email will be sent
to you with the link.



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