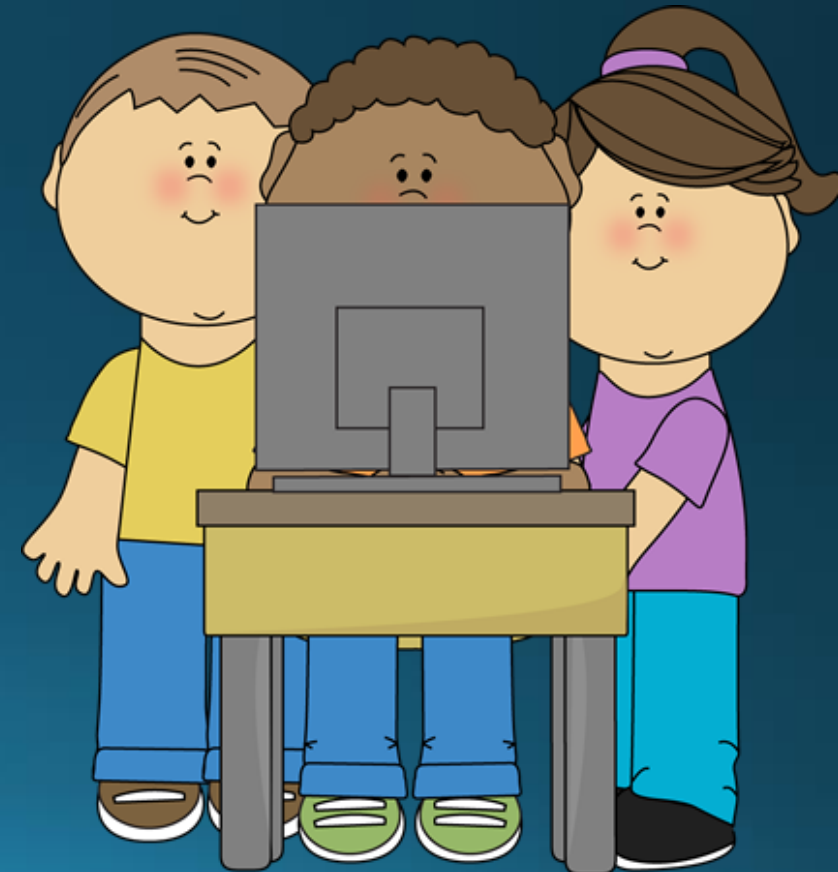


# Evidence Based Practices and Telehealth for Youth

Georganna Sedlar, PhD

Lindsey Weil, PhD

June 5, 2020



# Evidence Based Practice Institute (EBPI)

## History

In 2007, WA State Legislature passed House Bill 1088 establishing the Evidence Based Practice Institute (EBPI). The Institute serves as a statewide resource to promote high quality mental health services for children and youth in WA State.

## Mission

To improve the health and well-being of children. We accomplish this mission by collaborating with our policy and practice partners to conduct research syntheses, co-develop policies and programs and build organizational capacity.

# Webinar Presenters



**Dr. Georganna Sedlar**

Assistant Professor in the Department of Psychiatry and Behavioral Sciences at UW School of Medicine



**Dr. Lindsey Weil**

Postdoctoral Fellow at the Evidence Based Practice Institute

**Community Mental Health Panelists:** CJ Ellsworth Louisa Hall, Milana Hardman, and Lorraine Lynch

# Webinar Logistics

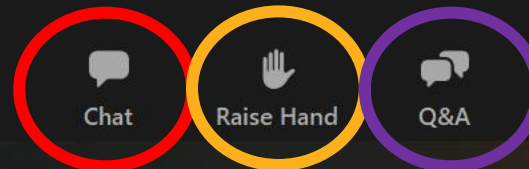
Use '**Chat**' function for technical or logistical questions that come up during the presentation

Use '**Raise Hand**' function to ask content related questions verbally at the end of the presentation

Use '**Q&A**' function to send your written content related questions at any time



Audio Settings ^



Leave



5:59 PM  
6/2/2020

# Plan for today

- Brief review of the literature – Dr. Lindsey Weil
- Basic considerations around telehealth
- Clinical concerns
  - Confidentiality/Privacy
  - Engagement/Alliance
  - Implementation of EBPs
- Q&A

# THANK YOU



Poll: What's your concern?

# Research is preliminary, as very few rigorous studies exist about telehealth for youth

- Limited research on telehealth for youth
  - Research on adults (VA) indicates clinical activities transfer
- Studies that exist are not very rigorous
  - Small sample sizes
  - Not many randomized trials
  - Often lack comparison groups
- The following information is preliminary and needs replication



# Telehealth treatment appears to be just as effective for: ASD, Bulimia Nervosa, Depression, and PTSD

- **Autism Spectrum Disorder**

- Remote clinicians felt capable of providing a diagnosis in 87% of telediagnosis cases; high caregiver satisfaction with the process (Juarez et al., 2018)
- Promising results for use of video-based telehealth in diagnosis and treatment of ASD (Knutsen et al., 2016)
- In a small sample of 14 youth, Parent Training for ASD and disruptive behaviors allowed therapists 98% fidelity to the manual (Bearss et al., 2018)
  - Over 75% of participants demonstrating significant improvement

- **Bulimia Nervosa**

- Face-to-face versus telemedicine manualized CBT – post-treatment abstinence rates were slightly higher for FTF but not statistically significant (Mitchell et al., 2008)
  - Retention rates similar between the two groups

- **Depression**

- No significant differences in face to face versus telehealth groups (Nelson et al., 2006)
  - 82% remission rate for depression diagnosis
- Among adolescents with mild to moderate symptoms of depression, therapist-guided remote CBT is as effective as face-to-face (Hollis et al., 2017)

- **Post-Traumatic Stress Disorder**

- No attrition and significant post-treatment symptom reduction by self- and caregiver-report (Stewart et al., 2017)

# Some clinical elements can be difficult to treat with telehealth

- **Anxiety**

- Challenges conducting exposures via telehealth (Hepburn et al., 2016)
  - Can be challenging to provide adequate support for exposure activities
  - Video modeling can be leveraged to teach relaxation techniques and support exposure completion
  - Extra time may be required to teach parents how to best support children with exposures

- **Recognizing and addressing suicidality**

- Lack of nonverbal cues via telephone;
- Harder to read emotions;
- Not knowing how to handle emergency detainment;
- Concern about follow through if ED is required (Gilmore et al., 2019)

# Transition to Telehealth

# Basic Considerations

- HIPAA rules have been relaxed by DHHS
- Basics should be in place
- Public facing technologies (Facetime, regular Skype) **are not recommended**
- **Good online resources:**
  - <https://www.apa.org/practice/guidelines/telepsychology>
  - <https://telehealth.org/blog/an-interprofessional-framework-for-telebehavioral-health-competencies/>
  - <https://www.americantelemed.org/>



Microsoft Teams

VSee

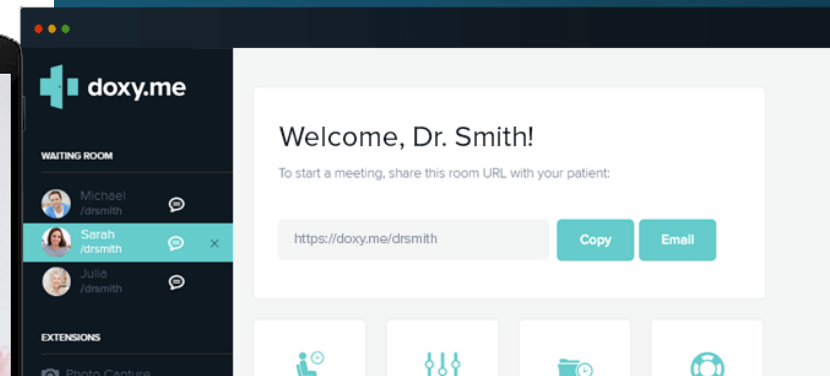


G Suite

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# Clinical Concerns with Telehealth

**NOTICE**

**KEEP THIS  
DOOR CLOSED**



Privacy/Confidentiality







# Using EBPs: Engagement & Alliance

Engagement may be enhanced.....  
.....and yet there are some challenges

# General considerations & recommendations

- Do a 5 minute “test call”
- Collect information ahead of time
- More animation/excitement
- Slow down process
- Reconsider duration/frequency
- Establish ground rules



# Special considerations with young clients

- Younger than age 7 = VERY difficult
- Have to utilize caregiver A LOT
- Sessions need to be shorter
- Structure



# Engagement: Assessment/Paperwork

Larraine Lynch, Clinical Manager  
KSARC



### Circle of Safety Circle of Caring - Who is important to you?

For each person on your circle, show how you feel about being with them using the rectangles to show how strong you feel each feeling.

Then tell about what they like about you, what they worry about for you and what they wish for you, any advice they have for you and any questions you have for them.

Name:

--	--	--	--	--	--	--



Name:

--	--	--	--	--	--	--



**BEHAVIOR ACTIVATION - DO SOMETHING TO IMPROVE YOUR MOOD!**

- 1) Show how much you feel each of these before you do your activity by filling in the box above each face.

--	--	--	--	--	--



sadness



disgust



anger



surprise



fear



happiness

Milana Hardman, Clinical Supervisor  
SeaMar - Vancouver

# Building Engagement and Alliance



# Building Engagement and Alliance: Milana Hardman



How to Use Specific EBP Interventions?

# Psychoeducation

Justina Avery Olga Zhuravlova

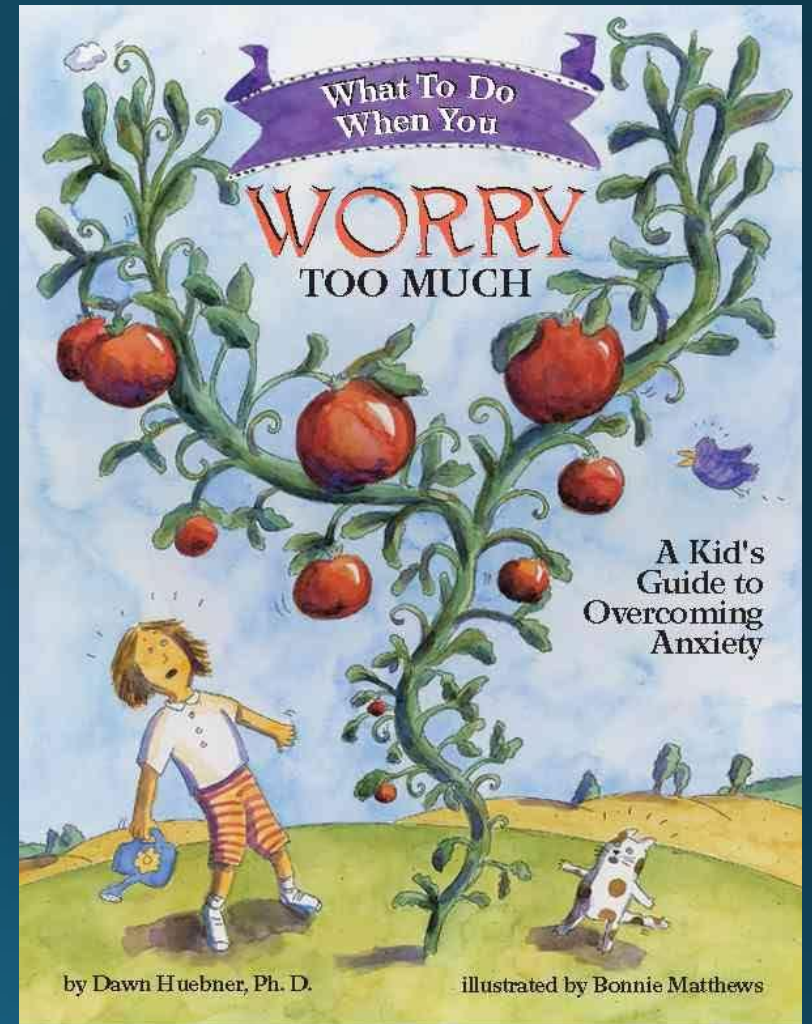
# EVERYBODY POOPS!



# A Terrible Thing Happened



By Margaret M. Holmes Illustrated by Cary Pillo



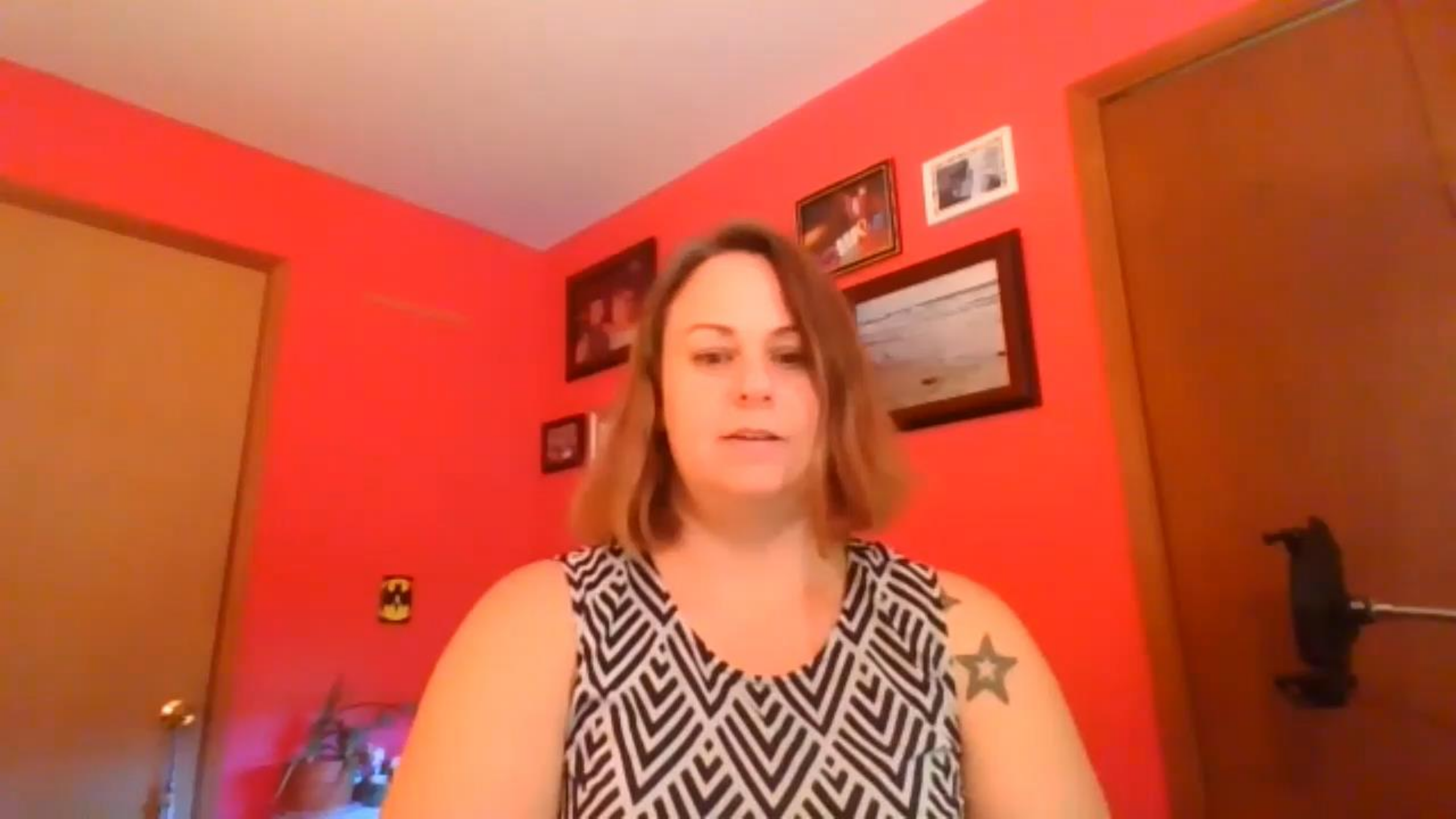
by Dawn Huebner, Ph. D.

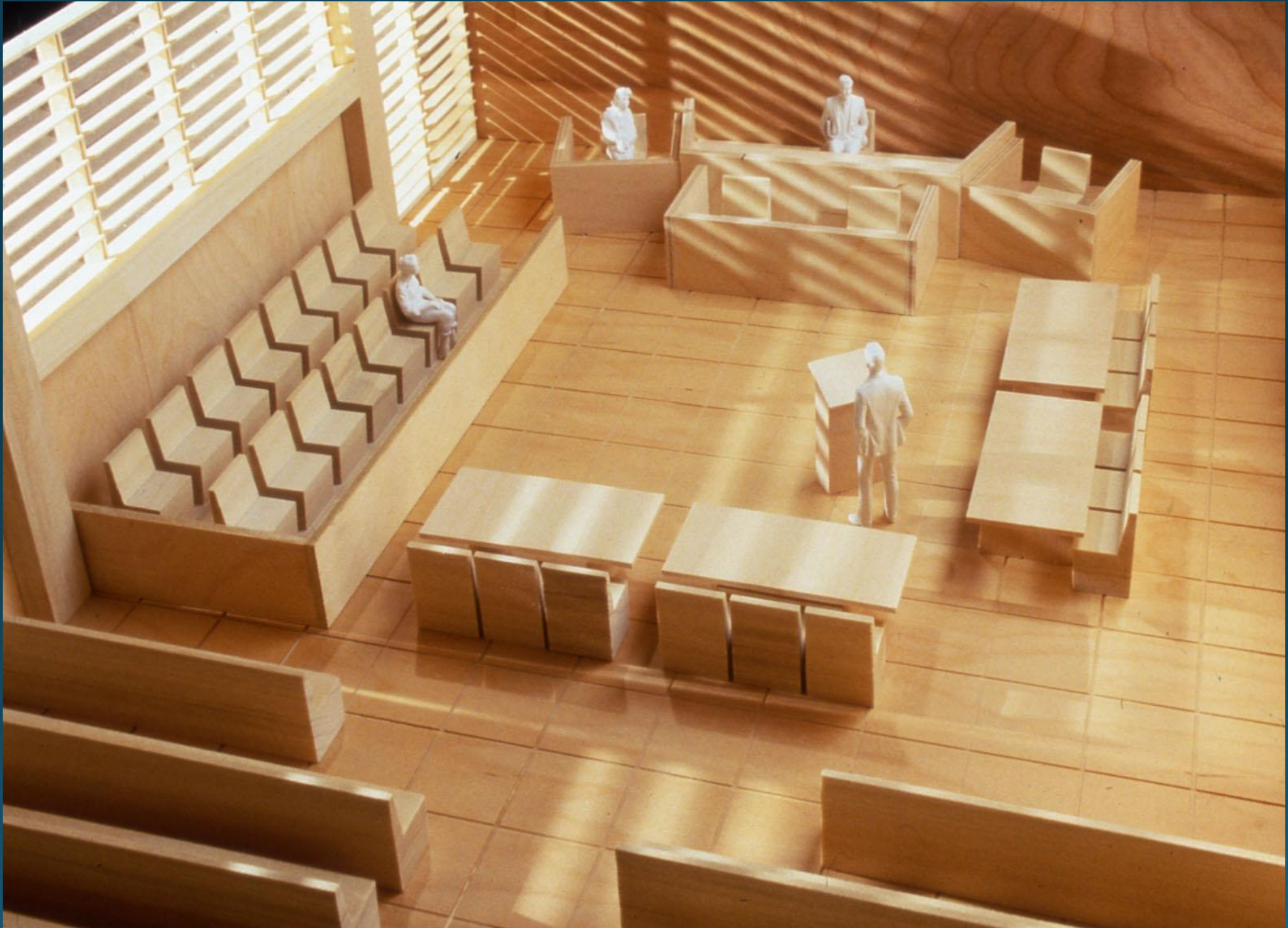
illustrated by Bonnie Matthews

CJ Ellsworth,  
Sea Mar (Bellevue)

Video Demonstration:  
“A Terrible Thing Happened” book







# Coping Skills



# Interactive Games

- Online games for psychoeducation, teach skills, etc.
  - Guess What I'm Feeling  
<https://www.scholastic.com/earlylearner/parentandchild/feelings/feelinggame.htm>
  - Interactive Therapy tools: <https://www.therapistaid.com/interactive-therapy-tools>

sleepy	embarrassed	surprised	angry/mad	worried
<b>Guess How I'm Feeling?</b>				
<a href="#">New Game</a> Drag the mouse to match each face to the word that describes how it's feeling.				

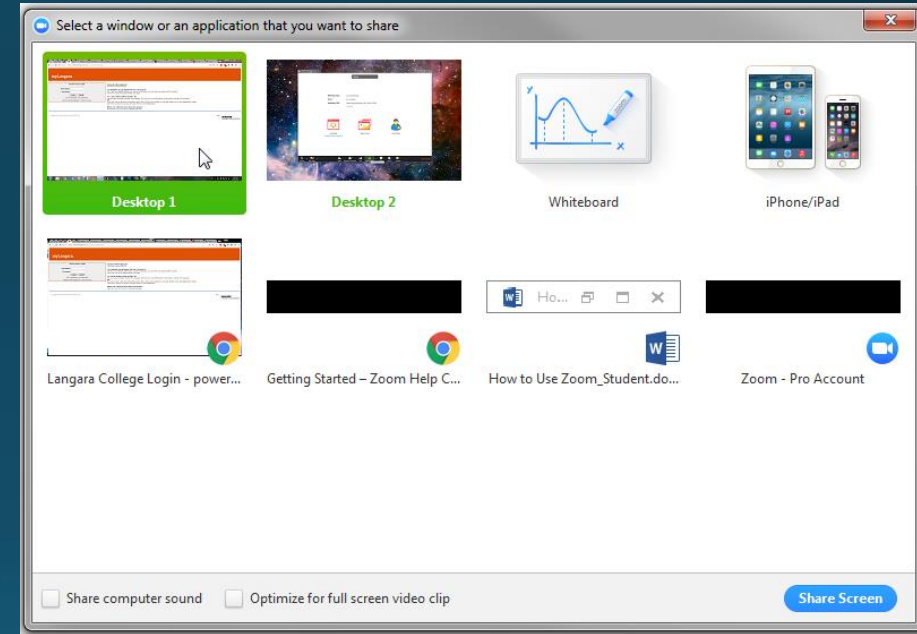
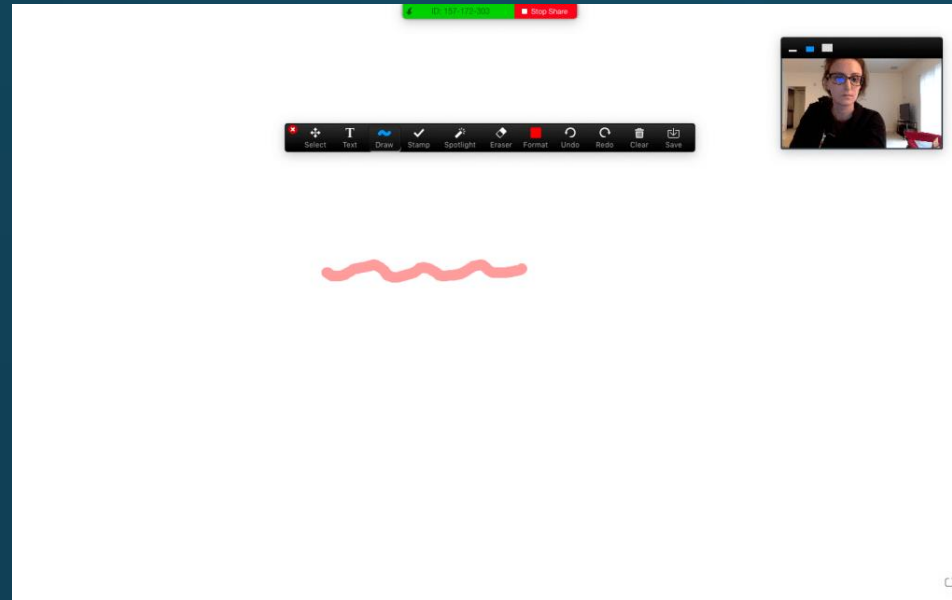
### Books & Reading

- [Book Search](#)
- [Reading Resource & Help](#)
- [Parenting Book Reviews](#)
- [Book Lists & Recommendations](#)

Show All

### Activities & Printables

- [Free Printables](#)
- [Arts Activities](#)
- [Reading Activities](#)
- [Writing Activities](#)
- [Music Activities](#)



Louisa Hall, Clinical Supervisor  
Sound

# Screen Share

### PHQ-9 modified for Adolescents (PHQ-A)

Name: \_\_\_\_\_ Christian: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	Not at all	Seldom	More than half the days	Nearly every day
1. Feeling down, depressed, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired or having little energy?				
6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you seem to be always on the go?				
9. Thoughts that you would be better off dead, or hurting yourself in some way?				

In the past week have you felt depressed or sad most days, even if you felt okay sometimes?  
 Yes  No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?  
 Not difficult at all  Somewhat difficult  Very difficult  Extremely difficult

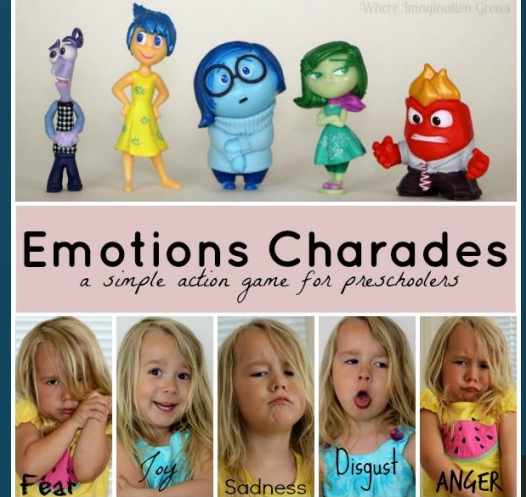
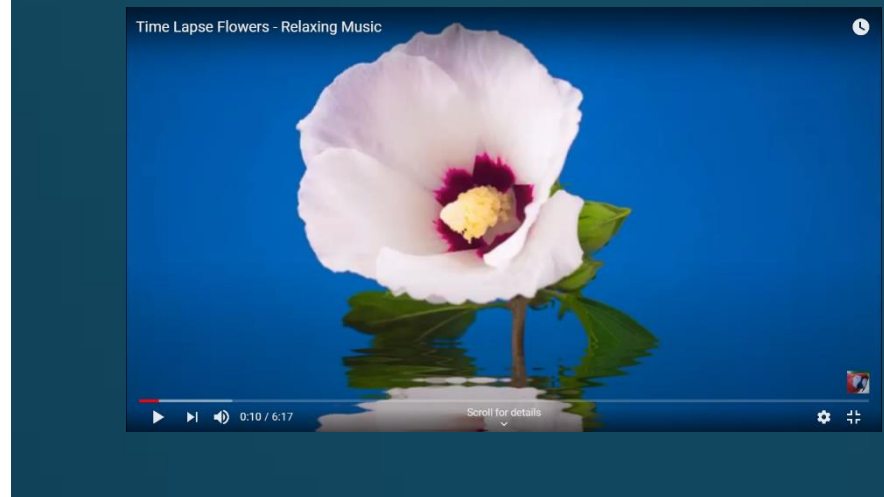
Has there been a time in the past month when you have had serious thoughts about ending your life?  
 Yes  No

Have you **suicided** in your WHOLE LIFE. Tried to kill yourself or made a suicide attempt?  
 Yes  No

\*\*If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.

Other use only: \_\_\_\_\_ Severity score: \_\_\_\_\_

Modified with permission from the PHQ (Spitzer, Williams & Gibbon, 1988) by J. Johnson (Johnson, 2002)



talk about my feelings

sit quietly, hope no one notices me

want to come out from hiding.

sit alone, sometimes talk to



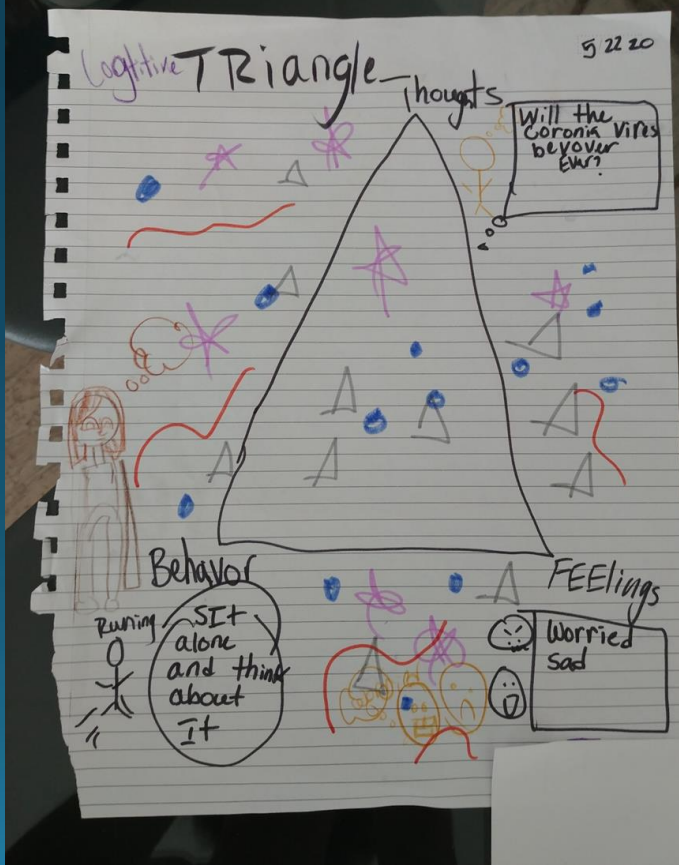
it is my fault  
i dont know something and people won't like me

there are things I don't know and my friends still like me

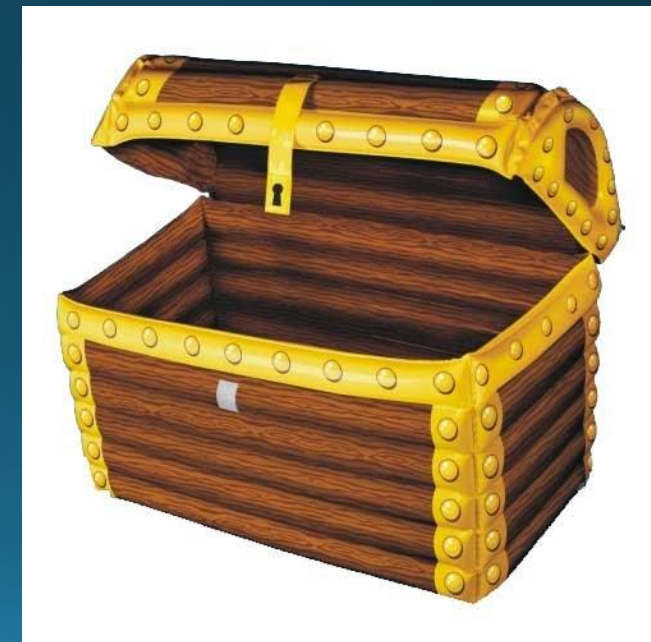
Ashamed, - 8  
Embarrassed, Confused- 6  
ashamed, frustrated- 6  
Sad - 8

ashamed-7 feel better, less ashamed and  
confused-4 embarrassed. a little bit happy  
frust- 6  
sad-5  
better about self

remind myself i was just a little kid and i can;t make this decision



“Therapy box” or “therapy envelope”







CJ Ellsworth, SeaMar

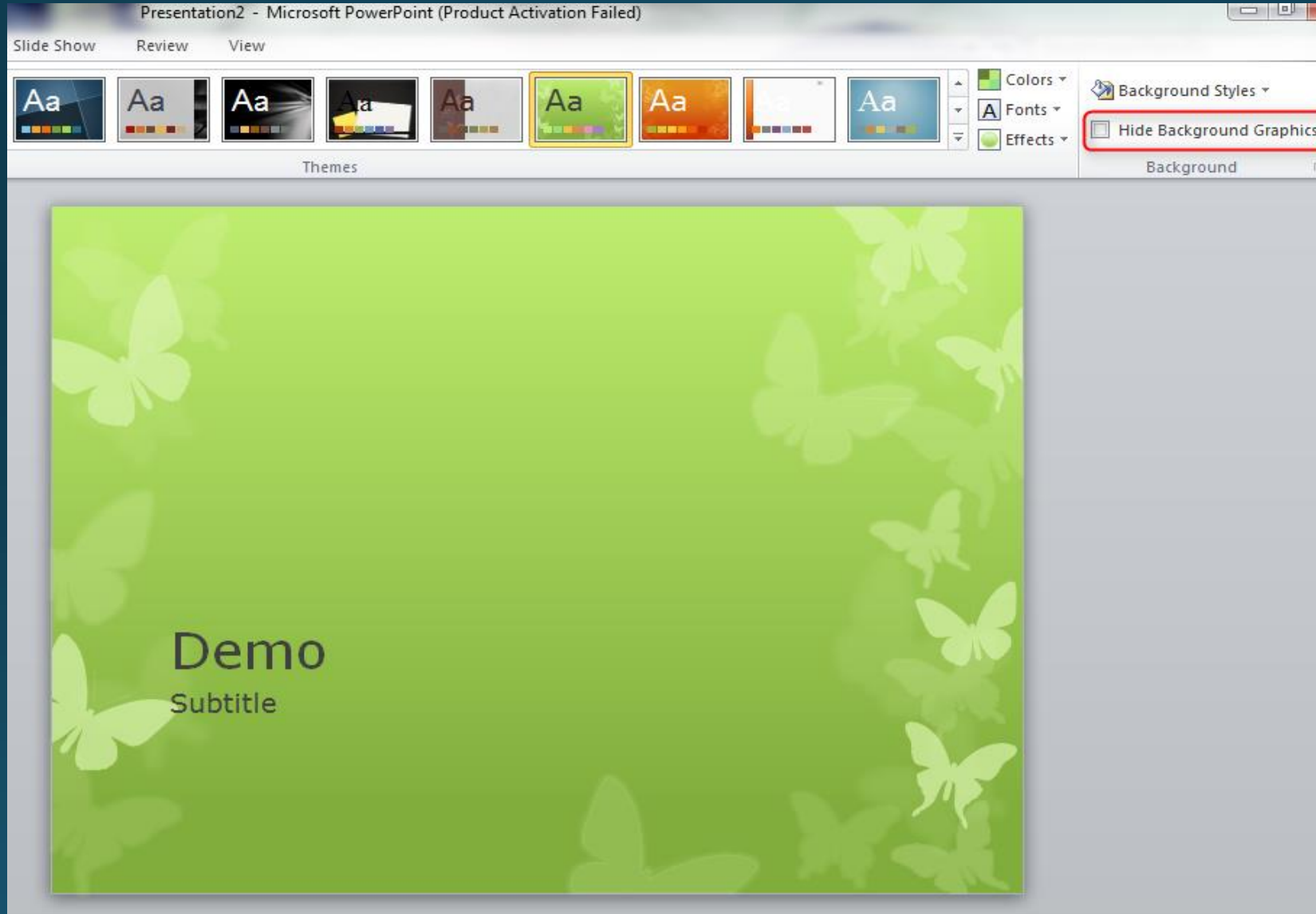
Video Demonstration: Peer Conflict

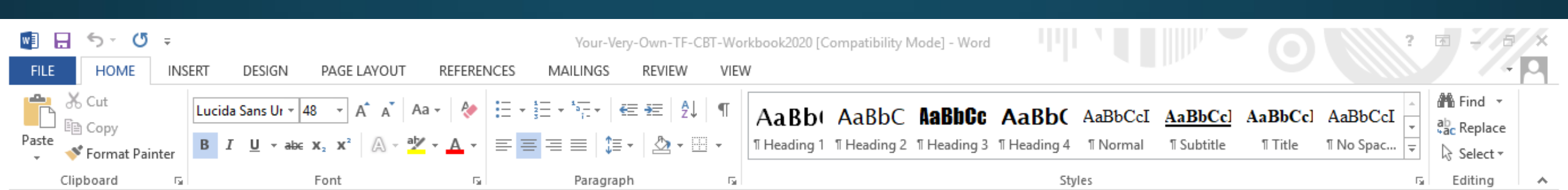




# Trauma focused interventions

# Trauma Narrative/Processing





<https://tfcbt.org/telehealth-resources/>

# YOUR VERY OWN TF-CBT WORKBOOK

# Create your own book

<https://app.bookcreator.com/books>

< My Books

Pages

Undo

Cover

+

*i*

▶

Read b



# Trauma & Young Children

<https://sesamestreetincommunities.org/>

## Find an Activity

Discover printables, videos, and more on topics to help the families you work with.

Age

Time

Type

Find



Foster Care  
Artmaker: Draw It Out!



Foster Care  
Slow It Down



You Matter Most  
It's All About You



Handling Tantrums  
Breathe, Think, Do

Foster Care | Sesame Street in Communities - Sesame Street in Communities - Google Chrome

sesamestreetincommunities.org/topics/foster-care/?activity=a-place-for-you


español Provider Sign In/Up

★ 📄 🗑️

**The Big Idea:** There are some things you can't tell children too many times!

## A Place for You

Foster Care 🧑🏻 Age 2 to 6 🕒 1-4 Min



A Place For You Copy link

Log in to favorite

Get the resources you need to help the children in your care. Sign up for email updates.

Sign Up

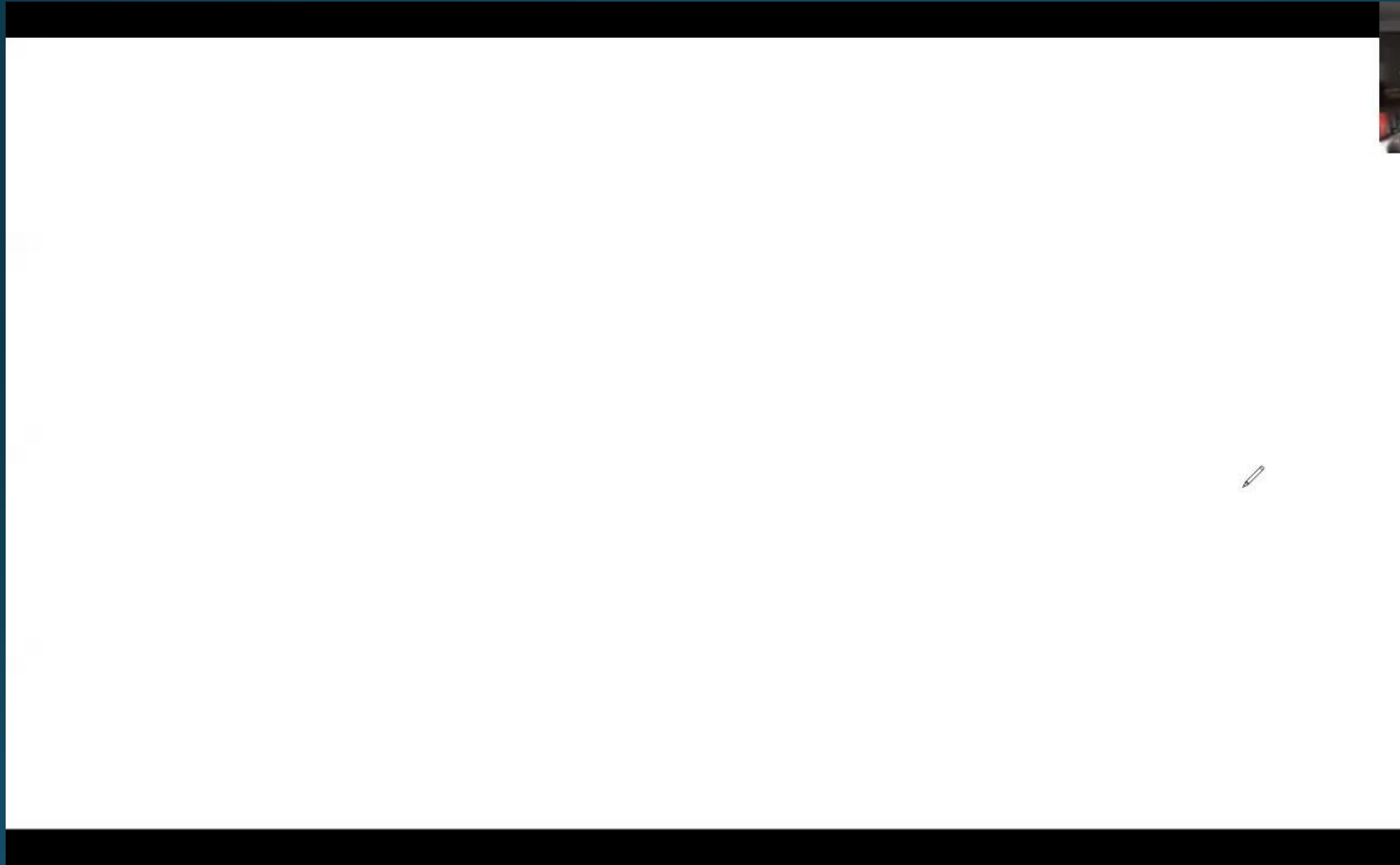
As an adult involved in foster care, you have an enormous job: to provide a safe and stable home for children who are doing their best to cope with a difficult situation. Here are some ways you can help them in crisis cope with their placement and, possibly, reunite with their family.

CJ Ellsworth

Demonstration: Developing a fear ladder



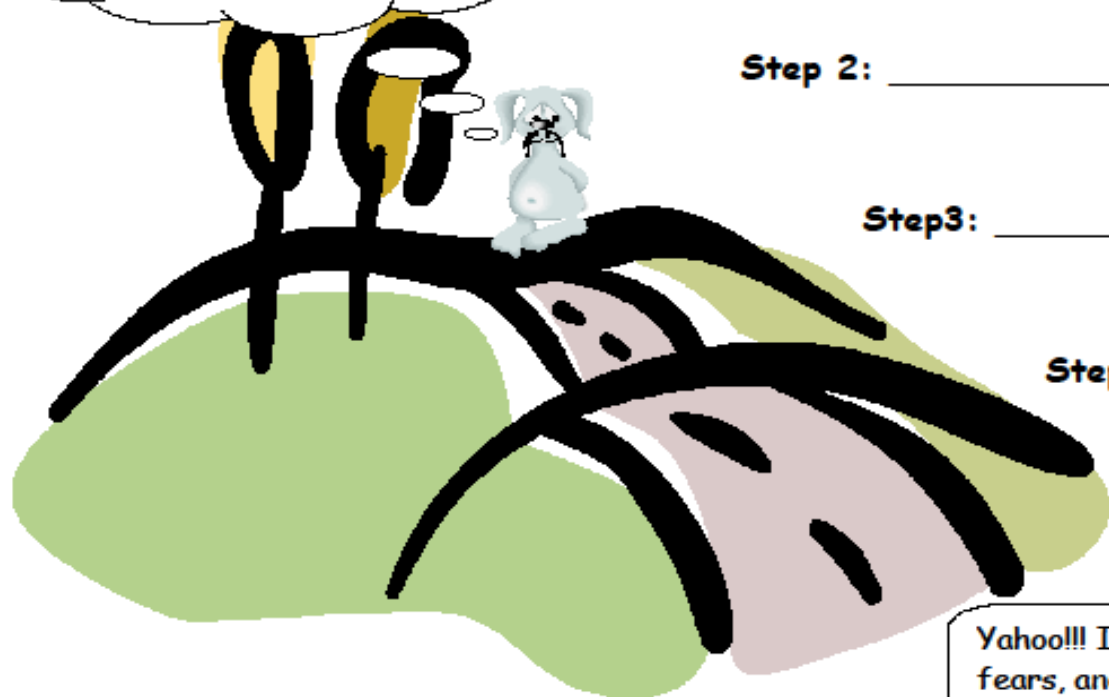
# Whiteboard – Fear Ladder



## Hopping Down the Worry Path

Pretend you are Buster the Bunny. You are a hungry bunny. Every time you face something scary, you move one step closer to the carrot garden.

If I keep moving forward I will get to the end. I'll just take small steps! Here I go!



**Step1:** \_\_\_\_\_

**Step 2:** \_\_\_\_\_

**Step3:** \_\_\_\_\_

**Step4:** \_\_\_\_\_

Yahoo!!! I faced my fears, and reached my yummy carrot!



# Parenting







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