Evidence Based Practices and Telehealth for Youth

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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 Larraine Lynch
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.
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/
Clinical Concerns with Telehealth
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

JotForm
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
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
Guess How I'm Feeling?

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

Activities & Printables
- Free Printables
- Arts Activities
- Reading Activities
- Writing Activities
- Music Activities
Louisa Hall, Clinical Supervisor
Sound
Screen Share
remind myself i was just a little kid and i can't make this decision

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

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

talk about my feelings

sit quietly, hope no one notices me

want to come out from hiding.
sit alone, sometimes talk to

Ashamed, - 8
Confused - 6
Frustrated - 6
Sad - 8

feel better, less ashamed and confused - 4

better about self
“Therapy box” or “therapy envelope”
CJ Ellsworth, SeaMar

Video Demonstration: Peer Conflict
Trauma focused interventions
Trauma Narrative/Processing
YOUR VERY OWN
TF–CBT
WORKBOOK
Trauma & Young Children
https://sesamestreetincommunities.org/

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

- Foster Care: Artmaker: Draw It Out!
- Foster Care: Slow It Down
- You Matter Most: It's All About You
- Handling Tantrums: Breathe, Think, Do
CJ Ellsworth

Demonstration: Developing a 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.

**Step 1:** ________________

**Step 2:** ________________

**Step 3:** ________________

**Step 4:** ________________

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


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