

## **ESTABLISHING HOME-BASED TELEMENTAL HEALTH SERVICES**

The following are based on guidelines, but many teleproviders ask “is what we have better than youth having no services.” For home-based services in under-served communities, need to balance optimal privacy and HIPAA compliance with limited access. Neither therapist nor patient can waive HIPAA. Use good clinical judgment.

Of note: for our current training related to patient safety during the COVID-19 spread, faculty and staff will already know their patients from in-clinic care. Therefore, some of the following guidelines will not fully apply especially for psychotherapy patients. They may be more applicable for pharmacotherapy patients for whom side effects to medications must be determined. Use following guidelines in context and with respect to safety and optimal patient care. The goal is care that is comparable to usual in-person care.

### **General**

- Families often take a more relaxed and informal approach when care is conducted over the monitor at home. This may be good ---- get a sense of their real lives, or bad ---- all sorts of distractions can occur
- Best to not do sessions while they are eating
- Be sure siblings not in the session and distracting

### **Room/Space**

- The room must be set up to ensure that the therapist can conduct a developmentally appropriate clinical examination including how well the youth is cared for (clothing, hygiene), dysmorphia, gross motor skills, fine motor skills, language use, intellect, relationship with others, play, curiosity vs inhibition --- just as determined during in-person evaluation.

### **The Videoconferencing Room.**

- There is not an exact room size
  - A room of approximately 10 feet from the camera to the chairs where child and parent sit.
  - Width of room is less crucial but about 8-10 feet should work
  - If the room is in a private home, find a space that optimizes view of youth, and parent if present, ie not “floating heads.”
- The room should have some soft surfaces so that there is not an “echo” from the microphone. So, drapes on windows, rug on floor, pillows, wall hangings all good
- Background not too busy as too much contrast may make difficult for camera to focus
- Windows and natural light may wipe out the video or cause reflections. Seek space away from windows.
- Chairs should be set as for conversation. For in-home services should be some sort of surface for children to draw, write, play while teletherapist and parent in discussion, or for teen if doing a manualized treatment
- Privacy so that sessions not overheard. This is difficult in home setting. If family using a mobile device, may use bedroom to get privacy.

### **Placement of Camera:**

- The camera should not face a window or bright surface
- The configuration should allow the camera to be far enough away from the child’s chair or desk so that the child can be observed moving around, the child’s full body can be observed and if the child plays on the floor both the child and parent can be seen at the same time (if parent present)

- This configuration should allow observation of any dysmorphia or tics, etc
- This configuration should allow observation as child plays around the room, type of play
- The camera should be placed at eye level for an adult sitting in a chair --- at both sites.
- The monitor should be placed below the camera, not above, not to the side, to approximate eye contact which is crucial to assessment of the child's relatedness

### **Placement of the Microphone**

- Test whether the internal microphone and speakers are adequate or need an external microphone.
- If using an external microphone, turn off the internal mic, and try placing next to the monitor, but...
- Sometimes that creates an echo or feedback. So,
- The cord should be long enough to move the microphone away from the monitor (and speakers)
- The microphone should not be easily accessible to the child as he/she may play with it

### **Room Contents**

- Some toys for younger kids, but not noisy toys as they will interfere with conversation due to the sensitivity of the microphones. No wind-up toys or toys with lots of moveable parts
- No legos --- too much noise as kids look thru the tubs for parts.
- No electronics
- Good to have:
  - Picture books for kids 6-10 or so
  - Coloring books
  - Plain paper for kids to draw their own pictures
  - Crayons for younger kids and colored pencils for older kids
  - Few dolls and clothes
  - Transformers
  - Smaller cars and trucks

### **Teens**

- Do not need toys etc but teen may want to bring phone to play music or share something. Go with the flow on this

### **Support at Site**

- Unlike teletherapy conducted in a clinic, there is no staff available to assist in managing the child, helping with a suicidal teen, assisting with technology, etc.
- So, be sure to check the TMH Privacy and Safety Plan (aka "CARE Plan") provided in separate document.
- Complete the Crisis Prevention and Response Plan (aka "Trigger Card") as appropriate to age, eg for teen who may have triggers and
- Have telephone in the room (eg cell), not forwarded to voice mail, as will need if technical difficulties during videoconferencing sessions