Telehealth for Vulnerable Populations

Engaging Caregivers/Setting up the Home Environment: The “how-tos” of Telehealth Delivery

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Telehealth Webinar: Sensitive Engagement

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Cultural Humility

• Cultural humility is a process
• Self-reflection and self-critique
• Understanding one’s own assumptions, biases and values
• Increase understanding of others
• Being open to learning
Engagement

• Listen to what families need.
• Be intentional about flexibility.
• Avoid being rigid.
• Be open to looking for strengths.
• Be aware things may not be familiar or understood.
Envisioning

• Promote the effectiveness of telehealth techniques.
• Help families envision an improved reality.
• Respect hesitancy and suspicion.
• Compassionately encourage engagement.
Assess Strengths and Needs

• Assess technology capacity in the household.
• Be supportive to upgrading but flexible.
• Accept whatever level of comfort exists.
• Assess other needs as appropriate.
Actively Intervene

• Actively listen.
• Address most urgent concerns and needs.
• Respect limitations in space, privacy and time.
• Be prepared to adapt your intervention.
• Build upon existing strengths.
References


Engaging Clients & Caregivers, Setting up the Home Environment, & Strategies for Behavior Change

Laura Baylot Casey, Ph.D., BCBA-D
Telehealth: Introduction and Strategies

• **Telehealth** can be defined as the delivery of health-related services and/or information via technology which offers a cost-effective means to provide therapy either in addition to or in place of face-to-face sessions (Boisvert, Lang, Andrianopoulos, & Boscardin, 2010).

• Often used due to address the barriers families face such as rural and underserved communities, lack of transportation, or the need to observe or capture a behavior or event in real time in the natural setting.

• Over the years (& recently due to the pandemic), clinicians have adopted various technological solutions to meet the needs of those who don’t need a lapse in service or to leverage the paucity of resources.
Before the Session.....

THE BASICS:
• Got Wi-fi?
• Quiet space?
• What’s your background say?
  • Professional? After Party?

• Do you have a working device?
  • Be sure that it can be set up to properly view the entire session
  • Check for proper audio on the devices. Consider a mix of using device audio and headphones.
  • Be sure to have any and ALL other typical items you use during therapy: note-taking materials, etc.

• Prepare in advance just like going in to the office, clinic!
  • Get ready, Get dressed, Be early...GO!
  • Don’t try to cut corners!
Now how do we keep the client more than 2% focused?

Diagram of Zoom Meeting Attention Span

- Relief at seeing other human beings: 23%
- OMG, why didn't I take a shower?: 26%
- Checking out coworkers' houses: 10%
- Has my neck always looked like that?: 13%
- Maybe if I move the camera up higher…: 10%
- Removal of cat from keyboard: 7%
- Removal of kids from bedroom: 10%
- Actual meeting content: 2%
Here is how we make the best of it..
Get to Know the Client!

- Be present!
- Don’t Multi-task
- Be natural and fluid as possible- willing to offer suggestions and help them be at ease
- Encourage them to share but embrace silence when it’s appropriate
- Relax and engage with them in the moment!
- Be willing to watch and quietly analyze – especially If they are practicing new strategies or sharing new information.
- Keep your feedback specific and necessary
- Do show your face & expressions
- Relax and engage with them in the moment!
Strategies to Use During the Session

• Be flexible on session length
  • Initially, spend the amount of time that it takes to accomplish the client/caregiver’s goals. Getting started on a positive path is important. You can add more time to the session as needed when comfort with the process increases.

• Plan, but be prepared to improvise
  • Make the most of the opportunities you see and go with what the session brings. For example, maybe you are working with a parent and younger sister when big brother kicks a ball into the living room where the session is taking place. Is this an opportunity to bring in the sibling and work on sharing?

• Use Reflection
  • The need for open-ended questions to prompt clients/caregiver reflection does not change during a televisit! You may find yourself asking more yes/no questions trying to understand what is happening, but don’t fall in the yes/no trap just because your are telecommunicating.

• Encourage clients/parents to be change agents
  • This is a perfect opportunity for you to help them learn to analyze the situation and identify alternatives without you present. Help them see these teachable moments.

• Reframe and restate as needed...
  • remember that nonverbal feedback may not transfer well to a televisit.
Wrapping Up the Session. Getting ready for the Next.

• Be Genuine!

• Wrap up the session with a summary of the session highlighting the progress and the success stories.

• Strategize ways to minimize the hiccups for the next session.

• Provide strategies and/or homework to do before the next session that ties back to the session. Be specific. “Remember today when...”

• Set a mutually agreed upon time for the next session.

• Send a reminder text, calendar invite, etc. to ensure that all parties are on the same page.

• Close with a Good Bye, Well wishes, or Until next time, Stay safe and healthy. Ending abruptly can be detrimental to the relationship and trust that was just built and needed for success.
Lessons From The Trenches

Katherine Mendez, MA, CCC-SLP
Are Telehealth Services Appropriate?

• Nature of the service being provided
• Characteristics of the child
• Characteristics of the caregiver/family
• Characteristics of the home environment
• Tech/devices available
• Internet speed/reliability
• Insurance coverage
Multiple Ways to Provide Telehealth Services

- **Parent coaching** - discussion and attention is directed largely at the parent, intervention happens between the parent/child between sessions based on what was discussed/practiced during the session.

- **Clinician directed, parent-mediated intervention** - during the session, the clinician coaches the parent through a therapy activity between parent and child that was planned by the clinician.

- **Direct, parent-facilitated intervention** - clinician interacts directly with the child and leads therapy activities through the screen. Parent is present and supports and facilitates as needed.

- **Direct, clinician-led intervention** - clinician interacts directly with the child and leads therapy activities through the screen. Parent is not required to be present. Carryover activities may be provided to parent.
Choosing The Right Fit For the Child

• Is the child able to attend to the clinician on the screen?
  • Is the child better able to attend to certain types of activities?
• Is the child able to do so independently?
• Does the child enjoy interacting through the screen?
Choosing The Right Fit For the Caregiver

• What is the home environment like?
  • Is there a quiet space where the parent/child can focus attention on
  • Will the caregiver need to be attending to multiple children?

• What other demands is the caregiver dealing with?
  • Is the caregiver trying to work from home?
  • Caring for multiple children? Parents?
  • Health issues? Safety issues? Financial issues? Food insecurity?
  • Non-English speaker? Hearing impaired?

• How much cognitive and emotional bandwidth does the caregiver have to devote to therapy?

• Are there cultural factors that will make one model a better fit over another?
What Do We Mean By Engage?

• Merriam-Webster defines to engage as
  • To hold the attention of
  • To induce to participate

• What we mean by “participate” depends largely on the tx model.
  • Do we mean we want the caregiver to follow our instructions during a session?
  • Do we mean we want the caregiver to follow our instructions/guidance between sessions?
    • These are more like compliance than participation or engagement.
  • Or do we want the parent to be an invested partner? If so, what does that look like?
Setting Clear Expectations

• Clearly explain the delivery model that will be used.
• Explain/provide the evidence supporting the model (in caregiver-friendly language)
• Explain what will be required of the caregiver
• Ask the caregiver to commit to doing their part
  • Some providers have a parent contract
• If the caregiver is not able to commit to doing what is required for the delivery model, consider which other delivery models may be a better fit for the family
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