Telehealth for Vulnerable Populations

Telehealth in School-based Programming: Tips, Techniques, and Best Practices

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PANELISTS

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MODERATOR
Susan Elswick EdD LCSW
Telehealth in School-based Programming: Tips, Techniques, and Best Practices
Learning Objectives

Upon completion of the webinar, participants will...

• 1) Understand the need and purpose of telehealth in today's clinical programming in schools

• 2) Be more knowledgeable about best practices in providing telehealth services for social emotional learning and mental health needs including boundaries, confidentiality, obligations to students with IEP/504, and best practices in programming for school-based practitioners

• 3) Be more familiar with techniques for engaging students in telehealth programming
Dr. Elswick is an Associate Professor at the University of Memphis in the School of Social Work.

She is the School Social Work Certificate Coordinator for the University of Memphis.

Dr. Susan Elswick has over 16 years of clinical mental health experience that includes community mental health, case management, residential programming, school-based programming, integrated behavioral health, infant mental health, and home-based services.

One of her areas of research focuses on the use of informatics and technology in the field of social work. Dr. Elswick serves as the Co-chair for the Council on Social Work Education (CSWE) Annual Program Review Technology Track that focuses on harnessing technology for social good in behavioral health practice, and she is a current Faculty Affiliate on campus at University of Memphis with the Institute for Intelligent Systems (IIS). Most recently, she is a Co-PI on the U of M’s $2.58 million National Science Foundation (NSF)-funded project, which will lay the foundation for a future Learner Data Institute (LDI) at the university.
Sarah Caliboso-Soto LCSW

• Sarah Caliboso-Soto is an Assistant Professor in Field Education at the USC Suzanne Dworak-Peck School of Social Work. She has taught courses in policy and practice in addition to serving as a liaison to field students.

• A licensed clinical social worker in the state of California, Caliboso-Soto has worked in Los Angeles for the past 20 years. She has provided direct services to the children, youth, and families of South Los Angeles. She has also led the establishment of intensive community-based mental health services and 0 to 5 assessment and intervention programs. She has collaborated with several Los Angeles County agencies, including the Department of Probation, Department of Mental Health, and the Department of Children and Family Services.

• Currently, Caliboso-Soto is the Interim Clinic Director of USC Telehealth a virtual counseling service where evidenced based services are provided by MSW interns to California residents. She is also pursuing her Doctor of Education in Organizational Change and Leadership. Her research is focused on tele-behavioral health and closing the health gap for underserved children and families in California.
What is Telehealth Programming in Schools

Dr. Susan Elswick LCSW-
University of Memphis, School of Social Work
Telehealth...

• Provides clients with face-to-face tele-behavioral and mental health services

• Client and provider (therapist) connect from separate locations via technology with a web camera, microphone a speakers, using:
  • Desktop or laptop (no more than 3 years old)
  • iPad
  • Notebook
  • Tablet
  • iPhone
  • Smartphone

• Client privacy in their home
• Is a virtual, outpatient behavioral and mental health clinic that uses videoconferencing technology

• Therapy provided to those with mild to moderate psychosocial problems

• Schools identify students in need (both Gen Ed and Students with Disabilities can receive services)- students/ family referral
Why Telehealth For School-based Practice?
Statistics

• ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children
  • 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis.² Read more information on ADHD here.
  • 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.³
  • 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.³
  • 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.³
    • https://www.cdc.gov/childrensmentalhealth/data.html
Statistics

• **Treatment rates vary among different mental disorders**
  
  • Nearly 8 in 10 children (78.1%) aged 3-17 years with depression received treatment.³
  
  • 6 in 10 children (59.3%) aged 3-17 years with anxiety received treatment.³
  
  • More than 5 in 10 children (53.5%) aged 3-17 years with behavior disorders received treatment.³

• **Mental, behavioral, and developmental disorders begin in early childhood**
  
  • 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.⁵
    
    • [https://www.cdc.gov/childrensmentalhealth/data.html](https://www.cdc.gov/childrensmentalhealth/data.html)
Obligation for Continued FAPE

• During times of crisis, like COVID-19, it is the public school's obligation to ensure ALL services continue based on Free Appropriate Public Education (FAPE)

• School Social Workers have an obligation to advocate for continued behavioral/ social-emotional services for students during these time and adapt to new models of service delivery (culturally responsive and equitable programming)*

• After large events it is also likely that Trauma Informed Services will be needed by many more students

• There are supporting documents to assist mental health personnel with utilizing technology in practice (standards of practice in technology use)*
Statistics on Telehealth in Schools

• Currently some School-Based Health Clinics (SBHCs) are using telehealth for school-based mental health supports
• The use of telehealth in school programming grew from 7% in 2007-2008 to 19% in 2016-2017.
• Over 1 million students in over 1800 public schools have access to an SBHC using telehealth, which represents 2% of students and nearly 2% of public schools in the United States.
• These SBHCs are primarily in rural communities and sponsored by university programs and hospitals.
• This growing model presents an opportunity to expand health care access to youth, particularly in underserved areas in the United States and globally.
• Telehealth is a growing trend

• As effective as traditional face to face treatment

• Improves access

• Removes barriers
Approved Platforms for Telehealth - Thinking About Security

• Best practices for helping professionals is to utilize apps where the technology vendor is HIPAA compliant and has entered into a HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products.

• The following vendors meet these criteria:
  • Doxy.me
  • Skype for Business / Microsoft Teams
  • Cisco Webex Meetings / Webex Teams
  • Updox
  • VSee
  • Zoom for Healthcare
  • Google G Suite Hangouts Meet
  • Amazon Chime
  • GoToMeeting
  • Spruce Health Care Messenger
• Personal Life Crises
• Grief
• Depression
• Anxiety
• Post-Traumatic Stress
• Substance Abuse
• Personal Life Crises
• Home / Work / School-Related problems
• Behavioral challenges
How to Start Telehealth In Schools

Sarah Caliboso-Soto LCSW
USC, Suzanne Dworak-Peck School of Social Work
Staff Needed

- 25 USC Suzanne Dworak-Peck School of Social Work Graduate Interns - Clinical/Macro Practice
- Graduate interns are trained by Clinical Supervisors
- Clinical Supervisor - Faculty appointments in the USC Suzanne Dworak-Peck School of Social Work
  - Telehealth staff (Outreach Coordinator, Program Manager, & Administrative Assistant)
  - Case Workers – ASWs, USC alum
MSW/ Student Internship Training Program

- MSW Interns engage in an 8-week rigorous training which covers crisis management, assessment, diagnosis, treatment planning

- Evidence Based Practices – Motivational Interviewing (MI); Problem Solving Therapy (PST); Cognitive Behavior Therapy (CBT) and Seeking Safety (SST)

- Interns participate in weekly individual and group supervision

- Interns are exposed to variety of diagnoses from mild anxiety to bipolar disorders
Clients Served

- Diverse demographic backgrounds
- Middle, high school, college and graduate students
- Parents of children with special needs
- Victims of abuse and domestic violence survivors
- Transitional age youth
- Active duty military, veterans and their families
- Foster youth
- LGTBQ and transitioning youth
- Older Adults
• Partnerships with schools and community agencies

• Partners provide a private, secure space with computer, webcam and high-speed internet so that their clients can access our services

• MOU
Telesuites

Tele-suites provide students with live, “face-to-face” tele-behavioral and mental health services.

The provider and client connect from separate locations via a computer, laptop or tablet.

Clients can join their virtual sessions from a private space.
Telesuites

**Positives**
- Improves access to mental health
- Students seek mental health services on their own
- Safe, private
- Easy set up
- Low Cost

**Challenges**
- Space
- Technology
- Staff
Best Practices in Telehealth in Schools
Supporting Students in Prek-12th in a telehealth model

• Your session length will need to be adjusted for younger students
• **Utilize Play-based activities** to sustain engagement (Scavenger Hunt, Wiggle Games, expressive art directives, use of shared screen in session, bibliotherapy, use the virtual Active Student Responding “reactions,” breakout groups, etc.)
• Utilize EBP skills during session
• Continue to teach, embed, and practice mindfulness and regulating activities in sessions
• Make sure you are tracking progress
  • * Use Rapid Assessment Instruments
• Engage Parents in the programming as a check in
• Keep in contact with teachers to prepare them for the school transition and continued support of the student
Supporting Students Continued

• Guided Imagery Exercises
• Role Play
• Video and reflection (Ted Talks for kids)
• Whiteboard Activities
Questions and Answers
Contact Information

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References


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