

Supporting WA State Behavioral Health Providers to Optimize Telehealth in Response to COVID-19

Q&A from BHI Telehealth Training Session #10

Date: May 29, 2020

Title: Engaging Youth & Families in TeleBehavioral Health

Presenter: Georganna Sedlar PhD

Q: I'd love to hear ideas for activities and engagement for therapists who are working with clients, especially teens, over the phone only. Many of my clients don't have access or desire to use video.

A: You could ask teens who can't/don't want to use video to "take you on walk" through the neighborhood, asking them to do walking meditation, using the 5 senses (what do you see, hear smell, touch, taste). Make the sessions shorter if they're by phone. You can start of session with a mood rating. You could email them something ahead of time and you could try to "go through it together" on the phone. Again I'd keep this short and sweet though.

Q: I have been having more "no shows" but I work with teens. Were the results mentioned earlier primarily for adults?

A: Those results mentioned were for children and adolescents. Not all teens will want to continue with therapy via telehealth, for various reasons.

Q: My team has experienced issues with their vision because of the large amount of screen time. We were able to find glare reducing glasses on Ebay that they have started using that has helped. Are there any other devises that others have used to help with how we are being affected by the large amounts of screen time?

A: I don't have anything to add – attendees recommendations below are great

Some comments posted by attendees:

Manually adjust the blue light setting on the computer/device. Purchase blue light glasses. Purchase screen covers that reduce blue light.

Sometimes it's called Night Mode, and it's a helpful setting

Q: Now that texting and email are allowable (during the pandemic, anyway) service delivery methods for Medicaid-funded services, any thoughts about how to use these non-audio/visual tools in checking in with and engaging youth and families?

A: Texting and email could be nice adjunctive tools in between sessions. There are many nice mobile apps available (either free or low cost) for youth – such as MindShift, TF-CBT Triangle of Life, Virtual HopeBox, MoodTracker. Clients could fill these out during the week and either email or text a screenshot to the therapist. Both texting and email could be used to

Q&A from BHI Telehealth Training Session #1 April 22, 2020: Telehealth Nuts & Bolts Kick-Off

remind youth and families to practice skills as well as get quick feeling ratings. Email can be used to send standardized measures to both youth and caregivers, as well as psychoeducational resources, and therapy worksheets, etc. These could then be followed up on in a telehealth session.

Comments from an attendee:
eMood is a great app, especially for those with bipolar

Q:

A:

Q:

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For more information, please see:

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Behavioral Health Providers across Washington State are on the front lines providing critical mental health and substance use treatment during an unprecedented public health emergency. State and federal guidelines continue to evolve so that more providers may use telehealth during the COVID-19 pandemic. Organizations from across the state have responded in amazing fashion to assure that providers across the continuum and age spectrum have access to information and resources necessary to help you begin or expand your use of telehealth.

<https://bhi-telehealthresource.uwmedicine.org/Pages/About-Us.aspx>



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

We provide training and technical assistance (TA) in evidence-based practices (EBPs) in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington). Our target workforce includes behavioral health and primary care providers, school and social service staff, and others whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illnesses.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office. This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.