NIHR | Oxford Health Biomedical Research Centre

PRECISION PSYCHIATRY LAB

UNIVERSITY OF OXFORD

C: Telepsychiatry and digital technologies in child and adolescent psychiatry.

This table summarises considerations specific to telepsychiatric consultations with children and adolescents. General guidance is also given in Tables A and B and relevant sections are cross referenced within this table for information.

Clinical question	Guidance
1. Where can I find general guidance?	Guidance is summarised below, but for more detail, please refer to the American Academy of Child & Adolescent Psychiatry and APA. **Information for young people and families** on telepsychiatry is available here. **American Academy of Child and Adolescent Psychiatry (AACAP) Policy statement on Telepsychiatry (2017)** is available here. **American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Telepsychiatry and AACAP Committee on Quality Issues have issued a clinical update** available here. Please also consult the **guidance on telepsychiatry summarised in Table B, Sections 2a-b.**
2. What is the evidence base for telepsychiatry in young people? [link4] [link42]	• Telepsychiatry services have been successfully used with diverse populations **across diagnoses (e.g. depression/ADHD/tics/OCD/autism/psychosis) and settings (including urban/rural, community/school/home/inpatient/forensic).** • For **children and adolescents on the autistic spectrum, it may be preferable to in-person consultation**. • Multiple studies have demonstrated the **feasibility** of delivering varied treatments to children and families through telepsychiatry. • **Referring providers, psychiatrists and families report high satisfaction** with telepsychiatry services. • **The ability to establish a therapeutic rapport with youth and families through telepsychiatry is well established**.
3. How do I set up and conduct the remote interview? [link43] [link44]	• **At the beginning, direct the family arrangement** so all members remain visible throughout the consultation. **Use the zoom and wide function** if needed. • **Ensure adequate lighting** – on average you need one more light source than you would for face to face meetings. Make sure you are lit from the front, not from the side or behind you. • Position yourself so your **eyes appear 1/3 down from the top of the screen**. • Arrange the **patient's picture on your screen as close as possible to your camera** (to allow for 'relative eye contact'). • **Keep both cameras still** – make sure you and the patient have them placed on a stable base. • **Comment on real features** in the patient's room so they know you can see and hear them.

- **Greet patients;** How are you? Can you see and hear me OK?
- **Replace the handshake**, e.g. with a wave or fist bump.
- **Use non-verbal communication**: facial expression, gestures, eye contact, tone of voice. **Nod and smile frequently**.
- **Ask about physical comfort** – consider factors such as privacy, temperature, lighting.
- **Adjust your voice:**
  - Speak slowly and clearly.
  - Use longer pauses after questions to avoid talking over each other.
- **Maintain eye contact** (look at the camera).

Please also refer to **general considerations for setting up a telepsychiatry consultation (Table B, Sections 3a-b)**.

4. How do I develop a therapeutic space and establish rapport?
[link45]
[link46]

General advice:

- Telepsychiatrists must immediately engage the patient's attention and convince them that they are trustworthy, competent, empathic, and will be responsive to their needs. It is often not what is said, **but how it is said, that matters most to our patients.**
- **2/3 of the meaning of a consultation comes from non-verbal communication**, so how we see each other on screen is crucial.
- **Use creative ways to establish rapport**: expressions will need to be increased, use picture in picture feature so that patients can see you and themselves, ensure you build rapport with other people in the room including parents and siblings. In general, **control the use of electronics by patients during the interview, but be flexible** – teens may want to share and use as a method of communication.

Set up the rooms at the patient's and psychiatrist's sites to establish a typical clinical experience:

- **Clinician's room:**
  - **Minimise detail** (to facilitate the camera's focus and minimise sources of distraction for the patient).
  - **Do a room tour** to show privacy and welcome patient and family.
  - **Show the therapist from waist up** (like a news broadcaster) to include all non-verbal communication.
  - Include in frame **any tools, or gadgets you intend to use**.

- **Patient's room:**
  - **Large enough** for the patient, family and any caregivers/staff attending.
  - **Large enough** to assess the patient's physique, motor skills, behaviour, mental status examination, gross motor and fine motor skills, affect, and rapport.
  - If there is only one participant at the remote site, **he/she should sit 2-4 feet away from the camera and screen. For each additional participant, another 2 feet back from the camera** will keep all participants in the screen's frame.
  - Young children move frequently. Place the camera at a sufficient distance **to ensure that they are always in frame, even if they move to play on the floor.**
  - Consider **the selection of toys**: useful as a distraction when talking to carers and as a means of assessing behaviour. Avoid toys that are noisy or have lots of pieces. Ideally a small table with paper and crayons can help assess focus, fine motor skills and engagement. Pictures can be reviewed by holding them up to the screen.

	○ Many **seating arrangements** can work for children. Children can sit next to the parent, between the parents, on a parent's lap, or in front of the parents in either their own chair or on the floor. ○ Sometimes **a hyperactive or autistic child cannot remain in the camera frame**. Consider keeping the parent(s) in the frame and call the child back to the camera when they need to answer a question. If a child's motor skills, play, exploration, and movements are being assessed, the room should be large enough for this activity to fit within the camera frame. ○ Occasionally, anxious or defiant young people **will refuse to sit within the camera frame**. If behaviour management strategies don't work, then consider asking the parent to turn off the self-monitor image and seat the young person further from the camera but in the frame. Another strategy is to allow the young person to have more privacy for part or all of the session. Please also refer to **general considerations for how to conduct a telepsychiatry assessment (Table B, Sections 4a-d)**.
5. What about school based telepsychiatry? [link47]	• **There are many advantages to school-based telepsychiatry**: reduced travel time for psychiatrists, reduced parents' work leave, reduced child absence from school, increased attendance at psychiatry appointments, facilitation of a team based approach with earlier interventions and better compliance. • **Special considerations include:** ○ Finding a **private and secure space**. ○ **Understanding and respecting school staff, policies and structures.** ○ **Knowledge of existing school support and learning support.** ○ Considering **continuity outside school** (evenings, holidays etc). ○ Ideally, using a **hybrid approach** with some in person meetings at the beginning. ○ Identifying which staff will support with practical arrangements and in the meetings if needed.
6. What about forensic (juvenile justice) settings? [link48]	• In this particularly **underserved population**, telepsychiatry can have an important role in providing a service where it may not be possible in person. • Telepsychiatry can be **challenging**: young people may be reluctant to engage, particularly if sessions interfere with their participation in recreational activities, or there is concern about staff being present and confidentiality. • Telepsychiatrists must **define their role** in the young person's system of care and treatment i.e. clarify a forensic vs direct care role. • **On-site therapists (but not correctional staff) often participate in sessions** to aid the psychiatrist in obtaining pertinent patient information and to facilitate clinical care. • **Background information and reports may be available in advance** and these should be used proactively in the interview. • Telepsychiatrists should be **familiar with regulations regarding consent to pharmacological treatment of minors in forensic settings.** • Telepsychiatrists can **ask staff to provide a "virtual tour" of the facility** with a mobile device to assess and ensure privacy, security, management of mental health records, and other concerns.
7. Behaviour management [link49]	• Evidence-based behaviour management training can be offered via telepsychiatry in clinic and home settings. • Psychiatrists can both model and coach parents on the concepts of behaviour management in real time. • In clinic, **staff can clarify subtleties in the child's behaviour** which may not be evident through videoconferencing. • Treatment can be offered in naturalistic settings such as the home, potentially providing more ecologically valid assessments and interventions.

	• It is important to **develop a safety and crisis plan at the beginning** (see Section 9) in case the child's behaviour becomes unmanageable or unsafe during a session. This plan should include contact lists of trusted family/friends, local GP and emergency services.
8. Cultural issues [link50]	Consider the following: • **Do not assume a difference** in social, economic, income, geographic, racial, ethnic or cultural backgrounds, but ask for clarification. • Remember there is **heterogeneity** within minority communities. • **Staff at the patient site can also be helpful**. • Establish **strong working relationships with the local team.** • **Family structure** may differ in different cultures – find out by asking. • Use **professional interpreters**, not family members. • Please also refer to **general cultural considerations for telepsychiatry in Table B, Section 6c.**

9. Assessing those with Autism or Autism Spectrum Disorder (ASD) [link65]	**NHS England** identify particular areas for those who are providing IAPT (Improving Access to Psychological Therapies) services, and working with those who may have a learning disability, autism or communication impairment to be aware of:
	
	• Identify any **alternative or augmentative means of communication** that help the patient understand or express themselves. This **may require additional preparation with the patient or their family/carers** to identify the best means of communication and to ensure both you and they have access to it during interactions. For example, you may need to check what kind of vocabulary the patient uses and is familiar with, and whether particular signs, symbols or picture resources can support interaction.
	• Consider how therapeutic language or specific vocabulary **can be simplified, paraphrased or be represented by symbols or pictures.**
	• The patient **may need extra time to become familiar with and comfortable in using the technology**. Guidance on its use needs to be supported by the identified alternative or augmentative means of communication.
	• Consider **pacing the session according to the patient's needs** and monitoring their concentration level. Using signs, symbols or pictures is likely to slow the pace of the therapeutic intervention; this will need to be considered
	
	In terms of **modifying usual assessment tools to use within telepsychiatry**, there is no formal guidance:
	
	• The **ADOS** (Autism Diagnostic Observation Schedule) is a standardized diagnostic test for Autism Spectrum Disorder (ASD). It is designed to be performed in person by clinician with the patient. Wearing PPE is likely to impact results, and **there is no formal guidance on remote administration.**
	• However, it is possible to **use some elements of ADOS remotely**. This will not provide an ADOS score but will help evidence gathering in general.
	• An alternative is to use an **adapted version** of the ADOS for remote assessment:
	  ○ One possibility is to use the BOSCC (Brief Observation of Social Communication) as a framework for recording a video where the ADOS items can be scored. Further details are described in https://www.youtube.com/watch?v=sOGv8vbJeeo
	  ○ The Oxford Virtual Assessment for Autism Tool (OVAAT) is an adapted version of the ADOS for online use. It has not been formally assessed but is being used by Oxford clinicians and services in Buckinghamshire, Swindon, Wiltshire and Bath. (If interested please contact the service for more information: Maria.Bourbon@oxfordhealth.nhs.uk team manager)

	US guidance on the application of **Applied Behavior Analysis for those with autism and how to deliver this remotely during the COVID-19 pandemic** is contained at https://casproviders.org/wp-content/uploads/2020/03/PracticeParametersTelehealthABA_040320.pdf and https://bhcoe.org/2020/03/telehealth-aba-therapy-ebp-covid-19/ **Advice for patients, families and carers:** • Advice for patients with autism on remote consultations is available at https://www.autistica.org.uk/what-is-autism/coronavirus/make-the-most-of-a-telephone-appointment • Advice from the RCPsych on supporting someone with autism during COVID-19 is available at https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/covid-19-asd • RCPsych also has a selection of digital ASD and ADHD resources for children, young people and their parents/carers: https://www.rcpsych.ac.uk/members/devolved-nations/rcpsych-in-wales/news/digital-neurodevelopmental-resources
10. Safety issues [link51]	• Clinicians need to **establish at each site what infrastructure and emergency management protocols are in place. These protocols can be adapted** to telepsychiatric care. • In **hospital and community settings** (CMHTs) these protocols will be well established. • **In non-traditional settings,** e.g. shelters for families and children these will need to be developed and established before starting telepsychiatry consultation. • Emergency management during telepsychiatry **is a team effort**. • **Identify on-site staff who can help by physically intervening during an emergency.** Community resources must be identified to incorporate into **emergency management protocols and the patient's care plan**. • Safety and mobilization procedures at a patient site should be both **accessible to staff for review and an integral part of their training**. • Psychiatrists need to be able to **manipulate telepsychiatry technology to maximize video and audio quality** to assess signs of agitation, substance use and medication side effects if needed. • If technology falters, psychiatrists should be prepared to **quickly initiate a pre-planned backup emergency management plan,** e.g. calling a named coordinator at site to enter room and ensure safety. • Please also refer to safety issues for **general telepsychiatry in Table B, Section 4e.** **Where there are concerns about the possibility of domestic violence or abuse, particularly during COVID-19,** see https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/domestic-violence-and-abuse/ (particularly section 2b) for guidance for those working with children and families).
11. What are my training needs? [link52]	• Official guidelines for training competencies in child and adolescent telepsychiatry have not yet been established. • **Primary skill areas** for competent telepsychiatric care are: technical skills, communication, assessment skills, collaborative and interprofessional skills, administrative skills, medico-legal skills, community psychiatry and community-specific knowledge, cultural psychiatry skills, and knowledge of health systems. All of these have special applications for children and adolescents. • Clinicians need to learn to **increase non-verbal communication by approximately 15-20%** for effective use on screen (e.g. projecting voice, slower response time, bigger expressions). • Be **collaborative with all staff at patient site**, across disciplines. You may never meet them in person, and so you need to integrate into the team remotely.

- **Be sensitive to cultural and community issues.**
- **Help staff to be comfortable with telepsychiatry**.
- **Be flexible in your role** in the child's system of care and to vary your role depending on the resources available at the patient site.
- **Understand legal, policy and regulatory guidelines** (see Table B, Section 2a) (in the US this needs to be at federal/state and county levels).
- Please also refer to **general training considerations for telepsychiatry in Table B, Sections 7a**.