




Children, young people and telehealth

INFORMATION FOR PSYCHOLOGISTS IN THE CONTEXT OF CORONAVIRUS (COVID-19)

This information sheet should be read in conjunction with the following APS resources:

-  [Preparing your practice to deal with the coronavirus](#)
-  [Telehealth considerations for providers](#)
-  [APS ethical guidelines for working with young people](#)

In response to the COVID-19 pandemic, all Australians who are eligible to receive services under Medicare will be able to access to bulk-billed psychological services delivered via telehealth (i.e., videoconference or phone) if clinically appropriate.

Although telehealth is not a new model of service delivery in the field, many psychologists who work with children and young people have traditionally preferred face-to-face consultation and counselling. For psychologists who work in schools, telehealth has not been an accessible option and has only sometimes been used for students in rural and remote settings.

While the Government acknowledges that some practitioners will need to offer face-to-face services in specific circumstances (e.g., some assessments) most psychologists will need to rapidly transition to a telehealth practice and will be required to redefine their way of supporting children and young people.

Telehealth as a model of service delivery for children and young people

Telehealth can be a very effective form of service delivery in prevention and psychoeducation, assessment, diagnosis, counselling and treatment of children and young people. It is, however, considered to be less effective with very young children and you may find that psychoeducation telehealth sessions with parents and teachers are more appropriate for this age group.

If the technology is well set-up, telehealth generally allows for the same clinical observations as face-to-face observation. Psychologists can observe subtle non-verbal communication, facial expressions and body language on the screen. With younger children it is possible to observe parent/child

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interactions in the home to help inform diagnoses. However, online treatment can also pose greater risks for misinterpretation of behaviours if the technology is poor or there has been inadequate rapport building. Assessments via telehealth should be conducted only on platforms specifically designed for online service delivery. You should check with test providers and test manuals about whether specific tests have been normed with telehealth populations.

Telehealth can be used successfully with children experiencing stress, anxiety, relationship difficulties and grief and loss. Interactive whiteboards on digital platforms allow children and young people to do the same sort of drawing exercises and treatment activities as in face-to-face sessions. Social-skills programs, specific groups (e.g., for gifted students, assertiveness training) and other group work can be delivered using many teleconferencing programs. Digital interactive materials (e.g., videos, therapy activities), rapport-building exercises, icebreakers and worksheets can also be employed. It is important when selecting a teleconferencing platform that you investigate the different features that are provided.

Telehealth also allows for extensive use of creative and play-based techniques. During consultations, children can complete drawings and use other media to express themselves. Encourage them to talk while they are drawing. Stories can be read and breathing exercises modelled to help children with relaxation and mood regulation.



Informed consent and telehealth

Current consent forms might need to be adjusted to accommodate the use of telehealth. You might consider including a brief statement about the benefits and limitations of telehealth and the increased challenges to confidentiality when children and young people use [telehealth](#). Some of the issues discussed in this sheet could also be addressed in a telehealth informed consent form, for example, recording of sessions, requirements for emergency contact details, arrangements for between session contact with the psychologist and requirements for terminating services or reverting to face-to-face support.

[The APS has developed a consent form for telehealth that you can tailor to your purposes.](#)

Engaging children with telehealth

Children generally enjoy participating in telehealth sessions from the comfort of their own home. Technology devices are often more familiar modes of communication to children than to psychologists and telehealth can be less confronting for a child compared to an unfamiliar psychologist's office.

Trust and confidence can be built if the session is well set-up and the technical quality of the session is optimal. It is important, for example, that children clearly understand what is required of them in the session. It is important that it is an authentic interaction where the child feels that you are listening closely and are not distracted by interruptions. It is important that the light is good and that facial expressions can be clearly seen. High-quality audio is critical to success and it is important that there is no audio lag. It is also important for engagement that there is a clear line of sight at eye level from you to the child.

In the first telehealth session with a child or young person it might be useful to provide a short and age-appropriate explanation of why they are participating in an online session, particularly if they are used to face-to-face sessions. Early sessions can be dedicated to explanations and practice using the new technology, as well as addressing any anxiety that the child might have about COVID-19 along with exploring the broader issues for which the child is presenting.

In the first few sessions, children can be shown how to draw on the whiteboard, share their screen and play online games. This will help build rapport and engagement as well as offer opportunities for you to describe how the sessions will unfold.

It is important to note that young children may have difficulty engaging appropriately with a psychologist online. They can be distracted by their own image on the screen and this becomes the focus of their attention. Young children may be more inclined to wander away from the computer because they are in the comfort of their own home. This is less of a problem for children of mid-primary school age, but psychologists should develop a toolbox of online games and activities to keep children engaged.

There can also be difficulties engaging children online if they are in a room with distractions, for example, a television or if they are at the kitchen table. This needs to be discussed with the parent before the first session. Equally it can be distracting for the child if the psychologist is in a room with any visual or auditory distractions or clutter. If you are working from home you should consider removing personal items from view or erecting a screen behind your computer chair to maintain your personal privacy.

The amount of time a parent is part of a session, or in the room with a child is more difficult to control with telehealth. This needs to be agreed to with the parent prior to a session and included in the informed consent documents. Psychologists could also consider offering shorter sessions for children who are at risk of disengaging from the online process.

A test run of an online session with a parent or child is advisable. To help address any technical problems parents can also be

encouraged to log on to their computers 10–15 minutes before scheduled appointment times so the inevitable set-up issues do not encroach too much on the session time available.

Engaging adolescents with telehealth

As with young children, adolescents may also need reassurance that this new model of practice is an interim solution to an unusual and worrying situation. It may be that anxiety about COVID-19 is part of the presenting problem for the young person. However, adolescents often prefer telehealth over face-to-face sessions with a psychologist especially in the school setting. They might feel more positive about the privacy of telehealth and knowing that their peers don't know they are seeing a psychologist. Telehealth also allows for greater flexibility and may result in increased time available between young people and their clinicians.

Young people might become more engaged in the telehealth experience if they are encouraged to use the more sophisticated features of the platforms, such as discovering the interactive tools, creating their own visual backgrounds and using the chat or text options. These tools can be useful adjuncts for treatment programs, for example, for setting and monitoring goals and objectives for learning or behaviour change for a young person.

With adolescents it is important to set clear parameters about what is acceptable and what is not acceptable in a telehealth session. Online interactions are often the preferred mode of communication between young people and they generally experience very relaxed interactions with their peers. They might assume this informality applies to the psychologist session as well. To counter this possibility, clear expectations need to be established about such issues, for example:

- **Recording of sessions:** Request that sessions are not recorded
- **Mobile phones:** Request that mobile phones are turned off and are not accessible
- **Privacy:** Think about who else can potentially overhear the conversation. Who else will be in the room? Who is in the room next door?
- **Where is the young person sitting?** Is it ok for them to be in their bedroom? A more neutral setting may enhance the professional focus of the session.
- **Parents:** What is the involvement of family members?
- **Levels of informality or propriety:** Is it appropriate for the young person to be in their pyjamas?
- **Background distractions:** What are acceptable visual and noise backgrounds, for example, can the young person play music?
- **Communication with the psychologist:** What are the processes for contacting you outside of scheduled sessions?
- **Risk management:** What are the safety plans if, for example, the young person fails to log on and can't be contacted?

Some young people may not be motivated to seek support for mental health issues online, and may feel that they cannot express their feelings to an impersonal computer in times of stress.

You can establish contingency plans and arrangements for face-to-face support in such circumstances. As part of regular safety precautions, it is advisable to always have the phone number and address of the young person during the session and the contact details of supportive adults.

Involvement of parents

Communication with parents is essential to the success of telehealth. Strategies to ensure that parents can support their children might include preparing them for the service by providing a telehealth introduction kit which advises them, before the first session, how the counselling or therapy will proceed and what they should expect. The kit could include:

- information about the benefits and limitations of telehealth
- information about the parent's involvement and whether the parent is part of the session or in the room
- instructions about using the digital platform, including arrangements for a practice session to get used to the technology (if possible)
- suggestions about ways in which the home device can be set up for maximum success (e.g., lighting, privacy, background noise, minimising interruptions)
- suggestions for what a child might need to have in front of them for a telehealth session, for example, coloured pencils, paper, favourite toy, favourite story to use as an icebreaker, any charts or reinforcement schedules that may be part of an intervention
- a telehealth consent form and privacy statement
- a form for emergency contact details
- clear advice as to when a telehealth session should be converted to a face-to-face session
- details about how the psychologist can be contacted between sessions, and
- advice about what to do if the session is disrupted by technical faults.

School psychologists and telehealth practice

If you are a school psychologist you should stay in close contact with the school authorising body to keep up-to-date with information on school telehealth policies and changes in the current provision of service. If a school has a policy on telehealth you should ensure you are compliant with it and there is no conflict with your professional code of ethics.

Virtual service delivery for schools requires technical and administrative competence to manage the extra levels of organisational reporting required. It also requires stringent ethical standards. The same ethical and legal requirements apply to a telehealth service as to face-to-face psychology services. Students and parents should be made aware that this new form of service is not just a chat online. Boundaries are more easily blurred with a telehealth service and young people might feel more casual about messaging and emailing the psychologist

between sessions. Psychologists should be clear about the boundaries around provision of the telehealth sessions.

Issues to consider

- Informed consent processes need to be clear and rigorous.
- The limits to confidentiality remain the same for an online service and the student should be reminded of these limits.
- Parental involvement should be defined at the outset. Will a parent be present?
- Clarify the referral process necessary to see students online. Do all referrals come via a key welfare contact person at the school?
- Clarify the process for informed consent documentation. If the student is not considered capable of providing consent for the service, ensure there is parental consent prior to the first telehealth session. The consent can be verbal and noted in the client file.
- Obtain a verbal agreement from the client that the session will not be recorded.
- If necessary, assist the student to negotiate a confidential space in which they can speak privately.
- Does a responsible adult need to be available for the young person following the consultation?
- If you work across a number of school sites, clarify the allocation of time to each school.
- Be wary of a 'digital divide' in service delivery to young people over this time. You may need to work with schools to ensure that service delivery is equitable. Do all students have access to the technology? What arrangements can be made for students who do not have computer or internet access?
- What arrangements will need to be put in place to access interpreters?
- Assist students to negotiate a confidential space in which they can speak.
- Consider arrangements that might need to be put in place for students who might not be deemed suitable for a telehealth service.
- Consider risk-of-harm issues and available community supports for emergencies and vulnerable clients.
- The normal expectation of school psychologists is that they are able to share appropriate information about a student with the school welfare contact person, year level coordinator and sometimes, teachers. This is part of the normal process of supporting a young person's mental health and wellbeing at school. Psychologists must be very clear with young people and their parents and guardians that, in this time of the COVID-19 pandemic and move to telehealth, relevant information can still be shared with school personnel.

Future-planning suggestions

1. Generate a contact list for all young people and their parents, key school personnel and other relevant people in case you need to cease practising suddenly.
2. For psychologists who work with children and young people in private practice the following advice from Government applies. If you become unwell with COVID-19 you should follow medical advice and self-isolate for the appropriate period of time to ensure recovery and the protection of those around you.
3. As of 30 March 2020, all Medicare clients can access telehealth services with a psychologist however this does not apply to psychologists who are employed by schools. Check with your employer about the arrangements for ongoing school psychology services.

Further information

[Recommendations on choosing videoconferencing technology](#)

This resource was developed by the APS and outlines a number of principles for choosing videoconference technology.

[Department of Health: Advice for health practitioners and the public](#)

This alert is updated daily with the latest medical advice and official reports.

[Department of Health: Coronavirus \(COVID-19\) resources for health professionals](#)

Resources for health professionals about COVID-19.

[COVID-19 telehealth Medicare items: frequently asked questions](#)

A number of resources have been developed by Medicare regarding the temporary bulk-billing telehealth items that have been created in response to the COVID-19 pandemic.

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