

Minimizing Disruptions in Care

Behavioral Telehealth (Video and Phone): Skill Development Webinar Series Questions & Answers

Therapeutic Support When Working with Young Children (0-5) and Caregivers in a Virtual Setting

Webinar 5: May 27, 2020

| Question | Answer |
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| 1. Could you please share some basic interventions (play or otherwise) appropriate to use in the telehealth setting? | <p>Keep in mind, because you are working with the caregiver and child together, many interventions you would normally do with the child in your office can be coached for the caregiver and child to do together. For example, with relaxation, you could show the belly breathe video from sesame street (https://www.google.com/search?q=belly+breathing+elmo&oq=belly+brea&aqs=chrome.3.0j69i57j0l6.3641204j0j7&sourceid=chrome&ie=UTF-8)</p> <p>You could then have the caregiver and child blow bubbles together or have a cotton ball race where they each put a cotton ball on the end of a table and then use a straw to blow it across the table to practice controlling their breath. You could also practice breathing with a breathing gif like this one: https://gfyca.com/eachscaredafricanharrierhawk-meditation-relaxation-challenge-pranayama</p> <p>Problem solving social skills can be done with puppets on your end where you provide a scenario and use a “choose your own adventure” format and play out the various outcomes suggested by the child. The child could be engaged by using one of their own stuffed animals as their “avatar”.</p> <p>You could work on positive relationship building between child and caregiver with strategies like encouraging the dyad to draw simple pictures with their fingers on the other’s back and guess the shape. You could then coach the caregiver to draw scenes with their finger on the child’s back depicting things the child did recently that the caregiver liked.</p> |
| 2. Any guidance on families who do not have access to telehealth for one reason or another, so telephone is the only option? | <p>I think the most important thing a clinician can do for young children is to be an effective support to the caregiver. If you are talking by phone, it can be difficult to maintain the boundaries with phone calls because the calls can feel very informal. For that reason, I would encourage phone calls to be scheduled as “sessions” with the caregiver at specific times and to plan with the caregiver how to ensure privacy during the calls. On calls, a clinician and caregiver could discuss how to institute routines and</p> |

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| | <p>rituals, role play parenting strategies, problem solve family logistical issues, and provide emotional support. Conceivably, you could be on speaker phone and talk through an activity as described above between the caregiver and child. Or, you could have the caregiver practice the PCIT strategy of describing the play between the child and caregiver. This strategy can help the caregiver engage in more mindful interactions with the child.</p> |
| <p>3. What was the name of the Sesame Street activity?</p> | <p>I mentioned several things related to Sesame Street. I think the activity was emotion identification: https://sesamestreetincommunities.org/topics/emotions/?activity=feelings-have-names</p> <p>There are so many amazing resources on this site though! Check them all out- articles, activities, videos! https://sesamestreetincommunities.org/topics/</p> |
| <p>4. What are some suggestions to help a child that is 2 years old to participate in telehealth when he is distracted from the tablet/phone? Child is doing dyadic therapy with parent but is struggling participating.</p> | <p>For a child that young, I would strongly encourage you to think about having separate sessions with the caregiver to plan for the activity in the dyad. Then, when you have a dyadic session, the child can focus on the caregiver. Psychoeducation with the caregiver about the emotional life of a young child, including their attention span and the importance of matching their current state (is the child in an awake alert state? Tired? Overstimulated?) to the activity. You can help the caregiver notice how different types of play change the child's state and how they can change quickly. For example, playing the "tickle monster"/"I'm going to get you" game likely starts with the child giggling and approaching the caregiver, but can move to overstimulation with the child hitting or crying and then the caregiver responding with anger or frustration and disciplining the child. Sessions could focus on helping the caregiver work on being a better "thermostat" to regulate the child's emotional "temperature" by learning with your observational assistance to better read the child's cues around stated changes and alter the activities to keep the child in a regulated state. Check out this awesome book to learn more about kids in this age range: https://www.amazon.com/Emotional-Life-Toddler-Alicia-Lieberman/dp/0028740173</p> |
| <p>5. What is the title of the book by Jennifer Wilgocki?</p> | <p>MAYBE DAYS: A BOOK FOR CHILDREN IN FOSTER CARE by Jennifer Wilgocki , Marcia Kahn Wright, et al. Feb 1, 2002</p> |
| <p>6. Any suggestions on working with babies?</p> | <p>Yes! http://www.abcintervention.org/ https://www.zerotothree.org/early-development https://www.triplep-parenting.com/nc-en/find-help/triple-p-online/toddlers-to-tweens/?itb=d9a5cf487c8317dba2cc8fafcf8a18a8&gclid=EAlaIQobChMlpYKd67nz6QIVEvDACHOP9wTJEAAYASAAEgLCcFD_BwE https://www.nurturingparenting.com/</p> |

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| <p>7. Can you give an example of how you might address the importance with family members to participate in sessions. I'm having difficulty engaging with family who are not interested in participating</p> | <p>This is so hard! I think beginning with motivational interviewing strategies are likely to be helpful. https://motivationalinterviewing.org/</p> <p>Talking to the caregivers about what they hope to change in the child is a great place to start. Get them to be specific in describing the problem, and then equally specific in getting them to think through what the antecedents and consequences to the behavior. That will help them see that since they function within the system, they have the power to change the behavior. You are outside the system, but you can coach them within it.</p> |
| <p>8. Ideas for working with young children dealing with death/grief?</p> | <p>This is pretty much the seminal work on the topic. LOSING A PARENT TO DEATH IN THE EARLY YEARS: GUIDELINES FOR THE TREATMENT OF TRAUMATIC BEREAVEMENT IN INFANCY AND EARLY CHILDHOOD HARDCOVER – OCTOBER 1, 2003 by Alicia F. Lieberman (Editor), Nance C. Compton (Editor), Patricia Van Horn (Editor), & 1 more</p> |
| <p>9. Any resources for children with ADD?</p> | <p>I am not a psychiatrist but children under the age of six should be assessed for ADD very judiciously. ADD is best treated with parent management and often with psychotropic medication. Teletherapy with a child of this age for issues specific to ADD behavior could be provided with an evidence-based treatment like Parent Child Interaction Therapy. If you are working with a young child who has a short attention span and lots of energy, consider having a tight schedule within each session where activities change every five minutes, give or take. Offer a choice of 2 activities every five minutes. Be sure to be active and use your own voice and movement to keep the child engaged. Offer lots of specific praise and behavioral description for all appropriate behavior and actively ignore any inappropriate behavior. This is the most important thing: https://www.jaacap.org/article/S0890-8567(09)64587-1/pdf</p> |
| <p>10. Is there a White Board type of app that could be used on a Mac?</p> | <p>There was only one I was able to find. It's called "Whiteboard" and advertises it can be used with kids as young as 4.</p> |
| <p>11. Would you please speak more on interventions when the parent is scary towards child but cannot see it.</p> | <p>This is a great question! First, I think it would be important to help the caregiver buy into the concept that if they change their behavior, the child's problematic behavior will change. If there are ever times that the caregiver can see the child's fear in a different context, help them verbally describe all the behavior, expressions, body posture, and any vocalizations that let them know the child is afraid. Then, when you see that behavior in response to the caregiver, describe it and ask the caregiver what they notice. If that doesn't work, Attachment and Biobehavioral Catchup uses this wonderful strategy of describing very specifically the caregiver's</p> |

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| | <p>behavior, then describing the child’s response. They then ask the caregiver what they make of the child’s behavior and what they think might have caused it? Recording the sessions so caregivers can review can also help. For example: “So, just when you made your voice lower and louder, Joey backed away and fell down and started to cry. What do you think happened?”</p> |
| <p>12. Wonder if you could speak to a child seeing people, how to facilitate discussion with parent and 4-year-old?</p> | <p>I think this question is referring to how to get a child to engage in direct discussion with their caregiver. I think this is tricky even face to face sometimes. The best strategy I know would be to talk with the caregiver in advance and explain the rationale that that all people are more likely to share information with us when they think we are truly interested. Contrary to our common practice of asking questions, the best way to show interest is through active listening. This does not involve asking questions. For young children, asking questions is a demand. Many kids shut down or become resistant when they feel someone is demanding something of them. Instead of asking questions, caregivers can listen closely when their child talks and reflect what they are hearing their child say and describe what they see. For example, “you know so much about cars. I can tell that is interesting to you because you seem happy when you talk about them. You really like that red car best. It goes so fast.” That kind of talking is much more likely to lead to something like, “you look so sad when you tell me how David took your toy today. You were not done playing with it and he didn’t ask.” After you explain the rationale for this kind of reflective listening, demonstrate it. Then have the caregiver practice with you. Then, in a session with the child and caregiver together, have the caregiver practice with the child.</p> |
| <p>13. How does a parent do the 5 minutes of undivided attention when there are other younger kids in home and no other adult?</p> | <p>When there are multiple children in the home, parents still have some options. One is that they could stagger bedtimes and have special time as part of bedtime or bath time. Another could be the caregiver has the children take turns being the caregiver’s special helper during the caregiver’s chores. When a caregiver has multiple young children and is single parenting, the trick is really to take advantage of any opportunity. The five-minute idea is to ensure the caregiver really does it. They could also keep chart to ensure they get in a few minutes with each child each day, even if it is spread out.</p> |
| <p>14. What would you suggest for families that are unable to have the caregiver involved for a slightly older child (5yo). Has been difficult to keep him engaged, caregiver</p> | <p>To be honest, I am not sure individual teletherapy is the best thing to help the child in this case. Is it possible to work with the caregiver with both children to help the caregiver practice the needed skills to manage whatever symptoms have brought the 5-year-old into therapy? At age 5, there is really no way that anything a clinician does with that child once weekly, without having adult interactions in order to make the interventions stick, will be useful. Teaching the caregiver strategies to manage behavior and coach coping skills with all children could be very useful.</p> |

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| is busy keeping the other sibling engaged during that time? | |
| 15. What is the name of the stressor checklist that Donna did not include in the PowerPoint? | The PTSD checklist (PCL-5). It is available for free at https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.PDF |
| 16. What is the last name of the person John she is referring to in talking about Emotion Coaching? | Gottman |
| 17. How would you encourage Emotion coaching with a parent/caregiver when the parent has a difficult time talking about feelings, whether it's the client's and/or the parent's feelings. | <p>Child Parent Psychotherapy refers to the importance of the parallel process. You could potentially provide some psychoeducation explaining why talking about feelings is so helpful for humans, and what happens to affect that is not given voice. Then, you could help the caregiver notice their own feelings by pointing out to the caregiver their own facial expressions, tone and rate of speech, and body language during discussions of different topics. When you do, you could phrase it like this: "I noticed when we started talking about (name the topic) you (insert all your observations). I wonder if you might have been feeling (name two likely emotions and have the third be "or something else.")"</p> <p>See if the caregiver responds to this strategy and try to use it regularly in your interactions with the caregiver. You can then comment when you see the caregiver try it with the child. If they don't do it naturally, you could suggest practicing, first by role playing with you and then with you coaching while they do it with the child. You can also engage the caregiver and child in a game where they both try to name as many feelings words as they can in a given period of time, or play emotions bingo https://bingobaker.com/ or emotions charades. Focus on emotional identification through several sessions, using homework that both enjoy.</p> |
| 18. Please add the New York Times article link or title of article mentioned, regarding Domestic Violence technology safety when | https://www.nytimes.com/2020/04/06/smarter-living/wirecutter/domestic-abusers-can-control-your-devices-heres-how-to-fight-back.html?action=click&module=Well&pgtype=Homepage&section=Smarter%20Living |

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| sending us the email with these resources. | |
| 19. Can Donna specify again those case-types which would not be appropriate for virtual telehealth sessions. | Young children who have significant behavioral disorders where they are not able to remain in front of the screen will not do well with teletherapy unless the specific modality is an Evidence Based Treatment specifically designed for addressing those behaviors through teletherapy- like Parent Child Interaction Therapy. |
| 20. Can Ms. Potter please talk more about Stoddard Kauffman's Coronavirus Impact Scale, specifically family income/employment and food access?? | I believe looking at the measure which was provided as an attachment will answer this question. The measure is not focused on these stressors in a global sense but is asking specifically about how the pandemic and quarantine is affecting families. The questions around family income and food access are asked in the context of the change families are currently experiencing. It is interesting to note, considering the current social reality around racism, how you might ask the same questions considering institutional discrimination and poverty specifically, but that was not the intention of the measure. |
| 21. What was the whiteboard app she recommended at the end? | https://edu.google.com/products/jamboard/?modal_active=none |