



Moving to Telemental Health in a Child Advocacy Center Environment

There are many advantages to developing the capacity to deliver trauma-focused telemental health (TMH) services to children's advocacy center (CAC) clients. First, TMH extends the reach of the CAC program. Families may be challenged to access in-office therapy due to the distances they need to travel each week. In rural and frontier communities, families may live an hour or more from the center, and in more populated areas, limited transportation options make it hard for families to come to a CAC office on a regular basis. In addition, work and school schedules, childcare issues and weather can all prevent consistent, in-person participation.

Second, TMH can address workforce issues. For example, when a CAC does not have access to a local therapist trained and experienced in delivery of evidence-based trauma treatments, it must rely on therapists who may live too far from the center to provide services routinely on-site.

Finally, the current COVID-19 pandemic limits face-to-face contact and requires social distancing. This new work context has prompted many CACs to quickly transition to TMH service delivery in order to provide necessary services.

As CACs make the transition to TMH services, there are many things to consider, and we offer answers to commonly asked questions below.

› Is telemental health effective?

The short answer is yes, it is effective for children and adults and is supported by numerous research studies. In fact, TMH is not new. The Veteran's Administration began delivering trauma treatment to veterans via TMH in the 1990s and now uses it widely. All indications are that tele-mode of treatment is as effective as in-office therapy, with acceptance and dropout rates largely similar to those of in-office therapy. Research on children and youth is growing and current indications are that, at least with adolescents and school-age children, TMH is effective across a variety of diagnoses (see the [WRCAC Telemental Health Resource Center](#)).

› Does telemental health meet the National Children's Alliance standards for accreditation?

Yes, if the therapist and modality used are otherwise in compliance with the standards (e.g., if the therapist has the required number of hours of training, and the modality selected is an approved, evidence-based treatment program for children who have experienced trauma).

› What equipment does our CAC need?

TMH platforms have gotten more accessible in recent years. Basically, the therapist and the client need internet access and video and audio capability. Many families already have appropriate devices in their homes that they use daily for personal communications, such as tablets or laptops. The therapist will need a computer with a camera, speakers, and microphone, or use their telephone for the audio while on the computer. The client (child or parent) will need a computer with speakers and a microphone; an iPad or tablet may also be used. A smartphone is not recommended, due to the small screen size, but can be used if there are no other options.

For a general introduction to the technological aspects of TMH, view an archived copy of the WRCAC TMH Webinar: [Technology and Licensure](#).

For additional information and resources, see our [set-up guides and toolkits](#).

› Can we use Facetime or Skype?

Under normal circumstances, no, Facetime and the typical personal version of Skype cannot be used for TMH, and the selected telecommunication method must meet Health Insurance Portability and Accountability Act (HIPAA) requirements. However in March 2020, the U.S. Department of Health and Human Services released a [Notification of Enforcement Discretion for Telehealth Remote](#)

[Communications During the COVID-19 Nationwide Public Health Emergency](#) that temporarily allows for the use of popular applications that allow for vide chats. There are, however, many accessible and inexpensive options that meet HIPAA requirements, such as Zoom for Healthcare (the HIPAA-compliant version of Zoom), Doxy.Me, and VSee. For more on [video platforms](#), visit WRCAC's TMH Resource Center.

› What clinical adjustments must be made to therapy?

A change in the clinical setting from in-person to a digital environment requires some forethought. For example, the Medical University of South Carolina (MUSC) has been successfully delivering TF-CBT via a TMH environment for several years and has modified in-person activities and materials for virtual delivery. See a brief introductory webinar from MUSC and a WRCAC TMH Webinar: [The Clinician's Perspective](#). In the ideal world, therapists would receive additional training and guidance on the delivery of mental health services, such as TF-CBT, via TMH. Unfortunately, due to the COVID-19 pandemic, CACs are finding they must move their services into the TMH environment quickly. The shortened timeline means that a planned systematic rollout with extensive face-to-face training is not feasible. For resources on delivering TF-CBT via a TMH environment, visit the [TF-CBT National Certification Program website](#). We can still ensure that quality services are delivered, however, by thoughtfully modifying in-person practices to fit telehealth delivery. Guidance for therapists on transitioning to TMH can be found in our WRCAC webinar: [Delivering TF-CBT via Telemental Health](#) or in our [clinical guidelines](#) at the Telemental Health Resource Center.

› How should the equipment and therapist room be set up?

The therapist must have internet access and audio and video capability as described previously. A headset and dual monitors are helpful for charting during the session or managing activities, but not required. The therapist needs a private space to deliver the session to ensure confidentiality. You should also consider issues such as lighting (e.g., is the therapist's face clearly visible on the screen without shadowing?) and background (e.g., is there anything distracting behind the therapist in the video, such as a mirror or artwork?). For more information, visit the [Northwest Regional Telehealth Resource Center](#).



› What considerations need to be made for client confidentiality during the session?

Client confidentiality is an important consideration, as the therapist has less control of what is occurring in the remote location than in their own office. The therapist should work with the child/youth and caregiver to secure a site in which the client can have confidential sessions without the risk that their session is overheard by others in the location. This consideration is especially important when the child or youth will participate from home. In addition to confidentiality, such a location helps minimize distractions from others coming and going, from a TV playing or from other noises that could interfere with clear communication between the client and therapist.

› What considerations need to be made for client safety?

During trauma therapy, clinical emergencies may arise, such as an expression of suicidal intent, an angry outburst, or the throwing of objects (like an iPad) that require immediate intervention by the therapist. In traditional office therapy, the therapist can physically intervene, but TMH work precludes immediate physical intervention. Arrangements should be made to have a responsible adult available at the site where the child/youth is located during the TMH session. The therapist should have the telephone number for that adult and be able to contact him/her immediately in the event of a clinical emergency. The adult could be a school counselor or, in when THM occurs from home, a parent, foster parent, or other trusted adult. The therapist should coordinate with that person before the beginning of therapy to be sure they will always be present and explain their role and the type of issues that may arise that would necessitate an intervention, as well as the process the therapist suggests for intervention. The therapist should have information on crisis resources in the community where the child/youth is located.

› How can the therapist be prepared for the different structure?

It is fair to assume that the first few sessions of TMH will look very different from traditional office therapy. Some children might be excited to show the therapist their room and their house or introduce them to their pet. Others might not want to show themselves on video or be hesitant to share their home and room. The first session or two will be a transition. Rather than viewing these



sessions as a departure from the therapeutic process, therapists are encouraged to think about this time as another way to build engagement and rapport with the client.

› Can the CAC be reimbursed for TMH?

While the rules and requirements vary by funding source and state, most payers will reimburse for TMH therapy at the same rate as in-office therapy. See WRCAC's guidelines around [telemental health reimbursement](#) for more information, and contact your funder for details on how to bill for TMH services.



› What are the licensing and legal implications of delivering TMH?

Again, the legal and licensing implications are not much different than for in-office therapy with one significant caveat. While TMH offers the technical capacity to access a therapist anywhere, as of now, the therapist must be licensed in the state where the client is receiving therapy. In other words, for a therapist in Sacramento, California to provide therapy to a child living on the Fort Peck Reservation in Montana, the Sacramento therapist would need to be licensed in Montana. Conversely, a licensed therapist in Billings, Montana can serve a child four hours away on the Fort Peck Reservation since both the client and therapist are in the same state. While we are seeing an increase in cross-state licensing agreements and reciprocal licensing in health care in general, these are less common in the mental health professions. See WRCAC's resources about [cross-state issues](#) for more information.

› Do we need special malpractice insurance?

The agency providing the insurance or the individual therapist, should clarify with their insurance provider what their specific policy covers before delivering TMH services but, as a general rule, coverage extends to TMH. For more, see WRCAC's [insurance resources](#).

Western Regional Children's Advocacy Center

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