



DO FIRST > Consult TF-CBT Telehealth resources from the National TF-CBT Dissemination Team, including a webinar, here:

- <https://tfcbt.org/telehealth-resources/>
- <http://www.westernregionalcac.org/tmh/resourcecenter/>

These resources provide greater detail regarding considerations for implementing TF-CBT than can be provided here.

The ARBEST Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Training Team is committed to supporting your ongoing transition to TF-CBT delivery via telehealth services. Because of its flexibility within fidelity as well as structure, TF-CBT is an excellent tool for clinicians to use when providing ongoing care to families who may need to move to a telehealth platform. Regardless of the platform (in-person or telehealth), the TF-CBT model provides a framework for implementing the intervention. Because many clinicians are new to providing TF-CBT via telehealth, we would like to provide some considerations for beginning your telehealth practice.



LOGISTICAL CONSIDERATIONS

Follow discipline and agency rules, regulations, and ethics for telehealth, even if they conflict with TF-CBT consultation guidance. Follow best practices for telehealth services (e.g. American Psychological Telepsychology Best Practice 101 Series <https://apa.content.online/catalog/product.xhtml?eid=15132&eid=1921>)

Consider family's level of access and comfort with telehealth platforms.

- Do families have access to smartphones/tablets with video capabilities? If not, can we help them to access them?
- Does the telehealth platform allow clinician to see those necessary for the appropriate delivery of services?
- Remember, telehealth may feel like a barrier for some or be more comfortable for others.

Develop a plan for managing safety with families that includes how to best intervene should it become necessary.



CONSIDERATIONS for CLINICIANS

- Discuss with client and caregiver expectations for privacy, as well as benefits and risks of engaging in TFCBT through telehealth (i.e. security of material created/shared, potential for others to overhear sessions, others brought into sessions, etc.).
- Caregiver must always be close by and immediately accessible in the home in case of emergency.
- Contraindications for delivering TF-CBT via telehealth:
 - Severe externalizing behaviors (e.g., destroying technology, risk to harming self or others)
 - Active suicidal ideation where there is a risk for the child to be in room alone.
 - Age and/or developmental level of child: Child is unable to video conference for an extended period or be actively involved with therapist despite therapist's attempts to engage and involvement of caregiver.
 - Inability to have face-to-face interactive video
- Consider helping clients and systems personnel with whom they interact (e.g., DHS caseworkers) understand the current plan for treatment, including any changes in treatment delivery or goals (e.g., working more on enhancing safety).
- Consider ways in which additional concrete assistance could be particularly helpful for families during this time; get familiar with local resources.

CONSIDERATIONS for CLINICIANS cont.

How to Provide TF-CBT PRACTICE Components

Practice TF-CBT with fidelity and the appropriate amount of flexibility. Due to its structure, TF-CBT can be delivered similarly through telehealth. Child and caregiver will have one-to-one time with therapist as well as conjoint time which may occur more frequently, particularly with younger children or youth experiencing externalizing behavior.

Materials: Have electronic copies of resources and editable versions of therapeutic activities. Plan ahead to provide copies of materials (e.g., safety plans, homework, activity sheets, psychoed materials) or assessments to caregivers by mail or email. Materials created in session or needed for upcoming sessions could be provided to caregiver after session.

Face-to-face video is essential to deliver TF-CBT to:

- Have back-and-forth conversations and engage children and/or their caregivers.
- Read psychoeducational materials (e.g., books, handouts).
- Observe child's and/or caregiver's non-verbal reactions to trauma reminders.
- Observe and/or correct child's and/or caregiver's use of skills/techniques.

Ability to share therapist screen is preferred to :

- Use the TF-CBT workbook and other therapeutic work sheets as well as visual aids.
- Share/create PowerPoint presentations, Word documents, etc. for teaching and applying skills/techniques.
- View videos and other web-based resources for providing psychoeducation and teachings skills/techniques.
- Display editable worksheets and other activities on screen where the child and/or caregiver will verbally tell you responses and therapist will complete on screen.
- Completing therapeutic exercises such as cognitive triangles, trauma narrations, etc.

White board or chat box feature of platform for child and/or caregiver to write or draw is helpful for:

- Conducting therapeutic exercises such as completing cognitive triangles, trauma narrations, safety plans, feelings identification activities, etc.
- Engagement (remember, TFCBT should be FUN, no matter which platform is used to deliver therapy!).



TRAUMA NARRATION GUIDANCE

Potential Trauma Narration Options:

- Use screen sharing as child dictates and therapist types content in a Word Document or PowerPoint presentation.
- Child types in chat box or on white board and then clinician transfers text to Word Document, and edits as more detail, thoughts, and feelings are added.
- Child draws pictures that illustrate aspects of the TN while therapist types content from discussions in a Word Document or PowerPoint presentation. Child displays pictures while the therapist takes a screen shot to add to TN.
- Child plays out narration in a structured format, as therapist types content and make notes about the actions of toys used by child in order to revisit in subsequent sessions.
- Other creative methods such as poems, talk show interviews, and collages can be completed through telehealth but more preparation may be needed (e.g. working with caregiver to gather supplies, ensuring capacity and approval to record sessions in which talk show interview is conducted, etc.)
- Monitor gradual exposure and intensities of emotions throughout. Therapist may not be able to view all non-verbals so checking in verbally more frequently may be necessary.



SELECTED LITERATURE

- Stewart, R., et al. (2017) Pilot study of Trauma-Focused Cognitive-Behavioral Therapy Delivered via Telehealth Technology. *Child Maltreatment*, 22, 324-333.
- Stewart, R., et al. (2017). Addressing barriers to care among Hispanic youth: Telehealth delivery of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT). *Behavior Therapist*, 40, 112-118.
- Goldstein, F., et al. (2016). Developing rapport and therapeutic alliance during telemental health sessions with children and adolescents. *Journal of Child and Adolescent Psychopharmacology*, 26, 204-211.
- Hilty, D., et al. (2016). Need for and steps toward a clinical guideline for the telemental healthcare of children and adolescents. *Journal of Child and Adolescent Psychopharmacology*, 26, 283-295.