



START TELEHEALTH GUIDELINES

FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH NEEDS AND THEIR FAMILIES

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BACKGROUND

START is an evidence-based model and utilizes best practices and research to inform service delivery. The *START Telehealth Guidelines for People with Intellectual and Developmental Disabilities and Mental Health Needs and their Families* were developed as part of a research study, the *Evaluation of Telehealth Services on Mental Health Outcomes for People with Intellectual and Developmental Disabilities*, funded in part by the Patient Centered Outcomes Research Institute (Grant #14MN50). The study is based at the University of New Hampshire's Institute on Disability National Center for START Services™.

The guidelines are the product of collaboration between the research team and members of the START community who volunteered to participate in the process. Following is a list of principal and co-investigators and their university affiliations along with other contributors to the study and development of the guidelines. The references, training, and materials were developed by the National Center for START Services™ and are not part of study outcomes. It was a collaborative process.

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Available in alternative formats upon request.

INTRODUCTION

Telehealth is defined as any services provided using telecommunication platforms, such as a computer, tablet, or phone. There are several individual factors to consider in the telehealth decision-making process including individual and family preferences, communication styles, and access to devices and the internet.

While there are established guidelines for telehealth delivery in the literature, those available often focus on logistics and the mechanics of telehealth (National Quality Forum, 2021; American Psychological Association [APA], 2013).¹ Articulation of best practices to activate effective telehealth sessions will expand the capacity of telehealth. The *START Telehealth Guidelines for People with Intellectual and Developmental Disabilities and Mental Health Needs and their Families* were developed with the help of research partners and provide best practices for activation of telehealth services and supports for people with intellectual and developmental disabilities and mental health service experiences (IDD-MH). Telehealth activation is defined as the purposeful incorporation of telehealth-based strategies and practices.

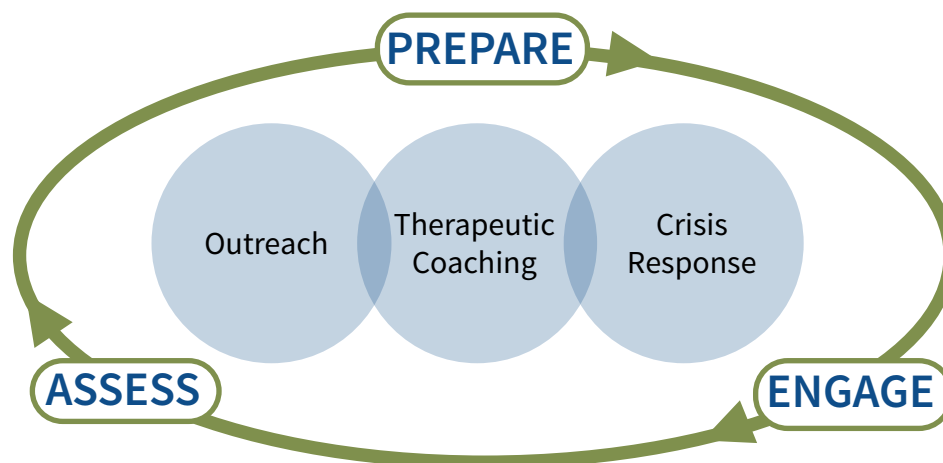
FRAMEWORK FOR TELEHEALTH-BASED SERVICE ACTIVATION

Prepare, Engage, and Assess are the three stages outlined in the telehealth activation framework.

1. Prepare: Prepare yourself, the person, and their support system to get the most out of their telehealth-based services.
2. Engage: Use strategies that build rapport, provide accommodations, promote trust, and encourage engagement by all members of the team.
3. Assess: Continual assessment of the effectiveness to further refine telehealth-based services to meet the needs of each person and family.

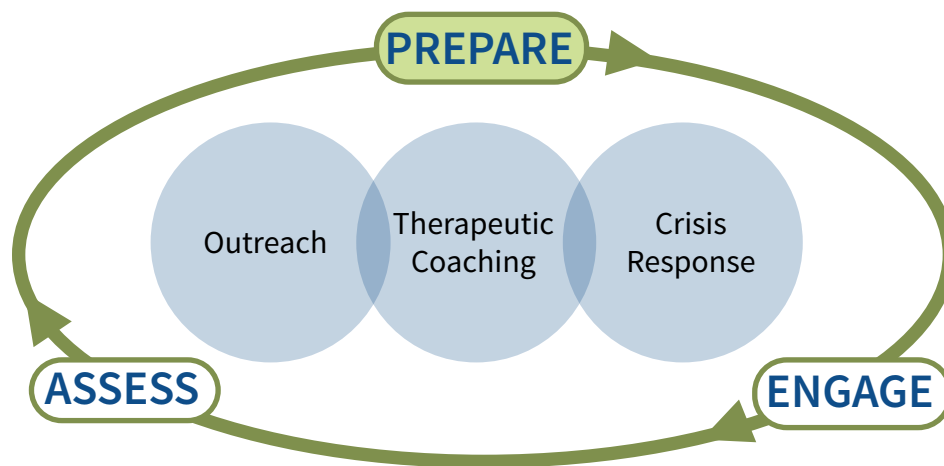
These principles build the foundation for effective telehealth-based outreach, therapeutic coaching, and pro-active crisis prevention.

Figure 1: Telehealth Activation Framework



¹ American Psychological Association [APA], Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68(9), 791-800.

National Quality Forum, (2011). Rural telehealth and healthcare systems readiness measurement framework. Accessed: https://www.qualityforum.org/Publications/2021/11/Rural_Telehealth_and_Healthcare_System_Readiness_Measurement_Framework_-_Final_Report.aspx.



PREPARE

This section describes how you can prepare for successful telehealth-based sessions. As part of this planning process, invite the person and their family member(s) to complete a questionnaire about their preferred telehealth communication methods (see supplemental materials).

PREPARE YOURSELF: PROFESSIONAL SKILLS AND STRENGTHS

Preparation is essential for successful telehealth engagement. It is important to be familiar with a variety of video conferencing platforms so you can use the one the person and caregiver feel most comfortable with. Preparation also requires learning how to use common video conferencing features such as closed-captioning, virtual backgrounds, breakout rooms, and screen sharing. Despite best efforts, technological issues may arise. It is best to test your equipment and connection ahead of time to reduce this likelihood. Make sure your devices are charged and that chargers are available if a device has a low battery.

You need to be present and focused during sessions. Distractions should be minimized so that all involved feel heard and respected. This requires closing email, disabling group chat features (such as Microsoft Teams), silencing phones, and making sure you are in a quiet, private area. Eliminate background noise and visuals when possible. Consider using the noise reduction features available on most telehealth platforms. While you may disclose some aspects of your personal life, caution must be used, and anything that is shared should directly benefit the person. For example, you may introduce the person to your dog if you know they are an animal lover.

Know Your Resources: An important component of planning is knowing how and where to access resources for use during telehealth sessions. Since the onset of COVID-19, many telehealth resources have become available online. However, it can be overwhelming and time consuming to sift through potentially helpful resources to find what may work best for the person. Therefore, a supplemental, curated list of frequently recommended resources has been developed.

SCHEDULING

As with in-person services, meetings should be scheduled at a time that works best for the person and family. For some with limited internet bandwidth or devices, scheduling must accommodate the needs and responsibilities of other family members (e.g., family members' work schedules, siblings' school or homework schedules, or other telehealth appointments). If a telehealth session primarily involves a caregiver, ensure there are alternative caregiving arrangements for the person during that time. Some families may have religious or cultural restrictions around the use of technology as well, for example, avoiding use of technology on the Sabbath. Finally, some people or their family members may wish to limit their daily screen time. All of these factors must be considered when scheduling telehealth meetings that best meet the needs of the family.

Telehealth Tip: Along with scheduling needs and preferences of the person and caregivers, it is also important to be strategic with your own telehealth schedule. Time should be built in between meetings, when possible, to head off screen fatigue and avoid meeting overlap.

OPTIMIZE TECHNOLOGY

Choosing a Telehealth Platform: People have varying levels of telecommunications literacy and may benefit from some support and training to maximize engagement. Being knowledgeable about the basic features of common telehealth platforms will increase your ability to provide telehealth services in a way that works best for the person. Different platforms have slightly different features for chatting, drawing/writing, and visuals (ex: virtual backgrounds, animated reactions). When possible, use the person's preferred platform. If there is no preference, consider which features may be most helpful. See details later in this manual for features recommended for therapeutic coaching and outreach.

Safe Use of Technology: Safety is top priority when engaging in telehealth services. Providers should speak with service recipients and family members ahead of time to learn what they need to feel comfortable with telehealth sessions. Partner with families and other supporters to ensure the person can safely engage with the technology needed to access telehealth services. This includes setting up privacy or internet safety software to restrict access to certain websites. Protective carrying cases and screen covers can be used to protect expensive devices from drops, throws, and spills.

Use of Cameras: Each person has a preference regarding camera use, which may be affected by how the person is feeling, their environment, or the activity. If someone has limited telehealth experience or does not like to see themselves on screen, they may decide to turn their camera off. Inability to see the person and their immediate environment impacts your ability to gather information for planning and service delivery. They may turn their camera on more often after rapport is developed and their level of comfort increases. You should provide the person instructions on how to use the "hide self" view if they are comfortable with this, or gradually encourage turning the camera on for brief periods of time until the person is comfortable keeping it on the entire time. **Please keep your camera on at all times unless specifically asked to turn it off.**

Anticipate Technical Difficulties: Technological difficulties will happen, whether internet connection is lost, a device loses power, or software requires an update. You can reduce anxiety by identifying a backup plan with the person and caregiver. This plan should include:

1. Identify a secondary, back-up way to connect (e.g., phone number) if a virtual/web based meeting is not possible.
2. Work with the person and caregivers to proactively install telehealth platforms on multiple devices (e.g., laptop, tablet).
3. Send reminders to confirm upcoming sessions and to charge devices.

Teach and Practice: People with IDD-MH and their caregivers may feel more comfortable engaging in telehealth after learning how to use common platform features. Help people download and set up telehealth platforms (e.g., Zoom) to their local devices, and develop a system to keep track of usernames and passwords. It can be helpful to keep a meeting link/password notebook. Provide hands on instruction for selecting and using microphones and cameras, as well as viewing and using chat. Advanced training may include changing the “view” or layout of the virtual meeting space, private chatting one person in a group meeting, sharing screen, and accepting control of someone else’s screen. This training may be best provided in person, prior to telehealth appointments. Plain language instructional videos are available as a supplemental resource.

COMFORT AND PRIVACY

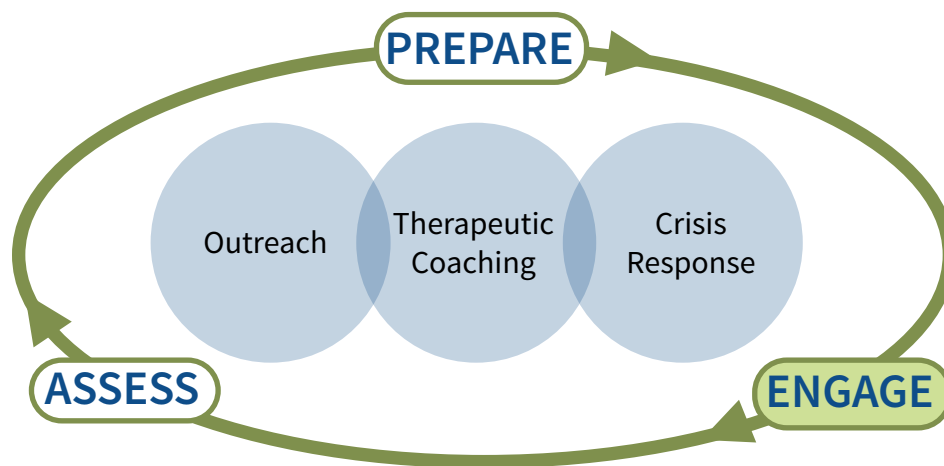
Reduce Distractions: Telehealth sessions are most effective when distractions are reduced on and off screen. A quiet, private environment is preferred. When not possible, use virtual backgrounds. The person and their caregivers should be encouraged to be in a semi-private space (safety needs should always be considered). Equipment such as headphones can further reduce background noise and distractions. Finally, invite the person to set phone, email, and text notifications to “do not disturb” or silent during telehealth sessions.

Create a Space: Ideally, the person should identify a designated, private, or semi-private space (as appropriate) in their home for telehealth services. A consistent space for the person’s telehealth equipment and materials creates a familiar, consistent setting to promote full engagement. Having materials readily available, like fidget devices or a cozy blanket fosters comfort. If lack of privacy is a concern, invite the person to use headphones, Zoom chat, or other text-based communication methods.

Provide Structure: Structure and predictability reduce anxiety when someone is new to telehealth. Select a standing day/time for sessions, provide reminders (1 day and 1 hour) before sessions, and an agenda for the session so the person knows what to expect. Identify a standard way to begin and end sessions. For example, begin the session by asking the person to share one thing they enjoyed since the last time you met and end the session with strength spotting and action steps to complete between sessions. Additional information about structure and consistency when providing telehealth START outreach and therapeutic coaching is provided later in this manual.

IDENTIFY A TRUSTED SUPPORTER

When preparing for a telehealth session, identify someone who can provide hands-on assistance with technology or planned activities if needed. Having a trusted supporter to call on can reduce anxiety and help the person remain resilient and engaged if technology or other challenges arise. You can also ask the trusted supporter to assist by looking for signs of dysregulation or distress that may not be readily apparent onscreen (see section ASSESS). By communicating these changes to you, you can adapt the session plan to meet the needs of the person.



ENGAGE

This section provides strategies and approaches to promote engagement through telehealth including methods to build rapport, encourage communication, and implement necessary accommodation strategies. These strategies set the stage for those involved to feel comfortable and supported. Some basic telehealth engagement “dos and don’ts” are provided below.

DOs AND DON'Ts FOR TELEHEALTH-BASED ENGAGEMENT

- | | |
|--|---|
| <p>Do:</p> <ul style="list-style-type: none"> ▶ Be patient and provide affirmation as people get accustomed to telehealth ▶ Use active listening strategies and provide validation often (positive psychology approaches are recommended) ▶ Ask about the person’s strengths, skills, and interests ▶ Take time to prepare for the session. Incorporate repetition, structure, and predictability in sessions. Always have a plan ▶ Have an agenda for each session and anticipate them to last 30-45 minutes ▶ Schedule the next visit before ending | <p>Don’t:</p> <ul style="list-style-type: none"> ▶ Expect everyone to dive in right away. ▶ Expect people to be engaged and fully candid during initial meetings. This can take time. ▶ Limit discussion to what is wrong or not working ▶ Let the content in the meeting drive your session ▶ Expect people to remain engaged on telehealth for longer than 45 minutes ▶ Close a meeting without scheduling follow-up |
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BUILD RAPPORT

It can be more challenging to develop rapport over telehealth. Consider the methods outlined in this section, which were identified as particularly valuable by people with IDD-MH and their family members. Always use culturally competent engagement strategies; engage family members using their preferred language and consider how factors such as age and geographic location may affect activation of telehealth-based services.

Virtual “Cup of Coffee”: Like meeting for a cup of coffee, or at someone’s kitchen table, build in time for conversation that is unrushed and less structured with minimal expectations. Spend this time getting to know those you are working with. This additional context is helpful when planning sessions and interventions as well as identifying strengths to build on to prevent crisis.

Active listening: Active listening strategies are invaluable skills to promote engagement. The START Clinical Teams Manual and START Therapeutic Coaching Manual cover active listening approaches in depth. The primary modification for telehealth involves the demonstration of open, friendly, and engaged body language. Non-verbal communication is more difficult to observe on telehealth, so make sure your camera is on (even if the person chooses to keep theirs off), and that you deliberately put forth cues that demonstrate you are present and engaged. This might include smiling, nodding, and looking/leaning into the camera as much as possible.

Telehealth Tip: Telehealth provides unique opportunities to demonstrate that you hear what someone is sharing with you. For example, you may play a person’s favorite type of music when a person joins the session. You can also create a word cloud with the things they have shared are going well for them or use virtual backgrounds that incorporate the person’s interests.

Shared Interests: Rapport is also built through shared interests. This may include enjoying music together, learning about shared hobbies (e.g., fashion, anime, sports), or showing each other’s pets. To identify interests, ask the person to show you around their home using an iPad, smartphone, or tablet. Point out things you notice that may be of interest to the person. You can also complete a brief inventory with the person about their strengths, skills, and/or interests to get to know them better.

Follow-Through: Accountability is a necessary component of telehealth-based service delivery. Plan ahead and implement strategies for following up on action items identified during sessions. Each session should include a note and follow-up activities to be shared with everyone involved and revisited during the next session. It may be necessary to conduct a check-in prior to and following sessions that involve multiple people to ensure everyone is adequately prepared and clear on follow-up steps.

STRENGTH-SPOTTING

Strength spotting is an effective way to build rapport, promote engagement, decrease tension, and improve self-esteem. The goal is to foster an environment where strengths are activated and celebrated. While there are ways to strength spot in person that can also be used during telehealth-based outreach and coaching sessions, there are some unique strategies that can be used over telehealth. There are tools and resources available to facilitate strength spotting, such as the VIA Character Strengths Survey, the START PERMA+ Assessment, and Happiness Assessment. In the event that the person cannot complete the assessments in full, use strength handouts.

If an opportunity to strength spot in the moment is missed, consider using the chat feature to share if it will not be disruptive to the flow of the session. Jotting down the strength observed to revisit later is also a helpful strategy. You can use a word cloud generator to create a visual image of the individual's strengths. Then share with the person how you noticed they used those strengths during the session or identify a "Word of The Day" to facilitate a discussion on how the person may activate their strengths.

Keen observation skills can help you to clue into the strengths, skills, and interests of the person. Posters, art, toys, or other items you observe in the person's immediate environment can help you learn more about them and their preferences/interests.

PROVIDE ACCOMMODATIONS

Accessibility is defined as "the practice of making information, activities, and environments sensible, meaningful, and usable for as many people as possible" (SeeWriteHere, 2023).¹ For services to be accessible, providers must work with the individual, their family, and system of support to ensure appropriate accommodations are made. What is convenient for most of the system does not always promote an inclusive environment. Accommodations should be designed to increase engagement by making services more accessible.

As with in-person services, accommodations should always be considered when planning telehealth-based outreach and coaching sessions. Some accommodations may need to be scheduled in advance or require additional preparation for effective implementation. Familiarizing yourself with ways to customize telecommunication platform features and ways to customize them for users is an easy way to make services over telehealth most accessible (See supplemental materials for Zoom directions and resources). Additional accommodations for services over telehealth are outlined in the table on the following page.

¹ SeeWriteHereTeam (2023). What is accessibility: An introduction. Retrieved: <https://www.seewritehear.com/learn/what-is-accessibility/#:~:text=A%20General%20Definition,the%20context%20of%20architectural%20design>

Table 1: Telehealth Accommodations and Examples

AREA	ACCOMMODATION PRINCIPLE	EXAMPLES
Motor	<ul style="list-style-type: none"> ▶ Support movement ▶ Modify tasks that require movement of the hands or whole body movement 	<ul style="list-style-type: none"> ▶ A supporter who is present can offer hands on assistance with worksheets or activities ▶ Set up keyboard shortcuts for those who are unable to operate a mouse ▶ Adapt yoga poses to be done while seated instead of standing or laying down
Sensory	<ul style="list-style-type: none"> ▶ Provide enhanced sensory input ▶ Reduce uncomfortable sensory input 	<ul style="list-style-type: none"> ▶ Help the person identify a meeting space they feel comfortable in (noise, light, texture) ▶ Invite the person to get up and move as needed during the session (stand stretch, use fidgets, bounce on an exercise ball) ▶ Do not show videos that contain flashing or strobing lights ▶ Encourage all meeting attendees to remain on mute unless speaking
Cognitive	<ul style="list-style-type: none"> ▶ Reduce the amount of input or information provided at one time ▶ Provide information in multiple formats (words, images, sounds) to enhance understanding 	<ul style="list-style-type: none"> ▶ Provide predictability in session routines to reduce cognitive load. Use a consistent platform to support familiarity and learning ▶ When sharing screen, use worksheets or PowerPoints with sufficient white space, large font (Arial and Calibri recommended), and 1 visual cue for each idea ▶ For those who are new to telehealth, reduce the number of “clicks” required to engage in activities
Attention	<ul style="list-style-type: none"> ▶ Reduce the amount of time needed for each task ▶ Enhance motivation and enjoyment ▶ Reduce amount of information or input at one time 	<ul style="list-style-type: none"> ▶ Schedule breaks into telehealth sessions or plan for shorter sessions ▶ Instruct the person on how to turn off camera self-view if it is distracting ▶ Ensure that your background is not cluttered or distracting or use a virtual background ▶ Encourage person to attend telehealth sessions in a space that has reduced distractions (noise, other activities, people)

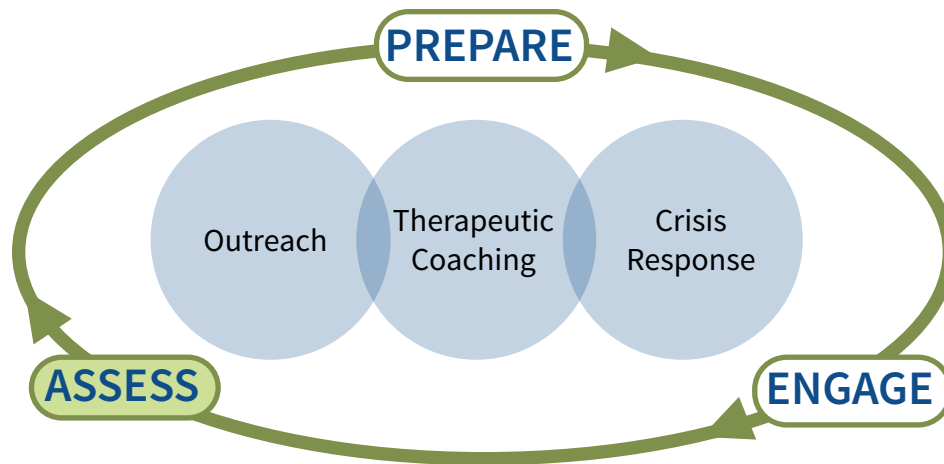
AREA	ACCOMMODATION PRINCIPLE	EXAMPLES
Visual	<ul style="list-style-type: none"> ▶ Enlarge text and images ▶ Provide information in non-visual formats 	<ul style="list-style-type: none"> ▶ Provide short, visual descriptions (“I’m a white woman with blonde hair wearing glasses and a green sweater. I am sitting in my office.”) and communicate when there are other people in the room with you ▶ Confirm that materials are compatible with screen readers and that all images include screen reader-friendly descriptions, such as alt-text ▶ Limit the use of chat when someone uses a screen reader, as their device will read the chat aloud while others are talking. Designate a member of staff for everyone to message privately and read messages aloud ▶ Review Zoom accessibility features for those using screen readings ▶ Teach how to use high contrast mode and to “zoom in” on shared screen view ▶ Screenshot is not accessible for those using screen readers, so provide materials as email attachments or links ▶ Ask everyone to say their name each time they speak (“This is Micah, and I think...”)
Hearing	<ul style="list-style-type: none"> ▶ Enhance auditory information ▶ Provide information in non-auditory formats 	<ul style="list-style-type: none"> ▶ Provide ASL Interpretation if needed. Spotlight the interpreter so they are visible on screen ▶ Automatic captioning may not be sufficient as they can be inaccurate. CART-captioning or other live transcription is recommended ▶ Pause during conversation to check in and ensure everyone has a chance to contribute ▶ Ensure that any shared videos use captions ▶ Do not speak more loudly on telehealth than one would in-person ▶ Encourage meeting attendees to remain on mute unless speaking to reduce auditory interference. Apps like Krisp can reduce background noise so audio is easier to understand.

Referenced: Virtual Meetings: Accessibility Checklist & Best Practices ([americanbar.org](https://www.americanbar.org))

Communication: To provide quality telehealth-based services, you need a clear understanding of the expressive and receptive communication abilities and preferences of the person and their caregiver(s). Tools such as the START Communication Assessment can help identify and implement appropriate accommodations. For example, if the person uses a communication device it will be important that they have access to it during sessions.

Additional modifications for addressing communication needs:

- ▶ Gather information about the person's expressive and receptive communication preferences and needs ahead of time so you can plan accordingly.
- ▶ Invite the person to communicate in ways that work best for them (chat features, writing, drawing, keeping camera off/on, or a combination of methods)
- ▶ Invite the person to write or draw what they are trying to communicate. Hold it up to the camera or use the screen-share feature to display a virtual whiteboard.
- ▶ Display pictures on the screen. Give the person remote control and ask them to use their mouse to identify the picture(s) that best match the picture that represents what they want to say. This works well for feeling identification and choice making.
- ▶ Use language interpretation services as needed. Be familiar with language lines and interpretation agencies available for telehealth
- ▶ Use closed captioning features on the person's preferred telehealth platform
- ▶ Make sure the person has a notebook handy to help with expressive and receptive processing.



ASSESS

A necessary part of mental health service delivery is the ongoing assessment of well-being. A benefit of in-person contact is the ability to observe the person and their immediate support system in their natural environment. Unfortunately, this can be challenging via telehealth. Understanding and recognizing early warning signs of stress is essential to ensure safety over telehealth. You must work collaboratively with the immediate support system to monitor body language and minimize distractions and stress within the environment, as described in PREPARE. This can be complemented by formal and informal assessment, described in this section. It's also important to continually assess how telehealth is working for each person and their family.

ASSESSING WELL-BEING ON TELEHEALTH

Navigating the “screening out” effect: The “screening out” effect is the phenomenon in which either the person and/or the support system only share pieces of the full situation which directly impacts the provider’s ability to conduct a comprehensive assessment. This is often unintentional but can have a significant impact on accurate information gathering and service planning. When we are only able to see pieces of the picture, we may not have a clear understanding of what is happening. A person’s presentation may not accurately reflect their environment; they may appear to be engaged and positive when their home environment is chaotic, scattered, and possibly contributing to stress. Providers must think creatively about how to gather important information to mitigate this.

Effective strategies to complete comprehensive observation and assessment via telehealth include:

- ▶ Ask the person targeted questions to gain a better understanding of their environment (ex: “What is your favorite room in your home?”).
- ▶ Invite the person to provide a “tour” of their environment with their tablet or smart phone.
- ▶ Speak to family members and other team members to gather additional information that may be difficult to gather via telehealth.
- ▶ Attend to interpersonal interactions between family members for patterns or interaction approaches that may contribute to dysregulation.

START Assessments:

While quarterly START assessments must occur in person, some others are well suited to being completed via telehealth, especially those that occur in partnership with service recipients and family members, as well as those that include visual elements. Some examples are:

- ▶ VIA Character Strengths Survey
- ▶ PERMA+ Assessment
- ▶ Eco-mapping
- ▶ Interest/preference questionnaires

Monitor for Engagement & Dysregulation: A person may become dysregulated for many reasons, some of which may be the direct result of meeting over telehealth. Stress may begin to increase due to overstimulation, frustration with technology, or distractions within the environment.

Common signs that may indicate increased stress during telehealth sessions are:

- ▶ Turning off the camera. Be mindful of any sudden changes in camera usage and what that might mean for the person. For example, someone may abruptly turn their camera off if they become upset during a session or someone who typically has their camera on has not had it on recently.
- ▶ Pacing or walking away from the screen
- ▶ Changes in facial expression (grimacing, lack of eye contact, or looking off into the distance)
- ▶ Changes in tone of voice, speech volume, or length/pace of response (one- or two-word answers, appearing withdrawn from conversation, decreased eye contact, or speaking faster/louder)
- ▶ Stating that they need a break

Be aware of both common and person-specific signs of stress. These should be included in the Cross Systems Crisis Prevention and Intervention Plan (CSCPIP). Communicate with a trusted supporter onsite to help monitor for non-verbal and other signs that may be difficult to observe on telehealth.

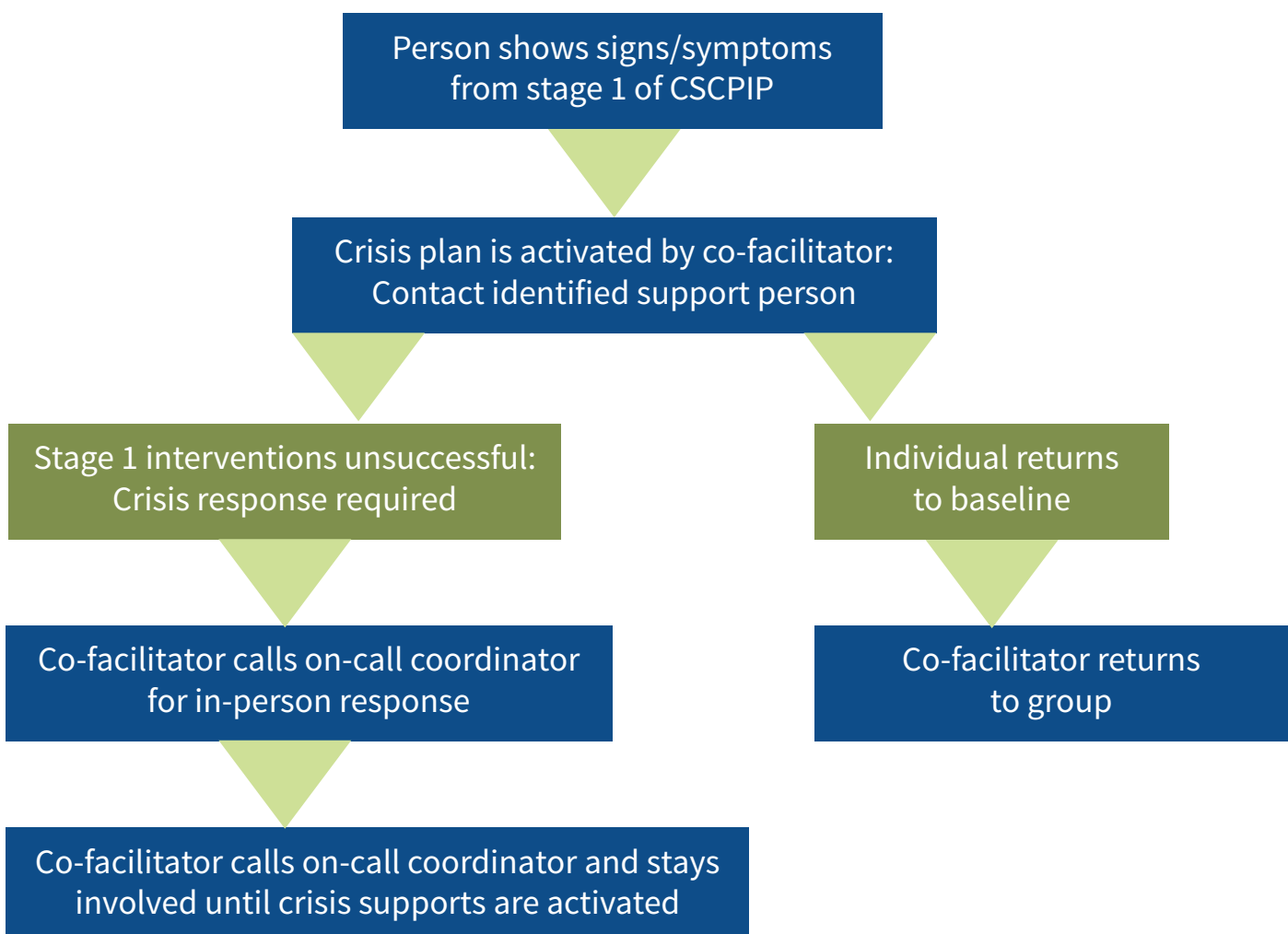
CRISIS PLAN ACTIVATION: WHEN IN-PERSON RESPONSE IS NEEDED

There may be times when a person becomes upset during a telehealth session or the START team receives a call that a person is having difficulty. In these instances, the first step is to assess safety and what is needed to stabilize the situation and gather more information to develop a comprehensive disposition plan. While telehealth-based services can be a resource, it cannot fully replace the need for in-person connection and observation. In-person assessment is necessary when the person's presentation declines abruptly, as observed via telehealth or communicated by members of their support system. Finally, if strategies provided to the person and their family members do not appear to be working, in-person support is mandatory to facilitate optimal implementation.

During all telehealth sessions, the Cross-Systems Crisis Prevention and Intervention Plan (CSCPIP) must be readily available, either open on your computer or easily accessible. The CSCPIP must specify any telehealth-based interventions found to effectively promote the person's mental health stability. Following an in-person crisis event, debrief and crisis planning may occur via telehealth as part of outreach services.

Intervening During Mental Health Crises: There are times when a person may have acute difficulties during a telehealth outreach session or therapeutic coaching visit. When this occurs, follow your program's on-call protocol. If in a group setting, move with the person to a breakout room so you can maintain their privacy and assist.

The following flow chart outlines the steps to take to assess and assist when early warning signs of crisis are observed during a telehealth-based session.



START OUTREACH AND THERAPEUTIC COACHING

TELEHEALTH OUTREACH

START outreach is the act of connecting with the person, family, and/or other team members for the purpose of cross-systems crisis prevention and intervention planning. The frequency of outreach is dependent on the needs of the person and their system of support as defined in the START Plan. Outreach must occur at least quarterly for ongoing assessment but may happen more frequently. Regularly scheduled outreach is intended to foster active engagement and ensure continuity of care, as the START Coordinator continues to follow up on action items and recommendations on a consistent basis.

The START Coordinator is primarily responsible for providing outreach directly to the person and their immediate caregivers. Outreach may occur via telehealth if determined to be appropriate by all members of the team and must meet minimum standards as outlined below.

Minimum Standards for START Telehealth Outreach

Documentation and data entry standards: Telehealth-based outreach and contact notes are documented in **SIRS Outreach Time – Telehealth with Individual/Caregiver**. An outreach note must also be completed to include in the person’s record.

Frequency and duration of telehealth-based contacts: Telehealth-based contacts are shorter in length than in person visits. They also often occur more frequently than in person visits. Visits must be at least 20 minutes to constitute a telehealth outreach session but should last no longer than 1 hour. The frequency of visits should be dictated by the current needs of the person as reflected in the START Plan.

Engaging the System of Support

Outreach conducted via telehealth may allow for many team members to convene with short notice or under urgent circumstances. The START team should do all they can to engage all team members in outreach meetings, including residential and day program staff, therapists, and physicians, educators, etc. This helps to gain a comprehensive understanding of the person’s strengths and current needs/challenges. Multiple members of the START team may co-facilitate telehealth-based outreach meetings when needed.

Facilitating Telehealth Outreach Meetings

While the purpose of outreach does not change when conducted over telehealth, START team members may use modified approaches to ensure the effectiveness of the session. The list of strategies below outlines ways to foster engagement and collaboration during telehealth outreach.

- ▶ Outline discussion points or create an agenda that aligns with the purpose and goal(s) of the outreach meeting – sending this out ahead of time can also help others prepare.
- ▶ Begin each meeting expressing gratitude that people are there, asking if they need to add anything to the agenda and articulating the goal(s) for the meeting.
- ▶ Encourage members of the team to have their cameras on to help everyone “put a face to a name” – this also provides additional opportunities for rapport building.
- ▶ Promote safety by asking that people refrain from driving and multitasking during outreach meetings.

- ▶ Use the screensharing feature to take notes or brainstorm ideas.
- ▶ Record meetings (with permission) to share with those not in attendance.
- ▶ Look for signs that the person may be experiencing Zoom fatigue – incorporate short breaks or table certain discussions for another time to support continued engagement.
- ▶ Summarize what was discussed as well as identified action items to ensure everyone is on the same page – providing this to the team after the meeting promotes accountability and effective collaboration. Summaries and notes should apply plain language standards.
- ▶ Block off time following outreach meetings to complete additional follow-up and planning as needed.

Telehealth Outreach Tips

- ▶ Send reminders with an easy to locate meeting link
- ▶ Send agendas ahead of time and request feedback or additional items
- ▶ Start the meeting by identifying the purpose and a recap from the previous meeting if relevant
- ▶ Make time for saying hello and introductions. Do not skip this step. As the facilitator, call on each participant to introduce themselves to reduce confusion
- ▶ If someone arrives after introductions, the facilitator can summarize who is present and their role.
- ▶ At the conclusion, review action steps and those responsible for follow-up. Always distribute meeting minutes with action steps clearly outlined within 24 hours after the meeting.

START THERAPEUTIC COACHING

There are three types of START therapeutic coaching: planned, emergency, and coaching visits (refer to the START Therapeutic Coaching Manual for more information). START therapeutic coaching services may be provided to individuals and their caregivers or in groups. Telehealth-based coaching can be used as an alternative to in-person planned coaching and visits. Emergency coaching should always be provided in-person. The purpose of coaching and therapeutic goals must be developed in collaboration with participants and confirmed to be appropriate and feasible to achieve over a telehealth platform before utilizing this delivery method.

Purpose of Planned Coaching and Visits

Planned therapeutic coaching focuses on observation/assessment (mental health monitoring), strength spotting and activation, capacity building, personal growth, wellness, and achieving PERMA+.

Minimum standards for START therapeutic coaching over telehealth are outlined on the following page.

Individual and Caregiver Coaching

Minimum Standards for START Telehealth Individual and Caregiver Coaching

Documentation: Documentation standards for in-person and telehealth are the same.

Data entry expectations for telehealth coaching: START therapeutic coaching visits and planned sessions may be provided over telehealth if agreed upon by the START team, the person, and their caregiver(s). The modality and length of the session are both logged in the SIRS database. Therapeutic coaching strategies used during the session are also tracked in accordance with the SIRS data dictionary.

Length and frequency of telehealth coaching sessions/visits: Therapeutic coaching visits and planned sessions should be at least 20 minutes, but no longer than 1.5 hours, 1-2 times a week. This may be extended when the person is stabilizing but continues to need additional support for a short period of time.

Caregiver Engagement: A primary goal of therapeutic coaching is to build caregiver capacity to support the person in their home/day environment. Therefore, actively engaging the caregiver(s) before, during, and after coaching sessions is necessary. Methods to engage caregivers in the coaching process include check-ins before and after sessions to discuss updates. Notes are also sent to the caregiver(s) and the primary START Coordinator within 24 hours regarding therapeutic group participation.

Provide Materials Ahead of Time: The therapeutic coaching planning process involves identifying resources and materials needed for telehealth sessions. Telehealth coaching activities must take the person's abilities and learning style into account. Activities that may require hands-on assistance, such as cooking or creating personal timelines, may not be appropriate for telehealth. Caregivers should not be expected to provide materials for coaching activities, so be mindful of the types of materials needed for sessions and provide them ahead of time. Materials such as worksheets, art supplies, and sensory toys should be mailed or dropped off prior to scheduled sessions. Limit to materials needed for upcoming sessions to avoid overwhelming the person and caregiver(s). Refer to the Telehealth Resources Page and the [Therapeutic Activities Toolkit](#) for more information.

Structure and Predictability: People with IDD-MH and their caregivers have expressed the importance of incorporating predictability and structure into coaching sessions. This reduces stress and anxiety on the part of the person and helps prepare the caregiver for the session. Coaching sessions should include a warm-up and an activity related to the identified therapeutic goals. Each activity should have a clear beginning, middle, and end. The use of virtual timers can help individuals transition throughout the session. Towards the end of each coaching session, it is recommended that START Coaches provide individuals with the opportunity to identify the strengths they activated during the session.

Maximizing Strengths: Use the VIA Character Strengths Survey and accompanying materials to learn about a person's strengths, skills, and preferences. This information is invaluable when planning and tailoring activities for individual goal achievement. You can further customize activities and tools by incorporating personal interests to help build rapport and improve generalization of skills. There are many online resources such as visual aids, virtual backgrounds, and web-based therapeutic games, available for free that may be useful for telehealth coaching sessions. It is recommended that you refer to the START therapeutic activities outlined in the [Therapeutic Activities Toolkit](#).

Therapeutic Activities Designed to Meet Goals

There are a variety of activities via telehealth that require only minimal modification. The [Therapeutic Activities Toolkit](#) provides detailed telehealth modifications for well-known, frequently utilized START therapeutic activities. Some additional strategies for building skills that promote wellbeing while using telehealth are outlined below.

- ▶ Use platforms such as YouTube to watch guided meditation videos and practice relaxation.
- ▶ Facilitate movement activities regularly during sessions such as stretching and chair yoga.
- ▶ Roleplay the application of new skills and strategies with the person and/or their caregiver(s).
- ▶ Share your screen to collaborate on developing a visual schedule or completing worksheets (e.g., Pick Me Up Bouquet, Boiling Point, High Five, ABC Coping Skills).
- ▶ Use interactive websites to learn about specific topics such as nutrition and planning healthy meals.
- ▶ Play online games such as Feelings Uno; make your own feelings jeopardy game.
- ▶ Model and practice mindfulness strategies such as deep breathing and grounding techniques.

Therapeutic Coaching Groups

Therapeutic groups offer the opportunity for people to come together regardless of geographic location. They foster strength activation as participants develop relationships with each other. Offering regularly scheduled groups throughout the week provides structure and consistency for START service users.

Minimum Standards for Therapeutic Coaching Groups

Documentation: Brief group note completed following session for each participant. File the note and provide it to primary START coordinator.

SIRS data entry: Therapeutic Coaching time is entered for each participant in accordance with the SIRS data dictionary (Coaching Time – Telehealth Therapeutic Support Group: Date, Length of session hrs./min).

Length and frequency of group: Ideally, there should be no more than 6-8 participants per group and no fewer than 4. Groups should be offered at regularly scheduled intervals for about 30-45 minutes per session. Each group requires co-facilitators, so all participants are supported as needed.

Therapeutic Group Activities Designed to Meet Goals

As with individual coaching, many of the therapeutic activities frequently used at the Resource Center can also be modified for telehealth use with little to no modification. Planning activities where participants learn what they have in common with others or practice skills that allow for everyone to participate are some examples of how telehealth therapeutic groups can help develop social skills. To learn more about START therapeutic activities refer to the START Therapeutic Activities Toolkit.

Planning and Structure: Develop a monthly therapeutic group schedule and flier for all eligible START service users. Therapeutic groups should be no longer than eight sessions in length with focused sessions and schedule. Regular reminders about sessions to both the person and their primary caregiver are beneficial. Groups should be simple and easily adaptable based on a variety of participant preferences, communication methods, and abilities. Groups should require minimal to no additional materials.

Facilitators: There should be two facilitators for each group to co-lead the group and to allow for one to step away with a participant if they happen to have difficulties. Training for facilitators should include both in person and telehealth-based coaching for groups.

Sign Up: Referral to therapeutic groups should be made by the START coordinator. It is recommended that the Brief Assessment of Telehealth Needs and Preferences is completed prior to referral. This simple checklist gathers needed information about the person (including assessment of available technology, ability to use, etc.) to ensure they have what is needed to participate. Create a sign up calendar to track who will attend each group.

Group Norms and Ground Rules: Outline expectations for participants and review before beginning each therapeutic coaching group. Ground rules and norms should be developed in collaboration with participants. Supplemental resources include an example of therapeutic group ground rules and norms.

Curriculum: Use the START Therapeutic Activities Toolkit to identify activities and facilitation instructions. Telehealth-based modifications are provided within the toolkit. It is suggested that each group end with a mindfulness activity such as chair yoga poses, deep breathing, or guided meditation. Facilitators should work with coordinators to ensure that participants have any needed supplies prior to the group.

Sample Telehealth Therapeutic Group Agenda

- ▶ Check in and greetings (5 minutes): Facilitators greet participants with zest as they enter the group, using their first name (e.g. “Hi Alicia! Good to see you today).
- ▶ Word of the day (5-10 minutes): Review the word of the day with the group, discussing what the word means to them. Keep it simple, making sure all group members are asked for their thoughts/ ideas.
- ▶ Therapeutic group (20-30 minutes): Facilitate the group as outlined in the therapeutic activities guide, with modifications for telehealth.
- ▶ Mindfulness exercise (2-3 minutes): Facilitate a simple, brief grounding exercise such as positive affirmations, breathing techniques, mindfulness exercises, or guided meditation.
- ▶ Closing: Say goodbye to each participant with zest, thanking them for their participation.
- ▶ Strength spotting and activation should be encouraged throughout the group.

Follow-Up: Communication between the facilitator, START coordinator, and the person’s caregiver should occur regularly including reports of observations, specific concerns, new strengths, skills, interests or other CSCPIP updates needed, etc.