University of Utah College of Social Work
BSW Field Education Information
Fall Semester 2020

This is a summary of FAQ's only.
Please refer to the BSW Policy Handbook for guidance regarding University of Utah College of Social Work program and academic policies.

Fall semester: August 24th -December 3rd, 2020

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Field Education Open Hours via Zoom
Tuesdays and Wednesdays August 25th-December 2nd
(except Thanksgiving week)

TUESDAY OPEN HOURS
Meeting ID: 997 3763 6517
Passcode: 461948

WEDNESDAY OPEN HOURS
Meeting ID: 916 9397 7102
Passcode: 790672

We realize that circumstances are challenging. If you are struggling, please contact the University of Utah Counseling Center for guidance and support, or access self-help tips at Coping with COVID-19

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Social Work Field Education and COVID-19

Protecting Yourself

You can protect yourself from COVID-19 the same way you protect yourself from other viruses with a few common-sense practices.

Of course, wash your hands thoroughly and often. Make sure you are cleaning between your fingers and under your nails.

- Practice physical distancing (social distancing). Keep six feet away from others.
- Avoid shaking hands, especially with those who appear to be ill.
- Avoid touching your eyes, nose, and mouth as much as possible.
- Disinfect shared surfaces.
- Stay home when you are sick.

Physical Distancing

The goal of physical distancing is to help us keep from infecting others. Previously called social distancing, we call it physical distancing. We want to remain socially in touch with our families and loved ones, but keep physically distant

- Some agencies may require you to participate in COVID-19 safety protocol training. Please cooperate with this request.

- All University of Utah affiliated agencies will ask you to review this information

Important Updates

- BSW Students are assigned a grade of C/NC but all assignments must be submitted to receive Credit

- As of this writing, the University of Utah is planning an **in-person** return to practicum field agencies but will follow CDC and Health Department guidance if disease incidence and hospitalizations increase. Also, students are permitted to engage in remote and/or hybrid practicum

- For students who self-reported being in a CDC established high-risk group we were able too facilitate 100% remote placements. Two surveys were disseminated to students in order to ascertain this information

- Our social work accrediting body, CSWE is extending some relief to agencies during the pandemic by providing the following exemptions (more details about hours on page 7):
    - BSW students will be required to earn 340 hours if graduating by May 2021
    NOTE REGARDING REDUCED HOURS: The minimum field hours have been reduced but ultimately, your field instructor will determine the number of hours (up to the standard required hours) required to meet agency and client needs. If you are experiencing a COVID-related extenuating circumstance, please discuss this with your field advisor.

- To fill potential deficiencies in required hours due to hybrid or remote work, or disruptions in placements due to COVID-19, you can complete the CSWE approved alternative assignments listed here *with the approval of your field instructor* to fulfill certain requirements. Please review the competencies and requirements (individuals, groups, communities, etc) associated with these approved alternative assignments to ensure compliance with practicum requirements in collaboration with your field instructor.

- **Fall Holidays:** September 7th, November 26th-29th, December 12th-January 10th, 2021
NOTE REGARDING HOLIDAYS AND BREAKS: Although there are holiday and school breaks during the semester, students may be required to report to their field placement to respect continuity with clients/agency during the break period. Please coordinate with your field instructor to determine your schedule at the beginning of the semester.

- If your field placement is on the University of Utah MAIN CAMPUS (this does not include UU Health, Huntsman Cancer Institute or UNI) you will be required to work remotely *September 28 through October 11* and from *November 26 through the end of the semester (including exam period-- which is December 11th)* Please consult with your field instructor.

- If you leave the Utah for Thanksgiving break, your agency *may* request a remote-only return to practicum until the end of the semester. This WILL be required for UU main campus placements, and *may* be required for UU Health, Huntsman Cancer Institute, UNI

and other placements throughout the state. *Please discuss your Thanksgiving travel and agency return plans as soon as possible with your field instructor to determine the best course of action.*

- Please review and refer often to the BSW Policy Handbook for all official academic and program policies

- Please refer to BSW Resources for additional University of Utah Resources

- The University of Utah requires communication through Umail or Canvas. Be sure to check your Umail account on a regular basis. Consider syncing your Umail to your mobile device. Click here for instruction on syncing UMAIL

- The office of field education uses the following systems:
  - IPT: www.runipt.com
  - CANVAS: https://utah.instructure.com/
  - Umail: www.umail.utah.edu
  - Zoom: for all webinars

Deadlines for Students and Field Instructors

Please visit your Canvas course page for information regarding *assignment* deadlines. Below are important dates for several required *forms*:

- ASAP but *no later* than September 1: Affiliation Agreement -*in IPT*

- *By* September 14th: Site Visit Scheduled (this will be done via form or calendar link-your practicum coordinator will indicate their preference)-*in Canvas*
  All site visits will take place September-November, preferably during your supervision hour

- @100 hours in practicum: Practicum Learning Plan. Learning plans will receive a no credit grade after 150 hours-*in Canvas*

- October 23rd: Midterm Evaluation for *BSW block placement students only*-*in IPT*

- December 9th: Final Evaluation for *BSW* students-*in IPT*

Minimum Hours and Required Forms

BSW students: minimum hours required- 340 Students can complete up to 50 hours prior to the first day of the semester   These hours cannot include direct practice activities, but can include hours engaged in supervision from a non-social work supervisor, seminars or trainings, orientation, agency meetings, staff meetings, etc.

ASUDC/BSW: minimum hours required- 350 hours
Students can complete up to 50 hours prior to the first day of the semester.   These hours cannot include direct practice activities, but can include hours engaged in supervision from a non-social work supervisor, seminars or trainings, orientation, agency meetings, staff meetings, etc.

CSWE policy change for students doing practicum during COVID-19 National Health Emergency: although *AS 2.2.4* requires field education through "in-person contact," the Commission on Accreditation will broaden its interpretation to include remote-based field activity. Remote field activity can include engagement such as field- related assignments, trainings, and virtual meetings. Client-related virtual meetings should be in accordance with field site policies for secure communications. **Click here** for CSWE Competencies and concordant alternative assignments.

Practicum Basics

- Practicum is a practice-oriented internship (SW 4702) and course (SW 4782). Practicum requires adjunctive coursework outside of agency hours. During fall 2020, the BSW practicum course is delivered via Canvas and Zoom.
  - So, practicum has two critical components:
    - (SW 4702) Completing hours, competencies and requirements in your internship placement and;
    - (SW 4782) Completing internship-related coursework and attending class via in Canvas and Zoom

- ***Emails will be sent to your UMail accounts only.***

- BSW students complete 450 hours. *However, due to COVID-19, the minimum required hours have been reduced thru May 31, 2021 to a MINIMUM of 340 hours.*

- Students are assigned to a specific College of Social Work (CSW) practicum faculty, referred to as a *"practicum coordinator,"* and an approved "*field instructor*" within the practicum agency.

- You must complete both the "Reply Form" and the "Agency Affiliation Agreement" before or shortly after you begin your practicum. These documents are located in IPT

- Students must demonstrate readiness to enter and remain in field practicum

- If you require an accommodation, please contact the University of Utah Center for Disability Services as early as possible. Please note that you may require a separate accommodation for field education

- A Service Animal is defined by the ADA and is a:
  - Dog, or miniature horse
  - Necessary due to a disability
  - Trained to perform a specific task related to a disability *(providing comfort/emotional support is not a task under the ADA)*
  - Allowed anywhere individual is permitted to go
  - There is no requirement for certification or identification of a service animal - but does need to be in control of owner at all times and follow relevant University policy. CDA does not need to 'approve' Service Animal

Student Evaluations

- For BSW students, competency performance ratings, which are defined in the evaluation form, are reported on a Likert Scale of 3-1:
    - 1- Strong Performance
    - 2-Acceptable Performance
    - 3-Needs Improvement

    _____ 80% of competencies must be rated 1or 2 to receive credit for practicum

- There is also a general narrative section to document observations/concerns (if any)
- Hours must be reported accurately. It is a violation of the student conduct and the NASW Code of Ethics to misrepresent or misstate hours on any documentation.

Liability Insurance

All social work students are provided with liability coverage through the University of Utah. Please click here for more details regarding your coverage.
Note about out of state placements or students: *If your placement is* <u>*outside of Utah*</u>*, or if you are* <u>*residing outside of Utah*</u>*, supplemental insurance is required Please contact* <u>*NASW Assurance Services*</u> *or another preferred provider to inquire about supplemental insurance, or Diane Buck in the office of field education for more information.*

Professionalism

Social work is a values-based profession based on the NASW Code of Ethics.
Please take your responsibility to clients, colleagues, communities and the profession seriously by doing the following:

- Review and comply with the NASW Code of Ethics, FERPA, HIPAA and agency policies at all times
- Wear a mask and follow required distancing protocols
- Read your agency policy manual and discuss **agency expectations** with you field instructor within the first week or two. Agency expectations will likely include:
    - documentation standards
    - mandatory reporting and duty to warn standards
    - confidentiality, FERPA and HIPAA
    - school breaks
    - weekly schedule
    - required hours (pursuant to agency, client and field instructor needs)
    - safety protocols and COVID-19 protocols
    - Weekly meetings with your supervisor

- Please discuss agency **dress standards** with your field instructor. Most agencies require **business casual attire.**

Field Calendar 2020/2021

BSW Fall Semester 2020

August 24th	Fall semester begins
September 3rd	BSW Field Orientation for Spring 2021 practicum students 8a-12p Meeting place: online
September 7th	Labor Day
September 28th-October 11th	Remote only for UU Main Campus Practicum Placements
September-November	Site Visits
October 23rd	Midterm evaluation due in IPT: SW 4702 BSW (block semester)
October 31st	Deadline for BSW students to interview for Spring 2020 practicum Placement
November 26th-29th	Thanksgiving break – if traveling outside of Utah, please discuss a return plan with your field instructor. Mandatory *remote* return through December 11th for UU Main Campus Practicums
December 9th	Classes End Final Evaluations due in IPT: SW 4702-BSW (block semester)

NOTE REGARDING HOLIDAYS AND BREAKS: Although there are holiday and school breaks during the semester, students may be required to report to their field placement to respect continuity with clients/agency during the break period. Please coordinate with your assigned field instructor to determine your schedule at the beginning of the semester.

Spring Semester 2021

January 11th	Spring semester begins
January 14th	BSW Field Orientation for Summer and Fall 2021 practicum students Time: 8am-12pm Meeting place: online
January 18th	Holiday- MLK Jr.Day
February - March	Site visits
February 15th	Holiday- Presidents Day
March 5th	Midterm evaluation due in IPT: SW 4702 BSW (block semester) students
March 10th	Deadline for BSW students to interview for summer or fall 2021 practicum placement

March 7th -14th	Spring Break
April 27th	Classes End Final Evaluations due in IPT: SW 4702- BSW (block semester) students Midterm Evaluations due in IPT: SW 4702- BSW (split semester) students

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Resources and tools to optimize your field education experience!

In the next several pages are field and supervision tracking sheets, and a
straight forward table of field requirements.
Our hope is that you will copy these to your computer desktop or in your notebook or planner
and complete them on a weekly basis.

*The supervision tracking sheet, specifically, will help optimize learning during
your supervision sessions!*

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◊ BSW Requirements

◊ BSW Tracking Sheet

◊ BSW Supervision Tracking Sheet

◊ Alternative Assignment Cover Page

Bachelor of Social Work (BSW) Program
Requirements
Minimum Hours Required: 340

Type	Requirements	Activities	Eligible Alternative Assignments
Individual **Families** **Groups**	**4** **2** **2**	This includes any direct practice activity such as working directly with clients, family members, collaterals, groups, telephone calls, completing client notes/documentation,	**CSWE Competencies: 1 and 6-8** **Click here for the alternative assignments linked to these competencies**
Communities **Organizations**	**1** **1**	This includes any macro or policy projects	**CSWE Competencies: 2 and 5-9** **Click here for the alternative assignments linked to these competencies**
Learning Experiences	**Varies**	This includes time spent as a "learner" and includes supervision from a non-social work supervisor, supervision from a social work supervisor, seminars, webinars or trainings, orientation, agency meetings, staff meetings, etc.	**Please see list in column to the left under "Activities"**

BSW Tracking Sheet

Week/Date	Direct Practice with Individuals, Families and Groups* Individuals: 4 Families: 2 Groups: 2	Practice with Organizations or Communities** Organizations: 1 Communities: 1	Other Learning Experiences***	Supervision (minimum 1 hour per week by MSW supervisor)	Total	BSW Seminars
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

*Direct practice with individuals, families and group: This includes any direct practice activity such as working directly with clients, family members, collaterals, groups, telephone calls, completing client notes/documentation,
For COVID-19 alternative assignments, this may include any activity listed in COMPETENCIES 1, 6-8

** Practice with organizations and communities: For COVID-19 alternative assignments, this may include any activity listed in COMPETENCIES 2-5, 9

***Learning Experiences: This includes time spent as a learner including supervision from a non-social work supervisor, seminars or trainings, orientation, agency meetings, staff meetings, etc.

Click here for CSWE Approved Alternative Assignments

BSW Field Education *Supervision* Tracking Sheet

Competencies addressed ___# Hours this week	__1. Professionalism __2. Ethics __3. Critical thinking and judgement __4. Diversity and cultural competency __5. Advocacy and social justice	__6. Informed research and evidence-based practice __7. Person in environment __8. Responding to contexts __9.Practice skills __Alternative assignments (if applicable, in event in-person hours are reduced)
Requirements addressed	__Direct practice with individuals (4 total) __Direct practice with groups (2 total) __Direct Practice with families (2 total)	__Direct practice with organizations (1 total) __Direct practice with communities (1 total)

Individuals: review cases, goals, next steps, concerns, discuss one case
Families: review cases, goals, next steps, concerns, discuss one case
Groups: review cases, goals, next steps, concerns, discuss one case
Organization (agency) project status:
Communities project status:
Concerns, struggles, challenges:
Follow ups:

Hours this week:_____

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Fall 2020 Alternative Assignment Cover Page

(Please attach to all alternative field assignments)

Name of Student:

Program (circle):   BSW   MSW 1st   MSW 2nd

Field Agency/Organization:

Title of Assignment:

Number of hours requested for this assignment:

Type (circle one):

   DIRECT-Individual, Family, Group (Competencies 1, 6-8)

   MACRO-Communities, Organization, Policy (Competencies 2, 5-9)

CSWE Competency(ies) addressed:

Note: Please omit any identifying client information to preserve confidentiality before submission of alternative assignment to your UU practicum coordinator

Turn in the completed field assignment with cover page to your field instructor and practicum coordinator

Tips for
Remote or Hybrid Placements
and
Online Learning

Strategies for Successful Online Learning "Netiquette"
Adapted from LSC Online Etiquette Guidelines

1. Respect the **privacy** of your classmates and what they share in class.
2. Ask classmates for **clarification** if you find a discussion posting offensive or difficult to understand.
3. **Avoid sweeping generalizations.** Back up your stated opinions with facts and reliable sources.
4. Understand that **we may disagree** and that exposure to other people's opinions is part of the learning experience.
5. Be **respectful** of each other. We're all in this together. Before posting a comment, ask whether you would be willing to make the same comment to a person's face.
6. Keep in mind that everything you write, indeed **every click of your mouse is recorded on the network server.** On the Internet there are no take backs.
7. Keep in mind that you are **taking a college class**. Something that would be inappropriate in a traditional classroom is also inappropriate in an online classroom.

Online Communication

1. Be aware that typing in **all capital letters indicates shouting.**
2. **Be careful with humor and sarcasm**. Both can easily be misunderstood!
3. Review all discussion postings before posting your own to **prevent redundancy.**
4. Check your writing for errors by **reviewing what you've written** before submitting it.
5. **Acronyms** (LOL, etc.) and **emoticons** (smilies) are commonly used online, but be careful not to overuse them.
6. Many communications with your instructor or fellow students are best handled through **email**. Only post on the **classroom discussion board** if the conversation is relevant to others in the class.

Strategies for Successful Teletherapy Visits

Adapted from Ilana Seager VanDyk, Juliet Kroll, Ruben Martinez, Natacha Emerson & Brenda Bursch,
UCLA Pediatric Psychology Consultation Liaison Service

Before Session Starts

- If video capability:
    - Know how to use the equipment (receive training before using).
    - Check lighting; should have lighting from your side or front, not your back (i.e., no windows behind you).
    - Check background and remove distractions from provider space (e.g., remove personal items as appropriate).
    - Check camera and visuals. Ensure your video is sufficiently "zoomed in" for the patient to see your facial expressions.
    - Check provider and patient audio.
    - Make sure the client knows how to get a video conference started.

At Session's Beginning

- Review informed consent that it is okay to communicate via phone/video.
    - If patient is a minor, and parents are separated/divorced, and you previously obtained/needed to obtain consent from both parents (regardless of legal custody), obtain permission from both parents.
    - Find a private space to make your calls ideally using your professional or a Google voice number. If you have decided that phone or telehealth is appropriate say
    something along the lines of:
    This is _____ from _____. Do you have about 15
    minutes to check-in? Are you in a private space? Is there a
    better time we can talk privately? Respond appropriately.
    I am calling to let you know that I/the clinic will be offering phone or video sessions to minimize the spread of COVID-19. Are you okay with proceeding with these visits by phone or video?
    - Discuss privacy and how your specific client will comply with privacy standards.
    - Help the patient/parent determine a location—a space closed off from the rest of the home, if needed, that is private.
    - Ask if anybody else is in the room. You may need to repeat this question during session if anything suggests someone may have entered the room.
    - Ask about sound travel between rooms—"How thin are your walls?"
    - If available, use/have patient use a headset.
    - Remind them the session is not recorded and will remain confidential.

- - - The exception being for training/supervision purposes, requiring obtaining consent for recording.
    - Patient needs to agree they will not record the session.
  - Discuss potential distractions during session (i.e., others in the home, pets).
  - If you are conducting treatment from your home (not in your office), insure you are in a private location absent—as much as possible--intrusions, breaches to confidentiality from your end (i.e., a family member walking in to the room) and background noises (i.e., your favorite pet trying to get your attention).
  - Do not try to engage the patient or conduct an intervention via texting.
- Have patient's phone number and address on hand if you need to call back (if you get disconnected) or need to send emergency response to patient's location.
  - Higher risk patients—have someone else at the location and obtain their contact information (phone number and address).
- Provide phone number client can reach you at should there be a disruption in connection.

Additional "Setting the Scene" Ideas

- Young patients may prefer a "less formal" room set-up, so you may want to remove tables/desks between the patient and the video-recording device (or you and the video-recording device).
- Children can sit next to the caregiver, between caregivers, on a caregiver's lap, or in front of the caregiver in either their own chair or on the floor.
- Larger rooms work best with younger patients, so they can move around. If a child's motor skills, play, exploration, and movements are being assessed, the room should be large enough for this activity to fit within the camera frame.
- Teens may prefer to be seen without a caregiver present. Use clinical judgment to ensure appropriate privacy is maintained (e.g., patient feels comfortable they are not being overheard).
- Try to maintain a constant gaze into the camera, rather than frequently looking away at your computer or notes.
- If you can, use picture in picture feature (e.g., where you can see both yourself and the patient) to see how you are being viewed by the patient, or if there is something distracting in your background (e.g., your pet).

Introducing Telehealth to Patients (adapt to the patient's developmental age)

- Ask whether the patient has ever had a doctor appointment through the phone or computer. If the patient has not used telehealth before, explain its use in lay terms.

- "I am using technology to meet with patients during the Corona Virus outbreak so that everyone can stay as healthy as possible," or "I am using this so I don't have to use a face mask to see you today."
- If necessary, tell patients the session is happening in "real time." You may demonstrate this by commenting on the patient's gestures, or what they are wearing--"Everything you can see about me, I can see about you. For instance, you are wearing..." and "you just...." Children in particular seem to enjoy this exercise, proof they are being seen.

- Discuss security, if needed. Teens might understand the concept of encrypted technology, yet with younger children an explanation may include having an "electronic tunnel from the camera where the clinician is sitting to the one where the patient is sitting." Some patients appreciate reassurance that the session is not openly viewed "on the internet" and will not be placed online.

- Establish a visual context of where you are sitting. Ask patients if they would like to see your office. Using the camera's zoom and pan features or manually moving your device, you can give patients a virtual tour of your workspace to assure them no one else is present and to provide context to the clinical setting. After the tour, let the patient know that the camera will be zoomed in so that the patient can see your facial expressions.

- Socialize youth to the videoconferencing system, and highlight that it might take time to acclimate to the technology and ''not talk over each other.''

- Give patients an opportunity to ask questions before starting the session, especially helpful if patients are not as comfortable with electronic media.

During Session

- Be on time – keeping to time limits (an aspect of the treatment contract) may be more difficult when transitioning to something new
  - o Review with patient/parent the time you will have together
  - o Keep a clock/watch handy to help you keep a good pace

- Be focused and attentive with audio only sessions. Doing treatment over the phone can tempt you to multi-task and get distracted by something else -- **Do Not Multi-Task!**

- If video session, pay attention to patient attire and position – i.e., not conducting treatment if patient is in pajamas or lying down.

- ☐ Discuss any technical difficulties noticed immediately as they arise during the introduction. For instance, if there is a slight lag in audio that makes it seem as if you and

patient are talking over each other, you can suggest adding a small pause after each statement.

Building Rapport

- If you are using or creating worksheets or other visual activities, consider allowing the patient to choose colors/fonts/pictures to provide them some control.
- Use exaggerated expressions and gestures, if needed, to engage youth (virtual high 5s, thumbs up, etc.).
- Frequently share summary statements, reflections, and observations as reminders you are listening.
- Younger children may enjoy drawing pictures they can share through—even hold up to-- the camera while telling a story. These drawings may also help you assess attention, fine motor skills and creativity. Children may also use play with objects (e.g., dolls, action figures) to demonstrate their ability for symbolic play and reveal inner thought content.
- For younger kids, ask them to share their favorite things about home — toys, books, blankets, etc., insofar as these can be related to clinical activities and are not disruptive.
- For older kids, ask if they have any art, journaling, music, or something else to share with you.
- Children and teens may appreciate getting to know clinicians as well. Consider using a brief question and answer game to share some facts about you while gathering information about your patient—e.g., taking turns answering, "What is your favorite TV show?", "What is your favorite color?", "What is your favorite food?"
- Simply have a conversation with the patient, shown to be a reliable rapport builder, even over telehealth.
- Weather the inevitable technical and clinical challenges associated with telehealth with patience and humor. [Throughout treatment it is important to continue conversations related to technical difficulties, unique challenges, or positives that come from using telehealth. Keep asking!

Keeping Kids Engaged (Ideas may depend on the video platform's capabilities)
- Art-based therapeutic methods may help engage younger patients, showing their work on the camera or using "screen share" options to create art together.
- Using a "whiteboard" feature so the patient and clinician can draw together or play tic-tac-toe.
- If needed, recruit caregivers to help with engagement.
    - With younger children, make sure there are toys in the room where the patient is streaming from, but ask caregivers to avoid loud, noisy toys that will interfere with audio quality.
    - A hyperactive or autistic child may have difficulty remaining in the frame. Consider keeping the caregivers in frame and call the child back to the camera when they need to answer a question.
    - If anxious or defiant youth refuse to sit within the camera frame, first try to use typical behavior management strategies. Prior to the next session, ask the

caregiver to turn off the self-monitor image and seat the youth farther away from the camera to remain in the frame. Or, allow the youth to have more privacy for part of the session. [Research suggests youths' satisfaction with telehealth will likely increase with repeated use; youth who were initially anxious about telehealth showed decreased distress in about 10-15 minutes.]

- Especially with younger patients, recognize that staying engaged via telehealth is challenging! Adjust your expectations of how long sessions may last if you are having a hard time keeping your patient engaged.

After Session

- Documentation—document content of the session in your electric medical record (EMR), this includes document patient location, who participated, and whether the session occurred over the phone or via video platform.

Strategies for Successful Teletherapy Visits with Children and Youth

Adapted from Ilana Seager VanDyk, Juliet Kroll, Ruben Martinez, Natacha Emerson & Brenda Bursch,
UCLA Pediatric Psychology Consultation Liaison Service

Setting the Scene

• Minimize any potential distractions in view of the camera in your workspace. Similarly, encourage caregivers to minimize distractions in the room where the patient will be completing the session.

• Young patients say they prefer a "less formal" room set-up, so you may wish to avoid having a table between the patient and the video-recording device (or you and the video-recording device).

• Many seating arrangements can work for children. Children can sit next to the caregiver, between the caregivers, on a caregiver's lap, or in front of the caregiver in either their own chair or on the floor.

• Larger rooms tend to work best with younger patients, so they can move around. In addition, if a child's motor skills, play, exploration, and movements are being assessed, the room should be large enough for this activity to fit within the camera frame.

• Teens may prefer to be seen without a caregiver present. Use clinical judgment to ensure appropriate privacy is maintained (e.g., patient feels comfortable they are not being overheard). If a patient expresses any discomfort with full video, text/chat functions are available in some telehealth systems and may be useful for older patients (likely over 11 years old).

• Ensure your video is sufficiently "zoomed in" for the patient to see your facial expressions.

• Try to maintain a constant gaze into the camera, rather than frequently looking away at your computer or notes.

• If you can, use picture in picture feature (e.g., where you can see both yourself and the patient) to see how you are being viewed by the patient, or if there is something distracting in the background (e.g., your cat!).

• Patients may enjoy using telehealth background features. This can support the patient's sense of control, by allowing the patient to choose the "location" for next session (e.g., in outer space or even upload a background picture of a favorite location).

Introducing Telehealth to Children and Youth (ADAPTED FROM GLUECK, 2013)
The following recommendations must be adapted to the developmental age of the patient

• Ask whether the patient has ever seen a doctor on a phone or computer. If the patient has not used telehealth, it may be helpful to refer to common lay technology (i.e. Facetime, Skype, or Zoom) and explain key differences.

• Let patients know why telehealth is being used. For example, "mental health clinicians are using technology to meet with patients during the COVID-19 outbreak so that everyone can stay as healthy as possible," or "I am using this so I don't have to use a face mask to see you today."

• Communicate to patients that the session is happening in "real time," if needed. You may demonstrate this by commenting on the patient's gestures, or what they are wearing, saying that "everything you can see about me, I can see about you. For instance, you are wearing..." and "you just..." Children in particular seem to enjoy this exercise and proof that they are being seen.

• Discuss security, if needed. For example, teens might understand the concept of encrypted technology, which is the HIPAA (Health Information Portability and Accountability Act) standard. If younger children express any concerns about who else can hear or see them, it can be described as having an "electronic tunnel from the camera where the clinician is sitting to the one where the patient is sitting." Additional information regarding technological specifications should be available if requested. Some patients appreciate being reassured that the session is not "on the internet" in the sense that it can neither be openly viewed nor will it be placed online.

• It is important to inform patients if a session is being recorded. If you want to record a session, then you must obtain explicit consent from the patient. Teen patients who are recorded may appreciate information about what recorded information may be shared with their parent (e.g. substance use, sexual activity, etc.). As appropriate, provide information about mandatory disclosures. If sessions are being recorded solely for supervision purposes, this may also be shared with the family so as to diffuse any worry about loss of privacy.

• Establish a visual context of where you are sitting. Ask patients if they would like to see your office. Using the camera's zoom and pan features or manually moving your device, you can give patients a virtual tour of your

workspace to assure them that no one else is present and to provide context to the clinical setting. After the tour, let the patient know that the camera will be zoomed in so that the patient can see your facial expressions.

• Discuss any technical difficulties noticed immediately as they arise during the introduction. For instance, if there is a slight lag in audio that makes it seem as if you and patient are talking over each other, you can suggest adding a small pause after each statement. Socialize youth to the videoconferencing system and highlight that it might take time to acclimate to the technology and ''not talk over each other.''

Give patients an opportunity to ask questions before starting the session. This may be especially helpful to younger and older patients who are not as comfortable with electronic media.

Building Rapport
• Provide opportunities for your patient to speak and/or assert control over the conversation given their inability to "interrupt or speak over someone" with some telehealth formats.

• If you are using or creating worksheets or other visual activities, consider allowing the patient to choose the colors/fonts/pictures in order to provide them with some control.

• Use exaggerated expressions and gestures if needed to engage the youth (virtual high 5s, thumbs up, etc.).

• Use summary statements, reflections, and observations frequently to remind your patient that you are listening.

• Seek more verbal confirmations of mutual understanding of what is being done in treatment (e.g., rationale for relaxation, exposures, etc.).

• Children may enjoy drawing pictures that they can then share through the camera while telling a story. These drawings may help you assess children's attention, fine motor skills and creativity. Children may also use play figures (e.g., dolls, action figures) to demonstrate their ability for symbolic play and reveal their thought content.

• For younger kids, ask them to share their favorite things about home — toys, books, blankets, etc. insofar as these can be related to clinical activities and are not disruptive. Encourage children to hold their drawings up to the camera so they can explain them.

• For older kids, ask if they have any art, journaling, music, or anything else to share with you. Consider engaging adolescents by exploring an online site, such as YouTube or Facebook.

• Children and teens may appreciate getting to know clinicians as well. Consider using a brief question and answer game to share some facts about you and gathering information about your patient. For example, your patient and you can take turns answering: "What is your favorite TV show?", "What is your favorite color?", "What is your favorite food?", "How many siblings do you have?"

• Tentative language when interpreting patients' statements, open-ended questions, and figurative language may be helpful when conducting an initial session online.

• Mirror the language patterns of the youth and handle any threats to rapport with genuineness (including using informal language).

• Simply have a conversation with the patient! This is shown to be a reliable rapport builder, even over telehealth.

• Weather the inevitable technical and clinical challenges associated with telehealth with patience and humor.

Keeping Kids Engaged
• Arts-based therapeutic methods may help engage younger patients. You can have the patient show you their work on the camera or use screen share options to create art together (based on your platform's capabilities).

• Consider sharing handouts and working through them in session if your platform has the functionality (e.g., Zoom screen share with editable documents or PowerPoints).

• Try utilizing different functions to increase engagement (e.g., Zoom has a "whiteboard" feature where a patient and clinician can draw together or play tic-tac-toe). Check with technology services at your site for specific trainings and tips on functionality for your platform.

• In sessions with younger children, make sure there are toys in the room where the patient is streaming from — but ask caregivers to avoid loud, noisy toys that will interfere with the audio quality. If needed, recruit caregivers to help with engagement.

• A hyperactive or autism spectrum disorder (ASD) child may have difficulty remaining in the frame. Consider keeping the caregivers in frame and call the child back to the camera when they need to answer a question.

• If anxious or defiant youth refuse to sit within the camera frame, try to use typical behavior management strategies first. Then, prior to the next session, ask the caregiver to turn off the self-monitor image and seat the youth farther away from the camera so as to remain in the frame. Another strategy is to allow the youth to have more privacy for part of all of the session.

• Especially with younger patients, recognize that staying engaged via telehealth is challenging! Adjust your expectations of how long sessions may last if you are having a hard time keeping your patient engaged.

• Research shows that youth's satisfaction with telehealth will likely increase with repeated use; youth who were initially anxious about telehealth showed decreased distress in about 10-15 minutes.

• It is important to continue conversations related to technical difficulties, unique challenges, or

Emergency or Crisis Protocol for Teletherapy Visits

- Always know your client's physical location and phone number in case of an emergency.
- Create a contingency plan for emergencies. This plan should include emergency numbers, **the number of your supervisor** or person on-call, and referral resources
- Know the phone number(s) that clients can be reached at in the event the internet fails.
- Try to secure an emergency contact and have their name and phone number
- For clients at risk of suicidality, homicidality, and/or impulsivity, consider whether a safety plan should be developed or revisited. This should include an agreement regarding the protocol if a client in crisis hangs up during a conversation—especially if you have not been able to fully assess the situation
- If working with someone who may be in a dangerous situation, including intimate partner violence, arrange a hand sign to notify the clinician if it is no longer safe to talk.
- Provide referrals for crisis services available near their location in case of an emergency

Emergency Resources (Wasatch Front)
UNI Crisis Line 801-587-7000
911

Consult with a supervisor or person on-call

Utah-Specific Rules for Teletherapy

During COVID-19, Utah has a telehealth coverage mandate for commercial health plans
Utah Code Ann. § 31A-22-649
Utah Code Ann. § 31A-22-649.5
Utah Code Ann. § 36-60-102
Utah Code Ann. § 36-60-103

During COVID-19, Utah has an emergency state action on telehealth reimbursement parity
Utah Medicaid Guidance affirms reimbursement parity for Medicaid telehealth services

During COVID-19, Utah has an emergency state action to include audio-only phone
Executive Order 2020-07 dated 3/25/20 temporarily waives state law requirements that health care providers must use HIPAA-compliant platforms to deliver telehealth services during the state of emergency.