

## Trauma-Informed Telehealth Considerations for Youth with Suicidal and Self-Harm Ideation and Behaviors<sup>1</sup>

### Purpose

The provision of mental health services via telehealth or other virtual platforms is one way of maintaining the health and well-being of youth and their families. The purpose of this document is to provide trauma-informed telehealth guidance regarding safety assessment and planning for youth with suicidal or self-harm ideation and behaviors. Some of the recommendations are tailored to the COVID-19 pandemic; however, most strategies can be applied outside of the pandemic restrictions.

### Preparing for the Telehealth Session

- Working with at-risk youth via telehealth can be stressful. It is important to **engage in appropriate self-care, calming, or grounding activities** (e.g., mindfulness, deep breathing) in anticipation of sessions.
- If conducting telehealth from home, make sure you are in a comfortable, quiet, and private space (where confidential discussions cannot be overheard by others), free from distractions and other people.
- When scheduling, obtain consent from the caregiver and client for a telehealth or virtual session. Consent should include the agreement to be treated via telehealth, as well as the acknowledgement that sensitive information may be discussed and it is the family's responsibility to use a location or device (e.g., headphones) that secures privacy to the greatest extent possible. **Confirm that the caregiver is available at the time of the session for emergency purposes.**
- **Ensure you are familiar with local emergency numbers and contacts** prior to starting the session, and carefully document this information.

### Initiating the Telehealth Session

- **Begin by confirming the client's identify, current location, and his/her/their contact information** in case there are technical difficulties, disconnection occurs, or you need to contact emergency services.
- **Confirm that a caregiver is available during the duration of the call** and collect or confirm appropriate contact information for the caregiver.
- As part of the informed consent process for telehealth services, **discuss the possibility of needing to seek and secure emergency services if the client is at imminent risk.** Emphasize the purpose of the session is to promote physical and psychological safety at home, and that emergency services are a last resort. Remember to identify all possible ways to increase safety and develop a workable Personal Plan prior to assuming that the client is at imminent risk and needs to be sent to the Emergency Department (ED).
- **Provide voice and choice to the client** to support feelings of psychological and physical safety (e.g., if a client is uncomfortable with videoconferencing, the clinician should see if it is possible to arrange a telephone visit). Ask in a sensitive way about whether the youth feels safe and comfortable proceeding and, if not, what would help the youth feel more comfortable.

### Assessing for Safety

- It is imperative to first **listen to the client's distress and provide validation** before beginning safety planning. Otherwise, the client may experience the interaction as invalidating (i.e., he/she/they may feel that the clinician is not truly understanding what they are experiencing and why they are thinking about hurting or killing themselves). Validation often results in a decrease in emotional intensity, making the safety assessment and planning process more engaging and collaborative for the client.
- **Respond in a calm and empathic manner** by using reflective listening, open-ended questions, validation, and summary statements. Remember, it is important to also ensure you are taking care of yourself to stay engaged and grounded throughout the session. Take as much time as needed if the client is in acute distress. Given that a client may feel out of control when experiencing acute distress, this calm, empathic presence serves an emotional container for the client and can decrease the intensity of emotion while conveying and modeling a sense of control.

- To aid in assessment of suicidal thoughts, behaviors, or risk, it may be useful to use a standardized suicide assessment instrument like the Columbia—Suicide Severity Rating Scale (C-SSRS). If a structured assessment instrument is administered, **care should be taken to increase transparency, trust, and collaboration**. The client should be informed of the purpose of the instrument, what questions to expect, and how the information will be used in making care decisions.

### Working with Youth

- **Support the client in generating or recognizing self- and family strengths.** Identified strengths can include statements about skills, talents, personality characteristics, or current relationships. If the client has difficulty generating strengths, praise the client on participating in the telehealth or virtual session.
- **When identifying risk situations and understanding emotional responses,** it may be helpful to assess for trauma reminders or the impact of the pandemic and its associated restrictions on suicide or self-harm risk. Examples for youth may include: physical distancing and isolation; changes in academic or extracurricular schedules; conflict with caregivers given close quarters; decreased in-person social support, particularly for youth who identify as LGBTQ+ and/or those who have a history of trauma exposure; and increased distress about the health of self, family, and friends.
- **When introducing the Safety or Personal Plan, emphasize that this is a collaborative effort** to enhance safety and avoid emergency care, if appropriate.
  - **Consider the current constraints on the environment due to the pandemic,** as many in-person distraction options have been limited by physical distancing. When identifying calming or distracting activities, it may be helpful to identify activities like on-line concerts, multiplayer games, or connecting with friends via FaceTime, Zoom, or Google Hangouts. Telehealth also provides an opportunity for clinicians to “see” the client’s distraction and coping options; clinicians can encourage the client to show or demonstrate the use of strategies on their Personal Plan (e.g., playing an instrument, listening to a favorite song or soundtrack, etc.).
  - **Discuss how the plan can be provided to the client.** There are a number of ways to add information to the Personal Plan. Some virtual platforms allow clinicians to “share screens” with their clients, allowing the youth to observe the completion of the plan in real time. Alternatively, the client or clinician can complete the plan by hand, with the clinician texting or emailing the plan once completed. Regardless of how the plan is completed, it is recommended that the client take a picture of the plan on a phone for easy access.
- **Collaborate with youth in identifying ways to keep the environment safe.** This may include problem-solving restriction of means with multiple family members given stay-at-home orders.

### Working with the Caregiver (if applicable)

- Take time to elicit and validate concerns from the caregiver, as they may also be experiencing elevated levels of stress related to the pandemic (e.g., food insecurity, financial insecurity, sheltering in place).
- **Counsel regarding the importance of protective support, parental monitoring, and supervision.** Youth and their caregivers may be living in close quarters. Help the caregivers to strike a balance between close monitoring and allowing youth space to use their skills for distress tolerance. One way to do this is to suggest conjoint activities. For example, the caregiver and client may have enjoyable activities they can do together (e.g., watch a movie, cook) that will provide natural opportunities to monitor. If a caregiver cannot provide appropriate supervision or monitoring (perhaps due to an identified barrier), there may be a need to call emergency services.
- **Counsel regarding restricting access to dangerous or potentially lethal self-harm methods,** including medication and firearms. Ensure that firearms, if present, are stored safely or removed from the home. Emphasize the temporariness of measures while the youth is at acute risk to reduce the possibility of impulsively acting on urges.
- **Counsel regarding the disinhibiting effects of substance use.**

### Working Conjointly with the Youth and Caregiver

- **Take time to review youth and family strengths**, highlighting and/or praising the youth and caregiver's willingness to participate in telehealth.
- **Conjointly review the client's Personal Plan**, encourage the addition of other relaxation or distraction techniques, conjoint activities, etc.
- **Determine client and caregiver's commitment in using, or supporting the use of, the Personal Plan.** Make plans to increase clinical contact until risk is reduced. If a client requires a brief check-in call or text the following day, and can agree to safety for one day until the follow-up text, call, or session, steps should be taken to make sure this happens.

### Establish Follow-Up Care and/or Manage Imminent Risk

- **Before completing the telehealth or virtual session, schedule the next clinical contact, if possible.** Obtain the youth or caregiver's commitment to attend the next session with you or another provider.
- If risk becomes imminent and cannot be effectively managed remotely (i.e., client reports suicide plan with intent to act and access to method *or* has taken steps towards hurting self), provide recommendation for emergency evaluation.
  - Stay on the phone or video platform with the client and contact the caregiver, or ask the client to have the caregiver join the session. Inform of risk assessment and advise caregiver to call 911. If caregiver or another safe adult is not immediately available, contact emergency services local to the patient.
  - Stay on the line with the client or caregiver until connection with emergency care is confirmed. If you believe, or if the patient has disclosed that they made a suicide attempt, stay on the line with them while emergency services are being contacted.

### Clinician Self-Care

- Due to restrictions associated with the pandemic, clinicians may be experiencing elevated levels of stress related to balancing multiple roles or decreased personal and professional support. Therefore, **it is very important to attend to your own health and wellbeing.** Peer consultation with colleagues or increased supervision may provide additional support.
- Working with youth at risk of suicide or self-harm can increase feelings of stress and distress. Clinicians working with high-risk clients will only be effective to the degree that they can think clearly and are taking care of themselves. It is recommended that clinicians **set time aside to maintain healthy practices and routines** (e.g., eating nutritious foods, staying hydrated, getting exercise), as well as practice regular self-care. For more information, see <https://www.nctsn.org/resources/taking-care-of-yourself>.

### <sup>1</sup>Acknowledgements

We would like to acknowledge several sources that have influenced the guidance in this document. These include: (1) "Guidance for Telehealth with Suicidal Clients," developed by the Department of Psychiatry & Behavioral Sciences, Duke University School of Medicine (2020, April); (2) "Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic," developed by the Center for Practice Innovations, Department of Psychiatry, Columbia University and New York State Psychiatric Institute (2020, March); retrieved from <https://mhanys.org/wp-content/uploads/2020/03/NYSPI-CPI-Telehealth-Tips-with-Suicidal-Clients-03-25-20.pdf>; (3) "Practice Guidelines for Telemental Health with Children and Adolescents," developed by the American Telemedicine Association (2017, March); (4) "Guidelines for the Practice of Telepsychology," developed by the American Psychological Association (2013, December); and, (5) "Protocol for Using the CAMS Framework within Telepsychology," developed by David Jobes, PhD (2020, March; retrieved from <https://cams-care.com/resources/educational-content/cams-telepsychology/>).

Donisch, K., Inscoc, A. B., Tunno, A. M., Asarnow, J. R., & Goldston, D. B. (2019). *Trauma-informed telehealth considerations for youth with suicidal and self-harm ideation and behaviors*. UCLA-Duke ASAP Center for Trauma-Informed Suicide, Self-Harm, & Substance Abuse Prevention and Treatment.

Please contact [asapcenterinfo@duke.edu](mailto:asapcenterinfo@duke.edu) with questions or for more information.

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