

Nudged by social distancing, teletherapy for children takes off

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Therapists and clients who used to see each other face to face have

embraced the power of virtual appointments. At a time when meeting in close quarters is out of the question, professionals who specialize in occupational, physical, mental health and other types of therapy have found connecting online with clients an excellent alternative.

Relatively rare until just several weeks ago, so-called teletherapy has grown exponentially during the coronavirus pandemic that has led to nationwide stay-at-home orders. (Estimates of the total use of teletherapy remain elusive, but numbers for telemedicine sessions, which include medical appointments and some, but not all, types of [therapy](#), are expected to reach 200 million this year in the United States for health matters unrelated to COVID-19.)

Many of those who specifically support children have pivoted from working in facilities to providing services via secure, HIPAA-compliant accounts available through platforms such as Zoom and Google Meet. The virtual sessions make it possible to continue important interventions with a population that especially benefits from regular meetings, experts say.

A speedy transition

FIU's campus-based Mental Health Interventions and Technology Program within the Center for Children and Families treats youngsters with anxiety, obsessive-compulsive disorder and other conditions. The program previously offered remote therapy to a minority of clients.

When local public schools and FIU closed in mid-March, however, Ashley Shaw, a licensed [clinical psychologist](#) and clinical director of the program, wasted no time in inviting other client families to participate in online services. Nearly 90 percent have signed on. Even parents who initially balked at the idea—usually those with younger children or who otherwise were uncomfortable with the technology—have become

converts.

"They come around pretty quickly to it," Shaw says. "I've had parents be like, "Oh my gosh, I thought this was going to be so difficult, but this is amazing.'" And she adds, "I think as the weeks go by, as everyone is getting acclimated to distance being the norm across every domain of their life, it almost feels like not a big deal anymore."

Therapists have hustled to make the new-style sessions as productive and comfortable as the old.

"We've been doing a lot of really creative things," Shaw says, "like figuring out games that we can play with the kids through Zoom to engage them," similar to the typical rapport-building board games used with [younger children](#) on campus.

Jennifer Gober, an FIU alumna, is the founder and owner of Kinetic Kids, which provides occupational, physical and speech therapy to special needs children. While Gober years ago had considered offering teletherapy, it was only during the current situation that her company took the plunge.

An [occupational therapist](#), Gober relied on the speech pathologists in her employ—whose professional association already had in place guidelines and training for telepractice—to help bring on board her entire team.

The group held mock sessions to smooth out technical glitches and learn from their computer-savvy peers about enhancements such as how to share a computer screen with clients. Eventually, fully half of the company's 200 families agreed to continue therapy online.

"We've been successful with it, and that's something that I'm really proud of," Gober says, "because I don't know if all companies can

facilitate this as well as we did."

Individual adjustments

Gober has found that for the types of therapy her practice offers, school age children adapt especially well as they regularly use computers. Younger children, up until around age 5, cannot always focus as well. To ensure a positive experience, she says, her therapists will shorten sessions if requested.

Parents of very young children or of those with greater needs must be prepared to literally become the "hands" of a physical or occupational therapist.

Yessenia Abolila is a project manager at FIU. Her 18-month-old daughter has participated in various therapies regularly since birth due to a genetic disorder. The family's current weekly schedule includes four remote sessions of play time/[physical therapy](#) and vision therapy.

"The fact that we have this option is super incredibly important for her," Abolila says. Taking therapy at home keeps her immunocompromised daughter out of waiting rooms and thereby helps safeguard the little girl's fragile health, something Abolila worried about even before the rise of the coronavirus.

But the physical aspects that Abolila has taken on during sessions can be challenging. Therapists do a good job of explaining how to position her daughter and perform massages and exercises to improve muscle tone, for example, but "It's definitely a lot more complicated" than in-person therapy, Abolila says. "It's not something that comes naturally to me."

Immediate feedback as well as ongoing monitoring and encouragement by the therapists—whom the young mom communicates with through

her iPad—contribute to her motivation.

"Even though sometimes I feel like I'm not excelling, just in my head, as I would want," Abolila says, "they're seeing an improvement, which is great because they're obviously the experts."

A vision of the future

When "normal" does finally return, Shaw expects that many clients will elect to keep seeing their therapists via the internet. Among the greatest advantages for families, she says, is saving time: no more sitting for extended periods in traffic nor in waiting rooms.

Even the loss of an in-person connection, which many clients and therapists appreciate, does not have to be a barrier, something to which Shaw herself can attest.

"I always thought I would enjoy my interactions with the patients more if I was face to face with them," she says, "but I really have enjoyed those [teletherapy] sessions quite a bit." In one case, her rapport with a client has actually improved, she explains, as the teen feels comfortable sharing videos with her in real time, an activity to which traditional therapy sessions were not conducive. Additional "small ways" that teletherapy has made her closer with those she serves: meeting others in the household who typically did not accompany the child to sessions and having child share views of their personal space.

Down the road, alternating sessions between in-office and online appeals to families such as Abolila's, and Shaw sees the value for those who want both convenience and an in-person experience. In a brave new world, teletherapy has found its footing and will evolve like everything else.

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