



Telehealth Guidelines for School Mental Health Professionals: Strategies for Engaging Students and Building Resilience

Version 1.0

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BACKGROUND

For school-based clinicians, the shift from providing school-based mental health services from within brick and mortar schools to providing support online because of the effects of Covid-19 has been quite swift. However, guidance that clinicians are being offered to help them make that shift is frequently related either to the logistics of utilizing a specific online platform (Zoom, Skype, Google Hangout, etc.) or to regulations related to HIPAA, consent for treatment, or billing. Clinicians often are not receiving guidance related to how to organize online clinical contact with students, how to modify previous treatment approaches when working online, how evidence-based treatments offered in person translate to an online platform, or best practices for telehealth.

There are numerous online resources related to choosing an online platform; state and federal guidelines for confidentiality; online security, etc. It is very important to stay current with guidelines for telehealth issued by your agency or district. Keep up to date, as the landscape of telehealth continues to rapidly evolve.

This document is intended to be a general introduction to making the shift to online provision of school-based mental health supports. It incorporates concepts from Psychological First Aid (PFA), a curriculum designed to help organize a supportive response to support recovery following a natural disaster or terrorism developed by the National Child Traumatic Stress Network (NCTSN); Strategies for Psychological Recovery (SPR), a curriculum designed to teach key skills to foster resilience to individuals needing additional support following terrorism, disasters, or traumatic events also developed by NCTSN; and Cognitive Behavioral Therapy (CBT) Core Elements of Treatment, a framework of specific skills used to treat Depression, Anxiety, PTSD, Disruptive Behavior, and other mental health challenges. This document will weave ideas from these three sources to help guide clinicians to be able to more clearly conceptualize online support of students through telehealth, specifically in the context of the current COVID-19 crisis.

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SECTION 1: GETTING STARTED

ENGAGEMENT

PFA emphasizes *Contact and Engagement* with clients in a compassionate manner following stressful events. While contact with students with whom you already have a clinical relationship will build upon the existing strength of those relationships, contacting and engaging with students without a previous ongoing relationship will be more challenging. All that you have learned in your previous training about the importance of warmth, empathy, and genuineness in the therapeutic relationships is just as important in telehealth.

Be engaged. Although most students regularly interact online via phone and computer using text, voice, and video, telehealth raises many challenges related to engagement. Much of the content of our communication with students is non-verbal, which is more challenging to assess and express online, and this can inhibit our ability to engage students. This is particularly true with students that we do not know well. Special attention to subtleties of body language, speech, and tone can provide clues to the level of engagement. Numerous distractions, such as noise or movement from other household members; other calls, texts, or social media notifications; or poor internet connectivity can inhibit a student's ability to engage.

It is sometimes advisable to present an exaggerated level of enthusiasm when online to keep students engaged. This is to counteract online platforms that tend to diminish interpersonal connection and engagement. As uncomfortable as it may be and as inauthentic as it may seem at first, this heightened level of responding can balance out the neutralizing effect of interacting online.

Do not overlook the practical considerations related to the quality of video conferencing. Having some sort of screened background protects students from seeing private pictures, etc., but it also minimizes distractions visually. Lighting, sound quality, framing, and attention to facial expression all contribute to the quality of the video interface and can affect engagement. Students will not engage if they cannot see you or hear you well.

Talk about privacy and confidentiality online. It is important to keep in mind issues of privacy when engaging in telehealth. It can often be unclear who is in the room with the student or nearby when video or phone conferencing. Private areas for confidential telehealth meetings within students' homes are often unavailable. Always ask who is in the room or nearby, rather than waiting to learn that someone is there by observing them pass behind the student's webcam. It may be helpful to choose a gesture or code word for students to use if someone enters the room to alert the clinician.

Troubleshoot with students the best day or time of day to limit the level of intrusion or disruption. Students can be advised to wear headphones, which can limit others from hearing at least the other side of the conversation. It is important to inform the student of the level of confidentiality from the clinician's side as well. Inform the student that no one is in the room with you, that no one will be able to hear, etc., given that clinicians often do not want to give a virtual tour of their homes. Students may request this from clinicians, however.

Make a clear schedule. When engaging with students, it is important to develop a schedule for when and how often, online contacts will happen and for how long each contact will last. In addition to setting the schedule of contacts, it is also helpful to clarify how students can access you between sessions. Unlike in the school building where they can leave a note, it is important to inform students what the procedure is for requesting contacts between sessions as well as for emergencies in telehealth. Clinicians can clarify these issues with their supervisors if the district or agency policies and procedures for this are unclear.

Consider limiting the amount of time devoted to clinical contacts with students and not assume that engagement on a virtual platform can be maintained for the same duration as in person. Take a tip from what your own reaction would be if you learned that you have an additional and unanticipated video conference later in the day. Students have the same level of video conference fatigue as clinicians. Scheduling, frequency, and duration of video conferencing with students should take into account the other video conferencing responsibilities they currently have. Briefer and more frequent virtual meetings may be more effective. This is true of clinicians' schedules too, which should include frequent breaks from screen time.

CHECKING IN: ASSESSING AND ADDRESSING IMMEDIATE NEEDS

In these times of pandemic and stay-at-home advisory, asking someone how they are doing can be a complicated question to answer. Often, the response of "Good" can mean "I have not caught the virus", despite the myriad of other worries, stressors, and practical problems that families are constantly experiencing. PFA identifies *Information Gathering* related to *Current Needs and Concerns*, providing *Practical Assistance* to help meet those needs, particularly in the immediate sense of *Safety and Comfort* as important initial core actions. Similarly, SPR identifies *Gathering Information and Prioritizing Assistance* as a necessary first step before moving on to intervention and skill building.

In the context of the current pandemic, with so much new information and so many new events unfolding at great speed, it is important to do a thorough check-in each time you contact a student. It will unfortunately become increasingly common that students will have contact, both directly and indirectly, with people who have fallen ill and those who have died. It is important to get a general sense about where the student and family are at since the last contact before moving ahead.

We have all had the experience, in some form, of the following exchange when we attempted to have a general check-in with a student.

Q: How are you?

A: Fine.

Q: Your family is doing okay?

A: Yes.

Q: How are you feeling ?

A: Bored.

It can be helpful to break down the check-in to more specific areas that give the student a specific frame of reference when answering. SPR identifies eight areas to explore:

Physical Health

“Are you worried about your physical health? Are you worried about the physical health of anyone in your family? Or any of your friends? Do you have worries about how someone’s job might affect their health?”

Emotional Difficulties

“Are you having difficulties coping? Are you worried about how anyone in your family or your friends are coping? Are there any things you have had to give up because of the pandemic that are particularly troubling for you?”

Safety

“Are you and your family safe?”

Basic Necessities

“Do you have all the basics that you and your family need?”

Substance Use/Misuse

“Do you have any worries about how you, or anyone or your family, or your friends have been using substances?”

Role Functioning

“Have you been able to complete all of your classwork and do all of your chores at home?”

Interpersonal Life

“Are you staying in touch with your family, friends, and people in your neighborhood? How is that going?”

Other

“Is there anything else that has been bothering you?”

Asking about how well family and friends are functioning, in addition to just asking about the student, often can be helpful. Students are often more willing and able to talk about how others are doing and feeling rather than about themselves. For students who are hesitant to talk about themselves, questions that engage perspective-taking can be helpful, such as, *“If your mom were talking with us, how would she say you have been doing?”*

When questioning students about problem identification, it is important, if they identify a problem, to gauge how much of a problem it is and the extent to which the problem is interfering with the student’s ability to function.

The key is to be available to help the student prioritize problems in terms of their relative importance and to offer practical assistance to meeting the immediate needs of the student and family. Our training often teaches us to quickly move past the Crises Of the Week (COWs) to stay focused on the short- and long-term goals we have set with our students. Following crises, such as the current pandemic, it is important to “herd the COWs” and respond to immediate concerns that students have, particularly issues related to *Safety and Comfort*, before moving to other forms of intervention and skill building. A caregiver or breadwinner falling ill, lack of food, concerns related to paying rent or being evicted, difficulty maintaining internet connectivity with the outside world, or a heightened level of anxiety or depression related to the pandemic are all significant immediate concerns about

which we can offer practical assistance. Problems related to physical safety should always take immediate priority.

The practical assistance may take many forms. Sometimes clinicians have information or resources that can be directly offered. More often than not, clinicians can connect students and families with community contacts that can help with resources to address the identified problem, or know where to look to identify resources. Action plans with specific timelines can be set so that the student can understand what the clinician will be doing to address the problem if immediate relief cannot be offered. This is not intended to mean that clinicians should move exclusively into a case management role, but only that immediate practical concerns can sometimes take a significant toll on students' and families' ability to cope and can inhibit their abilities to focus on longer term goals.

STABILIZATION

At times, checking in will reveal that an immediate need is the current level of distress of the student. Students who are overwhelmed by the crisis may be tearful or crying, visibly anxious, visibly sad or depressed, numbed or unresponsive, or agitated and physically jittery. Psychological First Aid identifies *Stabilization* as a primary core action when students are exhibiting distress.

Who has a close relationship with the student? A parent, older sibling, or caretaking relative or friend often can be the most helpful in reassuring and calming the student. If parents are unsure how to calm their children and would find guidance helpful, the following suggestions for clinicians can be taught to parents as well.

Normalize the student's reaction to stress. This type of psychoeducation is very helpful to students and their families who may worry that something is seriously wrong rather than a body's common reaction to stressful events. Offering hope that there are simple techniques that can be used to keep oneself calm in stressful situations can also be very helpful to students and their families.

Teach relaxation techniques. Ideally, clinicians will have already instructed students in how to engage in grounding activities such as diaphragmatic breathing, mindfulness, body scans, positive imagery, progressive muscle relaxation, yoga, etc. Students can be encouraged to use the techniques they have been taught and family members can be encouraged to prompt the student to use the techniques if they notice the student becoming distressed.

When working with students without a previous relationship, or with whom no grounding or relaxation techniques have been taught, it is helpful to choose one of the techniques and teach it to the student by providing a rationale for the technique, demonstrating it, and practicing together. The next session, "CBT to Manage Stress" will discuss how to help students and their families manage stress in greater detail.

Utilize other calming activities. In addition to relaxation and grounding techniques, students often have activities that they use to help themselves feel better. This can be listening to music, drawing, talking to family or friends, etc. If the student has an activity that has previously been effective in helping to stay calm, the student can be encouraged to use that activity.

In rare circumstances, students will present with severe distress, such as self-injurious behavior or suicidality. This will be addressed in the later section, “Managing Severe Distress”.

SHORT- AND LONG-TERM SCHOOL-BASED GOALS

Although there is currently a great deal of variance among districts and among schools within districts about how they are organizing their virtual education services, in general, students are expected to participate in continued educational activities online. Many of the challenges related to teaching and learning that students faced in the classroom will continue to be challenging as students make the transition to online learning.

Organizational challenges, concentration difficulties, low frustration tolerance, or comorbid mental health symptoms can impact a student’s ability to perform educationally online. It can be particularly difficult for some students who are unable to receive the level of academic support they received in the classroom. It can be difficult for families to manage the online education of multiple students, juggling multiple schedules from different schools that are not coordinated while maintaining all other household responsibilities, all while experiencing the stress of recent events.

Review goals students previously have set. Clinicians who have been working with students previously will hopefully have set short- and long-term goals with these students and their families in coordination with their teachers. These goals are still relevant, although other immediate needs may necessitate delaying focus upon them. Review the goals with students, reminding the students of short- and long-term benchmarks that had been set. It will be important to adjust these goals depending on the specifics of the online learning requirements that the schools have set for their students or to adjust the data that will be used to measure progress.

Set new relevant goals related to online learning. For clinicians working with students for whom they have not previously set goals, coordinate with teachers, to the extent possible, whenever setting goals with their students. It may be necessary to coordinate with your principal to find out how to conference with teachers remotely. Try to set at least one academic goal for each student with a short- and a long-term benchmark. These goals can relate to attendance in online classes, time on task, working independently, organization of supplies, attempting new material, etc. If possible, include one behavioral and one social goal as well. This may relate to either online group learning activities or to interactions with family members during instruction. These goals can relate to taking turns, requesting help when needed, expressing frustration appropriately, etc.

Consider Special Education implications. For students with Individual Educational Plans (IEPs), it is important to consult with your supervisor and/or the special education team coordinator to clarify the expectations related to meeting the counseling goals set in the IEP and to receive all of the necessary resources to work with students to meet their goals. Be clear in these discussions how the counseling work you delivered with students within the schools will translate remotely, how data will be gathered and reported, and how the plans will be reviewed.

SECTION 2: PROMOTING RESILIENCE

BUILDING PROBLEM-SOLVING SKILLS

SPR identifies *Building Problem-Solving Skills* as a core skill that is related to stabilization. Students and their families can become overwhelmed by the stresses of the pandemic, but also by the accompanying secondary adversities that often follow such stressful events. Especially for students, who are often facing problems over which they may have no influence, problem solving can be a helpful exercise to determine level of ownership over a problem and to help students focus on the particular problems for which they can realistically make plans to address.

Problems can become less daunting by breaking down the problem-solving process into its four distinct parts:

- Identifying the problem
- Brainstorming possible solutions to the problem
- Weighing the pros and cons of each possible solution
- Choosing a solution and evaluating how it worked

When students are facing challenging problems that they do not know how to address, it can be helpful to have students work with you to move systematically through the four problem-solving parts together. Take time, when identifying the problem, to break down larger problems into more manageable steps. Also, spend time focusing on problems, or parts of problems, over which students have influence.

Action plans, with implementation schedules, can be developed that include a plan for evaluating how effective the plan is. Often it is helpful to engage other family members in the plan, as needed.

MANAGING STRESS

Many clinicians routinely teach Cognitive Behavioral Therapy (CBT) techniques to the students with whom they work. These techniques are part of the Common Elements of Treatment that are used to treat depression, anxiety, PTSD, and disruptive behaviors. They are incorporated into the evidence-based practices that are commonly used by clinicians for these mental health challenges – CBITS and Bounce Back, TF-CBT, Coping Cat and C.A.T. Project, etc. The skills include **psychoeducation** to normalize reactions to stress and provide a rationale for treatment; relaxation and grounding techniques to promote **self-regulation**; and **thought restructuring** to promote helpful thinking.

One of the core actions of PFA is providing *Information About Coping*. Many of the elements of this core action are related to the CBT Common Elements of Treatment of psychoeducation, self-regulation, and thought restructuring such as:

- *Review Common Psychological Reactions to Traumatic Experiences and Losses*
- *Talking with Children about Body and Emotional Reactions*
- *Provide Basic Information on Ways of Coping*

- *Teach Simple Relaxation Techniques*
- *Address Highly Negative Emotions*

Three of the core skills of SPR are also related to the CBT Common Elements of Treatment:

- *Managing Anxiety, Grief, and Loss*
- *Promoting Helpful Thinking*
- *Promoting Positive Activities*

For clinicians who previously have taught these components of treatment using evidence-based practices, continue using the specific techniques you have used before. Clinicians can select the specific techniques from the evidence-based curriculum related to psychoeducation, self-regulation, and thought restructuring to use with students in telehealth. For clinicians who have not used these techniques, there are a great many resources available online related to each of the components of CBT, many with handouts and activities for working with students. The components will be merely listed here and briefly described.

Psychoeducation

The following tools and techniques are helpful in educating students regarding common reactions to stress and the rationale for coping techniques.

- Thinking-Feeling-Doing Triangle - This tool helps teach students the connection between thoughts, feelings, and actions and how changing one affects the others.
- Common Reactions to Stress – A list of common reactions to stress helps normalize the effect of stress on students and families.
- Feelings Identification/Feelings Vocabulary – Teaching feeling vocabulary, particularly with younger children, helps students understand and verbalize their own emotional reactions to stress.
- Body Mapping – This technique helps students identify how their bodies experience stress through physical reactions.

Self-Regulation

There are a variety of techniques that students can learn to promote self-regulation through relaxation, grounding, and physical activation. It relates to the connection between actions and feelings.

- Relaxation
 - Diaphragmatic Breathing
 - Progressive Muscle Relaxation
 - Body Scan
 - Positive Imagery
- Physical Activation – Activating the body physically in safe ways is a helpful technique to improve mood. Exercising, yoga, dance, stretching, walking, etc. can all be beneficial.
- Positive Activities – Activities in which students have engaged in the past that have been helpful in making them feel better (music, creative expression, engaging with friends and family, etc.) can be encouraged to help with present coping.

Thought Restructuring

This technique focuses on the connection between thoughts and feelings and how changing the way we think about a situation can affect how we feel about it.

- Identifying Unhelpful Thoughts – Sometimes called Socratic Questioning, this technique helps organize identification of thoughts that are not helpful in coping because they are untrue, unrealistic, rigid, inaccurate, or exaggerated.
- Identifying Helpful Thoughts – Helpful thoughts are thoughts that can be used to replace unhelpful thoughts that can encourage coping through improving mood and facilitating helpful actions.

When teaching any CBT technique, remember to go through each of the steps in the process:

- Provide a rationale for the technique, explain why it is helpful
- Teach the technique, describe and demonstrate how it is done correctly
- Practice the technique, practice together

Include movement in telehealth. There is no reason you must to remain seated when describing the importance of physical activation or during any part of your telehealth contacts. Get up and move around to demonstrate and practice movement as a relaxation technique with students as a routine. It will be helpful for both of you.

Consider using worksheets. Screen sharing can be used to incorporate graphic organizers related to CBT techniques. There are numerous examples that are used in evidence-based curriculum as well as generally available online. These can be related to teaching a skill as well as to practicing. Students may have a strong and negative visceral reaction to worksheets however. They may relate them to other disengaged, independent work that has not been effective or enjoyable, so use worksheets thoughtfully. Screen sharing is not allowed in certain districts, so stay up-to-date on all of your own district's telehealth policies.

RELATIONSHIPS AND SOCIAL SUPPORTS

Both PFA and SPR emphasize the importance of relationships and social support following stressful events. One of the core actions of PFA is *Connection with Social Supports* and one of the core skills of SPR is *Rebuilding Healthy Social Connections*. Because of the current context of required physical distancing for health reasons, this has become a very complicated issue.

Consider the effects of physical distancing. The stay-at-home advisory during the pandemic can be especially challenging for students who often rely on school and their classmates as the primary source of their social connections. Additionally, many of the pro-social activities in which students participate are school-based, such as sports teams, band or chorus, drama clubs, cultural support groups, etc. Although students often have extensive experience interacting online, many are not used to relying solely upon online platforms to meet all of their social needs and will experience a significant loss of social connection and participation in pleasurable activities.

Many parents face significant problems encouraging their teenage children to maintain recommended physical distancing. It can be challenging, in the current pandemic, to encourage students to actively maintain social supports, while at the same time, expect them to respect the limitations of the stay-at-home advisory and physical distancing.

Acknowledging the frustrations that students are experiencing is an important first step. Listening to and reflecting back their social concerns as you reinforce the importance of the current pandemic physical distancing guidelines can help students accept them to a greater degree. Our own modeling of offering and receiving social connection from students is significant.

Support social connections. There are numerous reasons why some students will be unwilling to express their social needs, despite how important they are. Students may not have identified their social needs as significant. They may not understand how a lack of social support is affecting them. They may feel that their social needs would not be seen as important relative to other stresses and challenges that their family is facing. It can be helpful to explore these issues to understand how a student's need for social connectedness has been influenced by recent stressful events.

- **Make a Social Connections Map:** SPR recommends making a social connections map that can be used to understand who the student is connected to and the meaning of the social connections for the student. The map can be used to identify the different types of support each of the connections provide to the student and to identify gaps in needed support. An action plan to help meet social needs can then be developed.
- **Engage the Family:** Family engagement is critical when helping students negotiate social connectedness. During the stay-at-home advisory, students will be having significantly more contact with family members while not in school, which may cause increased friction and family conflict over time. Encouragement of coping strategies that are taught and practiced to try to minimize conflicts among family members can be helpful. Having families schedule specific time for enjoyable activities together is often necessary rather than relying on chance. Families may need to be reminded of the importance of positive and healthy relationships to cope with stress in order for them to prioritize fun family activities that they may not be used to engaging in and that may at first seem frivolous. Families also may need to be reminded of how common increased family conflicts have become during the crisis.

Acknowledge the supports that are both given and received. When speaking about social connectedness with students, it is important to identify the dialectic of both *receiving* social support and *providing* social support to others. During the pandemic, students often have responsibilities in their family to care for other family members or to perform various important household duties. It is helpful for students to reflect, in a balanced way, the supports that they identify that they need and request from others with the supports that they are providing to others.

SECTION 3: OTHER CLINICAL CONSIDERATIONS

RESOURCES AND REFERRALS

PFA identifies one of its core actions as *Linkage with Collaborative Services*. It may sometimes be necessary, in collaboration with the families, to connect students and their families with resources in the community. Information related to medical issues, especially during this pandemic, as well as referral to medical services, including through medical telehealth, are particularly relevant. However, other resources related to mental health services, social services, child protection services, or advocacy groups for families to access services may be helpful. As you engage the family, referrals may be necessary for other family members as you identify additional needs. Families very often need help negotiating the complex social service and medical systems. It is important to stay as knowledgeable as possible about community resources and to know where to access additional information about possible referrals.

This is not meant to imply that clinicians need to be the ones exclusively providing additional support. Rather that clinicians can be resourceful in identifying community supports that are available to meet emerging needs of students and their families during the crisis.

MANAGING SEVERE DISTRESS

Occasionally, you will need to manage the severe distress of students with whom you work. The vast majority of students will respond to the self-regulation strategies that they are being taught and will be able to manage the stress they are experiencing. However, there may be students who are unable to manage, experience severe stress, or have symptoms that include self-harm or suicidality. There may be students on clinicians' caseloads who were exhibiting these symptoms prior to the current crisis and who were already at high risk.

The challenge of managing severe distress is greater when working with students with whom there has been no previous relationship. Without previous experience with these students and a more detailed knowledge about their strengths and vulnerabilities, it can be difficult to gauge the level of risk. These students may require a more formal screening process to assess the level of risk that relies less on instinct and informal conversation and more on specific questioning about risk factors.

It is important to be knowledgeable about managing suicide and safety risks. With the move to telehealth, speak to your supervisor about this issue directly. How does your understanding about managing safety risks translate to a virtual platform? In what ways will you have to change practice as you have contact with students online? Here are some guiding questions to consider related to managing severe distress when providing mental health services in telehealth:

- What are my agency's or district's **policies related to managing suicidality** and other safety risks?

- How do I **screen students** for risk of suicide? Are there specific screening tools available?
- What are the **components of a safety plan** that I should include when contracting with a student regarding safety?
- How do I access **supervisory support** for decision making about student safety risks?
- When and how do I make referrals for increased **psychiatric support** when they are needed?
- Am I allowed to offer **increased student contact** or check-ins to students who are at greater safety risk?
- Are there specific **documentation and reporting requirements** for issues related to safety risk?

PROFESSIONAL RESILIENCE DURING A STAY-AT-HOME ADVISORY

Recently, a meme has circulated online that highlights the distinction between “working from home” and “being home because of a pandemic crisis and attempting to work.” This distinction is timely, because it points out how the current pandemic has created a stressful environment from which we currently are expected to deliver services to students.

Support and protect yourself so you can support and protect others. Our profession charges us not only with the responsibility of helping and protecting others. We are also charged with the responsibility of helping and protecting ourselves, so that our best selves are available to help and protect others.

There are a very wide variety of resources available online regarding Professional Resilience and Secondary Traumatic Stress (STS). There are numerous fact sheets on the topic, some specifically written for educators and child-serving professionals, at www.nctsn.org. The site has a wealth of other resources related to trauma.

Recognize Secondary Traumatic Stress. Understanding STS and how it can manifest in educators and school-based counselors is an important first step to being able to identify how it impacts our ability to provide services to students. Once it is understood, practices can be put in place to prevent the symptoms of secondary traumatic stress and to promote professional resilience. Many of these techniques related to engaging in pleasurable activities, mindfulness, proper nutrition, social connectedness, relaxation and grounding techniques, and exercise and movement are very familiar to clinicians because they are routinely suggested to students to help them manage stress. Incorporating these practices into daily routines is an important way to foster professional resilience.

Consider organizational resilience supports. It is equally important to consider how the organizations in which we work contribute or diminish our capacity to be resilient. While self-care is an important part of clinicians’ responsibility to prevent secondary traumatic stress, its effectiveness depends on larger systems that are trauma-responsive and incorporate organizational practices that promote professional resilience.

Get more help when you need it. Finally, knowing the signs and symptoms of secondary traumatic stress is also helpful to determine when it is necessary to seek additional help. Use supervision to discuss secondary traumatic stress and to seek guidance about how to develop new practices, or to adjust workload in order to diminish symptoms. Seek support from mental health professionals when symptoms become moderate to severe, interfere with your capacity to meet your professional responsibilities, or affect your life outside of work in significant ways.

SUMMARY

This document is meant to be an introduction to Telehealth for Mental Health for School-based Clinicians. Many clinicians who are rapidly being moved to online platforms for service delivery have no prior experience with these systems. The field is trying to catch up with the rapidly changing landscape of mental health service delivery. There is much more knowledge that is currently needed to further understand how evidence-based practices should be adapted for delivery virtually, what is the effectiveness of telehealth service delivery models, etc. This introduction serves as a tool to organize thinking about telehealth mental health contacts in the current pandemic environment. It offers guidelines how crisis intervention curricula, such as PFA and SPR , along with core elements of CBT can provide a framework for online support of students during the current COVID-19 crisis.

REFERENCES

Psychological First Aid

<https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>

Skills for Psychological Recovery

<https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-spr>

Cognitive Behavioral Therapy: Core Elements of Treatment

<https://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/11%20CETA/CETA%20Description.pdf>

<https://www.cetaglobal.org/>



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