

BREAKOUT SESSION

Digital Connection:

Ethical Engagement in Youth Telehealth

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WELCOME

What you'll take with you...

By the end of this session, you will be able to:

<p>01 Recognize fit</p> <p>Identify when telehealth is appropriate — and when it isn't — for youth clients.</p>	<p>02 Practice ethically</p> <p>Understand core ethical responsibilities and privacy considerations in virtual care.</p>	<p>03 Build connection</p> <p>Apply concrete strategies to improve engagement and connection on screen.</p>
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Opening & Framing

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The shift to virtual care....

A generation that lived through Zoom school is now meeting you on a screen.

What changed

- COVID-19 forced the rapid normalization of virtual learning, healthcare, and connection.
- Youth now arrive with screen fluency, but also screen fatigue.
- Ethical practice has had to evolve faster than the guidance has.

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What's the hardest part of virtual work with kids?

Take a moment — share with a neighbor.

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Common Challenges in Virtual Telehealth with Children

- Increased distractions at home
- Screen fatigue
- Virtual sessions feeling "less serious"
- Joining from inconsistent locations, such as a car, bed, kitchen, or shared space
- Limited privacy
- Multitasking during session: Looking at other tabs, games, videos, or messages
- Difficulty sustaining attention
- Harder to read body language and subtle emotional cues
- Less access to ideal therapy materials



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Common Challenges in Virtual Telehealth with Children



- Technology issues, such as lag, audio problems, or internet disruptions
- Harder to support regulation in real time
- Reduced therapeutic connection or presence
- Caregiver involvement being inconsistent or the opposite... overbearing
- Avoidance behaviors being easier to hide or maintain virtually

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2 Who is (and isn't) a good fit?

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Telehealth isn't one-size-fits-all.



Often a good fit

- Youth in rural or underserved areas who would otherwise NOT have access
- Families without reliable transportation
- Students who need continuity between in-person visits
- Teens who are comfortable with technology and verbal communication
- Mild-moderate anxiety, mood, or behavioral support



May need hybrid or in-person

- Active safety concerns or high-risk behaviors
- Unable to actively engage virtually (age, diagnosis, developmental profile)
- No access to a safe or private space for the session
- Young children needing play-based or sensory interventions

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Telehealth is not "less than."

It is different. To be successful it takes careful planning and flexibility.

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PART THREE

Why telehealth matters for youth access


10 minutes

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Reducing Burden and Improving Access


Telehealth can reduce burden and improve access by lowering logistical barriers including transportation, scheduling, childcare, and geographic distance.

It should be considered as an option so children and families can connect with care more consistently.




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Telehealth reduces real barriers.




Geography

Reaches youth in rural and underserved areas where specialists are scarce.



Transportation

Removes the burden of getting a child to a clinic — gas, time, missed work.




Scheduling

Works around parent work schedules, school days, and sibling/childcare logistics.

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Continuity when life disrupts care

Telehealth allows for care that follows the young person. It allows for stability.



Telehealth keeps care steady through:

Transitions in and out of hospitalization — When a teen is admitted to (or discharged from) inpatient or higher-level care, there is a vulnerable stretch where treatment often gets dropped or restarted with someone new. Being able to meet virtually means you can maintain the therapeutic relationship.

Illness, school breaks, or seasonal disruptions — The everyday things that normally cancel an in-person session (a cold, a holiday, family travel, a snow day) don't have to interrupt the work. Sessions can continue from wherever the teen is, so progress isn't stop-and-start.

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Telehealth Access expanded — but not equally

~1 in 3

Youth engaging in at least one video visit in 2021.

The gap is real — those who are less likely to get video care:

- Lower-income and publicly insured youth
- Youth in rural communities
- Black youth — even when clinical need is comparable

Telehealth is not inherently equitable.

Source: Olsson et al. (2025)

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Reflection

“If the youth who most need telehealth are the least able to access it, what would I have to change to reach them?”

Spend a minute or two thinking about how to break down accessibility barriers.



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PART FOUR

Ethical & Clinical Considerations

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Confidentiality & Privacy: Considerations

01 Environmental	02 Technology	03 Systematic
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<p>Environmental</p> <p>The patient's (and provider's) physical surroundings need to be private.</p> <p>Vulnerable groups – adolescents, people experiencing homelessness, those with mental health needs often have no private space; large or crowded households risk being overheard remotely.</p> <p>→ Best practice: Check the suitability of the patient's location before and during the visit.</p>	<p>Technology</p> <p>Data-security exposures (hacked video visits, public Wi-Fi, shared devices). No reliable internet, no personal device or data. Children/youth not knowing how to use tech features or reconnect when the connection is disrupted.</p> <p>→ Best practice: Secured platforms (passwords, waiting-room ID verification), avoid public Wi-Fi and shared devices, and provide extra support for low-literacy and vulnerable users.</p>	<p>Systematic</p> <p>Whether your practice is built to protect privacy and confidentiality behind the scenes, telehealth should be named in your HIPAA policies and Notice of Privacy Practices.</p> <p>→ Best practice: Build telehealth into your privacy policies and risk assessments, train staff on telehealth-specific privacy, and verify patient identity each visit.</p>
<p>(Houser et al., 2023)</p>		

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Informed Consent & Boundaries

01

Explain limits of confidentiality specific to telehealth in the intake session.


02

Set clear boundaries around messaging, off-hours contact, and platforms.

03

Revisit consent as the youth's situation or platform changes.

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Safety Planning

Distance changes how risk is managed. Plan for it before you need it.

- In telehealth, you can't physically intervene, so the things you would rely on in person aren't there.
- You may not know where they are. If a client is in crisis, you can't act without their physical location.
- You can't "physically" step in directly. No walking them to a colleague, no calling a crisis team down the hall. You're dependent on local resources near them, which you need to have on hand in advance.
- The connection can fail at the worst moment. You need to plan for what to do if this happens.
- It's harder to read the warning signs. Body language, restlessness, and other cues are muted or off-camera can escalate risk.

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Professional Responsibility
Ethical practice in telehealth is in the details of platforms and laws.

01

Use HIPAA-compliant platforms and document accordingly.

02

Know your state's laws and licensing rules for cross-border care.

03

Stay current with evolving guidance from your licensing board.

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PART FIVE

Building Real Connection on a Screen


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Three connection building principles that hold up through the screen




Relationship first

The technology is the medium, not the relationship. Lead with rapport, every time.



Age-attuned

What works for a 7-year-old, a 12-year-old, and a 16-year-old is very different.



Collaboration & choice

Co-create the session: let the client shape format, pacing, and structure.

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Practical strategies that work on screen

- Use screen tools**
Drawing apps, games, shared activities, music.
- Shorter check-ins**
More frequent, briefer sessions when attention is taxed.
- Movement & grounding**
Body-based breaks; stretches; sensory anchors.
- Let them show you**
Pets, rooms, art, playlists. Their world is the room.
- Multiple modes**
Voice, text, chat, drawing; encourage other means for self-expression.
- Co-create structure**
Build goals and session rhythms together, not for them.

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Different ages, different strategies

Younger Children

- Visual schedules – timers, picture anchors
- Play-based digital tools and activities
- Parent engagement built into the session
- Frame it like FaceTime or Skype to set expectations

Teens

- Normalize digital fatigue – name it, plan for it
- Discuss session expectations and boundaries together
- Validate digital identities and online communities
- Reassure them that the platform is private

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Case Study: 20 Minutes

The client. Maya is a 9-year-old girl referred for generalized anxiety and separation challenges. She has frequent stomachaches before school, difficulty separating from her mother at drop-off, and trouble sleeping alone.

You have been working together for about 4 months in weekly sessions, originally in person, but the family switched to telehealth 6 weeks ago after a change in their work and transportation situation. Maya responds well to art-based interventions and has built a solid rapport with you.

What's happening in session? Today's telehealth session is the third since the switch. A few things are unfolding at once: Maya is set up at the kitchen table on a family tablet. Her 4-year-old brother wanders in and out of frame, and you can hear a TV in the background. Maya keeps glancing off-screen and lowering her voice.

The drawing activity you planned isn't landing. Maya is restless, the tablet keeps tipping over, and the connection freezes twice, breaking the flow each time. Near the end, Maya says quietly, "I don't really want to talk about it when they can hear me." You're not sure who is within earshot or how to follow up safely.

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Case Study: 20 Minutes

Discussion questions:

Private Space. How would you address the lack of a confidential, distraction-free environment ... in the moment today, and as a plan for future sessions? What can realistically be set up in this family's home?

Engagement. The screen is interfering with your usual play/art approach. What adaptations or telehealth-friendly interventions could you use to re-engage a restless 9-year-old?

Technology. What practical steps (positioning, devices, backup plan for dropped connections) would you problem-solve with the family, and who is responsible for this?

Confidentiality + Safety. Maya signaled she doesn't feel she can speak freely. How do you respond to her cue, assess what's going on, and follow up on a possible safety concern when you can't see or control who's in the room?

The Caregiver's Role. When and how would you involve Maya's parents?

Handwritten lines for notes on page 28.

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PART SIX

Closing & Call to Action

Handwritten lines for notes on page 29.

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CLOSING

Three takeaways.


- 01 Access matters
02 Assess for fit.
03 Ground your work in Ethics.
The principle underneath it all: telehealth should reduce burden and improve access.

Handwritten lines for notes on page 30.

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RESOURCES

Take these tools with you.
 Telehealth Toolkit: tinyurl.com/telehealth-tool-kit




Telehealth consent template

A starter consent form built for youth and family contexts.



Privacy & safety protocol

Checklist for location verification, emergency contacts, and risk escalation.



Engagement tool list

Games, platforms, and activities sorted by age and goal.

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References

Houser, S. H., Flite, C. A., & Foster, S. L. (2023). Privacy and security risk factors related to telehealth services—A systematic review. *Perspectives in Health Information Management*, 20(1), 1–10. <https://perspectives.ahima.org/>

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Bacon, K., Bassiri, K., Grant, S., Trevino, A., & Olivas, M. (2020). Thriving at home: Telehealth play therapy activities for licensed therapists. MindPeace. <https://mindpeacecincinnati.com/wp-content/uploads/Telehealth-Play-Therapy-Activities.pdf>

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THANK YOU

Questions? Reflections, take aways?

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