Telehealth Best Practices

NATIONAL CENTER TO ADVANCE PEACE
for Children, Youth, and Families

The National Center to Advance Peace for Children, Youth, and Families (NCAP) is a coalition led by Caminar Latino and includes Ujima: National Center on Violence Against Women in the Black Community, the Alaska Native Women's Resource Center, the National Indigenous Women's Resource Center, and Futures Without Violence.

A·K·N·W·R·C
ALASKA NATIVE WOMEN'S RESOURCE CENTER

FUTURES WITHOUT VIOLENCE

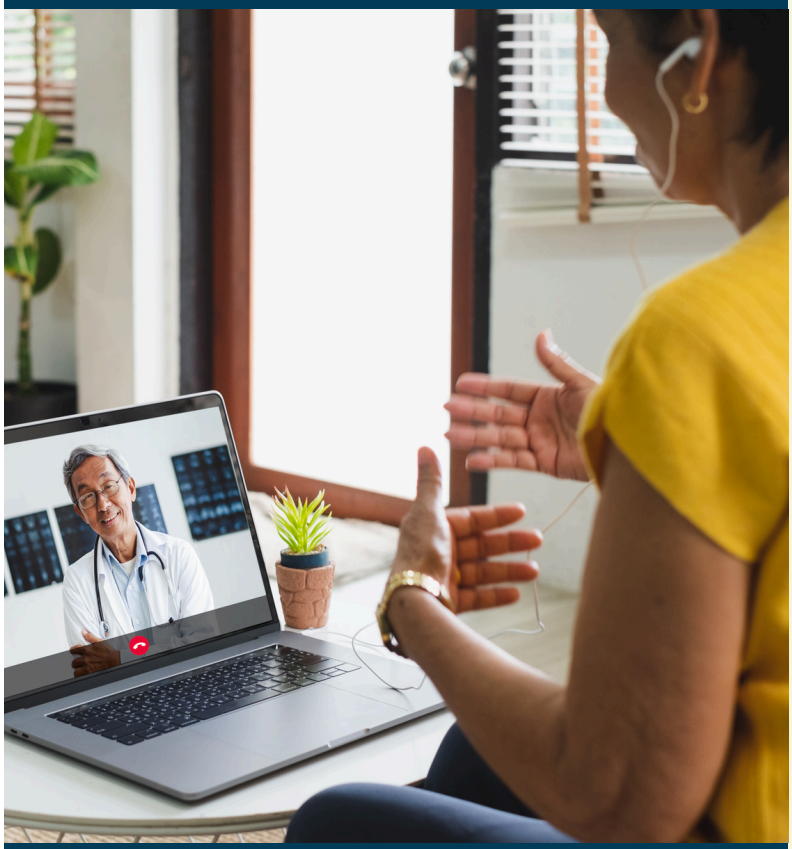
Caminar Latino

NATIONAL INDIGENOUS WOMEN'S RESOURCE CENTER

Ujima
The National Center on Violence Against Women in the Black Community

Introduction

In today's landscape, telehealth is no longer just a pandemic solution. It's a core part of service delivery that was strengthened by lessons learned during COVID and adapted for a long-term sustainability standard.



Audience

Practitioners providing telehealth services in child welfare, domestic/sexual violence, and youth mental health post COVID.

Why is this important?

01.

The COVID-19 pandemic accelerated the shift to telehealth, showing it can deliver outcomes comparable to in-person services for domestic violence-related services (e.g., repeat domestic violence (DV), depression, PTSD, safety behaviors) while expanding access when done safely and with attention to barriers.

02.

Telehealth remains critical for reaching rural communities, reducing wait times, and supporting interdisciplinary teams. At the same time, youth engagement, privacy, and risk assessments often still require special handling or in-person options.

03.

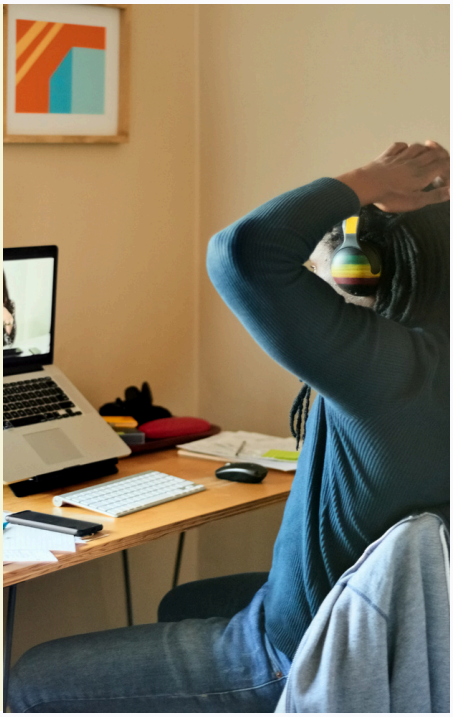
The pandemic highlighted barriers such as privacy in the home, therapeutic rapport, tech access, so new, innovative practice design continue to require attention to address these barriers.

Practice Tips

Many households continue hybrid work or schooling, so it’s important to open every visit with a safety/privacy check. Ask: “Is now a safe time to talk?” If someone is present, state: “I must conduct this visit with no one else present.” Establish code words and alternative channels if needed.

Post COVID, many clients expect telehealth flexibility as part of routine care. Offer modality choice (phone/video/chat) and flexible scheduling; plan a backup (e.g., call) if video drops.

Minimize privacy risks: confirm the client’s location, use headphones, suggest moving to a safer space or parked car if appropriate, and avoid speakerphones; document consent and limitations of privacy. This practice remains critical given households have now become a larger shared space.



Prepare domestic violence and child-safety protocols tailored for telehealth (e.g., silent exit plans, quick-close tabs, code words for escalation, and how to shift to in-person assessment when risk is detected).

Make tech easy: send simple links, provide brief pre-visit tech checks, and have real-time support. Keep camera at eye level, use clear lighting, and reduce on-screen clutter to aid rapport.

Adapt for youth: keep sessions shorter to avoid screen fatigue, use interactive tools (screen share, polling, whiteboard), and include caregiver coordination outside the youth’s time to protect confidentiality.

Attend to tech needs: offer data-efficient options, provide loaner devices/hotspots when possible. Avoid assuming digital literacy and offer quick tech coaching at intake; confirm language access and accessibility settings.

Strengthen team coordination: use secure platforms for case conferences and warm handoffs; clarify roles and follow-ups at the end of each meeting.

Know when in-person is better: high-risk assessments/home safety checks, persistent connectivity problems, significant privacy concerns, or when engagement remains low despite adaptations.

Monitor outcomes and satisfaction; invite feedback after sessions and track no-shows/completions to refine your model to make telehealth a standard and sustainable model.

For rural survivors of DV/SA, partner with local crisis centers to provide private rooms for video sessions and to facilitate referrals and follow-through.

Use trauma-focused, evidence-based protocols (e.g., TF-CBT, CPT, PE) via secure video where appropriate. Clinician training for remote delivery accelerated during COVID, and now it should be an expected competency.

As clients move between in-person and virtual sessions, it is still crucial to openly discuss limits of telehealth (non-verbal cues, rapport challenges); slow down, name emotions you are noticing, and use more frequent summaries to reinforce connection.

Document contingency planning: how to reconnect, when to call emergency services, and who to notify if the session ends abruptly during a safety concern.

Schedule periodic in-person touchpoints for youth struggling to engage remotely, or to complete standardized assessments not workable online.

Use structured safety-behavior checklists and validated screeners consistently across telehealth and in-person to support comparability of care.

Embed brief digital literacy coaching into the intake process; keep a simple resource sheet with screenshots for the platforms you use.

Contact

@caminarlatino

www.centertoadvancepeace.org
info@centertoadvancepeace.org

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