

Virtually Unstoppable: Child Counseling Through Telehealth

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Abstract

The mental health field has seen substantial growth in telehealth services, especially during the COVID-19 pandemic. Much of the available telehealth research and literature continues to focus on adults, leaving a gap in the research for telehealth with child clients. The abrupt shift to telehealth services for many child therapists spurred new literature on the topic, but it is still a developing and widely underresearched area. While there are both advantages and disadvantages to utilizing telehealth with children, the virtual platform of telehealth provides access to many children who otherwise could not engage in counseling services. However, child therapists must adapt telehealth sessions to be developmentally appropriate, culturally competent, engaging, and playful to meet the needs of minor clients. The authors suggest recommendations for considerations and resources for working with children in counseling through telehealth.

Keywords: Child counseling, telehealth, teletherapy, teleplay, virtual counseling

Virtually Unstoppable: Child Counseling Through Telehealth

While virtual counseling, also referred to as *telehealth*, *teletherapy*, or *telemental health counseling*, has grown in global use over the past few decades, there has been significant growth during and since the COVID-19 pandemic (Borenstein, 2022; Evans, 2022). Notably, telehealth is not a therapeutic modality itself but rather a form of delivery of counseling (O’Sullivan & Johnson, 2024). Many therapists were thrust into telehealth services as a result of the pandemic without much preparation, training, or resources for how to effectively engage with clients virtually (Smith et al., 2024).

Research supports the effectiveness of counseling through telehealth delivery (Gittins Stone et al., 2024). Therapists and clients alike have reported satisfaction with telehealth counseling services (Meininger et al., 2022). Additionally, it has been found that therapist satisfaction with telehealth increases as the number of sessions increases (Meininger et al., 2022). Despite some unique challenges of telehealth, therapists have found it possible to develop strong rapport with clients virtually (O’Sullivan & Johnson, 2024). However, there are some discrepancies within the literature, with some therapists describing dissatisfaction with telehealth (Resandono & Basri, 2023).

Though the overall amount of literature on telehealth is still limited, much of the current literature on telehealth counseling is focused on adults, leaving a gap in understanding telehealth services for children (McVeigh & Heward-Belle, 2020). Much of the existing literature on telehealth services for children arose during the COVID pandemic, though Cassity-Caywood and colleagues (2022) suggest that most of that research has broader implications for telehealth beyond the pandemic.

Utilizing Telehealth in Child Counseling

It has been proposed that children in recent generations are *digital natives*, meaning that they have grown up in a digital age and are adept in navigating technology, compared with an older generation of *digital immigrants* who have learned to effectively use technology (Prensky, 2001). Notably, not everyone worldwide has access to technology, so it cannot be assumed that every minor client is a digital native (Wang et al., 2013). Additionally, Wang and colleagues (2013) propose that rather than two distinct groups of *digital natives* and *digital immigrants*, there is a continuum of digital fluency between proficiency and ineptitude with using technology.

Clinicians report that children who are digital natives are an asset in telehealth sessions, as engaging in an online manner can feel comfortable for many children (Hagyari-Donaldson & Scott, 2024). Similarly, research suggests that when therapists feel proficient in technology, they have greater confidence in their ability to conduct telehealth counseling sessions (Smith et al., 2024). As technology continues to advance, so do the online platforms for telehealth, increasing accessibility and ease of use for therapists and clients (Hagyari-Donaldson & Scott, 2024).

Still, some counselors report doubting the efficacy of telehealth for children (Hagyari-Donaldson & Scott, 2024). Much of the scholarly literature on telehealth is focused on adults, leaving many therapists to navigate the advantages and disadvantages of telehealth with children without adequate support or resources (Borenstein, 2022).

Though this article will focus on individual child counseling through telehealth, it is important to note that various types of child counseling and therapeutic modalities have shown favorable outcomes when utilized through telehealth, including group therapy (Gittins Stone et al., 2024), family play therapy (Smith et al., 2023), Cognitive Behavioral Therapy (CBT) (Kalvin et al., 2021; Meininger et al., 2022), Trauma Focused – Cognitive Behavioral Therapy (TF-CBT) (Romney & Garcia, 2021), and Adlerian Play Therapy (Evans, 2022).

Benefits

One of the greatest benefits of telehealth is the flexibility provided for both clients and counselors (Cassity-Caywood et al., 2022). Online counseling sessions are often more convenient for clients and families because they can engage in counseling while in the comfort of their home (Evans, 2022). Kalvin et al. (2021) found that children often appeared to be more comfortable when engaging in virtual sessions from their homes. The convenience of telehealth is additionally beneficial for parents and caregivers because the travel time to and from sessions is eliminated (Resandono & Basri, 2023). This reduced travel time can also mean less disruption to the child's schedule (Hagyari-Donaldson & Scott, 2024).

Telehealth services also provide access to mental health care for individuals who live in rural or under-resourced areas and those confined to their homes (Evans, 2022). However, notably, there are places even within the United States in which people do not have adequate access to the internet for telehealth services, which needs to be taken into consideration by telehealth therapists (Cassity-Caywood et al., 2022). Telehealth sessions can also help provide a continuity of care for clients who are unable to attend in-person sessions due to transportation concerns, scheduling conflicts, or illness (Borenstein, 2022; Cassity-Caywood et al., 2022).

The virtual format of telehealth further offers clients access to mental health providers with specialties who may not be physically accessible for services due to geographical distance (Borenstein, 2022). In addition to decreasing the geographical and transportation barriers for clients, telehealth can also be more economical (Resandono & Basri, 2023). Telehealth services can also improve access to culturally competent care for clients (Niec & Schoonover, 2024). Furthermore, the delivery of counseling services through telehealth helps to reduce the barriers to

service from stigma and access to resources (Cassity-Caywood et al., 2022; Gittins Stone et al., 2024).

A final benefit is through telehealth, therapists get a unique view of the client's environment, home, familial relationships, etc. (Borenstein, 2022; Smith et al., 2023). When engaging in sessions at home, children are better able to share important aspects of their lives and homes, such as their pets or favorite toys (Kalvin et al., 2021).

Challenges

Though the convenience of telehealth can be a benefit, engaging in telehealth sessions in the comfort of one's home can also be a distraction for both therapists and clients (Evans, 2022). Borenstein (2022) highlights that it is critical for the telehealth therapist to remain engaged with their client in a virtual setting, yet a challenge that online counselors often face is being sidetracked by emails or text messages open in other computer windows rather than focusing solely on the client. Furthermore, noises and distractions in the client's home, such as the noise of other people, phone calls, or electronic devices can add to the challenge of telehealth (Resandono & Basri, 2023).

Additionally, technical difficulties, such as unstable internet connection, have been reported as one of the challenges of telehealth for therapists (Hagyari-Donaldson & Scott, 2024; Resandono & Basri, 2023; Smith et al., 2024). Another concern noted by clinicians is privacy through telehealth platforms (Hagyari-Donaldson & Scott, 2024). The security of the telehealth platform must be considered and steps taken by the therapist to ensure protection of client information (Niec & Schoonover, 2024). Similarly, children also may feel a lack of privacy when engaging in telehealth sessions in their home, so therapists must navigate the challenge of helping children feel safe to share through telehealth (Hagyari-Donaldson & Scott, 2024).

Therapists also report that it is more difficult to read the emotions of children through telehealth (Smith et al., 2024). Due to the limited visual nature of telehealth sessions, a child's nonverbal communication can be difficult to discern online (Hagyari-Donaldson & Scott, 2024). Therapists must be resourceful, creative, and attentive during telehealth sessions, often needing to devote increased time and energy into preparation for telehealth sessions (Eguia & Capio, 2022). Many therapists report feeling exhausted from telehealth sessions (Smith et al., 2024). Therapists in other disciplines that work with children through telehealth, such as occupational therapists, physical therapists, and speech-language therapists have reported similar benefits and challenges to teletherapy with children (Eguia & Capio, 2022).

Practical Applications

Notwithstanding the benefits and challenges of utilizing telehealth counseling with children, there are significant advantages to working with children through telehealth when developmentally appropriate adaptations are considered (Hagyari-Donaldson & Scott, 2024). Practical applications and considerations must be examined by therapists before engaging in telehealth sessions with children.

Counselor Competence & Ethical Practice

When seeing clients through telehealth, it is imperative that counselors display aptness in navigating technology and understand how online sessions may impact clients (Niec & Schoonover, 2024). Telehealth training can help to increase counselor competence for working with children online and can highlight the importance of adherence to ethical standards with telehealth (Evans, 2022; Niec & Schoonover, 2024).

As with any modality of therapy, counselors must ensure that ethical and legal guidelines are followed when using telehealth with children. For example, having consent, being trained in

child counseling, and maintaining confidentiality are all ethical standards from in-person counseling that transfer to telehealth (Niec & Schoonover, 2024). However, these ethical standards can be complex in telehealth, and there are some added considerations, unique to telehealth, that providers must be aware of.

Since telehealth has the potential to broaden the scope of clinical practice outside of a therapist's state, counselors need to be aware of the consent laws in each state in which their clients live (Kramer & Luxton, 2016). Counselors must also stay informed about the laws and regulations of telehealth from state licensing boards, particularly regarding providing telehealth across state lines (Niec & Schoonover, 2024).

Although some literature addresses the unique considerations for confidentiality and ethical concerns in telehealth with adults, there is a notable gap of an understanding of ethical considerations for telehealth with minors (McVeigh & Heward-Belle, 2020). Since clients are engaging in sessions remotely, therapists cannot guarantee that no one is overhearing the child's session in their environment, though therapists can discuss the importance of confidentiality with parents ahead of sessions (Niec & Schoonover, 2024). Additionally, counselors must be prepared with a predetermined plan for how to respond in situations of technical difficulties or a crisis with clients (Kramer & Luxton, 2016).

Client Suitability

It is imperative that therapists consider each child's age, developmental stage, sociocultural context, and abilities when preparing for telehealth sessions and modify sessions accordingly (Bolton et al., 2023; Hagyar-Donaldson & Scott, 2024; McVeigh & Heward-Belle, 2020; Niec & Schoonover, 2024). Still, there is a significant gap in the literature on what factors determine the appropriateness of telehealth for children with various presenting concerns

(Hagyari-Donaldson & Scott, 2024). Additionally, research shows that some therapeutic modalities for children cannot be easily rendered through a telehealth format, particularly modalities in which physical proximity is needed (Hagyari-Donaldson & Scott, 2024).

Literature suggests that children and adolescents who are presenting with intense concerns, such as posing a threat to themselves or others, severe mental illness, or suicidality may not be a good fit for mental health services through telehealth (McVeigh & Heward-Belle, 2020). Therefore, assessment of risk and safety are also important factors in determining the suitability of telehealth for a child (Hagyari-Donaldson & Scott, 2024). Additionally, children with attachment wounds or trauma may struggle to build rapport with therapists in an online setting and may not be best suited for telehealth sessions (Hagyari-Donaldson & Scott, 2024). Similarly, children who have been abused in the home may not feel comfortable engaging in counseling sessions virtually from their homes (Smith et al., 2023).

Preparing Parents and Caregivers

Therapists have reported that having parents involved when working with children in telehealth sessions is a crucial factor in the efficacy of online sessions with children (Eguia & Capio, 2022; Resandono & Basri, 2023). Furthermore, Resandono and Basri (2023) found that the nature of telehealth also increased parental involvement in the therapeutic process.

Before meeting with children through telehealth, counselors are encouraged to first meet with parents to discuss telehealth session plans and expectations (Romney & Garcia, 2021). During this initial parent meeting, therapists can communicate expectations and boundaries for children in telehealth sessions, as well as the expectation that caregivers be available to troubleshoot any technical difficulties or crises that may occur during the online sessions (Bolton et al., 2023). When speaking with parents, therapists also need to discuss any changes that need

to be made to ensure that the physical environment in which the child will be joining telehealth sessions is safe (Kramer & Luxton, 2016; Romney & Garcia, 2021).

To address the often-distracting environment of home environments, parents are encouraged to find a location for virtual sessions with minimal distractions or to remove distracting objects from the room (Kalvin et al., 2021). Also, parents are encouraged to schedule sessions for children when parents will have the least competing demands, so they can be prepared to engage in the session or in troubleshooting if needed (Kalvin et al., 2021).

Furthermore, counselors and parents can discuss what materials may be beneficial for the child to have access to during telehealth sessions (Smith et al., 2023). Smith et al. (2023) also recommend that therapists and parents discuss the family's culture, values, beliefs to determine if any toys, games, or materials may go against their values.

Environmental and Structural Factors

Since distracting environments can be one of the reported challenges of telehealth, therapists are encouraged to limit the visual stimulation in their own space that may be potentially distracting to themselves or their child clients (Romney & Garcia, 2021). As previously mentioned, therapists should also limit the number of distracting visuals on the screen during telehealth sessions, such as emails and text messages, so they can remain engaged in telehealth sessions.

Counselors can assess the individual needs of each client, including sensory sensitivities, to determine any modifications or accommodations needed in the structure of telehealth sessions (Romney & Garcia, 2021). It is essential that counselors stay flexible when engaging in telehealth with children, continually assessing the child's needs and engagement levels (Eguia &

Capio, 2022). Establishing rhythms and routines in telehealth sessions can also provide structure and consistency for children (Borenstein, 2022).

Additionally, it is important for therapists to have a multicultural perspective when engaging in telehealth with clients and provide culturally competent care (Niec & Schoonover, 2024). Nicasio et al. (2022) encourages counselors to embrace conversations with clients about cultural values and intentionally integrate aspects of a client's culture throughout telehealth treatment. Though some literature recognizes the importance of multicultural competency when engaging in telehealth, there is a gap in the literature on the unique needs of diverse individuals, including children, who may engage in telehealth (McVeigh & Heward-Belle, 2020).

Based on the assessment of a child's needs, therapists can decide if directive or non-directive telehealth sessions may be most appropriate. Counselors can also consider how telehealth can be adapted to align with therapeutic goals for the client. For example, telehealth can be a setting in which low frustration tolerance can be addressed due to the nature of the challenges of telehealth (Bolton et al., 2023). Therapists can match the treatment goals for the child to the telehealth session's activities, taking a prescriptive approach. The flexibility that telehealth provides suggests that there are many possibilities for adapting sessions to meet the client's needs, treatment goals, cultural values, and any unique environmental or structural factors that may be present.

Incorporating Play and Movement into Telehealth Sessions

Child therapists are tasked with the undertaking of creatively engaging with children through telehealth in developmentally appropriate ways (Bolton et al., 2023; Evans, 2022). The importance of play in child treatment is well documented in child development literature. Erikson (1976) noted that play, for a child, is a means of self-healing. Landreth (2023)

emphasized that since "toys are children's words and play is their language" (p. 9), engaging a child in play provides a natural means of meeting a child's needs in therapy.

Decades of research support the efficacy of both child-centered and therapist-directed play in treating children with behavior problems, social skills deficits, anxiety, depression, trauma, and relationship problems (Bratton et al, 2005; Gupta et al, 2023; LeBlanc & Ritchie, 2001; Lin & Bratton 2015; Ray et al, 2014). A typical child therapy playroom includes toys such as dolls, a dollhouse, stuffed animals, a sandbox with miniatures, art materials, games, play doh, and therapeutic books (Landreth, 2023). These common materials, however, may not be available to a child who is participating in counseling virtually rather than coming into a physical counseling office, leaving child therapists to find ways to adapt child counseling to a virtual setting.

Additionally, it is important to remember the child's need for movement during the session and find ways to incorporate opportunities to move similar to what occurs naturally in a physical playroom (Bornstein, 2022). Incorporating movement into telehealth sessions with children can help them stay engaged and regulated (Evans, 2022). Likewise, therapists can monitor a child's movement needs during the session and shift the session to adapt to those needs (Bornstein, 2022). Bornstein (2022) encourages counselors to respect a child's need for physical movement during telehealth sessions. Alternatively, it has been suggested that children who need excessive movement and are unable to engage through a screen for a substantial time span may not be suitable for telehealth (Hagyari-Donaldson & Scott, 2024).

Despite play and movement being key factors in child therapy for both in person and telehealth sessions, the literature on implementing play and movement-based strategies with children in telehealth is scarce (Bolton et al., 2023; Bornstein, 2022). This lack of literature on

play-based and engaging strategies for telehealth with children also limits the amount of telehealth resources available to therapists.

Telehealth Resources

Research suggests that when therapists have resources compiled and accessible to them, they feel more prepared to undertake telehealth sessions (Eguia & Capio, 2022; Smith et al., 2024). Telehealth with children forces therapists to be creative and resourceful (Borenstein, 2022). Still, many therapists report having a lack of resources to use in telehealth sessions with children (Hagyari-Donaldson & Scott, 2024).

To start, it can be beneficial for therapists to utilize the resources that are readily available to them and their clients. Assessing and using the resources that a child client has access to within their home can be useful during telehealth sessions (Eguia & Capio, 2022; Romney & Garcia, 2021). If taking a non-directive approach to telehealth with children, therapists can give clients the autonomy to show therapists their homes and toys. Alternatively, if using a directive approach, therapists can lead clients in a scavenger hunt in their environment by giving instructions such as, “Find an object that makes you smile” or “Find an object that you can use when you’re feeling upset.”

Therapists can also employ imaginative play with children in telehealth sessions, tapping into a resource that is engrained within both the therapist and client (Borenstein, 2022). Additionally, through notifying a client’s parents before sessions, both the child and therapist can have materials ready to use in telehealth sessions, such as art supplies, stuffed animals, puppets, figurines, and games. Though some flexibility is needed, counselors and therapists can even play card games together, such as UNO, through telehealth when both parties have the game accessible to them.

Counselors can also utilize resources that may be accessible to them within their therapeutic spaces, even if the client may not have access to these materials. Therapeutic materials such as books for bibliotherapy can be beneficial for therapists to employ during telehealth sessions with children. If there are materials or handouts that therapists would like clients to have access to during telehealth sessions, they can mail or email resources to parents ahead of sessions. Additionally, therapists can create their own digital worksheets and activities tailored to the client's needs, culture, and treatment goals (Nicasio et al., 2022).

When therapists have resources on their own technology devices that they would like to use in sessions, they can employ the screen share function during virtual sessions (Evans, 2022). Additionally, counselors can give remote mouse access to clients during screen sharing, when available on the telehealth platform, or utilize other functions of telehealth platforms, such as the Whiteboard function (Bolton et al., 2023). Therapists can also readily share online resources with clients in telehealth sessions (Hagyari-Donaldson & Scott, 2024).

Online resources can be of great advantage to therapists during telehealth sessions, including online games, virtual sand tray, virtual doll house, and interactive websites (Bolton et al., 2023). Finally, creating a virtual office can be beneficial in telehealth with children and can create a repository for storing resources (Bolton et al., 2023). It is important when creating a virtual office and compiling resources that therapists take a multicultural approach (Bolton et al., 2023). Examples of telehealth resources for children that honor and affirm culture include figurines in virtual sand trays and doll houses that represent varying cultures and skin tones and using bibliotherapy books that reflect individuals from diverse cultures. Bolton et al. (2023) suggest that therapists compile both culturally specific and culturally neutral telehealth resources

and materials for sessions. A virtual office, furnished with a wide variety of resources can provide a consistent and affirming virtual setting for both therapists and clients.

Implications and Further Research

As previously noted, it is important that therapists receive adequate and specialized training to work with clients through telehealth. Since virtual counseling continues to be a widely implemented format for counseling, telehealth work, including sessions with children, should be a part of course curriculum in counseling programs (Romney & Garcia, 2021). It is imperative that supervisors and counselor educators help counselors and counseling students understand the unique considerations, advantages, and challenges of telehealth (Smith et al., 2024). Additionally, counselors and counseling students need to be trained to ethically and effectively utilize telehealth for counseling sessions, particularly for work with children (McVeigh & Heward-Belle, 2020; O'Sullivan & Johnson, 2024; Smith et al., 2024).

The potential for further research on telehealth counseling in child therapy is vast. Although research regarding the efficacy of telehealth with adults is available, research that documents the efficacy of telehealth with children is just beginning (McVeigh & Heward-Belle, 2020). Additionally, there is a need for further research on the efficacy and best practices of telehealth counseling with diverse clients (Niec & Schoonover, 2024). While this article seeks to be an assemblage and summarization of telehealth resources and best practices for working with children, a gap in the literature still exists.

Conclusion

This paper suggests that as many child therapists are continuing to engage in counseling virtually with minor clients following the COVID-19 pandemic, the topic of telehealth remains relevant for counselors. Despite numerous benefits and challenges of telehealth with children,

telehealth aids in bridging the gap to access to mental health services for many. Limited literature on the considerations, resources, training, and best practices for telehealth counseling with children leaves many therapists to undertake telehealth through trial and error rather than an informed decision. In the continued research and development of telehealth mental health services with children, many resources have emerged including online games, virtual therapeutic tools of sand trays and doll houses, and online adaptations of therapeutic modalities. It is imperative that counselors and counseling students continue to be trained in counseling children through telehealth so that minor clients receive ethical, engaging, and effective care.

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