



## COVID-19 - Advice on working with children

The ACP's Independent Practice Group has put together advice for members that focuses specifically on work with children and what needs to be thought about. This advice should be taken as for guidance only, your professional judgement should be used in each specific case.

Issues to be thought about include, for instance:

- Sanitising and cleaning between appointments,
- Cleaning and maybe removing shared toys,
- Adding additional toys to a child's box etc,
- In discussion with parents asking children to wash/sanitise hands before and after sessions,
- Ask parents if they are ok with the child using shared equipment, if not then making sure this is monitored,

As things begin to get more complex in the next phase of the management of the virus we need to think about sending an e mail – see below for an example - with regards to possibly offering skype/zoom or telephone sessions to older patients, increasing parental support, possibly suspending sessions with younger patients or offering adapted sessions.

The issue of confidentiality needs to be carefully thought about, Skype is not confidential but Zoom is, and a really important ground rule is that the place the sessions are carried out is as private and confidential as possible as it is unlikely that sessions will be productive if the space doesn't feel safe.

If working with younger children on video link matters would need a great deal of further consideration to make this possible. It will need careful respectful monitoring to do this and, if possible, it would be important that there are no interruptions during the session from parents or siblings. For younger children it would be helpful to have a set of toys at home that are used for the sessions including art supplies and age appropriate toys. Do please read the addendum below for more detailed information on working with children on a video link

There are also some social stories for children which may also be helpful. See them [here](#).

### Example email or letter to send to parents/carers or older adolescents

This example email or letter will need to be personalised to each specific situation – this is written with an older adolescent in mind but can be adapted for parents etc.

Dear x

Re: *The management of therapy within the government guidelines regarding the Corona Virus.*

*During this trying time with the Corona Virus I am writing to reassure you that we are taking all possible steps to maintain a sanitised environment in the Consulting Room(s).*

*If I have any doubt about my own health, I will notify you immediately and not take any risks. Similarly, I would like to ask you to contact me directly if you have any symptoms of the Virus so that we do not have direct contact during the initial stages. As you know the Virus may not cause serious health issues and you may just be required to self-isolate for a period of time and during this time I would ask you not to attend an appointment in person.*

*I would also like to offer an alternative to one to one appointments if you are feeling anxious about any social contact or if there is a period of time we cannot meet in person. I can offer both Skype/Zoom or telephone meetings for the usual period of time and I would also like to point out that these sessions can be extremely effective and are already used by those who are unable to come to the Consulting Room(s).*

*We are all concerned to varying degrees and please do not hesitate to request to contact me personally or to let me know if you would prefer to book one of these remote appointments instead of your usual session.*

*Best wishes etc*

## **Advice on working virtually with children**

### Video link /online therapy with children

1. To clearly organise the video link sessions setting with, preferably, the same parent/carer and test that it is in place and it works before starting the video link.
2. Tell/suggest to the parent/carer the type of toys, materials the child should have, giving the child the choice of choosing two. If the family can afford maybe buy a few new ones.
3. If possible, these could be kept in a safe place, maybe in a secure container which is locked at the end of the session and the key is kept by the parent until the beginning of the following session. Decide with the child where the container is kept (i.e. a place that is safe and known by the parent who is in charge of monitoring the setting) and make sure the parent prevents the child to access the container in between sessions.
4. Choose a safe space / room where the child stays and plays during the 50 minutes time. The parent needs to be nearby and contactable for example via WhatsApp in case the therapist needs to alert/communicate with the adult.
5. Always use the same room at the same time on the same day.
6. Before the video link is established the parent needs to prepare the laptop or PC desktop (do not allow the child to use an iPhone or tablet for obvious reasons), wait until the email-invite is received. Reply and check that the Wi-Fi connection is working. Afterwards the parent leaves the room but remains in the house/flat keeping an eye on the cell phone in case the therapist needs to alert the parent that there is an issue for instance internet interferences that are prolonged and do not quickly get resolved. Latency children are quite skilled at repositioning the laptop so that the connection with the Wi-Fi works at its best.
7. To enable this, other users may refrain from or limit the use of the internet during the session. Depending on the child's age if there is the need s/he can access the toilet, and it is important that the parent is within reach.
8. The therapist's judgement is crucial when the internet disruption is impeding the continuation of the session, however, it very rarely happens. If possible allow time after the session time to make up for time missed due to internet disruption.
9. The therapist also needs to be alert to abrupt, sudden curtailed disconnections which, maybe, willed by the child to communicate hostility, distress, confusion, boredom etc.
10. There may be instances, especially with younger children and/or instances of peak affect dysregulation that requires asking the parent to intervene.

A calendar to record the change of setting (i.e. from face to face to video-link, and in between the two) harnesses feeling held and safe within a virtual space which gradually becomes familiar to both the child and the parent.

It is essential that the psychotherapist establishes a reliable and cooperative commitment from the child's parent/s. When the parent receives support from a colleague CPT a three-way close liaison needs to be in place before embarking on video-link sessions.

There are advantages and risks to Video-link/online therapy but it can be worth the effort because it allows for the possible continuity of the therapeutic work with children and when aptly supported by the adults, children do adapt and respond swiftly.