



# Short Circuits

Surviving Common Technical Issues  
and Challenging Pediatric Patients

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7/6/2021



# Poor Choices

- Poor lighting choices
- Poor background choices
- Fans and moving curtains in view



Advice from a Network News Anchor  
Plan for things to go wrong





## Disruptive Behaviors (Part 1)

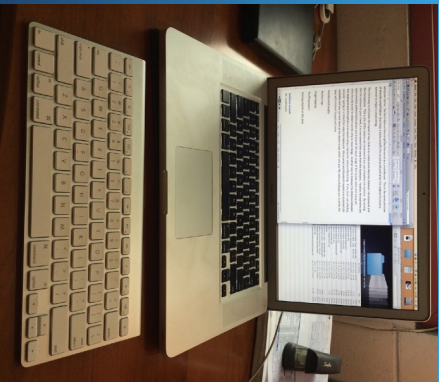
- Human noises
- Computer noises
- Paper noises
- Poor turn-taking



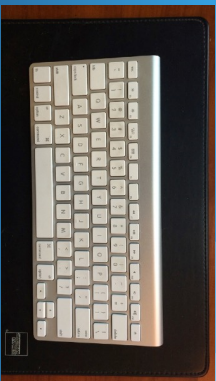
## Distracting Sounds



## Minimizing Keyboard Clicks



- Use a quiet keyboard
- Separate the keyboard from the camera/computer
- Use an underlayment or pad to soften the sounds



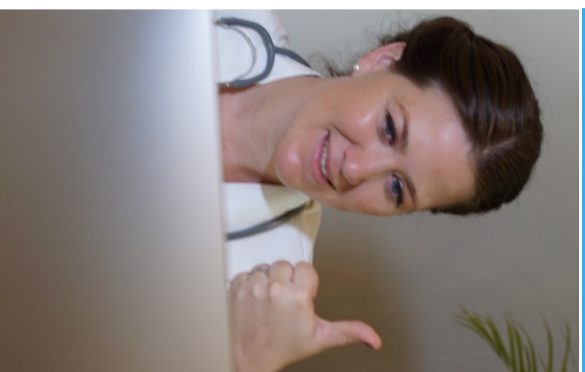
## Shuffling Papers



- Microphones amplify this sound
- Even small paper movements and shuffling can sound like thunder to the other participants
- MUTE yourself until finished!



## Poor Turn-Taking



- Be more mindful of turn taking to insure that everyone has the chance to participate and the session is not dominated by the most talkative member
- Pause after you've said something important — give people a chance to respond
- Address people by name so they know when it's their turn
- Signal your agreement

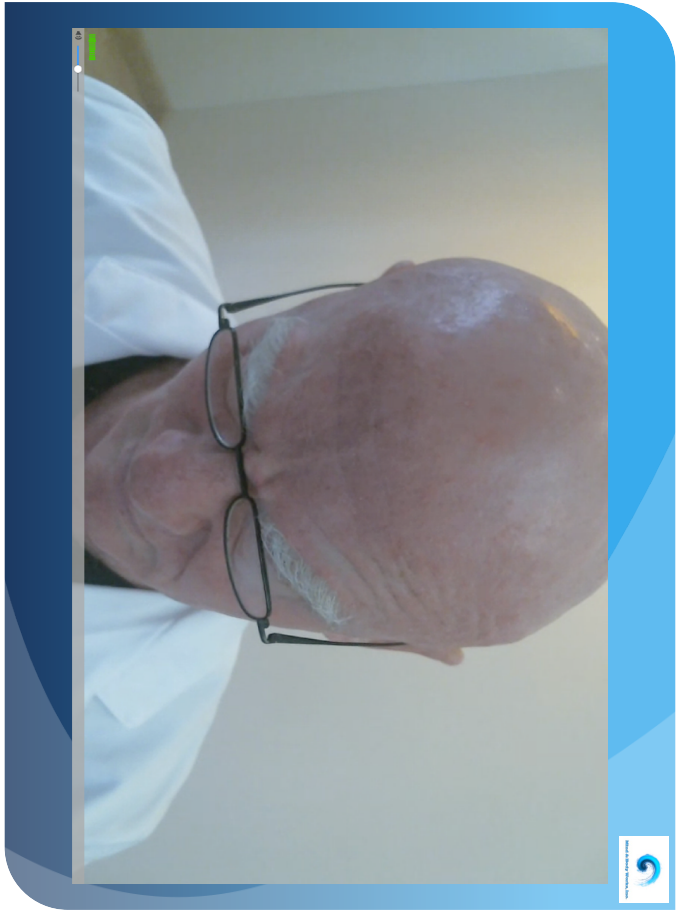


## Disruptive Behaviors (Part 2)

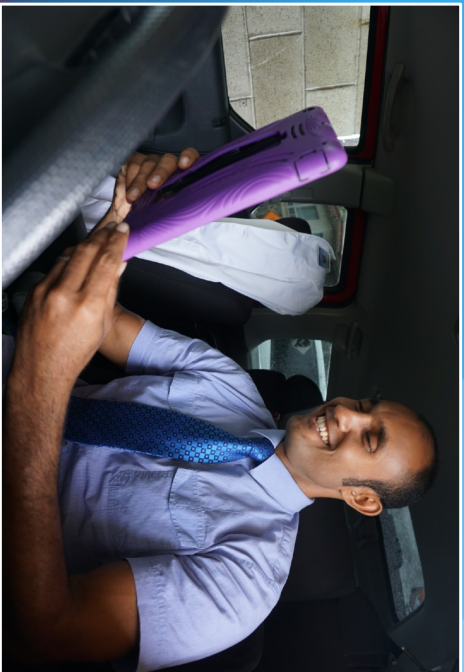
- Moving out of the frame
- Restless legs moving the camera
- Holding the laptop, phone or tablet in hand or on lap
- Driving during a session











- Wait until they are parked, or reschedule
- Better to have a shorter, SAFE session!



## Disruptive Behaviors (Part 3)

- Poor privacy
- Closed body language
- Misplaced camera
- Flat expression



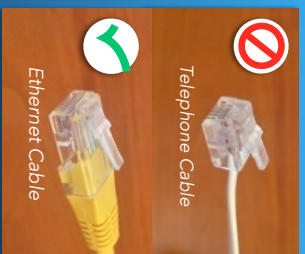


# Houston, We Have a Problem

Fixing and preventing common technical issues

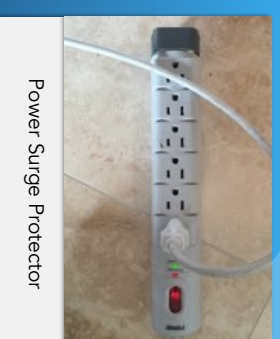


## Power and Network



Ethernet Cable

Telephone Cable



Power Surge Protector

A participant using a device on Wi-Fi needs to be close to their router. Use ethernet cable connections when possible!



## If You Have a Bad

- If the connection is poor with pixilated video or garbled audio, tell the participants you will disconnect
- Then disconnect and reenter the conference
- Use the chat function to communicate
- If this doesn't resolve the issue, have both sites restart the telemedicine software
- If the connection is still poor, restart the internet modem and router. Inform the participants about the delay this will cause



## Backup ISP

- Have another internet service provider
- Cell phone hotspot
- DSL vs cable vs satellite



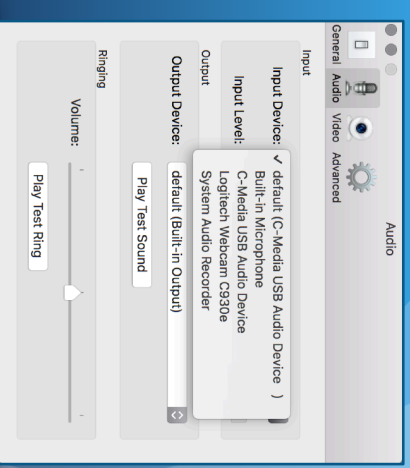
## If the Patient Can't See You

- Go to your software settings and make sure the right camera has been selected
- Close any other videoconferencing apps
- Confirm camera selection in program settings, permissions
- Make sure the camera isn't covered by a finger or sticker



## If You Have Audio Problems

- If you have trouble hearing your patient, make sure the right output device (speaker) is selected
- If your patient has trouble hearing you, make sure you have selected the right input device (microphone)





## If You Have Audio Problems

- If this still doesn't work, call your patient on your phone and just use the computer for video
- Use the chat box to communicate
- Alternatively, point to your ear and shake your head, then hold up and point to your phone



## Echoes

- If you are hearing echo, feedback, a whooshing noise, or garbled voices there may be a speaker system connected to a computer, tablet, or phone.
- Disconnect any external speakers
- Echoes also occur with Bluetooth or Airplay connected speakers

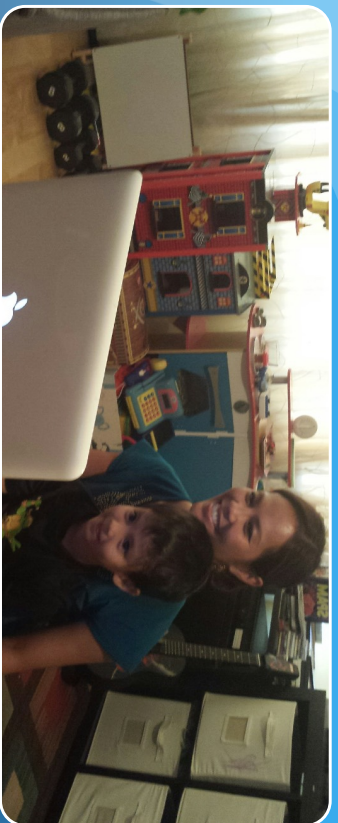
## Feedback Loop

- Sometimes a feedback loop develops during a session
- These feedback loops become progressively louder with higher frequency noises until they make conversation impossible
- Break the loop by having one or both sites to mute their microphone when they are not talking
- Alternatively, have one or both participants use headphones to eliminate the loop



## Challenging Pediatric Patients

... and how to handle them!



## Young Children

Helps to have them on a parent's lap

- Spend more time at the beginning of each session just engaging the child after greeting the parent(s)
- Especially important in the first session to gain trust and build rapport
- Let child play with a toy while talking to parent



## Young Children



## Other Child in Room

- Have the parent keep the patient on their lap if possible
- If observing play, communication and conflict would be helpful, have the patient play with the sibling(s)
- Have them both draw pictures Kinetic Family Drawings or show you something
- May be informative to observe their battles between dolls, cars or action figures
- If patient is the older sibling, have them sit next to the parent, while parent has the younger one on his/her lap



## Hyperactive Youth

- Have parent(s) bring child to camera for a greeting (at least) and try to engage with 1-2 exchanges of reciprocal conversation
- Then, let them play or roam for a bit before bringing them back again for a question or interaction
- Have them show you something they enjoy like a pet, their room, art, or music



## Hyperactive Youth

- Encourage use of a computer. Phones and tables are knocked down and carried away
- Allow the youth to take a 5-10 minute break from the camera – in the same room. Put the youth in charge of monitoring the session duration and breaks
- Have whole family in view of the camera. This allows the child to play/roam the room



## Hyperactive Youth - Tech Tips

- Alternatively, use wired earphones so they have to stay near the camera
- Encourage use of a desktop/laptop. Phones and tablets can be knocked down and carried away
- Advantage of phone/tablets is the ability to use the rear view camera to observe the child as they move about the home
- Disadvantage of desktop/laptop: some cameras are not as high resolution as the phone



## Autistic with Limited Verbal Skills

- Similar to hyperactive youth
- More communication with nonverbal gestures
- Let them text, write or draw responses



## Help ! My Patient Can't Talk

- Are they able to talk ?
- How do they normally get their needs known?
- If nonverbal, ensure patient has communication device
- Use any silly gestures or games to try to get their attention and to interact with them

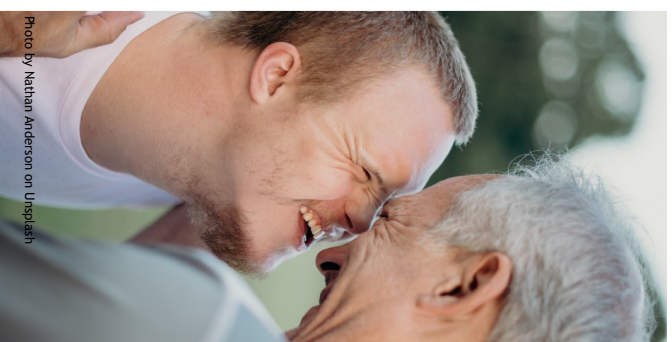


Photo by Nathan Anderson on Unsplash



## Help ! My Patient Can't Talk

- Encourage the patient to type in the chat box or write down what they want to say. Utilize your observations of the patient with their family or anybody else at the appointment to help with assessment
- Have patience: as you become a familiar face to the patient, you will be amazed how much you can obtain even without spoken word
- Realize you may not get much from the patient until after several appointments

## Help ! My Patient Can't Talk

- Encourage families to maintain patient's normal routine: medicines, toileting and meals prior to appointments
- Encourage families to have two adults present during appointments - one to communicate history, and one to assist patient



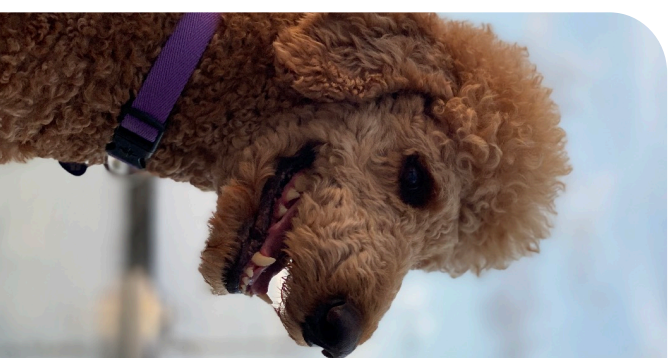
## Autistic Youth, Hard to Engage

Give them room to hang out in the background

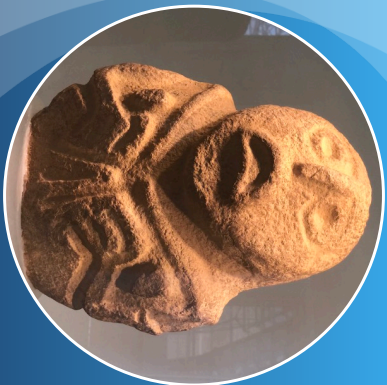


## Limited English

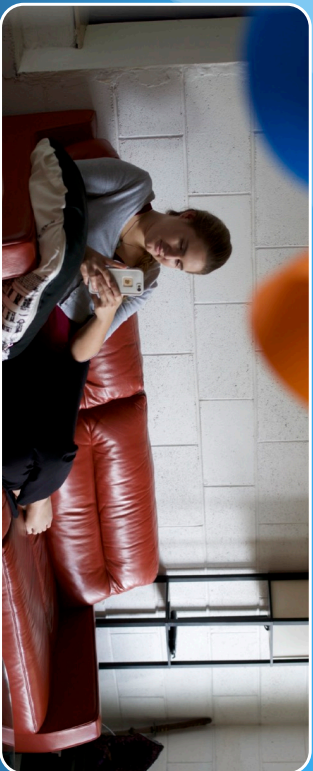
- Use gestures to sign and solicit agreement like smiles, thumbs up and OK signs
- Speak more slowly and pause more often
- Check frequently for understanding
- Screen share translated documents
- Send things to them in written form so others may help them understand and remember things like medications, treatment plans, resources, or specific tasks you would like them to accomplish
- Plan for the session to last 30-50% longer or plan to accomplish less...



## Anxious / Depressed Child



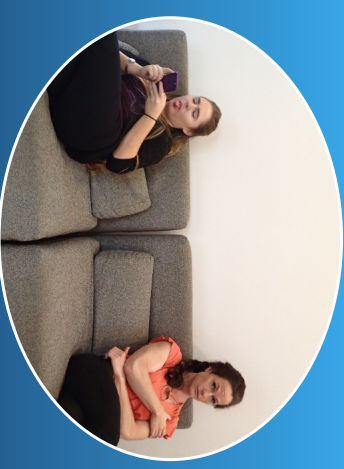
- Ask about their interests or recent / future 'adventures', show a souvenir to the camera
- Then move into topics that are anxiety provoking or depressing
- Let them to cover their image, but not the camera with paper



## Anxious / Depressed Teenager

- After getting an update either in advance by interview, or secure email from the parent, let the adolescent meet privately
- They may engage better in their room, or away from parents

## Oppositional Youth



- Motivate the youth to stay in the frame for brief 1-5 minute intervals. Reward to increase duration
- If youth will participate off camera — keep them talking! Let them decide when to come back on camera
- If the family is using a phone, they can switch to the rear-facing camera to clandestinely show the youth

## Agitated Youth



- Excuse them from the appointment if needed
- Encourage them to communicate via chat or texting words or emoji
- Ensure other family member's safety prior to continuing appointment
- Sometimes you have to end the appointment early

## Aggressive and Destructive Youth

- Prior to appointment, develop safety plan beforehand and identify patient's triggers
- Have family decrease extraneous stimuli *i.e.* sounds, multiple voices, distracting backgrounds, limiting overhead lighting
- Utilize second person to de-escalate patient
- Encourage patient to bring familiar and calming items to distract and engage them, while you talk with the caregiver



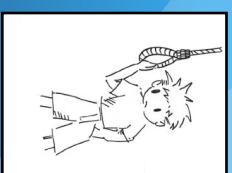
## Suicidal Youth

- Have a written procedure, triage form
- Engage supportive services like 911 or a Crisis Team when patient is unsafe
- If youth is alone, get their consent to contact the custodial adult(s) or initiate 911 services as appropriate
- Have custodial parent(s) notify appropriate treatment team members as applicable and send parallel communication to them from the provider



## Suicidal Youth

- If patient is alone in the session but not the home/facility have them bring the other person into the session to help with treatment planning
- Develop or review a safety plan with patient and custodial adult(s) (when applicable.)
- Have them take a PRN medication and do self-regulation exercises



## Manic or Psychotic Youth

- Engage supportive services like 911 or a Crisis Team when patient is unsafe
- Have custodial parent(s) notify appropriate treatment team members as applicable and send parallel communication to them from the provider
- When the provider's schedule is flexible, have them take a PRN medication and guide them through a self-regulation exercise





## Manic or Psychotic Youth

- If patient is alone in the session but not the home/facility have them bring the other person into the session to help with treatment planning
- Develop or review a safety plan with patient and custodial adult(s) (when applicable.)
- If youth is alone, get their consent to contact the custodial adult(s) or initiate 911 services as appropriate



## Intoxicated Youth

- Assess safety needs
- When appropriate contact the parent/guardian
- May need to update other members of the treatment team (CSAC, Probation Officer, etc.)
- Provider must determine if the intoxication is too severe to continue the session
- Send written treatment plan revisions to patient and depending on confidentiality agreements, to team. Patient might forget due to intoxication



## Divorced Parents in Same Session

- Requires more ground rules
- Emphasize turn-taking
- Keep ongoing conflicts outside of the session
- Focus on sharing both parents' observations, questions, concerns, and updates
- Plan more time for obtaining consent and arranging the next session since two-four calendars may have to be consulted

