

Tips for Clinicians Treating Patients Diagnosed with Neurodevelopmental Disorders via Telepsychiatry

Telepsychiatry can be a safe and cost-effective way to deliver psychiatric services for individuals with neurodevelopmental disorders (NDD) such as autism spectrum disorder (ASD) or intellectual disability (ID). These patients may be more comfortable and secure doing a virtual appointment from the familiarity of their home. Here are some practical suggestions to keep in mind as you plan a virtual session for an individual diagnosed with a NDD, intended to supplement AACAP's general best practices guidelines for telepsychiatry found at www.aacap.org/telepsychiatry.

Before the appointment:

- **Prepare your patient and their family for the appointment.** Review telepsychiatry guidelines for the family, verify that they have access to the video service in a quiet place, and confirm phone numbers to use if video is disconnected. This includes having the patient be dressed and toileted just before the appointment.
- **Establish how your patient communicates.** If your patient needs an interpreter, you might arrange for the interpreter to join the virtual visit early to help with set up. If your patient uses an assistive device, remind the family to charge it and keep it nearby for the appointment.
- **Request that the family do their best to keep your patient in the video screen.** Our observations of patient behaviors are valuable clinical information. Rear-facing cameras on cell phones can allow the parent to speak with you while still giving you a view of your patient.
- **Request that the family have two caregivers accompany your patient if possible.** One caregiver can provide the history and current symptoms, while the other can focus attention on the patient.
- **Make a safety plan. Be aware of your patient's behavioral triggers.** This will help you notice if they are becoming overstimulated. Encourage the family to share the patient's calming routines and to use them as needed. If your patient is becoming unsafe, the second caregiver may assist the patient while the first can continue the visit.

During the appointment:

There are different ways to conduct a successful visit and telehealth invites creativity for exploring different modalities to connect. Flexibility is key!

- **Avoid sensory overload and keep sessions consistent.** Patients on the autism spectrum may be sensitive to visual and auditory stimuli, so keep your backdrop (virtual or real) simple and without movement. Patterns on your outfit or your decor can cause eye strain for the patient and their caregivers. Keyboard noises and other sounds may also be intrusive and distracting. Be mindful of distracting body language. Hand gestures may appear to vibrate on screen. Maintain eye contact to the degree that your patient finds comfortable and, when necessary, explain why you are shifting your gaze.
- **Obtain your mental status exam (MSE) first.** Individuals diagnosed with NDD may not stay within the screen window for long, so focus on observing your patient's behavior first to formulate your mental status examination. Having an adult manage the computer or phone to film the patient interacting with other household members can provide valuable information, especially for patients with limited communication abilities. For Minimally Verbal individuals most MSE information is done by observation.
- **When starting the session, identify who else is in the room, and ensure that an adult caregiver will remain with your patient.** For more independent teens and adults, you might ask others to leave (or your patient to change locations) so you can talk privately. Headphones may increase privacy. Some individuals with ASD may prefer headphones for noise cancellation while others may not feel comfortable with headphones due to sensory sensitivities.
- **Ask about new difficulties and how they are coping.** Patients with NDD may have a different awareness of how current events have disrupted their lives and routines. Asking them about these disruptions encourages a discussion of their understanding of current events, while being sensitive to the patient's level of understanding and insight. Give patients and families the emotional space and support to discuss these challenges.
- **Use your technology creatively.** Sharing your screen can build rapport through shared activities (such as tic tac toe or doodling) and can be used to deliver interventions (such as reading a social story or watching an educational film). You can play peek-a-boo with your patient, have them show you some of their favorite objects, or invite them to give you a virtual tour of their room. Be ready to reciprocate with a virtual tour of your office, or by showing them your pets (especially if they can be heard or seen in your video).
- **Provide caregiver support and psychoeducation.** Families of patients with NDD often feel isolated, and current events may exacerbate this. Recognize that one of your roles as the clinician is to provide support and space for your patient and their family to discuss the impact of current events and disruptions on their emotional well-being.
- **Telepsychiatry can be tiring for long visits.** Consider dividing the diagnostic assessment into separate visits: for example, parent/guardian interview, child interview and observation, and finally a feedback session to discuss diagnostic impressions and plan. Don't feel pressured to do everything in one visit!