

# Telehealth Parent Counselling

## Trial & Research Project



**Nicole Owen.** BSW MSW. Clinical Supervisor –  
Parenting Clinicians, Central Qld (project manager &  
researcher).

**Stephanie Golden Roser.** BA (Hons) BSW. Early  
Intervention Clinician, Caboolture (& project officer).

Child & Youth Community Health, CHQ, Qld Health

Rural & Remote Telehealth Conference 5/10/16

# Today's Workshop

- Background of the project.
- Telehealth Parent Counselling Trial and Research Project.
  - Overview of trial and research
  - Results
  - Themes
  - Recommendation
- Encourage you to reflect on your own area of work and fill in planning tool.
- Small group discussion in regards to your interest and area of telehealth or plans of telehealth, opportunities to reflect and think about partnership opportunities.
- Feedback from groups or questions.



# ACKNOWLEDGEMENTS

The innovation and dedication of the clinicians taking part in the Telehealth Parent Counselling Trial



Absent: Denise Kane



# ACKNOWLEDGEMENTS

Department of Health, Healthcare Improvement Unit, for funding the trial

Children's Health Queensland

Child Health Sub Network

Steering Committee

Staff of the Telehealth Support Unit whom provided training and advice to the clinicians;

Telehealth Coordinators who answered questions and problem solved throughout the trial and

The Communication Officers, Healthcare Improvement Unit, for designing and their creativity with the information sheets and labelling surveys.



## Background to the project.

- Early Intervention (Parenting) Clinicians are social workers or psychologists who assist parents with children under 8 yrs old experiencing caregiving challenges. Early intervention: early in the life of the child or early in the life of the problem, to prevent longer term and more serious difficulties. Part of multidisciplinary primary care child health services in Qld Health, community health. Main focus – enhancing parenting capacity.
- Some of our clinicians in rural and remote areas in Queensland are travelling long distances for appointments, or there are other areas where parents unable to receive services.
- I was using video conference with individual and group supervision across the state (despite some clinicians' initial reluctance), found it user friendly and personable and wondered how to extend this to client appointments.
- I attended this conference two years ago and information gained was valuable, as was the connections and partnerships. This then started some grant applications in partnership with Amy Holmes, Caroline Diamond and Wendy Ducat (first two still involved in the current project).



## Background to this project.

- Throughout 2015, engaging clinicians and managers into the idea of trialing telehealth to parents in child health.
- In 2015, Matt Page and the telehealth support unit (Qld Health) supported the trial. We were able to engage a clinician to become a short term part-time project officer (Stephanie).
- At same time Thy Meddick (SW CYMHS) commenced a CHQ social work research mentoring project (in partnership with Monash University) on *Program Development & Evaluation Training* and the research component was added onto the trial.
- Trial auspiced by Child & Youth Statewide Network. Governance by a Steering Committee including management, senior clinicians and telehealth colleagues.



## Overview of trial and research project.

- Aim to create a culture shift in child health services where telehealth becomes part of the service delivery model and to record and evaluate the challenges and success of this.
- 12 clinicians across 12 sites in 7 HHS's in Queensland Health.
- Focus was on evaluating video conference counselling. Other telehealth methods may be used as part of the intervention (mobile phone, emails).
- Timing of research governance approval across 7 HHS's was a challenge, so trial finished in June 2016 and research began rolling out after this time. Research is planned to finish in February 2017.
- The trial involved video conference to clients using VC at health and hospital facilities. All research clients have VC from home and using new Telehealth Portal link generator connecting them to Qld Health's system.
- Trial has been done in a short time frame but the aim is to implement best practice VC service delivery for the future.



# Workshop: Sustainability in your own area of work

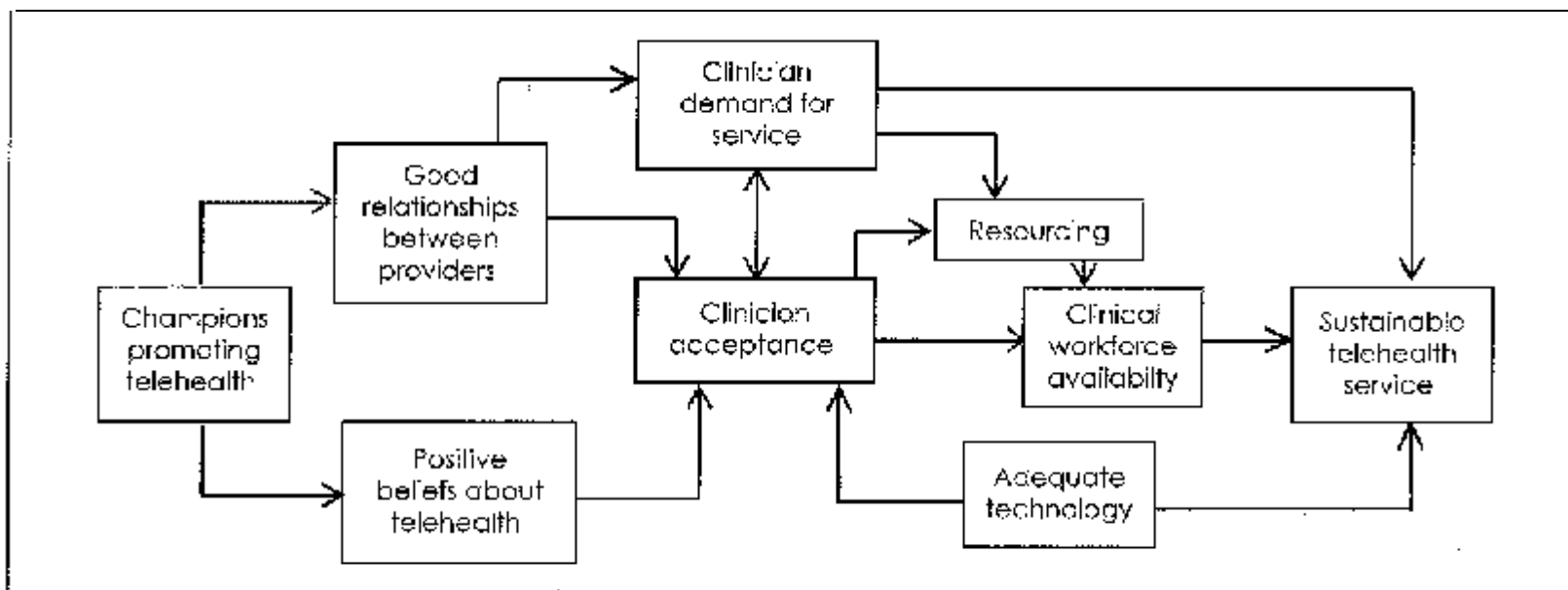
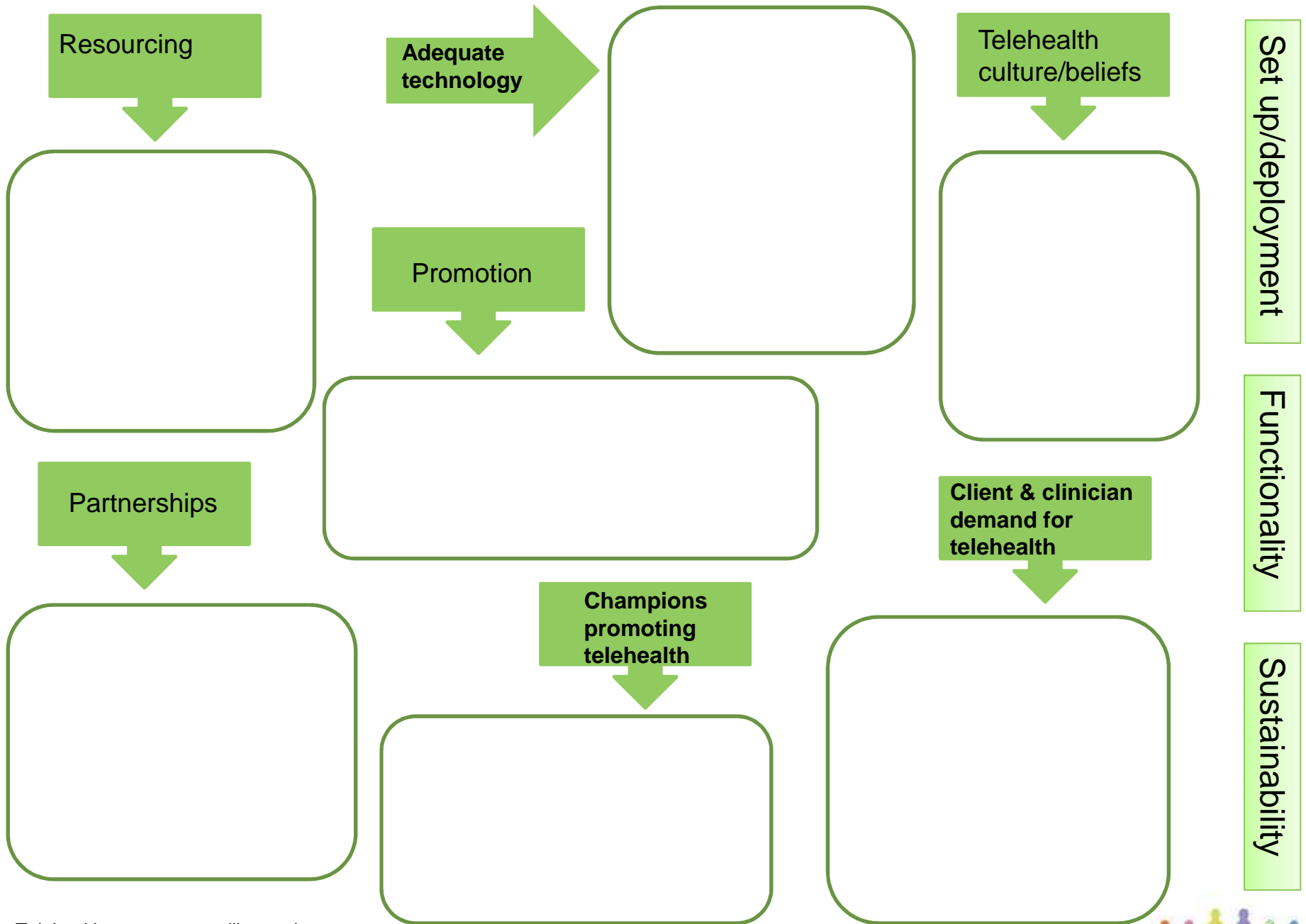


Figure 1. A model of telehealth service sustainability.

Source: Wade, A., Elliott, J. and Hiller, J. (2014) Clinician Acceptance is the Key Factor for Sustainable Telehealth Services  
Qualitative Health Research Vol 24(5) 682-694





Telehealth parent counselling project.

Children's Health Queensland



# Trial Overview

## Sites and Clinicians

- 12 clinicians covering: Townsville, Gympie, Bundaberg, Noosa, Caboolture, Deception Bay, Wynnum, Ipswich, Dalby and Mossman

## Equipment

- 11 VC equipment and software licences (Cisco Jabber for Telepresence™) funded for trial
- Set up of VC equipment in clinic rooms or office space

## Clinician engagement

- Peer group meetings held monthly and completed by VC. Five held during trial and are ongoing during research
- Focus of meetings was hands on training of video conferencing equipment and software (Cisco Jabber); clinical practice issues; research and trial updates and technical and process questions
- Royal Institute for Deaf & Blind Children book
- Telehealth Support Unit attended to provide training and advice to clinicians



# Trial Overview

## Promotion and Partnership

- Clinician Information Sheet
- Client Information Sheet
- Promotion to teams
- Clinicians formed partnerships with Telehealth Coordinators in their area and hospitals/health centres
- 1 800 Telehealth Support line
- Produced a troubleshooting guide to help manage any technical issues during sessions with clients



Queenland Health

Clinician information sheet

### Telehealth parent counselling trial

The Telehealth Parent Counselling Trial is looking at telehealth video appointments (video conferencing) as a way of delivering parent counselling to families in rural and remote areas or those unable to access a Child Health Centre. As an Early Intervention Parenting Clinician or an Early Intervention Clinician (EIPC/EC) you will be providing the parenting counselling intervention as part of Child Health Services.

**Your participation in the trial**  
To support your participation in this trial the Queensland Health Telehealth Support Unit has provided your office with MDV Jabber Video software and equipment. Throughout the trial we will also provide professional development and peer support with monthly video conference sessions and a reflective practice sheet. This sheet is a tool for your use to record any clinical or technical issues that occurred during the telehealth sessions and can be used to inform your professional development at the monthly peer supervision sessions. The reflective practice sheets will not be collected as part of the trial. If you have questions or require more information on the trial, please contact Stephanie Golden-Roser (07) 5433 8001 or email [stephanie.goldenrosen@health.qld.gov.au](mailto:stephanie.goldenrosen@health.qld.gov.au). Information on the technical assistance available from telehealth support services is available below.

**Telehealth video appointments**  
Telehealth should be promoted as an option to eligible clients at trial sites. Eligible clients will include those who live in rural or remote areas, have transport difficulties or are unable to access this service outside of the telehealth trial. The project officer will ask you to keep a record of the numbers of clients you spoke to about telehealth and the reasons why people were interested or not interested in participating in the trial. This feedback will be collated by the project officer and will not contain any confidential or identifying information.

The normal referral criteria and triage processes that you currently use in your Child Health or Community Health Centres for an EIPC/EC referral will be used for the trial. A telehealth video appointment is conducted just like a regular health appointment except your client/s are on a screen and their voice is heard through speakers. The telehealth video sessions can take place either at:

- the clients home or
- a local health or medical centre.

Queenland Government



## Telehealth Parent Counselling Trial

### VIDEO SESSION

### TROUBLESHOOTING

#### Audio

Ask client about the audio- Can you hear me? How is the sound quality? Do you notice any delay in sound?

1. Check microphone
  - Is microphone connected properly and turned on? Make sure it's not muted. Is microphone close enough to person speaking.
  - Ask the client to check the volume on their equipment
  - Is microphone setting set to the audio equipment i.e. headset or camera
  - Check audio settings on Jabber



2. Check the background noise
  - Is the microphone causing echo or feedback?
  - Is the speaker causing echo or feedback?
  - Is there competing background noise- outside; hallway, paper rustling, other household members etc.
3. Check the volume on computer monitor or audio settings
4. End and re-dial into video session
5. Ring Telehealth help desk 1800 066 888

End video session and ring client on landline/mobile



# Trial questions

Trial Stage	Question
Set up and deployment	Is the necessary telehealth equipment readily available and affordable?
	Is the distribution and set up of the equipment reasonably achievable?
	Is the associated training (for both clients and counsellors) reasonably achievable?
	Were there any other notable experiences related to initial stages?
Functionality	Was the telehealth equipment and associated supports suitable for the delivery of parent counselling?
	Were clients and counsellors satisfied with the delivery of parent counselling via telehealth?
Sustainability	Is telehealth, as a method of delivery for parent counselling, sustainable?
	Are there any other input/perspectives related to sustainability?



# Trial Results

- VC sessions delivered over a 12 week period.
- 4 clients seen by VC during trial. 8 VC sessions completed with four clients, three clients chose to have second VC session and one preferred face to face.
- No clients from trial reported experiencing technical issues during VC sessions.
- The Client Satisfaction survey from the trial period suggests clients are extremely likely (mean 9.6) to recommend parent counselling by VC to other parents. All three clients responded to the satisfaction survey (100%) the “agreed” they were satisfied with how the video conference session went.



# Trial Results

## Technical issues preventing client participation

- The clinicians involved in the trial report that they provided information about the trial and telehealth to a total of 42 clients. Twenty-one (21) or 50% declined the option of video conference session.
- Fifteen clients (35%) of clients given information about the trial agreed to participate but due to internet issues such as poor speed and/or lack of video conference equipment at home could not video conference from home.
- Five clients had no local health/hospital service nearby to access for telehealth delivery
- Three clients living on the Bay Islands (with no local health facility) received service by phone.
- Two clients living locally near a health/hospital service accessed the EIPC/EIC directly at a clinic and via a home visit.



# Trial Results

- Although not all EIPC/EIC who participated in the trial were able to VC with clients, all reported an increase in use of the VC equipment for clinical supervision as well as other meetings (including the monthly peer group).
- 82% of clinicians identified training in the use of Cisco Jabber software and equipment was a useful part of participating in the trial
- Receiving the Cisco Jabber/MOVI equipment was reported (91%) as the most useful part of participating in the Trial by clinicians
- Training by Telehealth staff was ranked as extremely helpful (73%) by clinicians.
- 90% participation rate at peer group meetings
- 100% of clinician respondents to the 'end of trial' survey said they would participate in an ongoing telehealth peer group
- Clinicians identified in the 'end of trial' survey that they would like to keep up their knowledge and way of working with clients.

"keep using MOVI for meetings an supervision to keep up knowledge..."

"It needs to be part of the everyday client offerings for service delivery"

"Continue to use and practice video conferencing"

"I think it is helpful to have a range of options available to work with clients"

"It would be good to have telehealth become a standard choice/option for clients"





# Recommendations from trial

## Set up and Deployment

- **Set up of VC equipment for counselling occurs in spaces that offer privacy such as office or clinic rooms or can be moved to private space.**
- **Child health services continue to establish relationships with staff at health, hospital or GP facilities where VC equipment is available for clients to access.**
- **Use telehealth funding opportunities and utilise local Telehealth Coordinators for assistance.**
- **Future VC services within child health services incorporate training for staff in use of Cisco Jabber software and equipment and clinical guidelines for VC delivery.**



# Recommendations from trial con't

## Functionality

- A brochure and/or client information sheet is produced in partnership with the Telehealth Support Unit, using child and family and culturally appropriate photos.
- VC equipment at health or hospital services occurs in child and family friendly rooms.
- Clinician participants continue to offer and promote VC delivery to clients.
- Monthly VC peer group meetings and training sessions continue for duration of research.



# Recommendations con't

## Sustainability

- **Telehealth portal is promoted and implemented into future VC service models within child health services**
- **Across service telehealth practice networks are utilised to promote telehealth clinical best practice**



# Research

- Involves evaluation of the clients and clinicians experience of being part of the project.
- Pre survey to be administered to both the clinicians and the parents who are participating in the trial. The pre-survey has been designed to collect data on the reasons why telehealth was chosen by the client, as well as their level of comfort with technology;
- Post-surveys will also be administered to both clinicians and parents who participated in the trial and have been designed to collect information at the end once the parents and clinicians have had some experience of using the VC technology. These questions have been designed to collect information on overall experience and satisfaction of parent counselling using VC.



## Research data (cont.)

- Session feedback form will be given to parents after each VC session and/or face to face session. The purpose of the session feedback questionnaire is to track their experience of using VC technology as the intervention progresses. The feedback questionnaire will also provide information about differences in satisfaction between clients who use VC and also see the counsellor face to face.
- Parents Sense of Competence Scale (Johnston & Marsh 1989) will be included in the parent's pre and post questionnaires . The PSOC is a commonly used researched measure of parental self-efficacy and will give information about any change to the parent's perceived skills and confidence.
- Clinicians will also track: clients they spoke to and reasons parents were interested or not in trying VC. Also each VC session and whether there were technical challenges and ways they attempted to resolve these challenges.



Initial results from research data.

**Q5: What is the main (you can choose multiple answers) reasons you participated in the telehealth parent counselling project? . Clinician pre questionnaire.**

Answer Choices	Responses
I wanted to contribute to the knowledge in this area	63.64% 7
My manager or supervisor encouraged my involvement	63.64% 7
I wanted to increase my skills in using this technology for clinical work	90.91% 10
I could see the benefit in this for clients in our area	90.91% 10
Other (please specify)	0.00% 0
<b>Total Respondents: 11</b>	



Initial results from research data.

## Q6: How confident are you about using video conference for parent counselling? (clinician pre questionnaire)

Answer Choices	Responses
Very unconfident	0.00% 0
Unconfident	9.09% 1
Unsure/undecided	54.55% 6
Confident	36.36% 4
Very confident	0.00% 0
Other (please specify)	0.00% 0
<b>Total</b>	<b>11</b>



# Q1: How confident are you at this moment about using video conference for parent counselling?

Clinicians surveyed 29/9/16 for comparison.

Answer Choices	Responses
very unconfident	0.00% 0
unconfident	0.00% 0
unsure/undecided	12.50% 1
confident	37.50% 3
very confident	37.50% 3
Other (please specify)	12.50% 1
<b>Total</b>	<b>8</b>

Other: *'I've yet to have an opportunity to use it'*.





## Overview of research clients and VC appointments.

- 5 research clients, with others signing up currently.
- 4 females and 1 male. This included one couple.
- All biological parents.
- Age range 22 years of age – 33 years of age
- All children under the age of 4 years old.
- All video conference from home.
- All families speak English as first language.
- 2 out of 5 have asked for at least one face-to-face appointment.
- All have included their children in at least a part of the session.



Initial results from research data.

## Q12: Please tell us what are the main reasons you have for participating in the telehealth project? (you may pick more than one)

### Parent pre questionnaire

Answer Choices	Responses
To assist with research	60.00% 3
Telehealth trial is the only service available in my area at this time	0.00% 0
I live in rural/remote area and its a long distance to travel for face to face sessions	20.00% 1
Lack of transport to get to sessions	0.00% 0
I have no child care options	0.00% 0
I wanted to try video conferencing with my counsellor	40.00% 2
Work commitments mean I can not attend sessions	40.00% 2
Health issuesmake it difficult to attend sessions in person	20.00% 1
So the counsellor does not have to travel to see me	20.00% 1
Other (please specify)	20.00% 1
<b>Total Respondents: 5</b>	

Other was: 'convenience'



## Initial results from research data.

### Q13: How confident are you in using Queensland Health video conference link for your counselling session?

#### Parents Pre Questionnaire

	very confident	confident	unsure	unconfident	very unconfident	Total	Weighted Average
(no label)	0.00% 0	100.00% 5	0.00% 0	0.00% 0	0.00% 0	5	2.00

All parents who have signed up for research are confident using the Qld Health system prior to commencing the intervention.



## Initial results of Parent Session Rating Scale.

7 surveys completed for 10 appointments.

### Q6: Who attended your counselling session?

Answer Choices	Responses
Myself	14.29% 1
Myself and child/ren	42.86% 3
Myself and partner	0.00% 0
Myself, partner and child/ren	42.86% 3
Other (please specify)	0.00% 0
<b>Total</b>	<b>7</b>



## Q7: If your appointment was by video conference, did you experience any difficulties using the technology for today's session? **Parent Session Rating Scale**

Answer Choices	Responses
Yes	71.43% 5
No	28.57% 2
Other (please specify)	0.00% 0
<b>Total</b>	<b>7</b>



## Q9: Overall, how satisfied were you about your session today being face-to-face or by video conference?

### Parent Session Rating Scale

Answer Choices	Responses
Very dissatisfied	14.29% 1
Dissatisfied	28.57% 2
Unsure	0.00% 0
Satisfied	28.57% 2
Very satisfied	28.57% 2
Other (please specify)	0.00% 0
<b>Total</b>	<b>7</b>



## Telehealth Parent/Caregiver Session Feedback Form

### Q8 If yes you did experience technical difficulties, what were they?

Answered: 5 Skipped: 2

#	Responses	Date
1	Delayed speaking and very grainy when the other moved	9/28/2016 10:33 PM
2	Extremely delayed	9/14/2016 3:00 PM
3	Video not working, poor reception cutting in& out. Had sound from phone on speaker could not hear through iPad. We both had video & could hear on the phone well.	9/13/2016 5:17 PM
4	Ipad app kept closing. Very poor sound and video quality	9/8/2016 8:02 AM
5	Didnt work via an Ipad	8/15/2016 4:15 PM



## Q10: Would you be happy to have your session conducted this way again? Parent Session Rating Scale

Answer Choices	Responses
Yes	71.43% 5
No	0.00% 0
Unsure	14.29% 1
Other (please specify)	14.29% 1
<b>Total Respondents: 7</b>	

Other: *'yes, without the lag'*

(Despite technical issues, most clients still happy to proceed with VC counselling into the home).





## Telehealth Parent/Caregiver Session Feedback Form

### Q11 Is there any additional comments or feedback you would like to provide?

Answered: 6 Skipped: 1

#	Responses	Date
1	Getting better, changed to low speed as directed and was still grainy and delayed	9/28/2016 10:33 PM
2	Its a great concept, my 1st session was poor delay/lagging	9/14/2016 3:00 PM
3	Easier to log in, flexible session times when children are asleep	9/13/2016 5:17 PM
4	Internet connection is to slow in our area making video calls of poor quality	9/8/2016 8:02 AM
5	Slow internet connections caused some complications.	8/15/2016 4:15 PM
6	Love being able to do this in my own home. More flexible.	6/15/2016 10:56 PM



## Some challenges.

- Some clients interested in telehealth, were unable to use this service as they had inadequate internet or bandwidth in their area and there was no access to health centres or GPs with VC.
- For trial: Clients used VC from Qld Health and other health service units, there was no technical issues.
- For research, VC to homes, 7/10 had technical issues: main technical issue was internet connection which affected quality of VC which included substantial audio delay and issues. Attempting to revolve in partnership with clinicians and telehealth unit: changing time of day of VC calls, adjusting call speed at clients end. Main work around at the moment: hang up and redial in, and/or use mobile phones for sound. Despite these challenges, clients still want to continue.
- Current system makes it difficult to view clips and videos (they freeze), which can be part of parenting interventions.



## Other themes.

- Regular rescheduling and cancelling of appointments. Is this because telehealth is very convenient? Or is it that parents' lives are pretty busy? Issue with be tracked.
- Clinicians don't need to do this on their own (or those doing projects/research), technical support and guidance is helpful, which we can access in Qld Health.
- Clients wanting the occasional face-to-face. For research project this will enable a comparison in client satisfaction between VC and F2F. VC won't replace F2F, another option.
- Small numbers of interested clients. Short time period. Minimal promotion of the project (despite attempts to promote). Cultural shifts take time.



## Advantages arising from study.

- VC training sessions/peer supervision with clinicians, involving telehealth staff, appears to be an ideal way to engage clinicians, share knowledge and practice using the equipment.
- One research client is now in hospital for a period of time and the family have requested VC appointment with EIPC. Opportunity for clients that move, continuing with same clinician rather than refer on (will different government health services be able to embrace this flexibility?).
- Increase VC use for all clinicians involved in project for supervision, meetings and professional development.
- Working parents particularly interested in VC, as current office hours not suitable for work schedules. Also parents who work away from home (FIFO).
- Live parenting skills training seems effective “is this the type of thing you were talking about?”. Also partners walking past “does he want to join us?”
- Could it be possible to run after hour telehealth clinics, across the state?



## Questions and group discussion.

