UCLA School of Nursing

Lessons on Tele-therapy for Children with Intellectual and Developmental Disabilities

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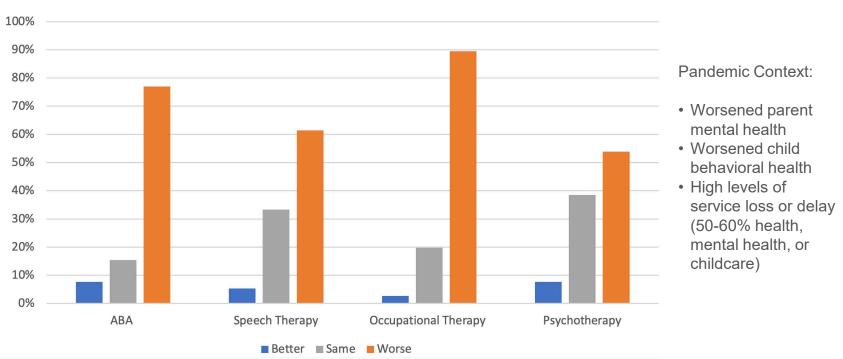
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Family experiences of tele-therapy are mixed

Tele-Therapy Compared to In-Person Therapy



Who Benefited from Tele-therapy?

Less Favorable Tele-therapy Appraisal

Higher caregiving strain

More Favorable Tele-therapy Appraisal

- Higher COVID-related stress
- Older child age
- Multiple children with a disability

Tele-therapy Access and Equity

Post-COVID...

Behavioral telehealth is often being used by health systems to expand options for those who *already had access to care*—but less often used to create new means of access for those who did not.

Moving Forward

- How to sustain *high-quality* tele-therapy options for families who can benefit from this modality
 - Technology infrastructure platforms/apps that integrate with existing healthcare technology
 - Insurance reimbursement policies tele-health is temporarily reimbursable by Medicare and Medicaid, but varies by state and future is uncertain
 - Provider training

Moving Forward

- Leveraging telehealth to *increase access* and *address unmet needs* among marginalized populations
 - Cultural appropriateness of telehealth services in marginalized communities
 - Consider what it takes: Hardware, software, internet bandwidth, physical space, privacy, quiet/distraction-free environment, parent involvement
 - Leveraging community assets e.g., schools/school-based health centers, churches, community centers, etc.

Moving Forward

- Addressing upstream drivers of disparities in mental health care and outcomes that have worsened during COVID-19
 - Policies/incentives to grow behavioral health workforce (e.g., social workers, psychiatric mental health nurse practitioners & dual mental health certification)
 - Childcare policies
 - New interventions to support the mental health of parents of children with intellectual/developmental disabilities

Thank You

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