# Practice Parameter for Telepsychiatry With Children and Adolescents

**ABSTRACT**

This practice parameter discusses the use of telepsychiatry to provide services to children and adolescents. The parameter defines terms and reviews the status of telepsychiatry as a mode of health service delivery. Because many of the issues addressed are unique to telepsychiatry, the parameter presents principles for establishing a telepsychiatry service and optimizing clinical practice within that service. The principles presented are based on existing scientific evidence and clinical consensus. Telepsychiatry is still evolving, and this parameter represents a first approach to determining "best practices." The parameter emphasizes the integration of telepsychiatry within other practice parameters of the American Academy of Child and Adolescent Psychiatry. *J. Am. Acad. Child Adolesc. Psychiatry,* 2008;47:(12) 1468–1483. **Key Words:** telepsychiatry, telemental health, telemedicine, e-health, practice parameter.

Technology has made it possible to increase access to health care using interactive televideo (ITV) communications. This technology allows clinicians and patients at different locations to interact in real time as though they were in the same room. This mode of health care delivery, termed *telemedicine*, has been applied to psychiatry. As psychiatry relies predominantly on conversation and observational skills, telepsychiatry provides a reasonable alternative to an office visit for patients who cannot readily access care.[1,2] Thus,

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*The AACAP practice parameters are developed by the AACAP WGQI in accordance with American Medical Association policy. Parameter development is an iterative process between the primary author(s), the WGQI, topic experts, and representatives from multiple constituent groups, including the AACAP membership, relevant AACAP components, the AACAP Assembly of Regional Organizations, and the AACAP Council. Details of the parameter development process can be accessed on the AACAP Web site. Responsibility for parameter content and review rests with the author(s), the WGQI, the WGQI Consensus Group, and the AACAP Council.*

*The AACAP develops both patient-oriented and clinician-oriented practice parameters. Patient-oriented parameters provide recommendations to guide clinicians toward best treatment practices. Recommendations are based on empirical evidence (when available) and clinical consensus (when not) and are graded according to the strength of the empirical and clinical support. Clinician-oriented parameters provide clinicians with the information (stated as principles) needed to develop practice-based skills. Although empirical evidence may be available to support certain principles, principles are primarily based on expert opinion derived from clinical experience. This parameter is a clinician-oriented parameter.*

*The primary intended audience for AACAP practice parameters is child and adolescent psychiatrists; however, the information contained therein may also be useful for other mental health clinicians.*

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telepsychiatry has the potential to address the workforce shortage in child and adolescent psychiatry and improve access to care for children living in rural or impoverished areas. It also offers the opportunity to bring mental health services to youths in a variety of settings such as schools, day care facilities, and detention centers. In addition, telepsychiatry can be combined with other electronic and computer-based technologies to provide innovative approaches to treatment.

Although technical, interpersonal, and financial barriers still prevent telepsychiatry from being fully integrated into routine practice,[3] the overall advantages have led to a rapid expansion of programs across the country.[4] Therefore, there is a need to identify "best practices" for telepsychiatric care. This parameter is the first attempt to develop such guidelines with children and adolescents and is intentionally flexible for adaptation to both current and future technology and resources. Because telepsychiatry is a fast-evolving field, periodic updates may be needed.

This parameter addresses the use of telepsychiatry for the provision of care that is usually delivered in person. Although a telepsychiatry service may incorporate various applications of e-health such as online interactive instruction, treatment monitoring, and e-mail correspondence, these technologies are not specifically addressed in this parameter. Likewise, other uses of televideo technology, including in-home monitoring and store and forward consultation, are not covered here.

This parameter is targeted to child and adolescent psychiatrists, but it should be helpful for other mental health professionals. The guidelines are applicable to the evaluation and treatment of youths from preschool to 18 years of age with most psychiatric disorders.

Throughout this parameter, the terms *youth* and *young people* refer to mixed samples of children and adolescents. When either of these groups alone is intended, the terms *preschoolers*, *toddlers*, *children*, and *adolescents* are used. The term *parents* refers to the youth's primary caretakers regardless of whether they are biological parents, adoptive parents, or legal guardians. Finally, this document presumes familiarity with child development, the principles of psychiatric diagnosis, and evidence-based treatment.

## METHODOLOGY

The list of references for this practice parameter was developed in several ways. First, *Medline* and *Psychological Abstracts* searches were conducted in June 2004 and updated regularly over the ensuing months until publication. These searches used the following terms: *telemedicine*, *telepsychiatry*, *telemental health*, *telehealth*, *interactive videoteleconferencing*, *and teleconferencing*. The addition of the terms *child and adolescent* and *psychiatry*, individually or in combination, did not yield more articles. Several published authors were specifically researched because of their authorship of book chapters, citations in publications, or presentations at national meetings. Overall, the search covered 1986–2007 and yielded 438 articles, which were reviewed. Second, we searched known Web sites addressing telemedicine and telepsychiatry such as the Telemedicine Information Exchange (tie.telemed.org). Third, we queried coworkers and members of the special interest group of the American Telemedicine Association (ATA) regarding source material. Fourth, we consulted with telemedicine clinicians at various centers nationally and internationally.

## DEFINITIONS

- *E-health* refers to health services provided from a clinician to a patient or the lay public through any electronic medium, including the Internet, telephone, or facsimile transmission.
- *ITV communication* refers to the interaction of two or more individuals in real time to share information through electronic media.
- *Telemedicine* refers to the use of ITV for the provision of medical care that is usually delivered in person.
- *Telepsychiatry* is a specific term designating psychiatric applications of telemedicine.
- *Telemental health* and *mental telehealth* are broader terms that include all mental health applications including telepsychiatry.
- "*Patient site*" *(patient's location)* and "*provider site*" *(telepsychiatrist's location)* are used here to refer to the participants at each end of the ITV link. Multiple other terms have been used elsewhere. For example, The Centers for Medicare and Medicaid[5] uses the terms *originating site* for the patient location and *distant site* for the provider location during the telemedicine service; other common designations include *spoke, hub,* and *remote sites*.
- *Bandwidth* refers to the amount of data that can travel through a communications network in a fixed period of time. Bandwidth is often expressed in