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GUIDELINES

for Remote MHPSS Programming in Humanitarian Settings

Appendix C: Key Considerations for Providing Remote Individual Support for Children

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International Medical Corps

Address: 12400 Wilshire Blvd Suite 1500, Los Angeles, CA 90025

Website: internationalmedicalcorps.org

For any questions about this publication, please contact Claire Whitney at
cwhitney@internationalmedicalcorps.org.

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Appendix C: Key Considerations for Providing Remote Individual Support for Children

Infants, children and adolescents have unique physical, mental, behavioral, developmental, communication, therapeutic and social needs that must be addressed and met in all aspects of support.

Initial contact should always occur with at least one of the caregivers' present. However, remember "who" your client is—e.g., the child / adolescent—and do not just focus on the caregiver / family member. Ensure that you are actively involving and talking directly to the child / adolescent throughout the support you provide. During this initial session it is important to consider the child's age, developmental level and ability to follow directions and cooperate with caregivers. This information helps you to quickly understand what psychosocial interventions may be supportive, and whether you can proceed with individual sessions or with the same caregiver joining sessions.

If the individual is legally classified as a child, parent/caregiver's informed consent and child's verbal assent will be needed. Explain the concept of confidentiality to the child and the caregiver. Remember that children have the right to expect privacy confidentiality and the promotion of their human rights and every stage of assessment, treatment and follow up.

Practice cyber security and ensure that any details or sensitive information about the child/adolescent is stored in a secure way.

Clarify to both caregiver and child/adolescent under what circumstances caregivers or other adults would be given information.

Adolescents may be dependent upon their caregivers to access care (i.e. head of household has the only mobile phone). Therefore, providers should establish a therapeutic alliance with the caregiver as well as the adolescent. The technology may pose a challenge to alliance-building. Providers may include an introduction to and explanation of the technology in user-friendly terms and ensure that both adolescents and parents feel that their perspectives are understood.

For adolescents, plan to see them separately from the caregiver if possible in your second session. Try to arrange and agree a time and date for the second session when the adolescent can have access to the technology (i.e. mobile, tablet, etc.) by themselves. Confirm this verbally during first session with both caregiver and adolescent. Reconfirm with both caregiver and adolescent one day before next session.

At the beginning of the session remind the adolescent about confidentiality and their rights.

In some cases, a child / adolescent may act out even in the presence of a caregiver, for example a very hyperactive preschooler, oppositional child, or uncooperative adolescent may attack the equipment, be aggressive to the caregiver, hide, not speak or try to leave. Parents of children seeking mental health care may themselves have a mental disorder and may be compromised in their ability to supervise the youth during the remote sessions. Thus, the

provider should conduct a similar assessment of the ability of the accompanying adult to contain the youth and/or for the adult him/herself to safely participate in sessions and follow treatment recommendations.

If you will be working with children / adolescents it will be important to familiarize yourself with the three main child / adolescent mental and behavioral disorders (mhGAP-IG), and if not familiar please discuss with your MHPSS supervisor to ensure you are oriented fully before commencing any work.

Recognize Red Flags Indicating Further Intervention or Referral Are Needed:

- The child/ adolescent may not feel free to be candid about his/her environment or circumstance with a potentially offending caregiver nearby.
- The child/adolescent may be living in a chaotic environment so during any remote interactions if you use a video call and you can see any red flags that may indicate a child protection problem then please discuss them with your supervisor immediately.
- If you are on a telephone call and hear anything in the background or have any brief interactions that raise child protection concerns, then discuss them with your supervisor immediately.
- The technology itself may be intimidating to child/ adolescent, particularly if they have never met the provider before. Some children with developmental or psychotic disorders may not tolerate not seeing or being physically present with the provider offering them support. Work quickly and closely with your MHPSS focal point to look for safe, appropriate and timely alternative approaches.

Important Components of Your Remote Support Will Need to Be:

- Caregiver involvement in the treatment (especially for children and adolescents)
- Teaching skills and practicing skills at home (between session “homework assignments”)
- Measures of progress (e.g., rating scales, improvements on homework assignments) that are tracked over time. Remember if you are using video calls you can hold these rating scales to the camera so the caregiver can understand or even see the scales if they are visual representations and this may help the caregiver engage with the treatment.

Additional Considerations

Practicing at a distance creates a unique relationship with the client that requires attention to and adherence to professional ethical principles, including special considerations with children and families. For example, maintaining professional language in all communication, including SMS messages to adolescent and caregiver, even if they use more informal language.

Ensuring that child / adolescent understand how they can access “out of hours” services if needed, and what times / days of the week you would be available to take any additional “calls” that fall outside of your agreed next session.

Create a clear and easy-to-follow risk management plan in case of emergencies so the caregiver child/adolescent knows what to do in times of crises.