

Preparing for a Developmental-Behavioral Pediatrics Telehealth Visit (MD/DO/NP)

Introduction:

Developmental-behavioral pediatrics (DBP) is a medical subspecialty of pediatrics that addresses the physical, emotional, developmental, behavioral and social health of children and adolescents. DBP clinicians evaluate children and adolescents using a developmental framework in order to develop treatment plans that will support families in helping their children reach their full potential.

Since each child is unique, these assessments are individualized. Typical evaluations, however, generally include the following components:

- 1) Introduction: overview including strengths (hobbies, interests, talents, what's going well) from child (if possible) and family.
- 2) Family describes challenges and clinician collects additional details, such as health habits, family history, school performance.
- 3) Clinician observes and interacts with the child. This may include informal play and conversation, writing/drawing and targeted testing or screening to better understand the child's development and behavior. **Much of these activities may be limited or not possible due to constraints from video conferencing. Your clinician may meet with your child on a separate visit after discussing concerns with you at the initial video visit.**
- 4) Clinician explains recommendations, including a road map, if appropriate, to detail the next steps. Shared decision making in developing a treatment plan is an important component of our visits.

Before the telehealth visit please have the following prepared if possible:

For children 5 years and younger

- A comfortable play area for your child that can be seen through your video device and which is as free from distractions as possible (e.g., TV, tablets, siblings). The clinicians understand that not all distractions can be avoided!
- Your child's preferred toys, figurines (i.e., doll, animals, figurines) and toy versions of real objects (i.e., phone, play food, doctor kit, dollhouse furniture).
- Sensory toys. Please have these toys on hand, but do not bring it out until the clinician asks you to. Examples include bubbles, balloon (not yet inflated), blanket for peek-a-boo, piece of paper to tear.
- Bubbles, a balloon (not yet blown up), a ball.
- A container (with a cover that can be taken off by parents) with snacks, stickers or other motivating items.
- NOTE: If you do not have any of the above items, do not worry. The examiner will discuss options with you at the start of the visit.

Please angle the computer/tablet so that the play area is fully visible to the examiner. Please make sure that the lighting allows us to see the child and the toys.

Listen for instructions. The examiner will give you instructions and ask you questions along the way. We may ask to call you on your phone to give guidance and support if it is hard for us to give directions via video.

For children 6 to 12 years

- A comfortable chair for your child to listen and talk
- A room that is free from distractions, with a desk to write or draw
- Pencil/pen, crayons, colored markers or pencils and blank paper
- A favorite book, toy or object

For adolescents (13-17 years of age)

- A comfortable chair for your child to listen and talk
- A room free from distractions with a desk to write
- Pencil/pen and blank paper
- A favorite book

Let your child know that they will be speaking to the clinician for 15-30 minutes over the computer/tablet.

Please help your child pick out some favorite toys, books, objects, or art projects they have made to share with the clinician during the visit. If they have a special interest or hobby it is good to include that. If they collect things the clinician would love them to show their collection.

Please angle the computer/tablet so that the area is fully visible to the examiner. Please make sure that the lighting allows us to see the child and the objects (avoid backlighting). If the child is playing with toys, the examiner will want to see both their face and what they are doing with the toys at the same time.

What to expect during the telehealth appointment:

- The clinician will talk with you about your concerns, ask questions about your child's development and medical history, and ask you to observe, interact, and play with your child. The clinician will engage and converse more with older children though it is not expected that children participate or talk during the visit as many may feel shy, anxious or uncomfortable
- Activities directed by the clinician are designed to observe how your child communicates, plays and interacts with you. Some activities also place demands on the child to better understand how she focuses, self regulates, and behaves.
- Some of these activities will probably feel different from the way you normally interact with your child at home—or even seem a little silly.
- The clinician may ask you to use specific words or movements so that the clinician can observe specific behaviors and interactions.

- In older children, the examiner will attempt to engage your child in conversation and possibly play. He/she may ask them to do a number of tasks. Please refrain from jumping in to help, encourage, or prompt your child to respond. The examiner will want to see how your child is able to engage and participate without any cueing. Please remain seated quietly nearby - or else hold the camera. The examiner may request your assistance or give you directions, but please wait for them to do so.
- Be the camera-person. If the clinician has asked your child to write or draw, you may need to move the camera to show their hands as they do so. If they are reading, the clinician may want to look over their shoulder at the page as they do so.
- If a clinician has trouble seeing or hearing you or your child clearly, the clinician may ask you to clarify what your child said or where she was looking.
- The clinician may ask to speak with the child alone for a brief interview
- The clinician will give you feedback regarding the evaluation before the end of the meeting. This feedback will include recommendations and plans (if necessary) for an in-person follow up visit.

If your child has had **any** assessments/evaluations of his/her development or behavior (e.g., school psychoeducational evaluation, IEP report, reports from Early Intervention or other therapists, etc.) completed recently, please send scanned copies to dbp@pamf.org for review.

Video Visit Instructions:

- **The patient must be physically present somewhere in California.**
- **WHAT TO DO NOW:** Please go to the Sutter **MyHealthOnline App** (mho.sutterhealth.org) on your phone/iPad/tablet. Make sure your device software is updated, and that you are using the most recent version of the **MyHealthOnline App**.
- Please log into the App, go to Appointments, and locate your Video Visit. At the bottom of that screen, select "Test Video" to confirm your ability to connect. If you have issues, please contact the My Health Online Service Desk at 1-866-978-8837.
- 15 minutes before your appointment time: Log in to the App, select "Begin Visit" and then the clinician will join you shortly. It is not unusual for clinicians to run late, especially towards the end of the day. A staff member should call you ahead of time if the clinician is running more than 10 minutes late but please call 408-523-3960 or send a message to the clinician through MyHealthOnline App if you have not heard from anyone.
- Headphones are optional but can be useful for audio quality and privacy.

In the event of MyHealthOnline Technical Issues, WebEx or FaceTime is used as a backup video conference platform. A staff member will work with you to set up the alternative platform.

Other common questions from families:

How does a DBP evaluation at PAMF differ from evaluations done by schools?

DBP evaluations use a biopsychosocial framework to understand how a child learns and functions. A thorough developmental, behavioral, and medical history is obtained, and often physical exams are performed to rule-out medical factors that might be affecting a child's development (e.g., sleep and genetic disorders). Sometimes standardized developmental-behavioral testing or validated screening tools are used to better understand and quantify a child's skills and behaviors. **Developmental-Behavioral Pediatrics at PAMF neither performs psychoeducational nor neuropsychological assessments currently.** These evaluations are typically done by school districts, clinical neuropsychologists or educational psychologists. Please refer to Understood.org for more details about these evaluations. DBP clinicians, however, can review these evaluations and discuss them with families during the visit.

What should I tell my child about her visit to Developmental-Behavioral Pediatrics at PAMF?

We suggest that you be up-front and direct with your child. There will be no shots (if the child is worried about getting one and is being seen in person), but the physician/nurse may do a physical exam. It might be helpful to tell your child that a developmental-behavioral pediatrician is a doctor who is interested in understanding how children learn. Learning not only includes academic performance, but also how children learn to make friends, communicate with people, control their emotions, stay organized/focused, and become independent individuals.

How long will it take to get my child's report?

Reports are available to be viewed, downloaded and printed within one to two weeks through My Health Online. Reports can also be mailed through USPS if preferred. They are edited and proofread. They often include extensive recommendations and plans. Please inform the clinician or staff if there are incorrections or changes you would like to discuss. Information about reading resources and additional services/therapies in the community are typically found in the After Visit Summary which is usually available immediately after the visit in MyHealthOnline.

Can a member of Developmental-Behavioral Pediatrics at PAMF visit my child's school to observe behaviors in that setting?

Many families ask if a clinician can visit their child in the school setting. Prior to the child's visit, families are encouraged to gather as much prior testing and school information as possible. Most families do not believe a school visit is necessary after the visit because clinicians have been able to capture a sense of their child during their appointment. There are occasions when a clinician and the family agree that more information is needed, and typically this involves a phone conversation with the teacher. Clinicians also speak with therapists and other clinicians (within and outside of PAMF) if necessary. This information sharing can only be done after that the parents complete and sign a release-of-information form.

I am interested in avoiding medications and using complimentary treatments to address my child's condition. What non-traditional treatments do you endorse?



DBP clinicians at PAMF are knowledgeable about a wide range of conventional and complimentary treatments. They make recommendations based on scientific evidence and advise families about the potential risks and benefits of alternate treatments. The same approach is taken for families interested in starting conventional medication for behavior management. The goal is to provide information to help families make the best decision for their children. Clinicians work closely with families who decide to have their children start medication. The priority is to ensure that children have a safe experience with medication and benefit from them.

For any questions or issues please give us a call at **408-523-3960**