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Parental Telemental Health Satisfaction During COVID-19

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Abstract

The outbreak of Coronavirus-19 (COVID-19) rapidly became a global pandemic in early 2020, forcing the wide spread implementation of social distancing safety precautions. Most mental health services across the United States shifted from traditional in-person services to telemental health (telehealth) in order to safely treat their clients. Using a Grounded Theory theoretical framework, participants were interviewed using a semi-structured format regarding their telehealth experience during COVID-19. Participants were 12 parents whose children had received telehealth services. Themes emerged from their coded responses and were organized into four categories: *COVID-19 Impact on Mental Health, Positive Elements of Telehealth, Negative Elements of Telehealth* and *Parental Satisfaction and Preference.* All participants identified positive and negative elements of telehealth; however, despite noting negative elements, all participants were satisfied with their telehealth experience. Recommendations based on the participants' responses are provided for clinicians.

Parental Telemental Health Satisfaction During COVID-19

The Coronavirus-19 (COVID-19) outbreak began in December, 2019 and rapidly became a global pandemic by the early spring of 2020 (COVID-19 Overview, 2020). Safety precaution recommendations were published by the Centers of Disease Control and Prevention (CDC) to reduce the outbreak and spread from person to person. These recommendations included sheltering-in-place, social distancing, and quarantining when infected with COVID-19 (Honein et al., 2020). In response to these recommendations, many public and private businesses in the United States adopted major policy changes to ensure the safety of the public (Schuchat, 2020). State and local governments closed down sectors of the economy, impacting workers in the tourist, hospitality, and many other industries (Czeisler et al., 2020). Workers in other industries were required to work from home. Many elementary and secondary schools moved to online instruction. Other services, including those provided by medical and mental health service providers, transitioned to telehealth services provided in the home (Koonin et al., 2020).

This sudden shift in everyday life likely caused substantial anxiety and discomfort for many families managing the interpersonal, financial, and social consequences of the pandemic (Madigan et al., 2020). Parents were forced to adapt to the new challenges of living during the pandemic shared by many adults with the added burden of helping their children faces these challenges as well. This burden may have been especially difficult for parents of children with special mental health needs. For the first time, parents of children receiving services in mental health settings found themselves attempting to balance work, their children's online academic instruction, and therapy services from home. Gaining a better understanding of parents' experiences and perceptions of the telemental health services they received during the COVID-

19 pandemic may be useful in developing best practices for increasing the ease and acceptability of telemental health for children.

Telemental Health

Telemental health is the delivery of mental health services through technology such as video conferencing, computer programs, and mobile applications (Adams et al., 2018) which allows individuals to receive therapy services in the comfort of their own home. For years, telemental health has already been a go-to service for individuals who live in rural communities where accessibility to in-person services is limited (Nelson et al., 2017). However, telemental health had been rarely used in urban communities were in-person services were more accessible. The COVID-19 pandemic, by necessity, spurred the use and acceptance of telemental health as a psychological service across all communities (Madigan et al., 2020).

Benefits of Telemental Health

Some research suggests that telemental health provides numerous benefits to its consumers. During the COVID-19 pandemic, arguably the most considerable benefit is the assurance of clients' and clinicians' medical safety (Madigan, 2020). There may be additional benefits, as well. Clinicians who provide services through telemental health may have more time to treat a larger number of clients, thus increasing clinical capacity for the clinic (Racine et al., 2020). Telemental health may also lessen the burden of costs of travel, accommodations, lost wages, lost time, and physical limitations (Sevean et al., 2009). With reduced travel time, telemental health clients reported spending more time with loved ones and having more opportunities for self-care (Steidtmann et al., 2020). Racine and colleagues (2020) found that individuals were more likely to attend online services than in-person services due to the reduced stressors of transportation and taking time off work.

Telehealth can provide unique benefits for families with children receiving services. Some evidence suggests that telemental health decreases the stress involved with traveling to an appointment with a child who has a behavior disorder or siblings, as well as decreases time away from school and work (Nelson et al., 2017). Telehealth may also provide a convenient and easy transition for parents whose child may dislike going to in-person therapy. These benefits may increase treatment attendance as there are fewer logistical barriers to therapy (Racine et al., 2020). Furthermore, telemental health may be appealing to children and adolescents due to their exposure and comfort level with technology (Nelson et al., 2017), as many of today's youth have grown up at a time when meeting and talking with someone over a screen is a familiar concept. Telehealth provides an opportunity for the clinicians to observe the family dynamics and living conditions that may not be possible to observe during in-person sessions (Siegal et al., 2021). The stigma of attending a mental health clinic, especially for children and adolescents, may be lessened by the increased treatment accessibility through telemental health (Comer et al., 2015).

In addition to the practical and safety benefits, there appears to be treatment benefits to telemental health therapy as well. Many studies have shown that telehealth is as effective as in-person therapy, including studies on parenting programs, family-based treatment for anorexia nervosa, cognitive-behavioral therapy, early intervention programs for children with autism spectrum disorder, and occupational therapy (Anderson et al., 2017; Ashburner et al., 2016; McCrae et al., 2020; Reese et al., 2012; Wallisch et al., 2019). Thus, telemental health has shown to be as effective as in-person services, with less burden on families, and can help ensure the safety of therapists and their clients. Notwithstanding the potential benefits that telemental health can offer to families, there may be important limitations worth consideration.

Limitations of Telemental Health

One of the most fundamental principles to mental health services is confidentiality and privacy. A safe, confidential space is crucial in order to conduct therapy sessions. For some families, individuals may not have access to a private space, especially during COVID-19 when other family members are frequently in the home (Madigan et al., 2020). Clients receiving telehealth at home may worry that others (family members, roommates, etc.) might overhear them during the therapy session or may be embarrassed with their therapist viewing their home environment.

There might also be important accessibility issues when using web-based teleconferencing when offering telehealth services. Telemental health can only properly function with reliable internet. In 2016, the United States Census Bureau stated 81 percent of households had an internet subscription (Ryan & Lewis, 2017). However, the reliability and accessibility of the internet can often be a challenge among families where multiple electronic devices are being used to balance the employment, academic, and social needs of the family. Connectivity is also especially difficult in more rural and socioeconomically disadvantaged households (Racine et al., 2020). Unreliable or slow internet could lead to the individual becoming frustrated and unwilling to participate in online therapy. In addition to technology difficulties, both clinicians and clients may experience disruptions from their families and home environments that may be distracting (Siegel et al., 2021). Furthermore, telemental health services may be unable to guarantee client's privacy, confidentiality, and ease of communication that in-person services can provide.

Parental Telemental Health Satisfaction

There is limited research exploring parental satisfaction on telemental health. Specifically, the existing literature primarily occurred before the COVID-19 pandemic. However, the available literature suggests parents are generally satisfied with their child's online

services. Researchers discovered that, even with some technical issues, parents were satisfied with their child's online therapy and believed it was comparable to in-person services (Owen, 2020). Many parents also report that they believed the level of therapist rapport was as good as in-person services as well (Stewart et al., 2017). Some parents have also expressed appreciating the flexibility, accessibility, and elimination of travel-related costs telemental health has to offer (McCrae et al., 2020). In a qualitative content analysis, mothers indicated that they appreciated being able to receive services 'in the comfort' of their homes compared to travelling to an unfamiliar environment, which can place pressure on both the child and parent (Ashburner et al., 2016). Additionally, the mothers expressed the new ease of being able to 'check on' or 'duck off' throughout their child's online appointments (Ashburner et al., 2016). Talbott and colleagues (2020) found complimentary results in a questionnaire given to parents, who reported believing telemental health is convenient, and additionally reported feeling well-supported by treatment members despite the distance. When parents were asked on their preferred format, a majority chose a hybrid of telemental health and in-person services (Owen, 2020). This suggests that although parents are able to identify benefits to telehealth, they still may be hesitant to transition fully to an online modality for treatment. One common limitation of these studies is that they were each conducted prior to the COVID pandemic. There may be specific factors unique to the COVID pandemic that are worth consideration. And while parents in these studies reported many aspects of telemental health parents in which they were satisfied, but there are several areas of dissatisfaction as well.

Parents identified a number of limitations to their child's online services in addition to the technological issues that may be experienced with telehealth. Ashburner and colleagues (2016) learned that parents were mostly satisfied with online appointments; however, they do not

believe telemental health should replace in-person services. Rather they recommended that telehealth should supplement face-to-face contact. Boisvert and Hall (2014) found parents felt the clinic room was a more controlled environment than at home. A controlled environment provides both the clinician and client a safe space to conduct therapy, and takes the burden off parents to have to provide the controlled environment within their homes. A few parents were concerned about their child's ability to sustain attention during an online therapy session (Isaki & Farrell, 2015). A controlled environment, like a clinic, not only provides safety, but eliminates potential distractors as well. Parents also believed that body language cues, such as stress, may be missed through a computer screen and are easier to detect in-person (Owen, 2020). While parents are mostly satisfied with their child's telemental health services, there are a few limitations such as distractibility and nonverbal cues.

Parenting and Telemental Health in the Time of COVID-19

The existing body of research on parental satisfaction with telemental health has largely has been conducted in individuals who live in rural communities and volunteer to receive telemental health services (Fegert et al., 2020; Russel et al., 2020). During the first year of the pandemic, telehealth became the only option for therapy for most clients. The pandemic provided many unique challenges for parents and their children. Parents suddenly had to balance the demands of caregiving, work, and educational routines while still trying to find time for self-care (Russel et al., 2020). The increase of demands in the household may result in parents feeling overwhelmed and stressed out. Mental health services are especially crucial during these trying times for both parents and children. The drastic change in everyday life may have been confusing and difficult for children to accept. Parents had the extra responsibility of trying to explain the COVID-19 pandemic to their children (Fegert et al., 2020). Many parents likely faced challenges

when assisting their children in logging on to school and other activities, such as therapy. Understanding how these unique challenges influenced telemental health services might have important implications for further enhancing the experience of telemental health users. Researchers can assist clinicians in providing critical information on ways to advance the ease, acceptability, and effectiveness of telemental health.

Telemental Health During Natural Disasters

Telemental health has given clinicians the ability to reach out to individuals in need during natural disasters. In 2000, the North Atlantic Treaty Alliance structured a telemedicine system for individuals in the military who were deployed during times of crises (Smith et al., 2020). China began utilizing telemental health in 2003 during the Severe Acute Respiratory Syndrome pandemic. Telemental health was provided to individuals in California who were affected by the bushfires (Smith et al., 2020). Access to services is limited during natural disasters, and telemental health gives a viable option to continue therapy during those strenuous times. The implications of telemental health during natural disasters are endless, but telemental health is not only practical during disasters. The accessibility of telemental health has the potential to extend mental health services to individuals in communities were access therapy has traditionally been limited.

Purpose of the Study

The purpose of the study was to explore parents' experiences and satisfaction about their children's telemental health services during the COVID-19 pandemic. Currently, there is limited literature regarding individual's satisfaction levels of telemental health during the pandemic, and even more restricted literature about parents' experiences. The goal of the study was to adopt a grounded theory foundation to explore parents' interviews on their satisfaction regarding their

child's telemental health services. We hoped that this approach might help us identify parents' perspectives on the benefits and barriers, accessibility, and recommendations to better telemental health services. Parents were interviewed whose child receives therapy services at a community mental health training clinic located in the upper Midwestern region of the United States. The themes that emerged throughout the interviews may assist in improving the ease and acceptability of telemental health services.

Methods

Grounded Theory

Grounded theory was adopted as a foundation for the design and data analysis of the study. Grounded theory emerged by Barney G. Glaser and Anselm L. Strauss in 1967, while they studied death and dying in hospitals (Charmaz, 2014). They realized hospital staff rarely talked about seriously ill patients and wanted to observe how terminally ill patients handled the topic of dying (Charmaz, 2014). They strived to shift qualitative studies merely from being descriptive to an exploratory theoretical framework (Charmaz, 2014). Charmaz (2014, pg. 343) defined grounded theory as "researchers construct conceptual frameworks or theories through building inductive theoretical analyses from data and subsequently checking their theoretical interpretations." Grounded theory offers guidelines for collecting and analyzing qualitative data in order to develop theories the data suggest (Charmaz, 2014). The guidelines are both systematic and flexible, and consist of principles, strategies, and heuristic devices for the research process (Charmaz, 2014). From the beginning of data collection, grounded theory guides the researcher to form theoretical analyses in the data. The goal is to learn the experiences of the participants in specific research settings through qualitative data and form theoretical concepts from the themes (Charmaz, 2014).

Participants

Recruitment of eligible participants was conducted through a community mental health training clinic on campus at a medium sized university in rural upper Midwest. On March 16th, 2020, the clinic transitioned to telemental health services for all clients and families receiving mental health treatment services. The eligibility criteria used in this study was parents of clients younger than 18 years-old at time of service and had experienced telehealth.

The number of participants required for qualitative studies may vary. The grounded theory states additional participants are needed until saturation occurs (Charmaz 2014). Saturation of data occurs when no new information is given from additional interviews (Charmaz 2014). This is estimated to occur after eight to twelve participants.

Materials

There was a demographics questionnaire with informed consent to participate in the study. The semi-structured interview contained a list of questions to guide the interview (see Appendix A). Charmaz (2014) recommends forming questions for the interview which will lead to an adequate description of the participant's views and actions. The semi-structured questions were used as a reference; however, questions not included in the list were organically asked throughout the interview to get an emphasis on the participant's perspective.

Procedure

The interview was held in a secure, password protected meeting on Zoom. The participant read the informed consent on the first page of the demographics questionnaire and clicked whether they wish to participate. The researcher read the informed consent verbally to the participant as well. After consenting to participate and filling out the demographics questionnaire, the semi-structured interview began. Following the interview, the participants

were sent a transcribed version of the interview in case they need to make changes to their comments. Transcribed interviews were de-identified before data analysis begins.

Data Analysis

All the interviews were recorded through Zoom. The videos were transcribed and transcriptions were analyzed using NVivo, a qualitative software program used to assist in analyzing and interpreting data from transcripts. The following sections include the steps used during the data analysis process.

Initial Coding

The first phase of data analysis consists of closely studying small fragments of the data for their analytic meaning. The fragments are coded with a label which categorizes and summarizes the data (Charmaz, 2014). In this study, the researcher coded the data into emerging themes. The researcher was guided by the themes that emerged and attempted to avoid having any biases or preconceived themes.

Comparative Methods

Comparative methods are used to compare each level of the data to establish analytic distinctions (Charmaz, 2014). Comparison begins by finding similarities and differences in the data. Comparative methods were used by comparing both similarities and differences in individual interviews, and in interviews across participants.

Focused Coding

The second phase in coding is examining the initial codes with a broader analysis of focused coding. The focused codes are used to sort and analyze larger amounts of data than the fragments coded in initial coding (Charmaz, 2014). The researcher used the initial codes to create

more broad, focused codes. The focused codes consisted of the most significant and relevant codes, and are found in the results section.

Memo-Writing

Memo-writing will occur throughout the entire data analysis process. This entails spontaneously writing down any ideas that emerge. The memo-writing notes assist in explicating, developing, and further evolving categories in the data (Charmaz, 2014). The researcher informally wrote memos during the coding process and lab meetings.

Theoretical Sampling and Saturation

Theoretical sampling is a type of sampling where the goal is to further develop and theorize the emerging categories in the data (Charmaz, 2014). Through theoretical sampling, the researcher collects data to further elaborate and refine the emerging themes. This is completed by asking specific questions that clarify and further expand on the themes (Charmaz, 2014). For the current study, the researcher used a semi-structured interview format that allowed for focused questions that pertained to emerging themes and categories.

Saturation occurs when additional data does not contribute to the existing data. Saturation is not merely the same repeated pattern, but is when no new conceptualized properties of the pattern emerge after the addition of new data (Charmaz, 2014). Grounded theory focuses on sampling adequacy, rather than sampling representativeness or generalizability.

Constructing Theories

A constructivist grounded theory approach aims to study both how and why individuals construct meanings and actions from their experiences (Charmaz, 2014). The participants' meanings and actions of a situation can illuminate connections between micro and macro levels of analysis (Charmaz, 2014). A constructivist approach strives to learn the extent the studied

experience is involved in larger structures, networks, situations, and relationships (Charmaz, 2014). The purpose of the current study was to create an overarching theory of telehealth recommendations for clinicians working with children.

Results

Demographic information including parent gender, child gender, parent age, child age, parent ethnicity, and household income are in *Table 1*. *Table 1* includes data from 13 participants. One participant completed the demographic questionnaire but did not complete the interview portion of the study. The participant is included in demographic information because removal of the participant's data was not possible as both demographic and qualitative responses were not linked and were de-identified. Reported reasons for treatment included anxiety, depression, adjustment difficulties, death of a loved one, friends, family, parent-child problems, birth of a sibling, behavioral concerns, anger, and school.

Twelve of the participants were employed and had medical insurance. In regards to the COVID-19 pandemic, 31% of participants experienced reduced hours, 8% experienced unemployment, and 15% were currently receiving unemployment benefits.

Table 1

Participant Demographic Data (N = 13)

	N	%
Parent Gender		
Male	2	17%
Female	11	83%
Parent Age		
30-39	7	54%
40-49	6	46%
Parent Ethnicity		
Caucasian	10	77%
American Indian/Native America	2	15%
Biracial or Multiracial	1	8%
Child Gender		

Male	3	23%
Female	10	77%
Child Age		
11-12	4	31%
13-14	4	31%
15-16	3	23%
17-18	2	15%
Household Income		
0-$25,000	1	8%
$25,000-$50,000	1	8%
$50,000-$75,000	5	38%
$75,000-$100,000	2	15%
$100,000-$150,000	1	8%
Decline to Respond	3	23%

Data Analysis

There were 27 themes identified in data analysis. The themes that emerged ranged from a variety of topics such as convenience, continuing of services, and comfort in home. Seven themes were removed due not being relevant to the use of telehealth during the COVID-19 pandemic, resulting in 20 themes remaining. These 20 themes were further categorized into four categories: *COVID-19 Impact on Mental Health, Positive Elements of Telehealth, Negative Elements of Telehealth* and *Parental Satisfaction and Preference.*

Category 1: COVID-19 Impact on Mental Health

Participants reported a variety of impacts COVID-19 had on their child's mental health treatment needs. Many participants identified that social disruptions caused by the pandemic had negative effects on their children. One participant reported, "it was a little bit of everything. She needed a little bit more of the support, but I think she also kind of needed that outside-of-the-house contact that she couldn't get from teachers and stuff anymore." Social distancing and lock-downs caused children to not see their teachers, friends, and family members. Isolation from social support can have negative impacts on individuals' mental health. Some children may have

needed more therapeutic support to help them navigate these difficult, unprecedented times. Some participants felt their children needed more treatment due to the lack of social support:

> "I think my daughter was just going through a lot not being at school, not seeing friends, so, and then she was just going through middle school and anxiety. So, I thought that was – she just needed a little extra help around that time."

In contrast, other participants felt the pandemic did not have an effect on their child's mental health. One participant stated that her daughter's mental health needs did not change, "I wouldn't say her needs increased. She was going every week and then [we] switch to every other [week] and just kind of stuck with that." The COVID-19 pandemic had different impacts on children and their mental health treatment needs. Some parents believed their child needed more support during the pandemic while other parents believed the pandemic did not have a direct effect on their child. Furthermore, none of the participants mentioned medical-related stress from COVID-19, such as serious illness or death of a family member. The stress associated with the pandemic was commonly from interpersonal stressors (i.e. isolation from friends and family).

Category 2: Positive Elements of Telehealth

Participants discussed the elements of telehealth they thought were most to their telehealth experience. Eight primary themes were identified, including: *Continuation of Services*, *Convenience*, *Increased Parental Involvement*, *Familiarity with Electronics*, *Therapeutic Rapport Equivalence*, *Comfort in Home*, *Personal and Public Health Safety,* and *Reduced Stigmatization from Others*. Subcategories within the eight themes were identified that further explained parents' experience with telehealth. These themes and associated subcategories are described below.

2.1 Continuation of Services

Lock-down procedures and social distancing prevented people from gathering in person. Face-to-face therapy sessions were no longer an option for clients. Continuation of services during COVID-19 was important for many of the participants and many were thankful for the opportunity to continue therapy via telehealth. One participant stated, “It was a way for my child to continue getting the therapy with the person that she already knew and felt comfortable with and we were able to just kind of continue.” Another reported, “It was nice, regardless of the change, but I was glad the opportunity was still there to be able to do it”. Telehealth provided the option to continue therapeutic services while keeping everyone safe. The participants noted minimal disruption in the therapeutic services continuity because of the implementation of telehealth.

2.2 Convenience

A theme that was discussed among all 12 participants was the convenience of telehealth. Convenience was a valuable aspect to participants as telehealth was easy to implement, saved parents time, removed travel to the clinic. Three subcategories within the convenience theme were identified: *Time*, *Travel*, and *Ease of Service*.

2.2a Time.

Time was the most common form of convenience participants reported. Coordinating a time for therapy that works both for the clinician and the family’s schedule can be difficult. Many participants enjoyed the ease of scheduling a time for therapy. One participant stated, “definitely the convenience, definitely the convenience because it’s just so hard to do after school and during the day is even hard. So, I love that it takes up so much less time.” Participants reported that telehealth saved travel time to and from the appointment, time away from school and work, and wait time in the lobby when in-person. The time saved from telehealth freed up

time in parent's days to complete necessary tasks. One participant discussed the importance of being able to continue parental tasks while their child was in therapy:

> "I like it just because I'm a single parent, so it was very easy and convenient to be able to get my son the help he needed… With the telehealth I could set him up and talk to his therapist right away and then I'd leave him alone in his bedroom and I can go do what I need to get done as a parent."

Participants were able to assist their children with logging into the Zoom session, then continue completing their own chores and work. Telehealth required less time and attention of parents then traditional in-person services.

2.2b Travel.

Participants commonly mentioned the convenience of not having to physically travel to in-person sessions. Aside from the amount of time it takes to travel, there were other aspects associated with travelling to the clinic that parents disliked. One participant listed the logistical aspects of travel that were inconvenient:

> "I liked probably just the convenience of my own as well just doing the follow up appointments with her and not having to find parking or put up a parking pass or make sure that we're driving across town or, planning for those kinds of things, so that was nice."

The practical aspects of travelling to the clinic can pose challenges to parents. This also includes parking at the clinic, which requires a parking pass and finding a parking spot. One participant discussed the benefit of not having to travel with numerous children:

> "I liked to not have to leave and have to take my kids out. You know with a one-year-old and a five-year-old and a six-year-old, even a newborn at that time, to have to – even in the winter, especially in [the Midwest], it's not always an easy thing."

Transporting during cold winters adds a unique stressor to parents with needing to ensure all the children are appropriately dressed and navigating the potentially unsafe roads. Parents who are the only adult going to the session can experience added difficulties with getting numerous children into the car. Another stressor related to traveling to and from the clinic was busy traffic times. One participant stated, "I don't have to worry about traffic and am I going to be late and you know what I mean just little stuff like that, like I just know, I have to be home." When travelling to the clinic, parents have to leave their house with enough time to travel and get into the clinic before the session begins. Busy traffic times can impede families from getting to their therapy sessions on time. Telehealth removed the need to travel to a clinic and the stress associated with travelling with children during Midwestern winters.

2.2c Ease of Service.

A few of the participants enjoyed the ease of joining the therapy session wherever they were located and not experiencing any of the logistical difficulties with in-person services. One participant stated, "I thought it was great that I could sit on my couch and not have to worry about it." A second participant stated, "it's just the ease of the use of the services as well. You know, it's one portal link that would be sent out and, basically it was just easy communication over telehealth." Being able to access a therapy session with minimal steps was a value to participants. The process of receiving mental health services during the COVID-19 pandemic was easy for participants to access and implement in their homes. Telehealth provided this ease of service for clients.

2.3 Increased Parental Involvement

Telehealth made it possible for some parents to be more involved in their child's mental health services. The reasons varied among participants as to why there was increased involvement. One participant described an increase in involvement because the clinician and participant had scheduled separate meetings between the two outside of the child's therapy session. The participant described, "…it was usually like five minutes after the appointment, whereas with telehealth we had blocked out 15 minutes… I would say we specifically were able to do it because of telehealth." The ease and accessibility to telehealth allowed for the participant and clinician to have a brief check-in outside of the child's therapy sessions. A second participant mentioned:

> "Actually I think I was more involved when she was in telehealth. Because the therapist would call me and just – like she didn't obviously say what they talked about, but she would get verification for this, and we need to work on this, and this is what we're going to work on- stuff like that."

In-person communication between the parent and clinician can sometimes be difficult to schedule and implement. Busy schedules for both the clinician and parent might interfere with being able to have a brief in-person meeting. Telehealth provided an easy option for parents to communicate with their child's clinicians. For some parents, increased communicated was having separate meetings outside of the client's sessions while others had regular phone calls. Some participants recommended for clinicians to schedule regular meetings with the parents in order to keep them updated and involved in treatment. The participant stated, "something like vague that doesn't tell me specifically what they talked about but that you at least met, we went through new goals we talked about problems we found solutions." Participants who had

increased involvement reported enjoying the frequent contact with their child's therapist. They reported the frequent communication with the clinician was new because of the ease of contacting someone over telehealth.

2.3a No Change in Parental Involvement.

While some participants had an increased involvement, there were others who felt telehealth did not change their level of involvement. "I don't interfere and that's pretty much stayed the same, like that's her time to say what she wants" one participant shared. Another parent that it "pretty much stayed the same. If the counselor needed to speak to me, they would just come and get me." Although the face-to-face contact between the parent and clinician may have decreased because of COVID-19 pandemic, many participants indicated that telehealth did not appear to negatively impact some of the participant's overall involvement in their child's therapeutic services.

2.4 Familiarity with Electronics

Some participants believed their children coped well with Zoom therapy sessions due to being comfortable with electronics and previously experiencing Zoom through school. One participant stated, "I guess the kids adapt a lot easier too, than like old people trying to figure out how to zoom and anxious about it." Another participant described, "for me it was pretty easy to get that going. I already had a computer set up and all that stuff for holding Zoom sessions and whatnot and I was already familiar with Zoom." Technology is frequently used in schooling and is commonly in households. Many children in today's society are familiar with computers, phones, and tablets. During the COVID-19 pandemic, schools transitioned to Zoom learning as well. Participants contributed the ease and comfortability of telehealth to their children's, and their own, previous experience with electronics and Zoom.

2.5 Therapeutic Rapport Equivalence

Rapport is an important ingredient to the therapeutic relationship. Clients who feel connected to their therapist and may be more willing to disclose private information. Some participants believed the process of developing therapeutic rapport was equivalent between telehealth and in-person services. One participant reported:

> "I think that the client and therapist relationship is almost just about as equivalent to as being as an in-person basis… maybe with an adult it might be different, but with a child I think there's really no difference to them, whether it's in-person or like over the screen."

Another participant contributed the equivalence of rapport to the clinician, "overall our therapist did a really good job like integrating and making things personal and still like having a conversation and I think she did a really good job with it." Some participants felt that their child's clinician made a good effort to establish and maintain rapport over telehealth. Clinicians have the role of ensuring the client feels comfortable and can connect with the clinician regardless of the treatment setting. Although the client and clinician were not in the same room during telehealth, many parents reported that their therapist was able to be personable and have therapeutic relationships with their children through a computer screen.

2.5a Initial In-Person Session.

Some participants stated the importance of having the first therapy session in-person. They believed meeting the clinician in-person would help the therapeutic relationship transition to telehealth and help the child feel more connected to the clinician. One participant reported, "especially for a child. I think they need to be with the person to get to know them how they are really and be comfortable before going on the computer talking to somebody." Similarly, another participant said "I just wish we could have met once or twice in person." Although participants

generally enjoyed telehealth, some felt that their child may have been more comfortable if they had met their clinician prior to beginning telehealth. Having an initial in-person session may help the child feel more connected to the clinician and rapport may be establish more quickly.

2.6 Comfort in Home

Children being comfortable in their own home during therapy sessions was another reoccurring theme. Many participants mentioned their children feeling more comfortable, and therefore opening up more to their therapist because they were in their own personal space. One participant stated:

> "In my son's case, I found it very helpful. He was able to do therapy in his comfort zone, so he was more willing to open up about the issues that needed to be addressed and talked about. He was more willing because he was comfortable in his area."

Another participant described being in the comfort in their own home as "a relaxing environment". Compared to a small room in a clinic, children were able to log into their therapy sessions in a space that was familiar to comfortable for them. Some parents felt this helped their child open up more. Another parent described how being in their home was more personable as the child often showed the clinician the family pet and the child's room. The participant described how it gave the child and clinician a glance into each other's lives. Telehealth brought therapy into the comfort of children's homes and for some, was more personable than in-person therapy.

2.7 Personal and Public Health Safety

Telehealth provided a means to maintain social distancing orders while continuing services. A few participants described the importance of keeping the safety of everyone's health during the pandemic. One participant reported, "Part of it, especially right now, is just the health

– making sure everyone stays safe and keeping the germs at a minimum." Another participant described:

> "It's the safety and I can completely understand that. We need to distance ourselves for a while until we get this figured out. It's for everyone, because if the counselor is sick, now they can't do a service to the rest of the clients."

Many of the parents interviewed recognized and valued the public health need of telehealth during the pandemic. They recognized that this treatment modality allowed providers to continue providing services while ensuring the safety of clients, clinicians, and the clinic staff.

2.8 Reduced Stigmatization from Others

For some clients, telehealth may provide an opportunity to receive therapy without having to encounter the potential negative stigma of receiving mental health services. Some clients experience anxiety that they might be stigmatized by others if observed going to the clinic. Describing these circumstances, one participant observed that many individuals and families "they don't want people to see them [in therapy]." Another participant agreed by stating, "In the home, it's very confidential, nobody knows. So, that could be a benefit. It could also be a way to encourage parents, like if you have a child whose is really conscious of that." Therapy is a very personal and vulnerable process and telehealth allows families to receive mental health services in the privacy of their own home.

Category 3: Negative Elements of Telehealth

While all of the participants were able to name numerous benefits to telehealth, they were each able to identify limitations associated with telehealth. Nine primary themes were identified: *Excessive Convenience*, *Limited Parental Involvement*, *Technology Issues*, *Privacy*, *Therapeutic Rapport Limitations*, *Non-Verbal Communication Challenges*, *Distractions*, and *Barriers for*

Large Groups (i.e. Family Therapy). These themes, along with associated subcategories, are outlined below.

3.1 Excessive Convenience

While convenience was the primary benefit of telehealth for almost all of the participants, some participants felt that telehealth was too convenient. The ease of scheduling and attending therapy sessions at home was believed to increase the frequency of missed appointments**. "**We had missed appointments because of Zoom. It's easier to miss those appointments than it is to miss the ones that are in person, because we have to be there" one participant shared. They suggested it would have been harder to forget their therapy sessions had they been required to leave the house and physically go to the clinic. Another participant described how it is easier to be late to a telehealth session, "a lot easier to be late for something online than it is in person, because you have to go there when you have to be online it's like, 'Okay I have 15 minutes let me go make a sandwich.'" The reduced time and effort that is required by telehealth may have reduced the saliency and formality of the event, which may have made it more difficult remember.

A second limitation to convenience that was mentioned was not having a reason for the child to leave the house. A participant described, "Yeah, she rides her bike now, so – I'd rather her personally going [to the clinic] because of the little bit of exercise she gets and gets out of this house." The participant enjoyed knowing the child was getting exercise and had a reason to leave the house, especially during the pandemic when many places were shut down. All participants identified convenience as a benefit of telehealth; however, some participants felt the convenience was sometimes excessive.

3.2 Limited Parental Involvement

In contrast to some of the participants who had an increased involvement in their child's therapeutic services, other participants described a decrease in their therapeutic involvement with telehealth. Participants no longer had to drive their child, check them in at the front desk, and wait in the lobby while their child was in a session. Some participants described their involvement being limited to logging their child into Zoom and leaving the room. One participant reported having no contact with the clinician after their child returned to school because they logged into the therapy session during school hours. Perhaps because telehealth was easy for children to use independently, a few parents experienced a decrease in their involvement after transitioning away from in-clinic treatment.

3.3 Technology Issues

Over half the participants experienced technology issues while using telehealth. One common difficulty was slow internet connection that caused a delay in the audio and/or video. Other technology issues included experiencing difficulties with getting the camera on the computer to work, Zoom randomly quitting during the session, and internet outage. One participant reported:

> "There was a couple of times, where one or the other of us had technology issues, and I think that was challenging because the person, on the other side would be like delayed or we'd get frozen or their Internet would cutout and I think that sometimes she'd pop into the other room and that would interrupt their sessions… I know that kind of happens for everybody in Zoom world at some point in time."

Although many of the participants experienced technology issues, none of the participants reported technology being a frequent issue and they reported being able to adapt and adjust to

these difficulties. Technology was a common issue for participants, but it was not described as a major barrier to treatment.

3.3a Portal/Link Difficulties.

The difficulties participants experienced with the Zoom link were specific to the operations at the clinic the participants received services. Numerous participants reported initial difficulties navigating the clinic's web interface to access the Zoom link. One participant described the process as:

> "It wasn't exactly like step by step. It was, you opened up the email for the appointment, and you'd think the link would be on the appointment, but it's not. You'd have to close the email and then go back to another one. And it was just like, if you added it to the email it would just make life a lot easier."

Participants also had difficulties with the link expiring and having to call the front desk to send a new link. One participant, who had two children receiving services at the clinic, reported her children had different processes, "My oldest daughter used the same login every time. So she didn't have to know her code to get in, okay. My younger daughter, we had to check our [clinic] email account. To see what our login was." The inconsistency on where to find the Zoom link was the primary difficulty for participants. Participants described always being able to call the front desk and receiving the assistance they needed to be able to access the Zoom session. Although this limitation was specific to the clinic's operations, other clinics may have had these difficulties as well.

3.4 Privacy

Privacy is one of the most crucial elements of engaging in therapy. Ensuring privacy was a reoccurring theme that participants mentioned. In-person therapy occurs in a private room

between the therapist and client, where multiple steps are taken to ensure privacy. With telehealth, families have the responsibility identifying and dedicating a place in the home that will temporarily serve as a private space for the therapy session.

Participants expressed the importance of ensuring their child had a secure, private space for telehealth. Some participants ensured privacy for their children by having them go into their bedrooms or the participant's bedroom for the session. One participant described:

> "They're supposed to do that, but like my older daughter, she actually comes up to where I am now in my bedroom, so nobody can hear her at all, so it is very private. It's good to have a private space."

Other participants reported going to a different floor of the house than their child to ensure privacy. Most participants were able to locate a private location within the home for their child to engage in their therapy sessions privately. "I didn't want to overhear anything and I didn't want her to be worried that I could. I just went to a separate floor of the house," one parent shared. Some participants reported a few difficulties with privacy, but then described being able to adapt their routines and schedules in order to ensure privacy. All of the participants reported being able to ensure privacy for their children.

A couple participants experienced mild issues with ensuring privacy for themselves and their children. The primary difficulty was maintaining privacy with other people in the house. "I have kids following me everywhere, so when I'm trying to do my follow up appointments it's like 'okay, let me go into this room, so I can talk to you for five minutes.'" one participant explained. Even after participants found a private location for their children, the potential of siblings going into the room was not removed. One participant described their solution for fostering a private space within their home, "We tried to plan around nap time, like, lunch or whatever. So, or, if my

husband would be home from work we would kind of plan that he'd be home." Thus many parents found creative ways to ensure privacy for their children.

3.5 Therapeutic Rapport Limitations

A subset of participants expressed the believe that telehealth may provide a barrier to the therapeutic relationship. They felt there may have been developing a therapeutic relationship was more challenging with telehealth than with in-person therapy. A participant reported:

> "It's just that everything is lost in a video conference. You're most hesitant to start down a new path sometimes. Maybe you're looking at the clock or you get interrupted right before you're about say something and you, then you just decide it's not worth bringing up or it's not as important as you thought it was."

For some parents, the felts as thought their child might not feel as comfortable with sharing information over telehealth. "It's not as personable" a participant shared. "I think just he didn't feel as comfortable with sharing maybe. Not being together with the person. I think it's easier to communicate, though, when you're talking about personal issues, maybe when you're face-to-face" another parent reported. These participants felt telehealth did not completely replicate being in a room and talking to someone, which may have caused their child to take longer to open up to the clinician.

3.6 Non-Verbal Communication Challenges

A few participants also suggested that telehealth may make it difficult to interpret body language and non-verbal ques. One participant reported, "Unspoken signals that can be read when you're in the room with somebody. It's just a lot easier to pick up on [in-person]. It's not as easy to ask or hide, some of the stuff. It's more obvious." Other participants discussed the possibility of the clinician missing facial expressions through telehealth. The clinician may be

unable to get the whole picture' as one participant described. The client and clinician are both tasked with gauging each other's body language through a small computer screen. Some participants expressed their concern that telehealth may have limited clinician's ability to read the child's body language.

3.7 Distractions

A few participants reported their children were more distracted over telehealth than they would have been during in-person therapy. For example, one participant stated:

> "She's just like me, so if there was a fly- you get distracted by the fly. She was in the [family] office, so she would get distracted by the sewing machine or, you know, the thread on the table or the cat or, yeah-. It was anything- a shiny object."

For many clinics, in-person therapy sessions occur in a rooms where the therapist can have control over objects and potential distractions within the therapeutic setting. Parents at home may not have that same flexibility as they try to find a space for the telehealth session. For most of the families, the bedroom was the most common setting for the telehealth sessions, which often included toys and other distractions. In an effort to reduce these distractions one participant reported, "I take away all of her distractions before she gets in her room." While helpful, for some families these extra steps may be insufficient, as one parent indicated, "Some children are better face-to-face because they are more assertive and more attentive when someone is right there." Having another person in the room with the child may help them stay focused by giving them prompts and being engaging.

To foster attention and therapeutic engagement during telehealth sessions, a few participants recommended that clinicians utilize activities that they can do together while they

are online, whether via the telehealth screen or a craft, like coloring. One recommendation included the following:

> "The stuff that worked for my kids was, was getting them involved with something that's in their world. So having them bring paper, crayons, markers, stuff like that and get them drawing, get the writing stuff down – it was really helpful."

Therapy activities like these are common during in-person session. Parents suggested that using these same therapeutic tools in telehealth may be instrumental in fostering children's attention and engagement.

3.8 Barriers to Large Groups (Family Therapy)

Several participants mentioned that therapy with large groups over telehealth posed unique challenges. One participant experienced family therapy with his children and described it as:

> "There was definitely a loss of interaction there and it was magnified because there [were many of us] in the call and usually it just ended up being me [alone] halfway through. They just abandoned ship and didn't feel obligated to stay there and talk."

It was difficult for everyone to feel involved in their session and the participant believed their family felt more disconnected than individual telehealth. "As far as a family [session]- it's not going to work very well because, again, they're going to be huddled up. That's the only thing I see that's not going to be very beneficial" one participant state. Therefore, these parents recognized the potential logistical difficulties with large groups and families. Aside from the challenge of fostering a relationship with each family member via Zoom, is the practical difficulty of fitting everyone comfortably within one camera screen.

Category 4: Parental Satisfaction and Preference

4.1 Parental Satisfaction

Notwithstanding the many challenges associated with adapting to a new treatment format in the middle of a pandemic, all of the participants described their experience with telehealth as satisfactory and positive. “Overall, our experience was really good and positive, I think it helped them open up more and find ways to work through solutions, and I think they felt comfortable being at home versus being at the clinic,” one participant stated. Another participant expressed, “Ah, I love it! It was great, it was convenient, and it was effective for my son and his situation.” Although telehealth had some limitations compared to in-person services, participants were overall satisfied with their experience. Some participants mentioned they could not state one negative aspect about telehealth. Participants appeared grateful to have an option for therapy during the COVID-19 pandemic. Telehealth gave them that option.

4.2 Parental Preference

Participants were asked if they preferred in-person services or telehealth for their child’s mental health services. They offered differing answers that were equally distributed across the two modalities of treatment.

4.2a Preference for In-Person.

Some participants reported they would prefer in-person services for their children. “Face-to-face because she’s more assertive and more attentive on the face-to-face,” one participant asserted, adding that at home their child “can turn her screen off and be coloring in a book.” A few participants mentioned wanting in-person therapy when the child is going through an especially difficult time or a crisis, like suicidal ideation. Another participant stated they prefer in-person so their child is not distracted by external stimuli, such as a cellphone. One participant suggested alternating weeks of in-person therapy and telehealth so that their child is still seeing

the clinician face-to-face occasionally. Several participants reported they would let the child choose, and believed their child would pick face-to-face. One participant said:

> "I'd let her decide, because it's not up to what I'm comfortable with, it's up to what she's comfortable with, I think she's going to prefer face to face… Just because I know her personality and I know that she's that face to face type of person and I think that would be more of her comfort level."

Although all the participants had positive opinions of telehealth, many still preferred in-person therapy for their child. A common reason for wanting in-person services was because the participant believed their child would also prefer in-person therapy.

4.2b Preference for Telehealth.

Other participants reported a preference for telehealth over in-person therapy. "Just for the convenience," was the reason one participant stated they would choose telehealth. Another participant agreed by saying telehealth "is easier for me." Participants appeared to enjoy the ease of telehealth and how convenient is was when managing other aspect of their lives. One parent, in particular, noted they preferred telehealth because they and their child experienced social anxiety. Sitting and waiting in the lobby was a significant stressor. For their perspective, telehealth was an easy way for them to continue to receive services and remove the stressor of being around other people.

Another participant said they prefer telehealth because no one has to take time off from work in order to get the child to therapy. One participant stated telehealth is a beneficial option when teaching therapeutic skills, such as coping skills like relaxation techniques. Some participants had difficulties choosing between telehealth and in-person services, as they knew their child would prefer in-person, but the parent preferred telehealth. "I know that my daughter

would like seeing somebody face-to-face … as a parent, I would prefer telehealth," one participant reported. Some participants had difficulties choosing between telehealth and in-person services, as they knew their child would prefer in-person, but the parent preferred telehealth.

Discussion

The current study used a Grounded Theory framework. Twelve parents were interviewed regarding their experience and satisfaction of their child's telehealth services during the COVID-19 pandemic. Their responses were coded into themes and four main categories emerged: *COVID-19 Impact on Mental Health, Positive Elements of Telehealth, Negative Elements of Telehealth,* and *Parental Satisfaction and Preference.* These themes contained both advantages and disadvantages parents experienced with telehealth for children. These are discussed below. Recommendations are given for clinicians for using telehealth based on the participants' responses.

COVID-19 Impact on Mental Health

Participants reported varying responses when asked how the COVID-19 pandemic impacted their child's treatment needs. The most common response was that the pandemic had a negative impact on their child's mental health. Participants reported their children's treatment needs increased due to the lack of social support during the pandemic. Children were not able to see their friends, family, and teachers because of lock-downs and social distancing. Isolation from loved ones may have indirectly impacted mental health symptoms by reducing access to social support and other tools. This theme compliments the existing literature that discussions the negative impacts the COVID-19 pandemic may have on children's mental health (Imran et al., 2020). In contrast, a group of participants did not believe the pandemic had a negative impact on

their child's mental health. They reported their children did not appear to have increased treatment needs and their therapeutic services continued as they were pre-pandemic. Future research may explore the varying effects COVID-19 had on children's mental health.

Positive Elements of Telehealth

All of the participants were able to describe numerous benefits for telehealth. All twelve participants reported convenience being a significant advantage. Participants reported telehealth saved them time in their daily schedules, as both parents and the child did not have to take time away from school and work and transportation time was eliminated. Participants were able to complete their own chores or work while their child was receiving telehealth. The ease of service was another benefit associated with convenience. These findings are consistent with previous research regarding telehealth saving families time, being convenient, and is easy to implement (Nelson et al., 2017; Sevean et al., 2009).

While some participants reported telehealth did not change parental involvement, others experienced being more involved in their child's mental health services when using telehealth. Additional meetings and phone calls were scheduled outside of the child's regular therapy sessions. These were possible due to the ease of telehealth and the normalization of using online methods to communicate between the parent and clinician. The therapeutic value of increased parental involvement in children's therapeutic services can enhance both telehealth and in-person treatment. Increased parental involvement is a novel benefit of telehealth in the current literature and may need to be further explored by future research to determine if other parents experienced this benefit. Although some parents had increased involvement, there was a group of participants who reported having less involvement via telehealth.

The comfortability level and familiarity both participants and their child had with electronics was a benefit to telehealth being successful. As with most children in the United States being comfortable with electronics (Nelson et al., 2017; Ryan & Lewis, 2017), participants reported that since their child had previous experience with technology and online schooling, it was easier to adapt and transition to therapy being online as well.

Some participants believed the therapeutic relationship over telehealth was equivalent to in-person therapy. Telehealth has been shown to be as effective as in-person services for many forms of therapy (Anderson et al., 2017; Ashburner et al., 2016; McCrae et al., 2020; Reese et al., 2012; Wallisch et al., 2019), and some participants felt this was also true for the therapeutic relationship. Most participants attributed this equivalence to the clinician being able to still be personable through telehealth, although not all participants felt this way.

Many participants reported being grateful telehealth provided an option for their child to continue services during the pandemic. Although many schools and businesses were locked-down due to social distancing guidelines, mental health services were able to continue via telehealth, allowed clients to receive the services they needed. This allowed consistency during the pandemic when family families were facing new challenges and there were many unknowns.

As clinic transitioned to telehealth at home during the pandemic, many participants reported find it comforting receiving mental health service “in a relaxing environment”. This theme compliments previous research that suggests travelling to an unfamiliar environment can add pressure to the parents and child. Telehealth allows clients to attend the therapy session in a comfortable space in the home (Ashburner et al., 2016).

Ensuring health safety for everyone during the pandemic was another benefit provided by participants. Telehealth provided a way for clients to receive mental health services while

ensuring the medical safety during the pandemic. Telehealth removed the risk of getting and receiving COVID-19. This benefit of telehealth has been argued as one of the most considerable among benefits during the pandemic (Madigan, 2020).

Participants believed telehealth removed the potential stigma associated with receiving mental health services. Clients are able to attend therapy sessions without the risk of someone seeing them walk into a clinic or encountering people they know inside of the clinic. Telehealth ensures confidentiality for clients and lessens potential stigmatization from others (Comer et al., 2015).

Negative Elements of Telehealth

While participants listed numerous benefits to telehealth that made their overall experience positive and satisfactory, they did report some limitations to telehealth. Although convenience was the most significant benefit of telehealth, there were some limitations to the convenience. Some participants believed the convenience was excessive at times. Telehealth sessions were easier to miss or be late to session due to forgetfulness. However, the excessive convenience may not be exclusively associated with telehealth and people may experience these limitations with any online meetings.

A subset of participants indicated that telehealth reduced their involvement with telehealth. Compared to in-person services where the parent usually sees the clinician before and after sessions, telehealth requires less assistance and involvement from parents. Nevertheless, these results suggest that as teens and children are able to navigate telehealth services without assistance from their parents, clinicians may have to work more diligently to actively involve parents in the therapeutic process.

Telehealth requires the use of technology, and many participants reported experiencing some version of technology issues throughout the telehealth process. Difficulties with technology has been commonly researched as a limitation of telehealth (Racine et al., 2020). Technology issues included slow internet, difficulties getting the camera on the computer to work, too many people using the Wi-Fi at once, Zoom randomly quitting during sessions, and internet outages. Although participants experienced technology issues, they were able to adapt and adjust their daily schedules and routines to accommodate for telehealth. Another version of technology issues was finding and setting up the Zoom link. The process of receiving the Zoom link varied depending on the clinician. In the beginning of the pandemic, the clinic was adjusting to the new technology along with the clients and it is hoped these processed have been streamlined. This limitation may be specific to the operations at the clinic the participant's children received services; however, other clinics may have experienced similar difficulties during the transition to telehealth.

A few participants had difficulties with ensuring privacy for their child's sessions. Access to a private space during the COVID-19 pandemic may be limited as many people in the household are now spending their days at home (Madigan et al., 2020). This proved to be true for some participants as privacy was difficult to establish due to other siblings and people being in the house. Ensuring privacy was an added stressor for parents. However, all the participants reported finding ways to accommodate and adapt to these challenges and were able to provide privacy for their children. Challenges with privacy may be specific to the pandemic as many families had everyone in the home at the same time. Privacy issues may not be as pronounced in the post-pandemic environment as social distancing orders have ended.

Some participants felt the therapeutic rapport was limited over telehealth. This was due to the lack of connection and needing more time to build rapport through a computer screen. Lags in technology and subtle communication ques can cause disruptions in the flow of conversation and can lead to a child needing more time to feel connected with the clinician. While the current literature discusses potential body language challenges while using telehealth, there is minimal research on how children may need longer time to build rapport with the clinician. Future studies should explore the development of the therapeutic relationship via telehealth.

In relation to communication difficulties, some parents reported fears that telehealth services may provide a barrier to reading body language and other forms of non-verbal communication. They felt that the clinician may not get the 'whole picture' of the child through a computer screen and may miss subtle body language cues that are associated with the child's emotions and mood. This is consistent with the current literature that describes body language cues, such as stress, may be more difficult to gauge over telehealth (Owen, 2020). Nevertheless, it is unclear whether these potential difficulties of reading non-verbal cues may have a detrimental effect on therapeutic rapport. Future studies may explore the effects telehealth has on the therapeutic relationship.

Another limitation reported was the child getting distracted in the room they were located for the therapy session. Participants described their children getting distracted by toys and other activities in the room. Parents had the responsibility to try to remove distractions from the room prior to the session beginning. A clinic room is a more controlled environment and removes the burden for parents to control for a room in the house (Boisvert & Hall, 2014). Additionally, the child may be able to sustain attention longer to a person when they are in the same room rather than through telehealth. Although some participants had initial issues with distractions, most

participants were able to either remove the distractions or find other ways to minimize potential distractions.

A few participants believed telehealth is not accommodating to a large group format. Potential logistical issues were reported, such as getting everyone to fit into the camera and telehealth feeling more disconnected with numerous people in the small screen. Participants believed that the benefits associated with telehealth for individual therapy might not apply to family therapy. There is limited research on telehealth and family therapy, and future studies should explore the limitations and benefits of telehealth with group therapy.

Although most participants reported experiencing one or more of the limitations discussed above, all of them believed the benefits outweighed the limitations associated with telehealth. For most of the limitations, participants were able to accommodate and adapt to either reduce or eliminate the limitation. The limitations that did not have solutions were mostly not significant enough to negatively impact the participants' telehealth experience.

Overall Parental Satisfaction and Preference

All of the participants were satisfied with their child's telehealth experience. This is consistent with the existing literature (Ashburner et al., 2016; Owen, 2020). Although they reported limitations associated with telehealth, participants and their children were able to adapt to telehealth. A few of the participants were not able to state one negative aspect of telehealth. When asked what their preference for treatment modality, participants had varying opinions. Half of the participants reported preferring in-person services. Some participants preferred in-person services due to not having to worry about potential distractions that can occur with telehealth. Other reasons for wanting in-person services included when the child is going through a difficult time or crisis and having social anxiety. The other half of participants stated they

prefer telehealth for their child's mental health services. Some participants reported the convenience of telehealth was a major benefit for their family. A few participants suggested a mix of telehealth and in-person therapy. A hybrid model of treatment has been previously suggested by parents (Boisvert & Hall, 2014). While all of the participants were satisfied with their child's telehealth, some participants still preferred in-person services, while others preferred either a hybrid model or telehealth.

Recommendations

The ultimate purpose of the current study was to establish recommendations for clinicians using telehealth services. Recommendations were created by the themes that emerged from the participants' responses. These are intended to assist clinicians in improving clients' telehealth experience and providing effective therapeutic services via telehealth.

1. Recognize the Benefits of Telehealth and Continue to Use Telehealth Post-Pandemic

The categories that emerged from the current study show the abundance of benefits telehealth has for psychotherapy with children, which include convenience, increased parental involvement, electronic comfortability, therapeutic rapport equivalence, comfort in home, ensuring health safety, and reducing stigma. Clinicians should be familiar with the potential benefits telehealth has to offer. Clinics may benefit from providing a range of services that include telehealth. If possible, a hybrid model using both in-person and telehealth session could benefit clients. A hybrid modality could be used to increase parental involvement as well. Telehealth is convenient, can provide the same level of therapeutic relationship, ensures health safety, may increase parental involvement, can occur in the comfort of the client's home, and reduces the stigma of receiving mental health services. These benefits are significant and clinicians should advocate for telehealth to be an option for their clients.

2. Streamline Accessibility to Telehealth Sessions

Accessibility to the telehealth session should be streamlined for every session and among all clinicians. Some parents experienced difficulties locating the Zoom link each week, as sometimes the link was emailed and other times the link was in the client's portal. Accessibility to the Zoom link was a confusing process in the beginning of implementing telehealth. Additionally, some parents, who had numerous children receiving telehealth services, described the Zoom link was in a different spot depending on the child. For ease of service and accessibility, clinicians should use the same location for the Zoom link. Clinicians may have to take extra time to show parents where to find the Zoom link and establish regular spot for the Zoom link. If applicable, all clinicians at the same clinic should be using the same process for accessing the Zoom link.

3. Ensure Client Privacy

Telehealth comes with challenges regarding client privacy. Numerous parents reported difficulties establishing privacy in their homes. Clinicians may need to collaborate with parents to ensure privacy for the child. Clinicians should check-in with the client before beginning each session to make sure the client is in a private space and disruptions by others is limited. Clinicians can brainstorm with parents on areas of the house that are quiet and available to do telehealth. Clinicians may need to be flexible to client's and their family's schedules and offer times of the day that people in the household may be in their own meetings or out of the house. Clients should be encouraged to wear headphones to avoid household members being able to hear the session.

4. Establish Regular Communication Between Clinician and Parent

There is a necessity for parental involvement in children's therapy services. Most evidence-based treatment models for common disorders among children (e.g. CBT for anxiety) rely on parental involvement. It was noted that while some parents had some involvement or even increased involvement because of telehealth, other parents had decreased involvement in the therapeutic process while their child received telehealth services. Clinicians may have to work harder to increase parental involvement. Some ways clinicians and parents increased their involvement were weekly telehealth sessions outside of the child's therapy sessions, and regular phone calls between the clinician and parents. Parents expressed the desire to be more involved in their child's therapy and receive more updates on the therapeutic process. Telehealth can establish a way for the clinician and parent to communicate privately and effectively regarding the child's mental health services.

5. Include Therapeutic Activities over Telehealth

Clinicians may need to find additional resources to adapt these therapeutic activities for telehealth. In-person therapy usually involved hands-on activities with children. There may be homework sheets and paper activities that the clinician and client filled out during the session. Therapeutic activities help keep the child engaged and actively participating in sessions. Therapeutic activities can be implemented through sharing the computer screen and participating in the activity together.

6. Acknowledge Potential Limitations in the Therapeutic Relationship

While telehealth has many benefits, the therapeutic relationship may be limited through telehealth. Examples provided of how the therapeutic relationship could be limited are missing nonverbal cues (e.g. facial expressivity and eye contact) and missing subtle body language cues. Clinicians may need to adapt their rapport building process and acknowledge that client's may

need longer time to feel comfortable opening up. Clinicians should attempt to pay close attention to body language cues that can be easily missed through telehealth.

7. Initial In-Person Session When Needed

When possible, a few participants recommended having an initial in-person session before transitioning to telehealth. The initial session serves the purpose of forming the therapeutic relationship. One participant described an initial session would help the child know the person on the screen "is real". Children may feel more comfortable participating in a therapy session if they have met the clinician in-person and have started to build rapport with the clinician.

8. Considerations with Large Groups

A couple participants discussed the difficulty of participating in telehealth with large groups, specifically during family therapy. Clinicians may need to give extra consideration when implementing telehealth with families. When possible, families may benefit from using multiple screens or cameras to ensure everyone fits comfortably. Another accommodation for large groups may be to connect the computer to a television screen in order for the family to sit in the same area and the clinician can see all the members.

Limitations and Future Directions

There are limitations associated with the current study, and these should be considered when interpreting the results. The sample of participants was not homogenous based on the timeline of treatment. Due to a low sample size, participants were interviewed at different phases of treatment, including people who had terminated services. Future studies might evaluate these groups individually. For example, studying examining in detail why people terminated services during the pandemic. The heterogeneous sample size provided a strength of having differing

perspectives of participants' experience. The current themes may not have emerged with a homogenous sample.

A second limitation is the geographical location of the study. A majority (77%) of participants identified as Caucasian. The clinic where the sample size was generated is located in the upper Midwest. The ethnicity of the participants and location of the study may provide a perspective that is not generalizable to other areas in the country and other ethnicities. Future research should focus on having a more heterogeneous sample that is more representative of various geographical locations and ethnicities.

Another limitation of the current study is the results are based on the perspectives of parents, not the child. The parents were not the primary recipients of care, indicating their perspective of telehealth may differ from their child's. Future studies may need to interview children to better understand their perspectives and can compare their experience to parents' experience.

The benefits and limitations listed by participants were exclusive to individual therapy with children. Future studies may need to explore telehealth in group formats (e.g. family therapy, group therapy, couple's therapy) to see if these results are generalizable to different formats of therapy.

The current study used a qualitative theoretical framework to learn the perspectives of participants' telehealth experience. This methodology required participants to retrospectively recall their experience during the interview. This may result in biases and false memory of the experience. Results of this study can provide a starting point for a more systematic quantitative approach. Qualitative and quantitative studies can contribute to the literature of best telehealth-based practices for mental health services.

Conclusions and Clinical Implications

Telehealth provided an option to continue mental health services during the COVID-19 pandemic. Participants in the current study were parents of children who received telehealth services during the COVID-19 pandemic. The pandemic had varying impacts on the children's mental health. Participants reported no impact, negative impact, and positive impact the pandemic had on their child's mental health. Interviews conducted with the participants yielded many elements of telehealth. There were many benefits, along with some limitations, when using telehealth. Benefits of telehealth with children included convenience (i.e. time, travel, and ease of service), increased parental involvement, electronic comfortability, therapeutic rapport equivalence, continuing services during the pandemic, comfortability in home, ensuring health safety, and reducing the stigma of going to a mental health clinic. Limitations included convenience (i.e. missing sessions), limited parental involvement, technology issues, privacy therapeutic rapport limitations, body language, distractions, and barriers to family therapy. Despite these limitations, all of the participants reported being satisfied with the telehealth modality. When asked which modality (i.e. telehealth or in-person) services they prefer for their child, the answers differed. Some participants believed their child would benefit from in-person services while others believed telehealth was a good fit for their child and family. Recommendations were provided for clinicians using telehealth. These recommendations help us understand the need for these elements in telehealth. The recommendations are important considerations for clinicians when they are developing treatment plans.

The results of this study contribute to the minimal literature on parental satisfaction of telehealth services. The various elements of telehealth are areas of future research that is needed. This research can yield more recommendations for clinicians and families using telehealth.

Additionally, the data will further contribute to the telemental health literature during unprecedented times, such as the COVID-19 pandemic.

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Appendix

Semi-structured questions used by the interviewer

1. Background
    a. How do you feel your family's treatment needs through the clinic have changed due to COVID?
        i. *If treatment needs changed,* have you experienced more behavioral problems/stressors?
2. Transition Experience
    a. How did you handle the transition from in-person therapy to telehealth?
        i. What, if any, challenges did you have during the transition?
    b. How did your child handle the transition from in-person therapy to telehealth?
        i. What, if any, challenges did your child have during the transition?
3. Reactions to Telehealth
    a. What were your initial reactions of telehealth?
    b. What are your current reactions of telehealth?
        i. What, if any, aspects of telehealth do you like?
        ii. What, if any, aspects of telehealth do you dislike?
4. How, if at all, has your involvement in therapy changed or stayed the same in telehealth?
    a. *If involvement stayed the same,* what does your involvement look like?
    b. If involvement changed, how did your involvement change?
5. Accessibility
    a. How accessible was treatment before the COVID-19 pandemic?
    b. How accessible is treatment during COVID-19?

6. Recommendations
    a. What, if any, recommendations would you give to parents who have children in telehealth?
    b. What, if any, recommendations would you give to providers who use telehealth?
7. Once the COVID-19 pandemic has passed, which format do you think you would prefer, telehealth or face-to-face? Why?