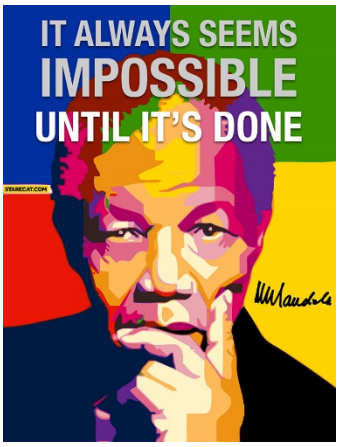
Guidance for Conducting Telehealth Sessions for Intensive In-Home Therapists (rev 3/27/20)



Opening Thoughts:

Nelson Mandela changed the trajectory of an entire country's future because he believed that his county's yesterday, built upon racial injustice, did not need to define his country's tomorrow. It had to be done and so he persisted until it was done. Because he believed, others did, as well.

Our current challenges certainly do not compare to those of apartheid. However, we are in a time of significant disruption to our country and to ourselves. In response, we will learn to care for our families **DIFFERENTLY**. It will be **DIFFICULT** but **IT IS POSSIBLE**.

We are all human so we need to make space for ourselves, as we navigate this new world with one another. Being flexible will feel challenging. Maintaining emotional availability for our clients will be hard. We will want to hold on to what is familiar. We won't be able to – in the short term - we will have to operate on faith. We need to believe that we will make it though. If you don't believe this is possible, you will be right. BUT, if you do believe it is possible, you will also be right. **YOUR** mindset will shape your families' mindset. We already see the belief happening! You are already doing "it."

With gratitude and hopefulness we look towards a future where normal will return. However, we have always been a service that believes in the essential nature of relationships to overcome pain, fear and trauma. So as always, we will face today, leaning on our relationships with one another so that our families can lean on their relationship with us.

Setting the Stage

✓ Keep It Professional

View this five-minute video for the dos and don'ts of video conferencing etiquette. The guidelines apply to therapy, supervision, business meetings, and attending Zoom trainings with CFBT. https://www.youtube.com/watch?v=8PCMWuAgg_g. The video covers preparing for sessions, choosing appropriate backgrounds, avoiding distractions, adjusting the camera and audio, etc.

✓ Match the Device Families Use You to the Session Goals

It is important to have a conversation with caregivers about the best devise to use for the purposes of the session. Many video conferencing platforms, such as Zoom, have a mobile phone version of the app. Although there are some downsides, mobile phones may be more versatile for the type of experiential, action-oriented therapy practiced by intensive, in-home therapists. For example, it is easier for a caregiver or child to get privacy and establish boundaries with other family members by walking to another room with a closed door if they are video conferencing via their phone. Therapists can suggest to a family member that they take care of a conflict that is occurring in another part of the house. This family member carries the therapist with them via their phone which allows private coaching of the family member as they attempt to stay calm and handle an interaction more effectively.

Another advantage of mobile phones is that each family member can appear on your screen. This makes the session more engaging. When all family members show up separately on screen, it is easier for the therapist to make direct contact with each individual family member, and it is easier to facilitate and monitor conversations between family members.

If the family is doing an activity together or are all together in the same room for a family session, then a stationary laptop or desktop computer may work better. You can support the executive leadership role of caregivers by talking this out with them each session. Begin your teleconferencing relationship with families by reviewing "how to" use whatever platform your agency has selected.

✓ Establish Clear Ground Rules and Routine

How you structure sessions will greatly impact how you deliver session and the likelihood that you have a successful result. Collaborating with the family on ground rules for session is so **important** (especially during phone sessions). Families will naturally try to multitask, if on the phone and sometimes on video. We must help them understand that the usual expectations of being attentive and focused in session (as when we deliver it in-home) still apply.

As therapists, it is even more important that we "take charge of session structure" when doing telehealth. Be clear with families about what we need from them each session (define everyone's role). Ask them what they expect from us – be collaborative.

Set up expectations for what you will do if there is a technology failure, if the family member no shows for the telehealth session, if you do not receive a response from the caregivers, etc. *Be sure to reiterate ground rules for each session and make changes, as necessary.*

✓ Where Should the Family Meet?

Give thought to where you want the families to meet. What room in the house makes most sense? With the weather changing, can families meet outside on their porches or in backyards?

Are family members able to take walks (individual sessions) while following COVID-19 precautions? Give some thought to this as it may change the tone of sessions.

Make sure to consider privacy – have your client utilize headphones for extra privacy (you as well) and agree on a code word for times when the session must be "paused" because another person has entered the private space.

Ideas for Conducting Sessions

✓ Always Work Through the Caregivers

Keep in mind that everything we do in ESFT, we are trying to to help caregivers step into a leadership or executive role, not only with their children but also in their lives. Transitioning to a telehealth format means there are many decisions to be made about how this can be best tailored to meet family member needs. **DO NOT BECOME OVERLY CENTRAL** and problem-solve FOR the family. You are the leader with respect to bringing up the issues, but keep all decision making a collaborative dialogue between you and each of the caregivers. Do not be surprised if the frequency and total time spent speaking with caregivers is far more than when you were working face-to-face with families in their homes. When families are restricted to their homes and all services are delivered via telehealth, the caregivers' need for your support increases exponentially, as do the opportunities for their growth and development.

✓ Bring Energy!!!

Your physical presence (in addition to your verbal presence) when doing in-home therapy plays a big part in the flow of session and engagement. When conducting telehealth session, it is even more important that your presence be "felt" by the families. Bring an energy that uplifts the mood (when appropriate) right from the start to get your session off on the right foot and carry you through to the end. **When using telehealth the clinician may need to be more direct – ask more clarifying questions and substitute their non-verbal expressions of empathy, validation, connection, etc for verbal statements.**

✓ Talk about the elephant in the room!

Starting up telehealth sessions is new, different, weird, and awkward. If we feel it, the family is definitely feeling it. So talk about it. Discuss what it's like to do sessions this way and explain the potential need to troubleshoot if there are poor connections, mic feedback, etc. Share your thoughts with the family and have them share theirs. **Schedule practice sessions focused on using the approved/preferred technology (Zoom/Doxy.me) so that everyone will feel more comfortable when the time comes to use the technology for therapy sessions. For access to technology issues in PA FBMHS consider the ability to use FSS funds to problem solve.**

Embrace the strangeness and newness as an opportunity as well as a challenge.

✓ Promote the Value of Sessions

Families may prioritize other things in their lives at this time rather than meeting with you. It is our role to help the family see the importance of meeting during these times. It's easier for all parties to engage in sessions, if we find value in them. Be curious about barriers and validate without abandoning the importance of maintaining contact…push the conversation.

Ask each family member how they would find value in meeting and share your thoughts as well. This can be done several ways - feel free to be creative. Some examples:

Therapist Questions	Therapist Statements
At the end of this session, how would you know it was helpful?	What we would like to see happen today is…
What would take place in session today for you to find it worthwhile?	What we would find helpful today is…
What's on your agenda for today?	By the end of session we would like to have seen…

✓ Focus on the "Here-and-Now"

We are faced with unprecedented challenges in our lifetime. Since the onset of the COVID-19 pandemic, each of us have been coming to grips with our "new norm." In many ways we are grieving the loss of what was expected, as we are entering into the unknown. **Utilize the resources provided to you from the CDC and SAMHSA to provide psychoeducation to families on the health crisis and how to manage the related stress for themselves and their children.**

Our abilities to meet our basic needs (food, housing, childcare, etc.) are being tested. This is the same for each of our families. Treatment is going to look different; not just because we are using telehealth, but because as individuals and families, our needs are changing. It is important to discuss this with parents and families in session. It is essential to *"meet our families where they are at,"* now more than ever. The **CASE MANAGEMENT** component of intensive in-home services may become more primary for many of your families.

For some, meeting with you is their best help in tackling these issues. Unfortunately, some families will have a hard time realizing that because they are caught in anxiety, fear, stress, and exhaustion. Find a way to reach them, build trust through your efforts, so our families can shoulder this burden and be successful in managing their situations, while remaining present and attuned to their child(ren).

✓ Be creative, Be-Be Creative

Prepare some structured activities with families. **Make sure these are activities that support the relationships between caregivers and their children**. We have a creative group, find ways to harness that…

Utilize adapted **play-therapy techniques** for younger children), which might also include make-believe or virtually playing with the child and his/her favorite toy/objects readily available in the home. These can be done 1:1 (keep it short) or, even better, by including siblings and/or caregivers (can be longer). When done conjointly, these activities can be useful for facilitating caregiver attunement and engagement.

Painting, drawing, or sculpting: The process of creating art can help children process difficult emotions (point camera at artwork). Use the zoom whiteboard feature to co-create therapeutic drawings, stories, genograms or structural maps

Working with Internal Body States: Children and caregivers can learn techniques for relaxation, mindfulness and a sense of self-efficacy over their physiology when they are guided in session to utilize sensory approaches such as fragrances, balls, playdough, breathing, simple yoga, moving/walking, etc.

Cinematherapy: Use the zoom share your screen options to share videos/movie clips you think may be helpful for families (make sure to share audio too) then discuss or assign as homework to discuss next session.

Make this an opportunity for more tech savvy kids to teach their parents about Zoom or social media. Or they could take turns sharing their online interests with one another. Create opportunities for family members to learn about and from one another. Have some fun!

✓ Rely On Each Other!

We have an excellent team that has a wealth of knowledge and experience. Lean on each other. If you are doing something in session that's really working, share the wealth! As an agency create a shared google document to describe session ideas, which you have used successfully with families. You can organize interventions based on which ESFT pillar you think the session process supported. Some may fall under more than one pillar, which is fine. Choose the primary ESFT pillar, based on your opinion. Supervisors then should send your ideas to Emily at the training center, emily@familyfasedtraining.com, who will collate these ideas and create an addendum to this document and post it on our website. This will create a community of resources and will help us care for one another and our families.

If you find yourself struggling, let each other know so we can help. Check-in with each other. Schedule practice Zoom/Doxy.me sessions with one another and increase your comfort with the platform. This is new to everyone, so be open about hardships, challenges, struggles, but also successes and pathways to competency and success. *Let's not just be resilient during this time, let's find a way to thrive!*

✓ Prepare for Sessions with Your Supervisor & Partner

Be intentional! The time you would spend driving to sessions can be used to speak with your partner/supervisor to formulate a game plan for each session. This is especially important in telehealth because if you go in with an attitude of" let's see what happens…" nothing will happen, and session will be over before it starts.

In supervision, determine the level of intensity each family you are working with needs**. In telehealth, subsystems work becomes more critical.** For many, brief individual sessions will feel soothing and supportive. For caregivers these sessions can prepare them for difficult conversations with their children, the other caregiver, extended family, and other professionals.

Overwhelmed caregivers in survival mode may not they need lots more support from you and may not ask for it. Push the conversation about this, set it up anyway. With your supervisor discuss how to best handle the set-up of family sessions and the topics to be addressed. You must consider whether certain topics may increase risk or be unmanageable, based on your experience with the family.

Topics for Sessions

✓ Safety and Crisis Needs

- Of primary importance is the need to review all safety plans with each family. Consider how families have successfully responded to maintain stability during other periods of time together at home (vacations, holiday's etc.)
- Modify the crisis response process with each family to account for the new context of providing services. Ensure you have a phone number for each caregiver so that if a client/family member becomes highly dysregulated during telehealth, you are able to call for support and be "present" with someone who is physically there with the individual.
- Utilize 911 & Wellness Checks as needed – prepare the family for this in advance. During this time, those with significant SI/SA/risk factors may need for frequent risk assessment and more frequent session contact (even if for shorter duration).

✓ Routines

The first thing to go during this pandemic (besides toilet paper) is routine and structure. Think about your own routine and how it has been upended. ***Routine = stabilization***. Work with families around setting up routines that work for them. Sessions should also occur in a routine fashion when possible so make efforts to schedule sessions accordingly.

✓ Creating Boundaries

With most families being confined to the home and parents taking on additional roles as teachers, working from home with their new "co-workers", etc. there is little space for alone time. Work with families to create space for themselves as individuals as well as family members. Don't just give self-care lip service, really push parents to be concrete about ways that they are going to care for themselves so that they can care for their families. This may be an opportunity for creative use of FSS funds (with supervisor permission, of course!)

✓ Finding Ways to Remain Connected to Others

With social distancing in place, it can be hard to connect as well with friends, family, and other supports. Work with families to build-in ways to stay connected to others and continue to cultivate interests. Online activities, video chats, etc. can be useful tools during this time to stay connected.

✓ Help Families Find Joy in Being Together

They became a family for some reason, right? Help them find the joy and meaning in spending time together. Families may find it easy to focus on the negatives of this situation, but if we can get them to see the opportunity in this time together, it can be very powerful in leading toward change.

✓ Case Management Needs

In initial sessions, case management needs may take precedent to some of the more clinical work. Again, we want to meet families where they are at in terms of hierarchical needs. A family that is connected to resources and having their basic needs met will have more capacity to focus on clinical elements of treatment. Please use the resources provided and share ones you've cultivated throughout your tenure.

✓ Family Support Funds (PA only)

Throughout all the work you are doing with families during this time, there are many opportunities for creative and effective use of FSS funds. We have these funds to aid in treatment success, so let's be creative and collaborative with families around how we can support them with the use of FSS funds. This is also another great area to share ideas with one another! For families without webcams or mics for their computers, FSS funds can help fix this barrier.

✓ Videotaping

Once everyone has adjusted to the online platform, seek permission from the family to resume session recording. This is easy to do via Zoom and most other telehealth platforms. This will allow you to receive extra support from your supervisor on how to facilitate this new type of treatment modality and help us to maintain some level of compliance to program requirements. **Delete videos from your laptop immediately after viewing in supervision or presenting in a CFBT case consultation in clinical training.**

Determining Level of Service in Telehealth-Only Environment

The chart below is a very rough guide to decision making about the amount of services a family may need weekly during this period of restrictions on face-to-face in-home sessions. These decisions should be made in collaboration with your supervisor and the caregivers. **Shorter (30-45 mins) but more frequent, more subsystem work is likely to be most preferred.** Agencies doing intakes for new cases should consider their appropriateness to engage in telehealth (based on level of risk and availability of internet service) before being assigned a team.

Need level	Frequency of Individual Child Sessions	Example Characteristics Based on Need	Frequency of Caregiver Ind. or Co-Caregiving Sessions	Frequency of Family Sessions	Intensity of Collateral support sessions
Low Need **(Preparing for discharge)**	**1-2 sessions per week (could be brief 30 min sessions)**	**Stable child functioning, caregiver has natural supports & confident to care for child. Hours have been significantly titrated**	**1-2 sessions week (could be brief 30 min sessions)**	**1 session per week/bi-weekly**	**Bi-weekly**
Moderate Need	**2- 3 sessions per week**	**Child functioning occasionally unstable or dysregulated, behaviors causing disruptions. Caregivers express variable feelings of effectiveness and need for support. Not ready to discuss titration**	**2-3 sessions per week**	**1 session per week**	**At least 1 contact weekly**
High Need	**3-5 sessions per week**	**Child currently or recently unable to function to the point of dangerous (SI/HI or elopement) or highly disruptive behaviors. Caregivers are often dysregulated when parenting. Express high need for support**	**3-5 sessions per week***	**1-2 sessions per week***	**Several contacts weekly**

These tips are by no means all-encompassing. We consider the ideas in this document to be only a beginning – an evolving rough draft. This document will be updated as we learn more about the actual practice of providing telehealth to our families. We invite you to send us your ideas.

We have a chance here to remain very effective for our families.

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