

Program Manager Meeting

Children, Youth and Families | Behavioral Health Services

September 3, 2020 | Zoom

9:30 a.m. – 11:30 a.m.

Agenda - Notes

- **Welcome** – Amanda Lance-Sexton

- **Pathways to Well-Being (PWB) (MH)** – Amanda (Mandy) Kaufman 5 minutes
 - CWS and BHS PWB Teams Update

The CWS PWB team has been temporarily reassigned in all CWS regions. The BHS PWB team continues in their current role as liaisons and will also be available for any questions that previously would have been directed to the CWS PWB team. BHS PWB continue to be available for virtual TA for all BHS programs serving children and youth.
 - Connecting with PSW's

If you have continued difficulty connecting with a PSW after having looped in the PSW supervisor, the BHS PWB team can help. Please contact your assigned BHS PWB liaison or BHS PWB Program Manager, Mandy Kaufman at Amanda.kaufman@sdcounty.ca.gov
 - BHS Meet and Greets with CWS

The BHS PWB team is in process of coordinating BHS Provider presentations (also known as “Meet and Greets”) at CWS regions. If your program is interested in presenting about your services overall, and specifically during COVID, please reach out to your assigned BHS PWB liaison or Mandy Kaufman.
 - Words of Appreciation

The BHS PWB team extends our gratitude to the BHS programs that have already presented or are in process of coordinating their Meet and Greet presentations at CWS regions.

- **Family Stories and the CANS(MH)** – Jen Griffis (handout) 40 minutes

*Encourage families to share their stories as the experts – use creative story gathering strategies
Let the CANS hold the family’s story.
Families will guide the treatment and select focus needs in the CANS*

- **Best Practices for Telehealth and In Person Services: COVID-19 (SOC)** (handout) 20 minutes
 - Allison Brownlee, New Alternatives, Inc.

*Create clear guidelines for staff to reduce their anxiety about providing in person services
Assess for appropriateness of telehealth or in person services
Create engaging physically distant spaces for kids
Support and self-care needed for staff*

- **RIHS Telehealth Resources Reviewed (SOC)** (handout) – Eileen Quinn-O’Malley

➤ **Consumer Perception Survey - Supplemental Reports on COVID-19 Impact (SOC)** (handout)

– Eileen Quinn-O’Malley

5 minutes

Key findings

Majority of caregivers felt informed on how to access mental health services during COVID 19 crisis

One third of youth experienced a decline in their mental health since schools closed as a result of COVID

Teletherapy services reported to be very helpful for approximately 65% of youth and caregivers receiving services via telehealth

Most caregivers prefer to continue receiving teletherapy on some capacity even when safe for in-person services

➤ **Announcements (SOC)**

- CARES IT Information Notice

On August 26th, BHS sent an information notice regarding CARES Act IT equipment- please review the notice carefully if your program will be receiving cares act dollars in the coming weeks. A reminder that all CARES act IT dollars must be spent by November 30th

- SchoolLink COVID-19 Module

CYF has recently updated the SchoolLink page on the RIHS website with an additional COVID-19 Updates module. The module includes SchoolLink guidance and best practices for providing services during the pandemic and a reminder to view service delivery through the lens of the social determinants of health, including to address sleep, physical activity, daily schedules, nutrition and safe socialization as a portion of your meeting time with youth and families. Other reminders include:

- *Connecting with schools monthly at a minimum, to include an annual SchoolLink meeting*
- *Client choice shall remain at the center of how services are delivered- in person or face to face and number of contacts should be based on need of client*
- *The overarching goal of formalizing best practices, including the managing of referrals, school communication, and outreach, as well a crisis and high-risk considerations*

There are 2 versions of SchoolLink flyers in the module available for use by providers as well as multiple resources for providers and families.

- Regional CYF Listings and School List has been updated on the BHS-CYF Website

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/Schools.html

- Q1 QSR

As a reminder Q1 QSRs are due October 15th- you will receive a template for FY 20-21- there are no significant updates to the template at this time.

- NBC “Stolen” trailer www.nbc7.com/STOLEN

NBS 7 has produced a documentary series on child sex trafficking and exploitation in San Diego County. The series chronicles stories of survivors and from multiple perspectives and explains the dynamics of why this is such a problem in San Diego. The series is linked in the agenda and will go out with the meeting minutes as well

- 11th Annual Early Childhood Mental Health We Can't Wait Conference, Virtual Event – September 10-12 (handout)

- Recovery Happens, Virtual Event - September 12, 10:00-11:30am (handout)

Recovery Happens is a community event celebrating those in recovery and individuals who support them.

- MHSA Five Year Strategic Employment Plan FY 2020 – 2024 (The Plan)

Outlines a clear vision for continued expansion of employment opportunities for people with behavioral health issues, including investing in evidence based and evidence informed practices that are effective in increasing employment.

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/AOA/supported_employmentstratplan.pdf

➤ **Next Meeting: November 12, 2020**

9:30 a.m. - 11:30 a.m.

To be held in person and/or WebEx

Family Stories and the CANS

The foundation for effective engagement in treatment is laid the moment a family starts to share their story.

Starting the Conversation:

Encouraging Families to Share their Stories

- * allow the family to be the expert
- * respect family dynamics and experiences
- * use creative story gathering strategies

Building the Relationship:

Discussing the Story within the CANS

- * share the CANS before finalizing
- * work towards a shared story
- * handle disagreements with curiosity

Holding the Story: Using the CANS for Treatment Planning

- * allow families to select focus needs
- * treat newly revealed information with care
- * update the CANS naturally



CANS is the
conversation-starter,
and the
relationship-builder...
but most importantly, it's the
CONTAINER
that holds a family's story.

Jen Griffis ~ certified parent coach and system consultant
Raising Superkids LLC ~ www.superkidscoaching.com
jengriffis@gmail.com

BEST PRACTICES FOR TELEHEALTH AND IN PERSON SERVICES: COVID-19

DR. ALLISON BROWNLEE, LMFT 89484

PROGRAM DIRECTOR, INCREDIBLE FAMILIES



WE ARE ALL IN THIS TOGETHER

-
- Purpose of today's presentation:
 - Share ideas that might be useful in your programs
 - Collect feedback from PM's so that the county can better serve our programs
 - Highlight components of compassion fatigue and burnout from a PM and staff level; how we can work together to support one another and our teams

INCREDIBLE FAMILIES



- In person services: assessment with parents and caregivers, individual therapy with children, supervised family visitation
- Telehealth Services: assessment with parents and caregivers, individual therapy with children, supervised family visitation, parent groups



INCREDIBLE FAMILIES

- Telehealth parenting groups:
 - 2-3 parents with 1 facilitator
 - Flexible schedules to accommodate parent's needs
 - Materials dropped off (contactless delivery)
 - Review of materials and screen share for videos
 - Paraprofessional support outside of groups as needed
 - Follow up supervised visitation to support parent practice

POLLING QUESTION 1 AND CONSIDERATIONS :

PLEASE ANSWER THE FOLLOWING QUESTION THAT APPEARS ON YOUR SCREEN IN THE “POLLING BOX”

- Would you be interested in implementing a standardized protocol utilized by clinicians and paraprofessionals for how to explain telehealth services?
- As you answer, consider:
 - If you use a set protocol or script, has it been helpful? What might be helpful to share with others, as they consider implementing this practice in their program?

POLLING QUESTION 2 AND CONSIDERATIONS :

PLEASE ANSWER THE FOLLOWING QUESTION THAT APPEARS ON YOUR SCREEN IN THE “POLLING BOX”

- Would you be interested in implementing a standardized protocol utilized by clinicians and paraprofessionals for how to explain telehealth services?
- As you answer, consider:
 - What might the benefits of implementing a standard “script” be?
 - Do you see any barriers to implementing this practice in your program?
 - What resources can you utilize, or who can you ask for help – if you do want to implement this practice?

ASSESSMENT OF IN PERSON SERVICES: RATIONALE

1.) What is the clinical need?

- Developmental level of the child
- Behavioral issues
- Need for direct observation

2.) How is this family better serviced by in person services; or how would care be compromised by telehealth

- Access to confidential space
- Interventions that are best conducted in person
- Interaction between parent/child

3.) Approval from PSW

SAFETY MEASURES:

- CDC Screener 72 and 24 hours before any in person contact
- Office Space Schedule: 24 hours between any in person service
- Office Space Cleaning Procedures

IN PERSON SERVICES: THERAPEUTIC SPACE

- Spaces are sanitized
- Clients wash hands or sanitize hands upon entry
- Gloves are made available
- Masks are made available
- Clients are asked if they have any symptoms (fever, shortness of breath) or if they have been exposed to anyone who is COVID +
- Client/Family are reminded of the general guidelines; masks on at all times and remain 6 feet apart

CREATIVE WAYS TO KEEP BOUNDARIES

Am I being a PERSONAL SPACE INVADER?

Look for these clues...



10) Person's face looks annoyed, worried, confused, or uncomfortable

9) Person puts their head down and scrunches up their shoulders

8) Person starts to get squirmy when you are standing or sitting near them

7) Person starts to cross their arms close to their heart

6) Person changes seats or moves over when you sit down next to them

1) Person starts to avoid eye contact or starts looking around a lot when you are talking to them

2) Person turns their shoulder away from you (gives you the cold shoulder)

3) Person's body starts to get stiff

4) Person moves around a lot when you are talking to them

5) Person backs away as you move toward them

© 2014 School Counseling is Magical



8 Make an S And do not wait. Go back up And that's an eight!

9 A loop and a line. That makes a nine!

10 Straight line down. Then around with a grin. That's the way To make a ten!

7 Across the sky And down from heaven. That's the way to make a seven!

6 Make a curve. Then make a loop. There are no tricks to make a six!

WHAT CAN I DO?

CALMING DOWN

WELCOME

KARINA



SPACE

ues...

1) Person starts to avoid eye contact or starts looking around a lot when you are talking to them

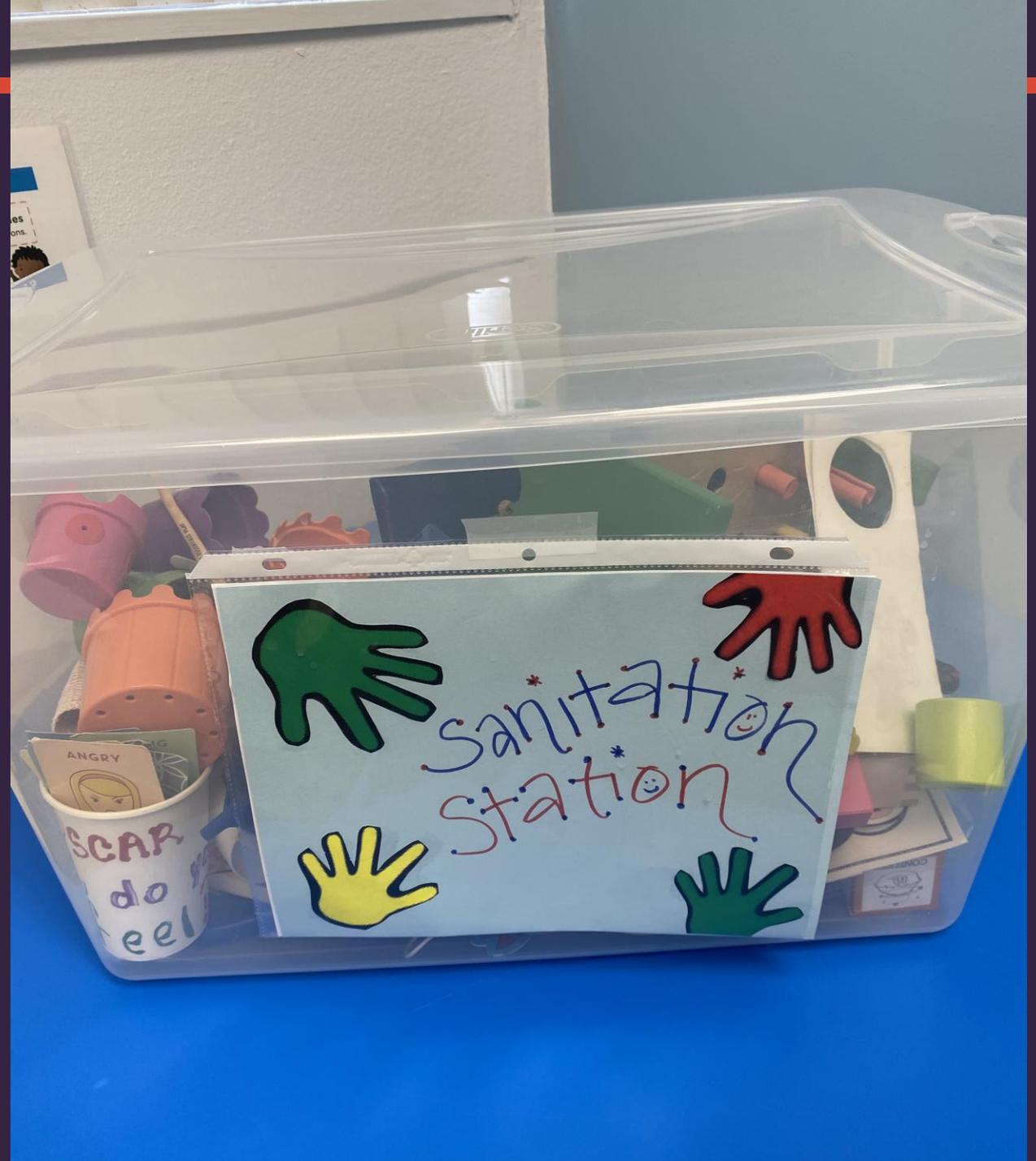
CLA



I will raise



**POST IN PERSON
SERVICE
CLEANING
PROTOCOLS**



IN PERSON SERVICES TRANSPORT POLICIES

Clean and disinfect commonly touched surfaces (i.e. door handles, seat belts).

Utilize adequate ventilation when cleaning and disinfecting the vehicle. Doors and windows should remain open when cleaning the vehicle.

When cleaning and disinfecting, staff should utilize disposable gloves.

For hard non-porous surfaces within the interior of the vehicle such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, clean with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application.

For disinfection of hard, non-porous surfaces, IF staff will utilize the products provided by the agency. These products have been verified to be included within the EPA's list of registered antimicrobial products for use against the Novel Coronavirus SARS-

CoV-2.

IN PERSON SERVICES TRANSPORT POLICIES

IF staff will follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.

Alternatively, IF staff can utilize agency provided bleach in a diluted solution prepared according to the manufacturer's label for disinfection, if appropriate for the surface.

Follow manufacturer's instructions for application and proper ventilation.

Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.

SUPPLEMENTAL SERVICES FOR TELEHEALTH CLIENTS

-
- Drop off services: PPI/ signature forms for assessment (staff waits in the car and picks up when signed)
 - Drop off materials: therapeutic activities, coping with COVID packets, resources, materials for parent groups

POLLING QUESTION 3 AND CONSIDERATIONS :

PLEASE ANSWER THE FOLLOWING QUESTION THAT APPEARS ON YOUR SCREEN IN THE “POLLING BOX”

- Percentage of **clinical staff** providing face to face services
- As you answer, consider:
 - What are the barriers to providing face to face services?
 - What concerns has your staff presented regarding face to face services?
 - What concerns have your families presented regarding face to face services?
 - What resources can you utilize, or who can you ask for help – if you do want to implement this practice?

POLLING QUESTION 4 AND CONSIDERATIONS :

PLEASE ANSWER THE FOLLOWING QUESTION THAT APPEARS ON YOUR SCREEN IN THE “POLLING BOX”

- Percentage of **paraprofessionals** providing face to face services
- As you answer, consider:
 - What are the barriers to providing face to face services?
 - What concerns has your staff presented regarding face to face services?
 - What concerns have your families presented regarding face to face services?
 - What resources can you utilize, or who can you ask for help – if you do want to implement this practice

SUPERVISING AND OFFERING SUPPORTIVE LEADERSHIP IN A PANDEMIC

-
- Staff assessments:
 - Strengths
 - Barriers
 - Additional support
 - Leadership team assessments:
 - How are we handling the influx of needs
 - How are we handling the varying questions about telehealth and face to face interventions
 - What is it like to supervise in a new way (telehealth interventions, legal and ethical concerns)

POLLING QUESTION 5 AND CONSIDERATIONS :

PLEASE ANSWER THE FOLLOWING QUESTION THAT APPEARS ON YOUR SCREEN IN THE “POLLING BOX”

- Do you regularly talk to clinicians about providing interactive interventions/activities?
- As you answer, consider:
 - Are clinicians bringing their questions to their supervisors
 - Are there resources available to clinicians (ex. Google drive, online trainings)
 - What resources can you utilize, or who can you ask for help – if you do want to implement this practice?

POLLING QUESTION 6 AND CONSIDERATIONS :

PLEASE ANSWER THE FOLLOWING QUESTION THAT APPEARS ON YOUR SCREEN IN THE “POLLING BOX”

- What types of interventions/activities are most utilized by your clinicians?
- As you answer, consider:
 - Are clinicians asking for more support/resources?
 - How are you providing suggestions and support for clinician's therapeutic work?
 - What resources can you utilize, or who can you ask for help – if you do want to implement this practice?

COMPASSION FATIGUE AND BURN OUT PREVENTION:

HOW BIG OR SMALL IS EACH
CIRCLE AND HOW MUCH SPACE DO
THEY TAKE UP IN THE CENTER
“YOU”



CIRCLES OF COMMITMENT

-
- As leaders we face many challenges, we are called to be administrators, offer clinical support and guidance, handle staff issues of professional and personal nature, report to the county, be the accountability for our programs, ensure the health and safety of staff and families... and more....
 - We are also expected to show up in our circles of commitment and be in one or more of the following roles:
 - Parent
 - Home school teacher
 - Partner
 - Caregiver/Caretaker for family
 - Financial provider
 - House cleaner
 - Chef
 - Errand Runner

POLLING QUESTION 7 AND CONSIDERATIONS :

PLEASE ANSWER THE FOLLOWING QUESTION IN THE CHAT BOX

- What additional support does your program need to continue providing quality telehealth services?
- As you answer, consider:
 - Practical resources: web cams, tablets, laptops
 - Programmatic support: Collaborative support from other PMs
 - Guidance: where to take the “if this, then what questions...”

STAFF CARE



- Coping with COVID Groups
- Sharing self care practices in staff meetings
- Creating a resource shared drive
- Being intentional about checking in with staff
 - Education about burnout, vicarious trauma, layers of impact (personal and professional)
 - Trauma Stewardship: Laura van Dernoot Lipsky (book and Ted Talk)

Telehealth Consultations for Behavioral Health Services Providers



Trainer: [Steven R. Thorp, Ph.D., ABPP](#)

Course Code: BH0282

Course Description

Telehealth has become the primary mode of behavioral health service delivery during this uncertain time. This transition from in person to telehealth was swift for many providers. These consultation sessions are designed to support providers in making a smooth transition to delivering services via telehealth. Providers will receive support with; best practices for implementation, ways to engage participants during telehealth sessions, and direct service consultation as needed.

Please register for consultation to gain support in addressing barriers and developing tools for delivering behavioral health services using telehealth. Click Here for [Outline](#)

Audience

SUD and Mental Health Adult and Older Adult providers.

Location: Live Consultation Sessions This sessions will be conducted via [Zoom](#)

Dates:

Monday, September 21, 2020	Thursday, February 18, 2021
Monday, October 5, 2020	Monday, March 15, 2021
Thursday, November 19, 2020	Monday, April 12, 2021
Thursday, January 21, 2021	Thursday, May 20, 2021
All Sessions are 9 AM - 10 AM	

Learning Objectives

Educational Goal: To improve the delivery of telehealth

Upon completion of consultation , participants will be able to:

- Identify solutions to barriers for incorporating telehealth into existing services
- Problem solve solutions to barriers to engaging people through telehealth

[Click Here](#) to log into the LMS and Register

Registration: If you already have an account, you may search for the course by name or course code. If you do not have an account in the LMS you will need to open one by [clicking here](#). Email RIHS@sdsu.edu if you have any questions. This training is FREE of charge to BHS County employees and contractors.

Continuing Education: This course meets the qualifications for 1 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. The Academy for Professional Excellence is approved by the American Psychological Association to sponsor continuing education for psychologists and the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs, Provider #91928. The Academy for Professional Excellence is approved by the California Board of Registered Nursing, Provider # BRN CEP15014; CCAPP-EI, Provider # 1S-98-398-0820, and CAADE Provider # CP40-906-CH0323 for 1 contact hours/CEHs. The Academy for Professional Excellence maintains responsibility for this program and its content. CE certificates will be available for download 5 business days after course completion. Click here for information on how to [obtain CE Certificates](#). Click here for the [CE Grievance Procedure](#).



Responsive Integrated Health Solutions (RIHS) is a County of San Diego Behavioral Health contracted program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.



Strategies to Advance Behavioral Health Outcomes Using Telehealth

Trainer: [Steven R. Thorp, Ph.D., ABPP](#)

Course Code: BH0281

Course Description

Telehealth involves the use of electronic communications and information technology to support healthcare when distance separates two or more parties. In this training, we will provide context for telehealth, describe the various technologies used to provide health services, and describe the best practices for videoconferencing psychotherapy.

We will also discuss privacy and safety issues and provide a specific focus on engaging with adults and older adults. Lastly, we will share resources to guide clinicians who use telehealth technologies.

Click here to see the [training outline](#).

Audience

All BHS therapists, counselors, family & support partners, case managers, and other direct service providers working with adults and older adults.

Location: **Live Virtual Training:** This training will be conducted via [Zoom](#).

Date: Monday, September 14, 2020

Time: 9:00 am—11:30 am

Learning Objectives

Upon completion of this training, participants will be able to:

- Demonstrate application of telehealth principles to adults and older adults
- Accurately identify the various telehealth tools
- Identify the benefits of using videoconferencing technology for psychotherapy
- Integrate telehealth with current practice

[Click Here](#) to log into the LMS and Register

Registration: If you already have an account, you may search for the course by name or course code. If you do not have an account in the LMS you will need to open one by [clicking here](#). Email RIHS@sdsu.edu if you have any questions. This training is FREE of charge to BHS County employees and contractors.

Continuing Education: This course meets the qualifications for 2.5 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. The Academy for Professional Excellence is approved by the American Psychological Association to sponsor continuing education for psychologists and the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs, Provider #91928. The Academy for Professional Excellence is approved by the California Board of Registered Nursing, Provider # BRN CEP15014; CCAPP-EI, Provider # 1S-98-398-0820, and CAADE Provider # CP40-906-CH0323 for 2.5 contact hours/CEHs. The Academy for Professional Excellence maintains responsibility for this program and its content. CE certificates will be available for download 5 business days after course completion. Click here for information on how to [obtain CE Certificates](#). Click here for the [CE Grievance Procedure](#).

June 2020 Youth Services Survey

Supplemental Questions

Impact of COVID-19 on Mental Health Services for Youth

County of San Diego Children, Youth and Families Behavioral Health Services

BACKGROUND

In June 2020, clients ages 13 and older and caregivers of all child and youth clients receiving outpatient mental health services from the County of San Diego Children, Youth & Families Behavioral Health Services (CYFBHS) system were asked to complete the Youth Services Survey (YSS). A supplementary survey was added to the YSS to gather information about clients' experiences accessing and utilizing services during the COVID-19 pandemic. This information will help San Diego County Behavioral Health Services understand the impact of COVID-19 on services and make informed decisions regarding the continuation of teletherapy services in the future.

SAMPLE AND METHODS

This survey period was the first launch of an online platform to administer the YSS survey. Overall, 982 YSS youth surveys were collected through the new online platform. Of those 982 surveys, 540 (55%) had at least one response to the COVID-19 supplemental survey questions. Additionally, 1,683 YSS caregiver surveys were collected and 896 (53%) had at least one response to the COVID-19 supplemental questions. Findings from the supplemental questions only are highlighted in this report.

ACCESS DURING THE CRISIS

91% of parents and 72% of youth felt that they were either **Very Well Informed** or **Somewhat Well Informed** about how to access services during the COVID-19 crisis. Approximately 15% of caregivers and 17% of youth reported that there was a time since schools closed that they did not receive needed mental health services.

Table 1: How informed did you feel about the availability of mental health services during the crisis?	Youth YSS		Caregiver YSS	
		Percent of Respondents (N=480)		Percent of Respondents (N=818)
Very well informed		38%		61%
Somewhat well informed		34%		30%
Not very well informed		7%		5%
Not at all informed		3%		1%
Don't know		18%		3%

Child & Adolescent Services Research Center (EVT, TL)
 Data Source: YSS, June 2020
 Report date: 07/20/2020
FOR INTERNAL USE ONLY

ACCESS DURING THE CRISIS (continued)

Table 2: Has there been any time since schools closed on March 16, 2020 that you felt you needed mental health treatment or counseling but didn't get it?	Youth YSS	Caregiver YSS
	Percent of Respondents (N=481)	Percent of Respondents (N=820)
Yes	 17%	 15%
No	 64%	 77%
Don't know	 19%	 8%

MENTAL HEALTH SINCE INITIAL SHUTDOWN

While 33% of caregivers reported there had been no decline in their child's mental health as of the survey time period, approximately 36% reported there had been a *moderate, major or severe* decline in their child's mental health since schools closed. Similarly, 29% of youth reported no decline, whereas 37% reported that there had been a *moderate, major or severe decline* in their mental health since schools closed approximately March 16th.

Table 3: Do you feel there has been a decline in your (or your child's) mental since March 16, 2020, when schools closed as a result of the COVID-19 crisis?	Youth YSS	Caregiver YSS
	Percent of Respondents (N=477)	Percent of Respondents (N=818)
Severe decline	 7%	 4%
Major decline	 10%	 10%
Moderate decline	 20%	 22%
Minor decline	 18%	 24%
No decline	 29%	 33%
Don't know	 16%	 7%



TYPE AND AMOUNT OF TELETHERAPY SERVICES RECEIVED

The large majority (80%) of caregivers reported that their child received video sessions, whereas 11% said their child received therapy over the phone only (no video). Only 6% of caregivers stated that their child did not receive any teletherapy sessions since March 16th. 63% of youth said that they received video sessions, 13% reported they received sessions via phone only, and 14% reported they did not receive any teletherapy services.

Of the respondents who cited they received teletherapy, most caregivers (61%) reported that their children had received more than 5 sessions of teletherapy since March 16th, whereas less than half of youth (46%) reported they received more than 5 sessions.

Table 4: Methods Used to Receive Teletherapy Services During COVID-19	Youth YSS		Caregiver YSS	
	Percent of Respondents (N=480)		Percent of Respondents (N=819)	
Phone call only		13%		11%
Live video only		21%		30%
Phone call and live video		42%		51%
No teletherapy services		14%		6%
Don't know		10%		2%

Table 5: How many times did you access teletherapy services during the crisis?	Youth YSS		Caregiver YSS	
	Percent of Respondents (n=365)		Percent of Respondents (n=749)	
1		4%		5%
2		6%		4%
3 to 5		17%		20%
6 to 10		21%		34%
11 or more		25%		27%
Don't know		28%		10%

BARRIERS TO RECEIVING TELETHERAPY SERVICES

The large majority of caregivers did not report any problems using teletherapy services. A small percent of caregivers endorsed not having access to a computer or internet as well as not knowing teletherapy was an option. Youth also endorsed a few barriers: not knowing that teletherapy was an option and not feeling comfortable receiving therapy over video.

Table 6: Problems Utilizing Teletherapy Services During COVID-19*	Youth YSS		Caregiver YSS	
	n	Percent of Respondents (N=382)	n	Percent of Respondents (N=621)
Did not know it was an option	57	15%	43	7%
Provider did not offer it	5	1%	10	2%
Unable to schedule at a convenient time	7	2%	16	3%
Did not know how to use teletherapy	15	4%	12	2%
Lack of comfort with therapy over the phone	25	7%	8	1%
Lack of comfort with live video therapy	43	11%	8	1%
Did not have access to a computer or internet	17	4%	39	6%
Did not have enough minutes/data on phone plan	10	3%	18	3%
Did not feel teletherapy services would be helpful	29	8%	22	4%
Did not experience any problems	156	41%	419	68%
Something else	86	23%	86	14%

*Total percentage may exceed 100% as participants were able to select more than one response.

COMMON THEMES OF PROBLEMS USING TELETHERAPY DURING COVID-19

- Technical issues such as slow internet connection, software issues, or non-functioning camera.*
- Internet connectivity issues made it difficult for some youth to navigate the video process alone.*
- Missing appointments due to forgetfulness, sleeping issues, or time zone differences.*
- Some youth expressed not feeling comfortable discussing mental health around family members.*
- Living situation contributed barriers such as, inability to focus due to distractions or other children requiring attention during sessions.*

HELPFULNESS OF THE SERVICES RECEIVED

Of clients receiving teletherapy services, 63% of youth and 69% of caregivers reported that the services were **A Lot** or **Extremely Helpful**. Only 2% of youth and 4% of caregivers felt that teletherapy was not at all helpful.

Table 7: How helpful do you feel these teletherapy services were for you?	Youth YSS	Caregiver YSS
	Percent of Respondents (n=364)	Percent of Respondents (n=746)
Not at all	 4%	 2%
A little	 7%	 6%
Somewhat	 22%	 19%
A lot	 40%	 41%
Extremely	 23%	 28%
Don't know	 4%	 2%

INTEREST IN RECEIVING TELETHERAPY IN THE FUTURE

The majority of caregivers, and about half of the youth, expressed desire to receive at least some teletherapy services in the future, even when it is safe to resume in-person services.

Table 8: Are you interested in using teletherapy services when in-person services become available?	Youth YSS	Caregiver YSS
	Percent of Respondents (N=475)	Percent of Respondents (N=817)
Yes, all the time	 11%	 17%
Yes, most of the time	 9%	 15%
Yes, occasionally	 27%	 31%
No, I only want in-person therapy	 25%	 23%
Don't know	 28%	 14%

INTEREST IN RECEIVING TELETHERAPY IN THE FUTURE (continued)

Of the caregivers and youth who are interested in receiving teletherapy services **in the future**, they cited convenience, ease of scheduling, and increased comfort talking in teletherapy settings as primary reasons for utilizing teletherapy services in the future. Caregivers also appreciated that transportation was not an issue for teletherapy sessions.

Table 9: Reasons for Utilizing Teletherapy Services in the Future*	Youth YSS		Caregiver YSS	
	n	Percent of Respondents (n=214)	n	Percent of Respondents (n=481)
More comfort talking in a teletherapy setting	76	 36%	134	 28%
Easier to schedule	68	 32%	138	 29%
More convenient	70	 33%	191	 40%
Avoids transportation issues		N/A	149	 31%
Eliminates childcare issues		N/A	59	 12%
Easier for family members to participate in teletherapy	47	 22%	127	 26%
Relationship with my therapist has been better	19	 9%	44	 9%
Something else	33	 15%	63	 13%

*Total percentage may exceed 100% as participants were able to select more than one response.

COMMON THEMES IN SUPPORT OF FUTURE TELETHERAPY USE

Many youth open to trying both teletherapy and in-person sessions.

Youth described situations where teletherapy might be preferable: illness, lack of transportation, requiring only quick check-in, able to continue despite interruption of COVID-19.

Caregivers felt child (and at-risk family members in the home) are safer using teletherapy due to COVID-19.

Convenience of scheduling allows progress to continue instead of missing an in-person appointment.

INTEREST IN RECEIVING TELETHERAPY IN THE FUTURE (continued)

Of the caregivers and youth who were **not** interested in receiving teletherapy services in the future, they cited being less comfortable talking in teletherapy as a primary reason for not utilizing teletherapy services in the future. Youth also expressed concern with the lack of privacy associated with their teletherapy sessions.

Table 10: Reasons for Not Utilizing Teletherapy Services in the Future*	Youth YSS		Caregiver YSS	
	n	Percent of Respondents (n=116)	n	Percent of Respondents (n=175)
Less comfortable using teletherapy	30	26%	31	18%
Lack reliable access to technology	7	6%	2	1%
Less comfortable talking in teletherapy	54	47%	52	30%
Teletherapy is more difficult to schedule	13	11%	5	3%
Teletherapy appointments are less convenient	19	16%	19	11%
Teletherapy services are less private	39	34%	25	14%
Relationship with therapist has not been as good using teletherapy	14	12%	23	13%
Something else	32	28%	66	38%

*Total percentage may exceed 100% as participants were able to select more than one response.

COMMON THEMES IN OPPOSITION TO FUTURE TELETHERAPY USE

Teletherapy does not have the same personal impact as in-person sessions, describing not being able to fully open-up and wanting the provider to better see their facial expression and body language. Belief that in-person sessions are more engaging, productive, and effective.

Children may be too young for teletherapy or unable to focus or remain still.

Teletherapy has made it easier for children to walk away from the computer or refuse to continue meeting when emotions are escalated.

KEY FINDINGS

- The large majority of caregivers felt they were informed about how to access mental health services during the COVID-19 crisis. This is a biased sample however, since only families who are receiving services completed this survey.
- 15% of caregivers and 17% of youth, reported that there was a time since schools closed that they did not receive needed mental health services.
- **36% of caregivers and 37% of youth reported there had been a moderate, major or severe decline in their (or their child's) mental health since schools closed as a result of COVID-19.**
- Most caregivers and youth reported they received teletherapy (92% and 76%, respectively) during the COVID-19 crisis.
- Of clients who received teletherapy services, 63% of youth and 69% of caregivers reported that the services were **A Lot or Extremely Helpful**.
- The top problems that caregivers reported getting teletherapy for their child were not knowing that it was an option (7%) and not having access to a computer or internet (6%). **The majority of caregivers did not report difficulty in getting teletherapy for their child.**
- Most caregivers prefer to continue receiving at least some teletherapy services in the future, even when it is safe to resume in-person services.
- Of the smaller group who do not want teletherapy in the future, the main reason was a lack of comfort talking in a teletherapy setting.

RECOMMENDATIONS TO OVERCOME BARRIERS

- Help families obtain access to a computer, tablet, smartphone, and/or internet.
- Offer in-person therapy outside (e.g., a park) in a socially distanced setting with masks on, for youth with concerns about privacy.
- Talk with caregivers about ways youth can have privacy during at least part of the sessions (e.g., outside or in a space with doors and a sound machine).
- Educate the San Diego Board of Supervisors on the worsening of children's mental health problems since the stay-at-home order in March.
- Continue to evaluate the impact of staying home since youth are at an increased risk of lack of supervision, abuse, exposure to domestic violence, and substance abuse with San Diego Unified schools opting to do remote learning this fall.



Join us in September 2020 at this Virtual Event!

11th Annual Early Childhood Mental Health Conference – We Can't Wait!

Hope in Relationships – Bridging Science to Practice

September 10-12, 2020

Virtual Conference

Register Today

Join us in September 2020 at this Virtual Event!

This **11th Annual Early Childhood Mental Health (ECMH) Conference** will focus on the progress made in the past few years around relationships, resilience and protective factors, and will address the unique and complex needs of children and families living in very challenging circumstances. Distinguished speakers will provide updates on evidence-based practices, trauma-informed care, child welfare services, and advances in early education programs that address improving social-emotional development. In addition, attendees will examine the impact of COVID-19 and community violence on children and families.

Forward to a friend 

 **Register Online**
Easy & secure online registration

Our knowledge about how to make children more resilient has dramatically increased even though children and families continue to face many challenges. Bridging science to practice and implementing new and innovative practices can include barriers and challenges. The goal of this educational activity is to weave together a review of the most current scientific findings in early childhood mental health, highlight the latest progress in translating the research into interventions, and clearly outline what we can and must do to collaborate and close the gaps in our educational and clinical services for children and families.

Why attend?

- This conference brings together physicians, clinicians, social workers, early childhood educators, health and human service personnel, childcare providers, child welfare workers and many more professionals who wish to improve quality of care and implement innovative programs.
- **Thursday and Friday** will feature updates on the developing brain, evidence-based practices, trauma-informed care, child welfare services, and advances in early education programs designed to improve social-emotional development.
- **Saturday's program** features topics related to the skills, knowledge, collaboration, and cooperation needed between behavioral health providers and early childhood educators. Presentations include trauma-informed practices in early childhood education settings, creative strategies for behavior management, and interventions to support social-emotional competence in children.
- No commute, no traffic, and no line into the parking lot! The conference is 100% Virtual this year on Zoom!

You do not want to miss this conference!
Online [registration](#) is open now!

[Click here for agenda](#)

[Click here for FAQ's about using our Zoom virtual conference](#)

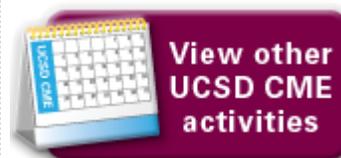
Registration Fees

Full Fee (2 Days, Thursday and Friday)...\$149

One Day (Thursday or Friday)...\$89

Saturday...\$25

Continuing Education Credits...\$35/day



RECOVERY + WELLNESS

RECOVERY HAPPENS

SATURDAY, SEPTEMBER

10:00AM

11:30AM

12

2
0
2
0

[CLICK HERE to register!](#)

Are you or a loved one on the recovery path? Perhaps you are someone who wants to learn about preventing substance misuse.

Recovery Happens is a community event celebrating those in recovery and individuals who support them. Whether you are seeking help for yourself or a friend, come to this virtual event to hear inspirational messages of hope from a variety of speakers.

The event will also include a musical performance and the opportunity to connect to an array of resources including: **employment support, treatment information, veterans services and much more!**

[CLICK HERE](#)
for more info or to register!

[CLICK HERE](#) to visit the event web site for our virtual exhibitor resource fair

SPEAKERS

Dave Brandon (Bromo)
Bryan Duncan
Jeanne McAlister
Scott Silverman
The Monty' man
TJ Woodward

NATIONAL ANTHEM TO BE PERFORMED BY

Carmelia Bell

MUSICAL PERFORMANCE BY

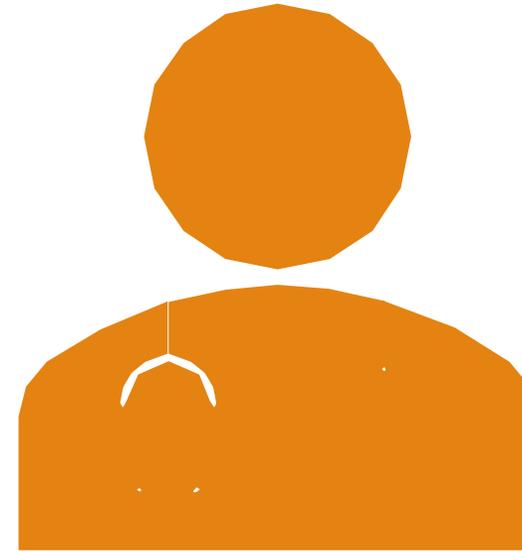
Lisa Sanders & Brown Sugar

This is a **FREE** virtual community event sponsored by the County of San Diego, Health and Human Services Agency.



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY





Telehealth – What you Need to know

AISHA POPE, LCSW ~ SDCC – MARCH 2020

What is telehealth?

“Telehealth is the distribution of health-related services and information via electronic information and telecommunication technologies. It allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions.”



At SDCC we can provide telehealth by phone or videoconferencing.

What services can we provide with telehealth?

While some of these require a great deal of creativity, we think most of our typical services can be offered using telehealth, including:

- ❑ Individual and Family Therapy (video)
- ❑ Collateral Contacts (phone or video)
- ❑ Support with case management (phone or video)
- ❑ Crisis Intervention (phone or video)
- ❑ Skills sessions (video)
- ❑ CFT Meetings (Phone or video)



Obtaining Consent



San Diego Center for Children TELEHEALTH INFORMED CONSENT

SDCC Program Name: _____

Youth's Name: _____

Birth Date: _____ Admit Date: _____ Medical Record #: _____

DEFINITION: Telehealth is broadly defined as: the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site, and the health care provider is at a distant site.

PURPOSE: The purpose of this form is to obtain your informed consent for the provision of telehealth as defined above.

RIGHTS:

- I understand I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- I understand I have a right to access my treatment information in accordance with CA and Federal regulations.

CONFIDENTIALITY: The laws that protect the confidentiality of my treatment information also apply to telehealth. As such, I understand the information disclosed by me during therapy or other treatment services is generally confidential. Any limits of confidentiality are detailed in SDCC's Informed Consent for Mental Health Treatment Services and Notice of Privacy Practices, which were provided to, and reviewed with, me/my child at the time of admission.

RISKS:

I understand that, despite reasonable efforts made by SDCC and my treatment providers, there are risks associated with the use of telehealth, which may include but are not limited to:

- The transmission of my treatment information could be interrupted or distorted by technical failures.
- The transmission of my treatment information could be interrupted by unauthorized persons.
- The electronic storage of my treatment information could be accessed by unauthorized persons.

Important:

If unable to get a signature in person, we must document verbal consent in the medical record.

Additionally, I understand that:

- telehealth services may not be as complete as face-to-face services;
- there are potential risks and benefits associated with any form of mental health treatment or services, and that despite my efforts and the efforts of my treatment providers, my condition may not improve, and in some cases may even get worse;
- results of telehealth services cannot be guaranteed or assured;
- telehealth services are not to be relied upon in an emergency; and
- in the event of a mental health emergency, I should immediately call 911 or the San Diego County Crisis Line at 888-724-7240.

ACKNOWLEDGMENT & AGREEMENT:

- By signing below, I acknowledge that I have read and fully understand this consent form, that I have discussed this information with my therapist, and all my questions were answered satisfactorily.
- By signing below, I'm agreeing to receive telehealth services.

Youth Signature

Date

Parent/Legal Guardian Printed Name/s

Parent/Legal Guardian Signature/s

Date

Obtained verbal informed consent on the following date*: _____

Provider Printed Name & Credentials

Provider Signature & Credentials

Date

**Signatures must be obtained at next face-to-face appointment.*



Technology Available

SDCC Issued Cell phones

SDCC Issued Ipads

Shoretel Phones

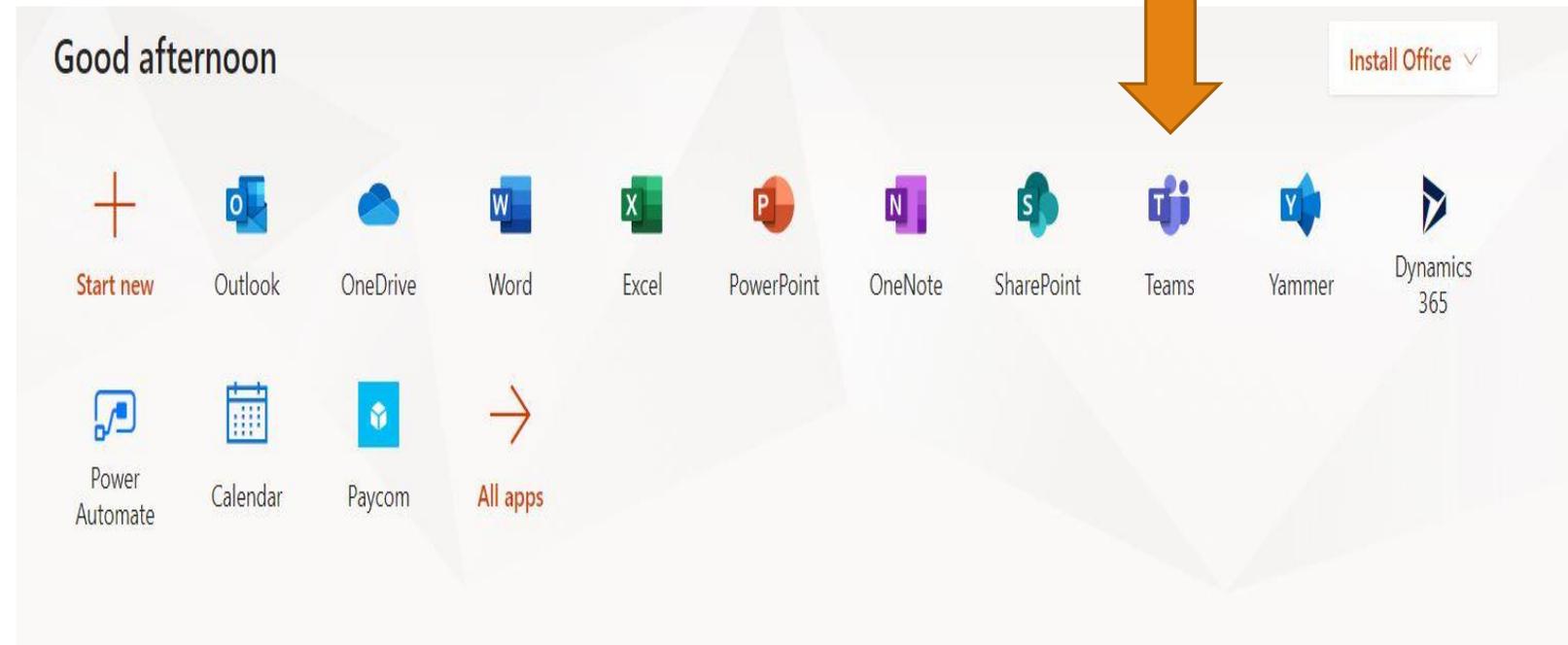
SDCC Issued Computers



Microsoft Teams

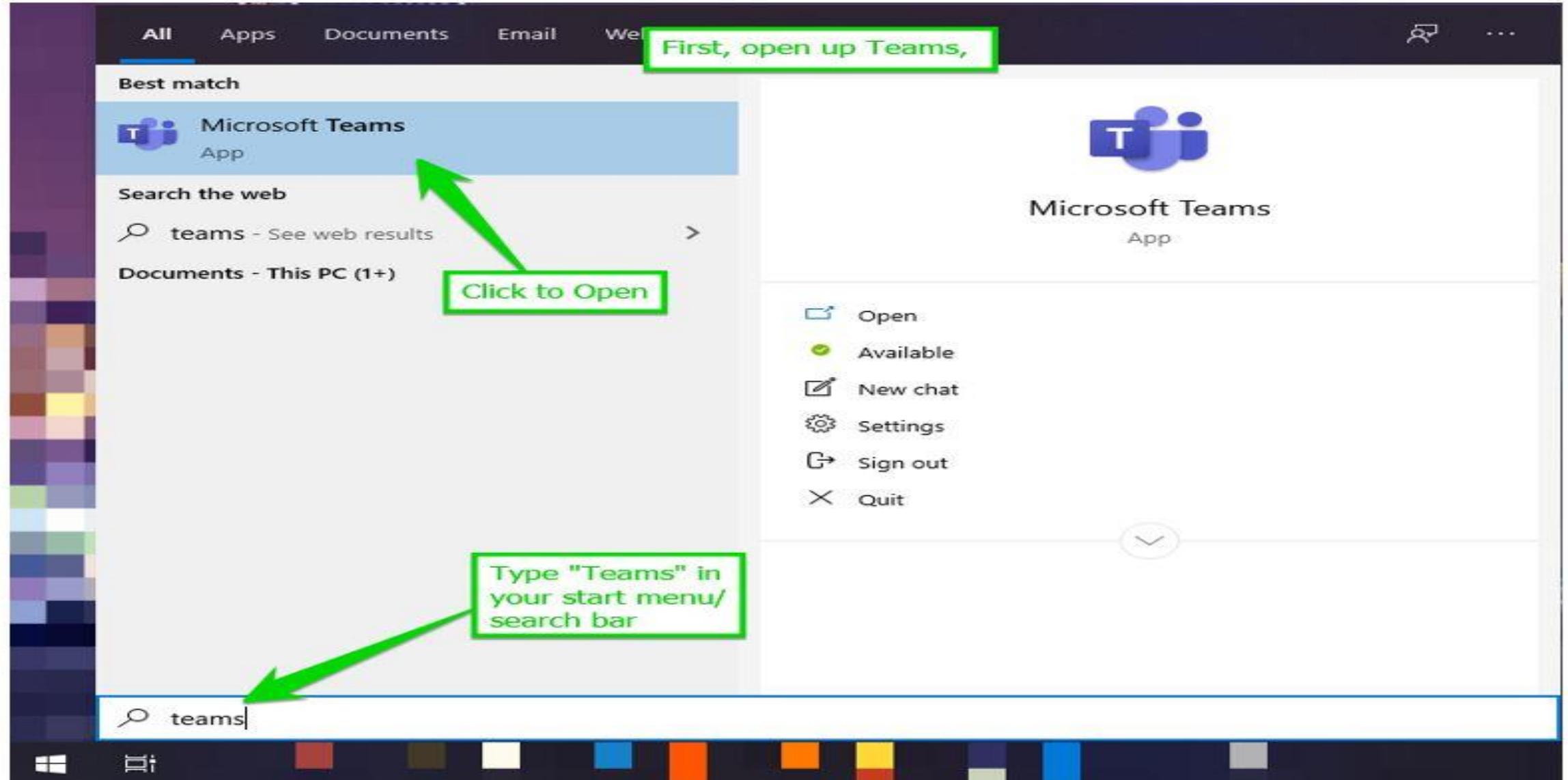
Microsoft Teams is an application already included in your Microsoft Office Suite that allows video-chatting with individuals or in a meeting format with multiple people. The person you're chatting with does not need their own account.

Directions below, courtesy of SDCC IT



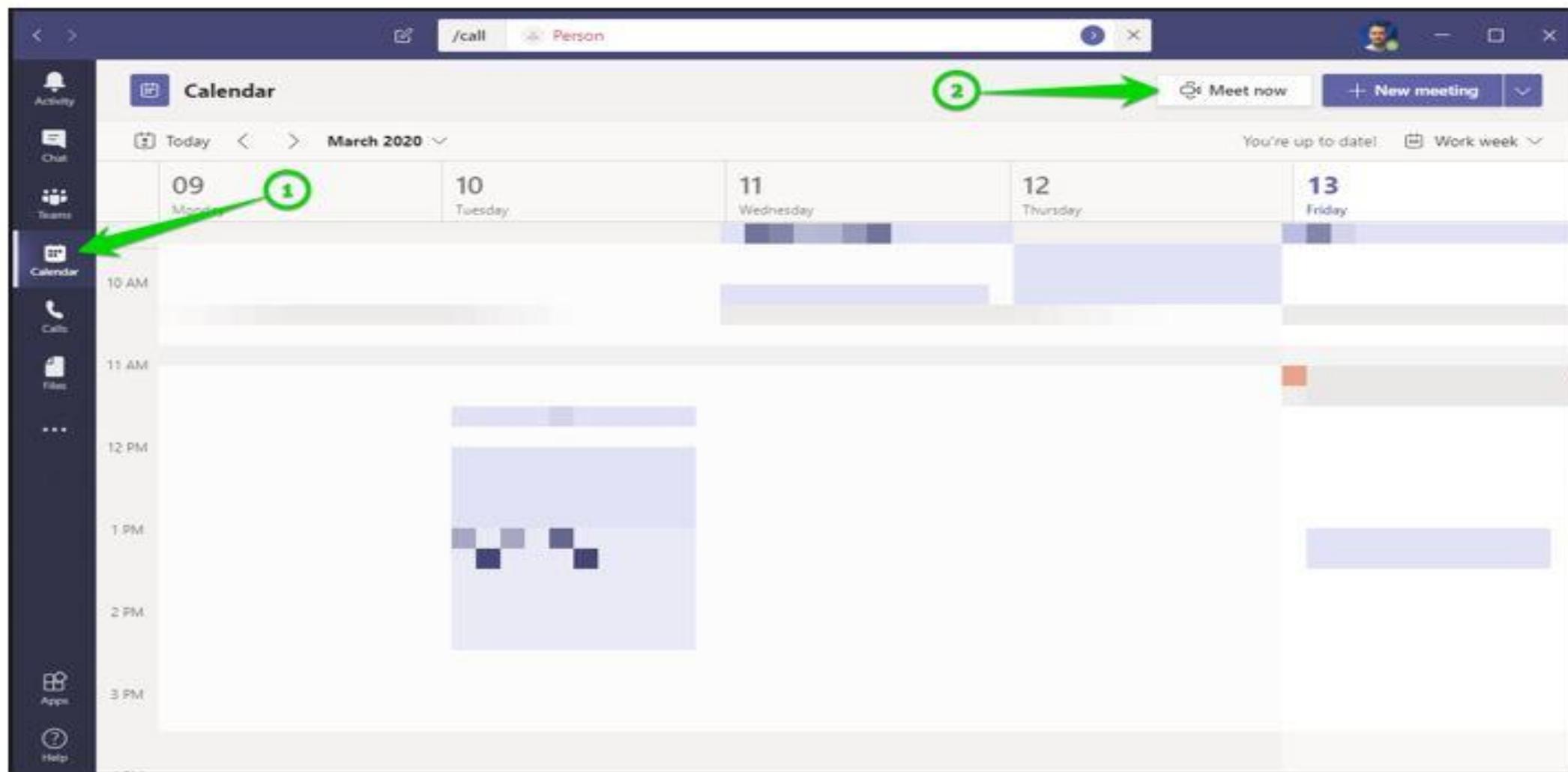
Step 1)

First things first. Open up Teams using the following steps, if it's not already open.



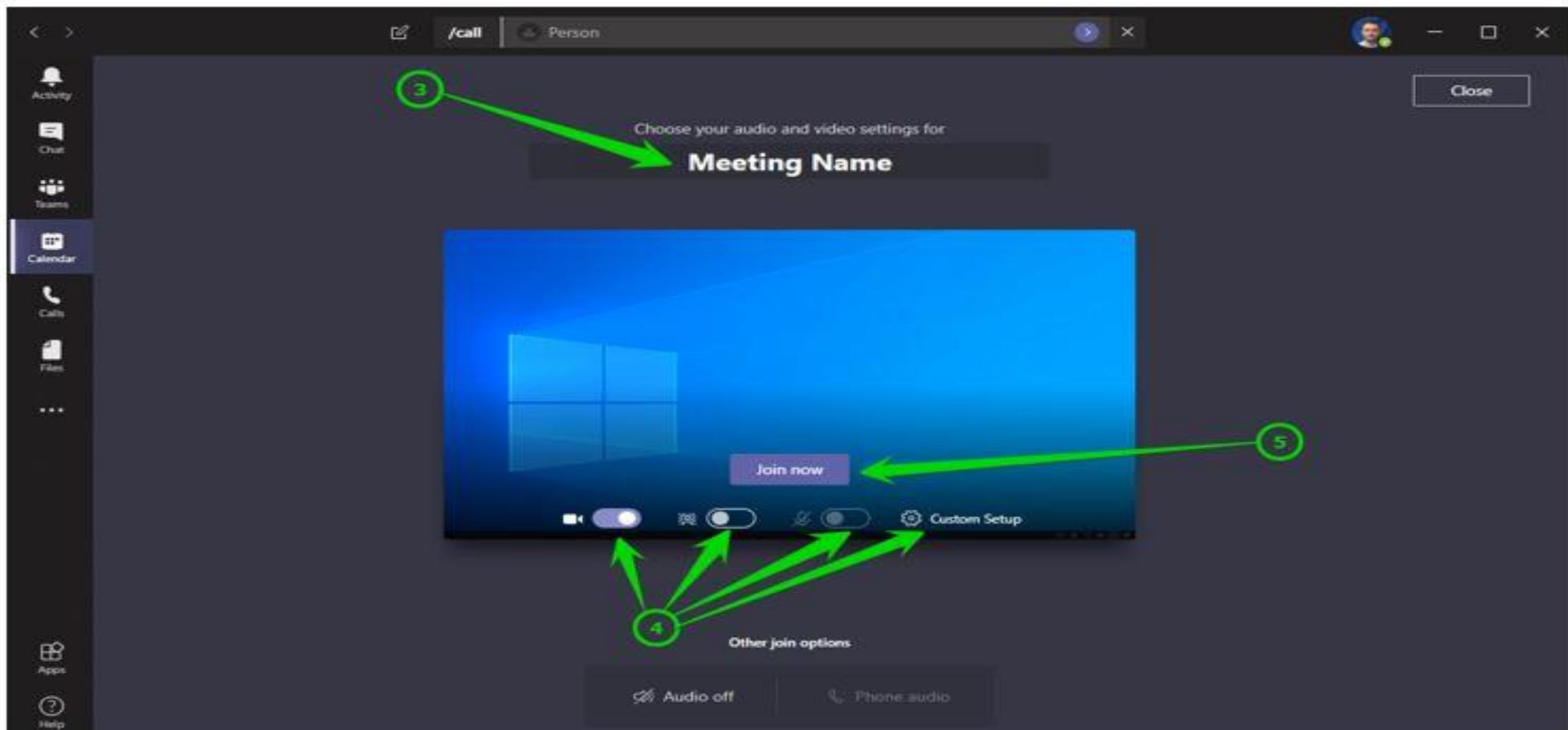
Step 2)

Click on Calendar ①, then on “Meet now” ②.



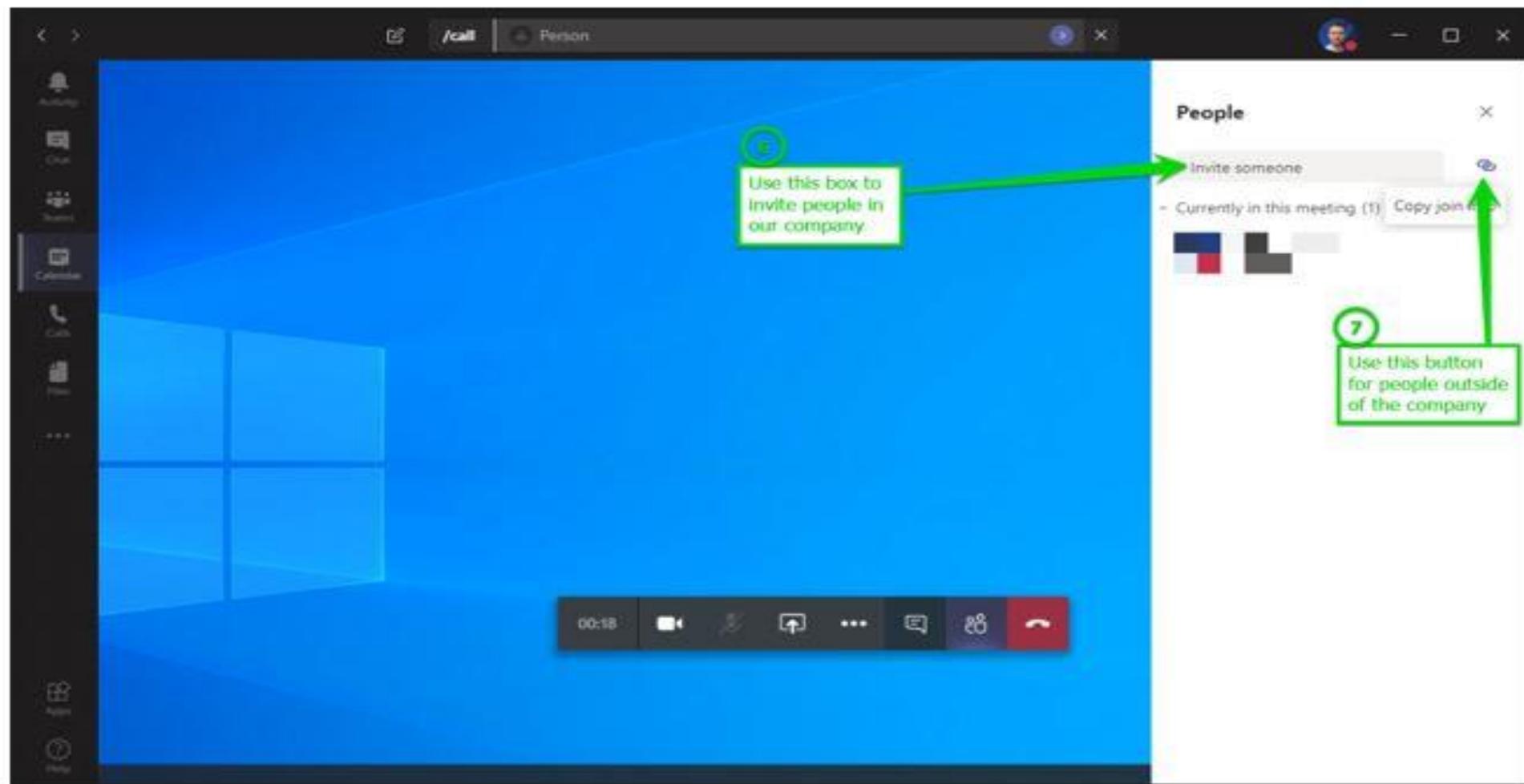
Step 3)

Choose your meeting name (3), select your call options (such as camera, audio settings, and others) (4), then choose "Join now" (5)



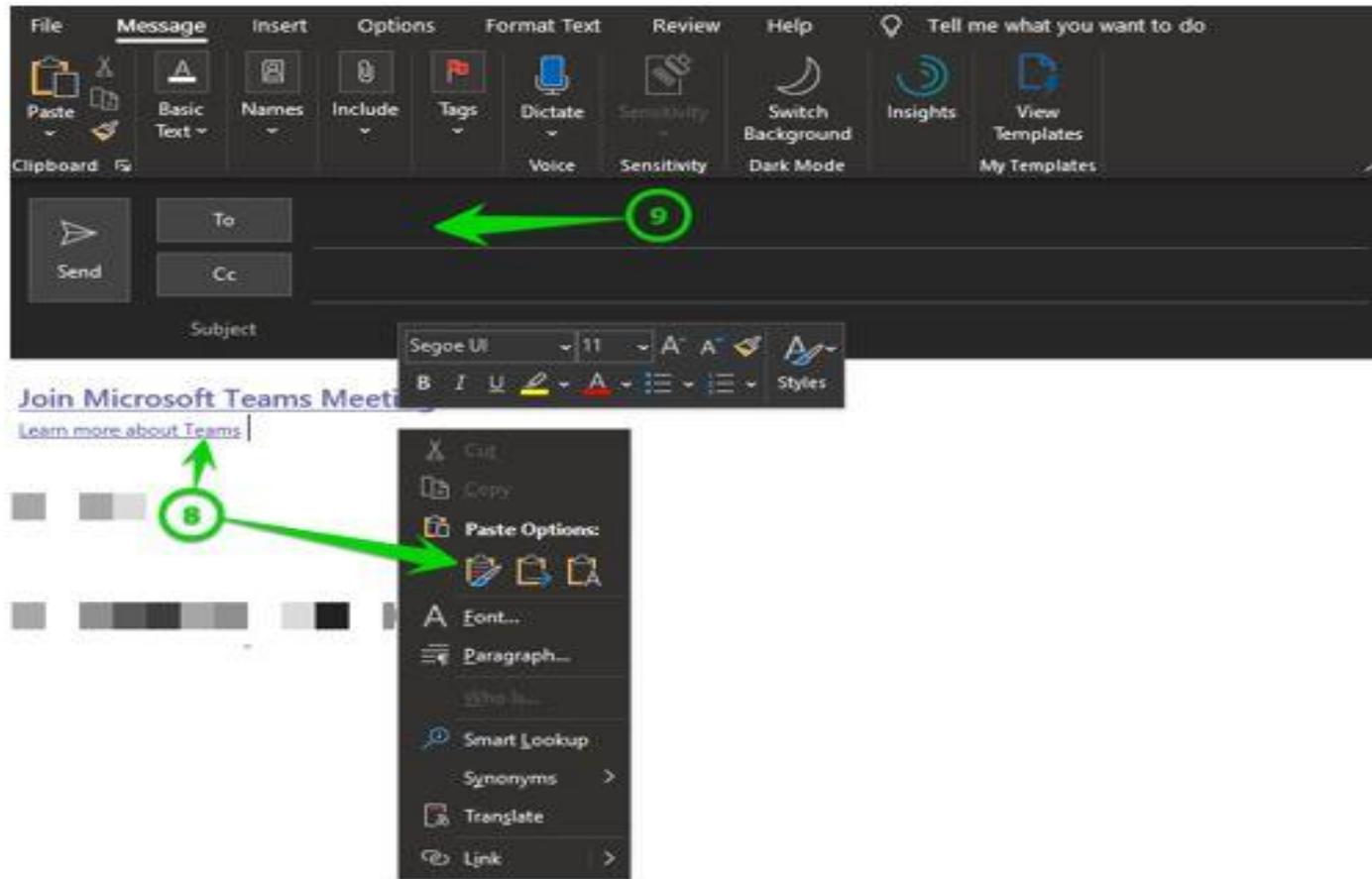
Step 4)

Type in names of people you want inside our company in the meeting **6** and the chain link button to copy the link for someone outside of the company **7**.



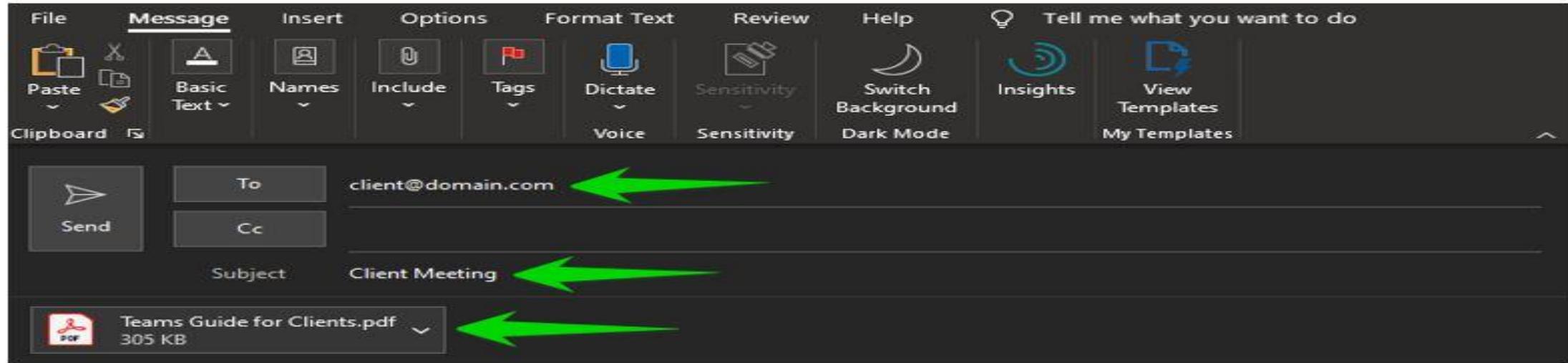
Step 5)

Once you have the **Copied to clipboard** message, you can then paste the link into an email by starting a new email, right click, and paste **8**. Type in who to send it to **9** and all they need to do is click the link! They can open it right from the browser. Download and attach <this PDF> to send to the client.



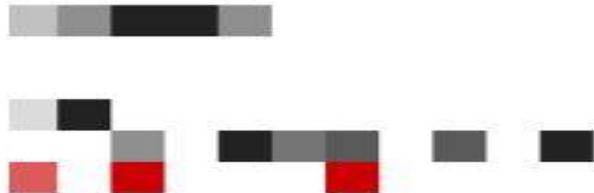
Step 6)

Download and attach [this guide](#) to send to the client if they require assistance. Please note, giving the client the link to the guide will not work, as they will not have access. This will give instructions on how to open the meeting on either their PC, Chromebook, or mobile phone.



[Join Microsoft Teams Meeting](#)

[Learn more about Teams](#)



Send it and you're done! Make sure to check your camera and microphone, just as you would in Skype.

A few more considerations for TEAMS...

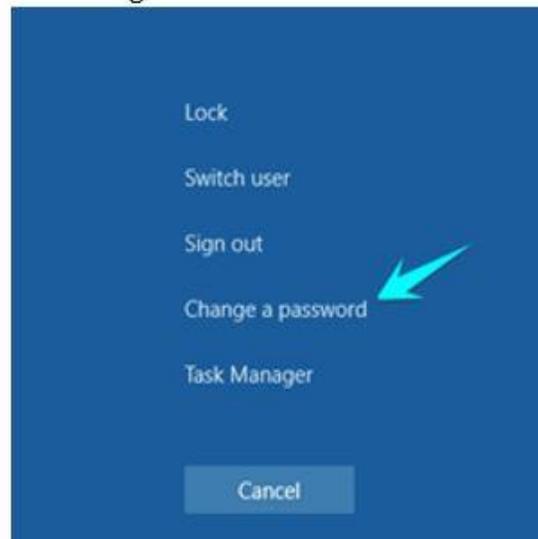


- ❑ Use the app versus the online version which enables more features
- ❑ Consider blurring your background
- ❑ Practice connecting with each parent at least once before the actual telehealth session so you can work out the bugs together
- ❑ While it's what we have, just know it's not the best for CFTs because you can't see everyone all at once – zoom and google hangouts are better for this, but not HIPAA compliant
- ❑ Use whiteboard! You can draw on the screen and the kids can too 😊
- ❑ The online version does not work in Safari – if the person is using an apple device, they have to download the app, but they don't need an account; other web browsers should allow them to connect from the link

Duy says, when working from home:



1. **Work on company assigned laptops.** Our laptops have several security features implemented such as encryption, endpoint security, and domain group policies.
2. **Work on Password Protected Private Networks or Protected Mobile Hotspots.**
3. **Avoid working in public, but if it is absolutely necessary, use privacy filters.**
4. **If staff is expecting to work remotely for an extended time, change the password before leaving the site:**
 - a. On your device, hold Ctrl + Alt + Delete
 - b. Click "Change Password". This will give staff 90 days before requiring another password change.





Don't Worry!

You are NOT without IT Support! Remote support is available to you, so please continue to use our Helpdesk ticket system for any issues.

If you have any questions or would like assistance doing this, please contact your IT department by phone at 858-633-4111 or by email: helpdesk@centerforchildren.org

Getting Started

Required actions of mental health practitioners for every telehealth session:

- ❑ At the beginning of every telehealth session, the clinician must verbally obtain from the client and document the client's full name and current address. This is to prevent impersonation and to better assist in case of an emergency.
- ❑ The clinician must assess the appropriateness of providing services via telehealth *each* session and document it in the client's record as the client's mental health can change between sessions.
- ❑ The clinician must utilize industry best practices to maintain client confidentiality through the security and privacy of the means of communication. Documentation of the clinicians due diligence in this area is recommended.

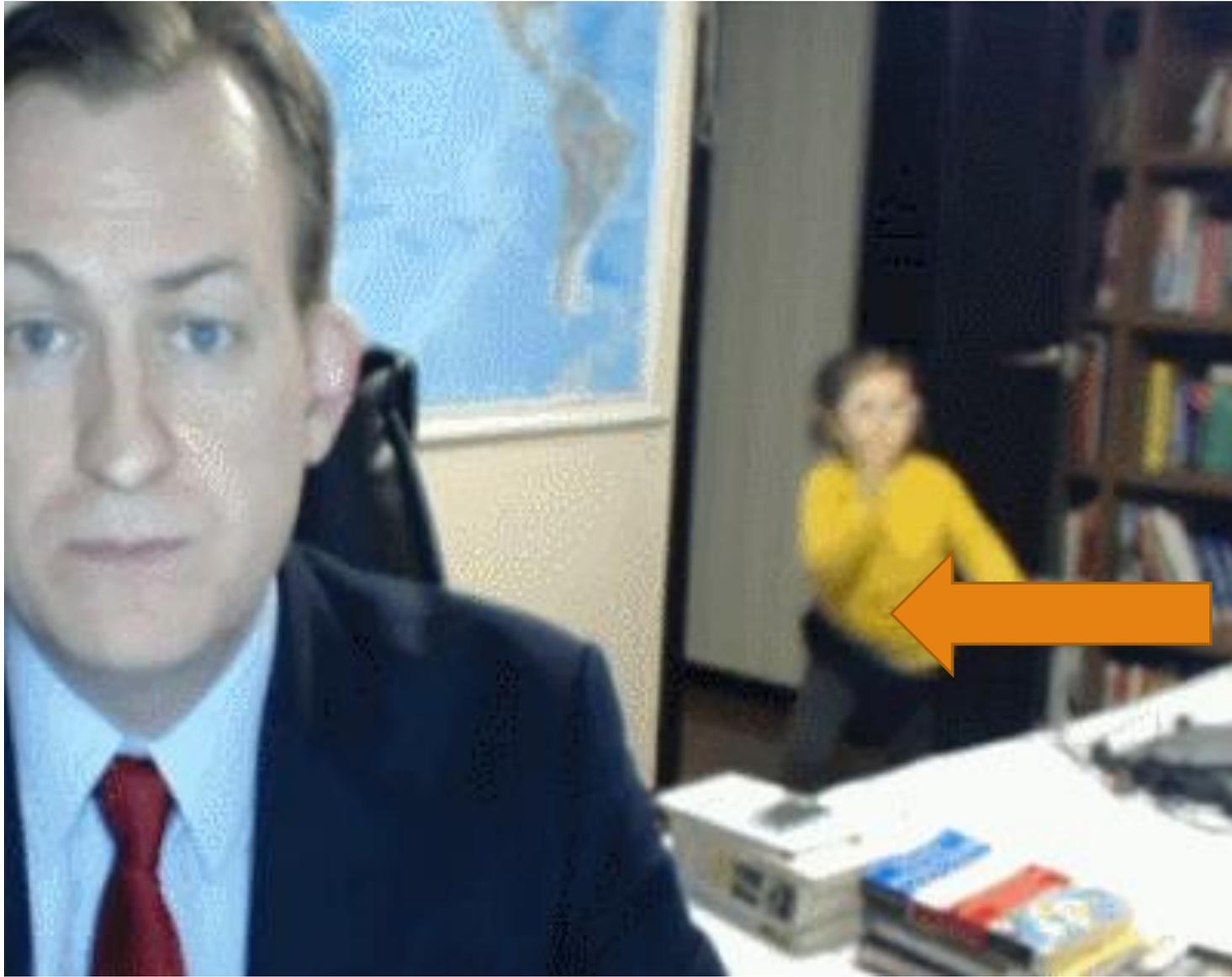


A Cautionary Tale....

This is Robert....



Robert is LIVE....



This is Robert's daughter...

Did we mention Robert is live?

CNN





Don't be like Robert.

The End.



So what do we need to do to make sure our telehealth spaces are right?

Your Telehealth “Office Space”

You are encouraged to assess carefully the remote environment in which services will be provided, to determine what impact, if any, there might be to the efficacy, privacy and/or safety of the proposed intervention offered via telehealth. Such an assessment of the remote environment may include a discussion of the client's situation within the home, the availability of supports, risk of distractions, potential for privacy breaches or any other impediments that may impact the effective delivery of telehealth services. Along this line, staff are encouraged to discuss fully with the clients/families their role in ensuring that sessions are not interrupted and that the setting is comfortable and conducive to making progress to maximize the impact of the service provided.



“Office Space”

Remember that when working from home, you must have a designated, secure space for your online therapy sessions.

Here are a few things to keep in mind regarding your space:

Privacy: Select a space that is private and free of distractions. You want to make sure that no one else (family, children, roommate, neighbors) can hear the conversation between you and your client.

Noise Level: Ensure that there are no noises that could be distracting to you or the client during your session. This includes doorbells, noises from outside, TVs, radios, and other conversations.

Visual Distractions: Your background in the camera should be free of all clutter. Having a neutral colored background or wall can help from distracting your client.



- ❑ **Lighting:** Try to maintain a consistent light source throughout your session. Avoid having light sources behind you as this can cause your face to be shadowed. Make sure your face is fully lit and in the frame during your session. It is recommended to place lights around the room or ensuring you have good natural light in your space. Try to keep windows and curtains closed if they are behind you, both to ensure you have consistent lighting and also to protect the privacy of your clients.

- ❑ **Clothing:** Even though you may not be leaving your home, dressing professionally during your telehealth sessions is important. Wear clothing that is in contrast with your background but try to avoid patterns because they can be visually distracting and cause eye strain for your clients.
 - ❑ Consider wearing plain, solid-color shirts (pastel or jewel tones) and avoid bright colors or stripes. Very bright shirts and shirts with busy patterns (stripes) can create a distracting optical illusion.
- ❑ **Eye contact:** Maintaining eye contact during your online sessions is imperative. You want your client to feel as if they have your full attention. Avoid doing other work, looking at other screens, or taking notes for long periods of time. It can be distracting, and even unnerving, for your clients if they see you constantly looking away. Be mindful of your eye contact and explain to your clients why you are looking away when it is necessary.



Pets, and Kids, and Photos, oh my...

What did we learn from Robert about kids?

- Lock the doors if you're not home alone (maybe put a sign on it)
- They still see it, even if you pretend it's not there. Acknowledge it, fix it, move on.
- Other things to consider:
 - What's in the frame that you wouldn't normally share with clients? Family photos, bath robe, tennis trophy? If it's personal, remove it.
 - Consider having a wall behind you versus wide open space
 - Animals, however cute, are likely distracting – secure them elsewhere
 - Set camera on a flat surface – if you set it on your lap and move a lot that's distracting
 - Have what you need with you so you don't have to get up

Things happen...

Emergency services: Since you are providing care from a distance, it is important for both you and your client to know where they can access emergency services near them. You should know this information for every client you see and you should include it in their charts.

Disruptions due to technology: Have a plan and discuss with your client what to do if there is a disruption due to technological problems. Remember this can be frustrating or cause anxiety to clients but reassuring that you have a plan can reduce those emotions.

Keep emergency numbers handy when doing telehealth!



Documentation

- ❑ Be sure to review the telehealth consent and document verbal consent in the medical record when you are unable to obtain a signature
 - ❑ *Informed consent for telehealth services was read to the youth/parent, including all applicable rights and risks related to the provision of telehealth services. The youth/parent stated that s/he understood their rights, and the associated risks, as they pertain to the provision of telehealth services. The youth/parent gave consent to engage in telehealth services prior to the provision of telehealth services.*
- ❑ Be sure to document that you verified the client's identity and physical location and assessed for appropriateness for telehealth in each session note

Be sure to indicate telehealth in the proper service indicator location

In Cerner it looks like this:

Encounter		Currently Viewing Information for Assignment and Billing Parameters	
Assignment and Billing Parameters		Service	
Diagnoses		Sunday	March 15, 2020
EBP/SS		40 minutes	PSYCHOTHERAPY- FAMILY 32 (32)
Collateral Server(s)		40 minutes (T)	HECKLAU, AUBREY (113) (14863)
		40 minutes (D)	
		Assignment	
		A	SDCC FFA STABL AND TREATMENT (6980) / SDCC FFAST FSP (6985)
			Opened: 08/13/2019
		Billing	
Lab	<input type="text"/>		Participants <input type="text"/>
Provided To	Client and Family	B	Days <input type="text"/>
Provided At	Office	A	Quantity <input type="text"/>
Outside Facility	<input type="text"/>		Fee <input type="text"/>
Contact Type	Telehealth	E	
Appointment Type	Scheduled	1	
Billing Type	English	1	
Intensity Type	NOT APPLICABLE	N	



Ok, but we do we actually *DO*?

CLINICAL STUFF

You called for help?



Continuity of Care

We are not teletherapists.

We don't really know how to do this yet and we're not expected to know.

This is not a long-term situation.

None of this is normal.

Continuity of care doesn't mean that we're picking up where we left off at our last session as if everything is normal. It means we're there in the midst of their chaos *AND OURS* to do the best we can with what we have.



Where to start:

Start with a conversation with the parent

- ❑ What tech do they have on hand for video sessions? (Phones/Computers/Tablets?)
- ❑ What's reasonable in terms of privacy, time they can be engaged in family sessions, etc
- ❑ What toys/supplies do they have on hand that might be good to have close at hand for session (especially for younger kids)
- ❑ Would they like to attempt sessions with the child by video or would they prefer to just get parent support for a while?
- ❑ If they want to try having us work with them and the child or the child alone (for older children), what do they think would be the most helpful focus for session in the short term? (Again – we're not just picking up where we left off necessarily...we may be just doing regulation work and COWs)

Little (0-5s)



- ❑ PCIT PRIDE Skills
- ❑ Parenting Skills and Psychoed
- ❑ Directing theraplay activities
- ❑ Bibliotherapy (real books and videos)
- ❑ Yoga Pretzels, Cosmic Kids, and other movement activities
- ❑ Feelings Identification/role play with cards and pictures
- ❑ Filial therapy with parent coaching



Mediums (6-11s)

- Hidden object game
- Watching and talking about videos
- Drawing or sculpting/playdoh games (copying, following directions)
- Communication games
- Mirroring games
- Feelings cards or bingo
- Charades
- Online games
- Theraplay Activities
- Bibliotherapy (real books or videos of books being read)
- Mystery box
- Movement activities (Yoga pretzels, cosmickids.com yoga, etc)

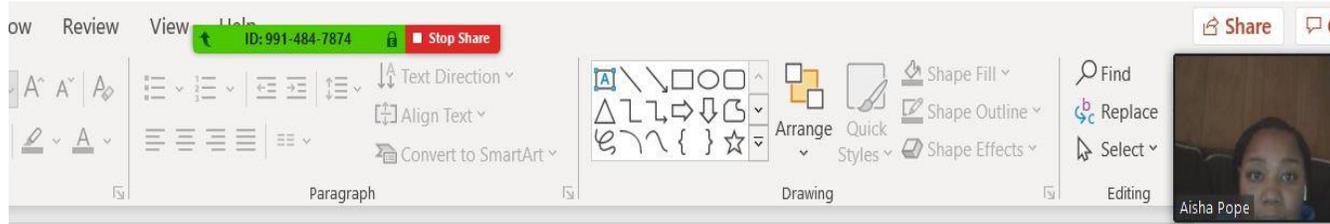




Bigs (12 to TAY)



- Talk sessions
- Online games
- Art activities
- Watching and talking about youtube videos, music videos, etc
- Reviewing psychoeducation materials
- Looking at online resources (case management)



Parents



SAN DIEGO
CENTER FOR
CHILDREN

Brain Basics

FFAST Parenting Group
Timothy Mok, AMFT
FFAST Family Therapist



1

- Talk sessions
- Reviewing available online resources
- Reviewing training materials (Parent Group Powerpoints and others)
- Psychoeducation
- Watching and talking about online training videos
- Self-Care
- Helping plan activities for kids

Some online resources

- ❑ Anxiety (ages 5-12, \$): Gozen.com
- ❑ Emotion-management (age 4-5, free): Breathe, think, do sesame street app
- ❑ Talking about feelings (ages 4-10, free videos):
- ❑ Inside out “How is she feeling?”
<https://www.youtube.com/watch?v=dOkyKyVFnsS>,
- ❑ Guessing emotions (4-6):
<https://www.youtube.com/watch?v=MeNY-RxDJig>
- ❑ Sadness over loss Inside Out:
<https://www.youtube.com/watch?v=kdhjztWMnVw>
- ❑ Dancing it out to different emotions (4+):
<https://www.youtube.com/watch?v=fmMUCMesVtE>
- ❑ Anger (5+):
<https://www.youtube.com/watch?v=DbpTohPUhMw>
- ❑ Understanding and discussing emotional intelligence (12+): <https://www.youtube.com/watch?v=n9h8fG1DKhA>
- ❑ Screen share kimochi emotion chart and have child act out a feeling they had over this last week and you need to guess. <https://languageduringmealtime.com/wp-content/uploads/2015/04/Kimochis-e1429039370972.jpg>
- ❑ Uno:
<https://play.unofreak.com/?fbclid=IwAR3WBb1r7UfLwOMh4uMCJBJufBEwgMCZvkcu6AfbUAiLouzRulQeqHqqYro>

Articles With Intervention Ideas

Tele-mental Health and Children – 20 Free Minimal Supply Activities

- <https://www.meehanmentalhealth.com/the-playful-therapist-blog>

COVID 19 – E Therapy in Times of Isolation

- <https://www.psychologytoday.com/us/blog/expressive-trauma-integration/202003/covid-19-e-therapy-in-times-isolation>

Interventions for Online Therapy with Children and Youth

- <https://www.guidancett.com/blog/interventions-for-online-therapy-with-children-and-youth-2020>

100 Art Therapy Activities

- <https://intuitivecreativity.typepad.com/expressiveartinspirations/100-art-therapy-exercises.html>

Additional Resources

SD County Contract Specific Info related to Telehealth

The Organizational Provider Operations Handbook, Section D addresses Telehealth Services (D12 – D14)

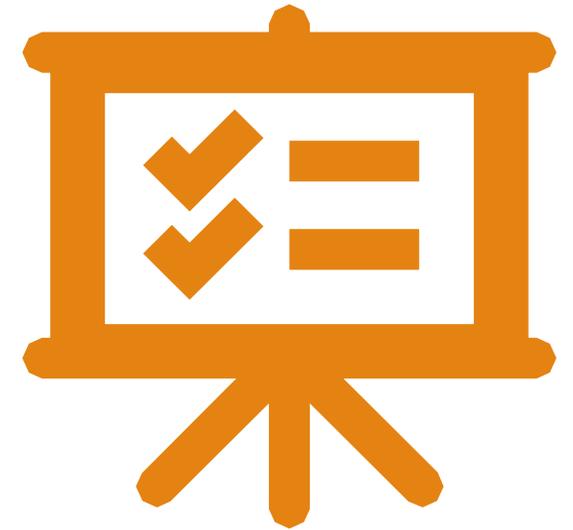
<https://www.optumsandiego.com/content/dam/sandiego/documents/organizationalproviders/opoh/07 - OPOH - Section D - Providing Specialty Mental Health Services 2.21.20.pdf>

MUST REVIEW:

<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/cyf12telehealth.pdf>

SAMSHA Telebehavioral Health Training and Technical Assistance

<https://www.integration.samhsa.gov/operations-administration/telebehavioral-health>



we're all
IN THIS
together



Self Care & Staying Connected

Possible Barriers to Staff Well-Being



Which of these are you currently experiencing or sense you might experience before these circumstances pass?

- Unknown/uncertain future
- Difficulty concentrating/distraction/distress
- Anxiety, fear, worry
- Loss of control
- Confusion
- Isolation/loss of connection
- Limited ability to engage in meaningful work/limited ability to help our clients
- Insecurity about how to do this work in this new circumstance
- What else?

Resiliency and Self-Care

The 7 C's (+1): Consider what is in place and what feels threatened

- Confidence - I believe I can do this
- Competence - I have the knowledge and tools
- Contribution - I'm helping my kids and families
- Coping - I'm taking care of myself
- Control - I can choose and decide some things
- Connection – I'm not in this alone (teaming and feeling felt)
- Character – I will do what's needed and what's right with Integrity and accountability
- Bonus C! **Communication – I will communicate with my team about what's going well, what I'm worried about, what ideas I have, and what I'm planning.



Being Proactive: Ideas

Engage in Control

- Physical health: sleep routine, healthy diet, movement
- Be empowered to make decisions and choices that are in your control (self-care and clinical considerations)
- Schedule and take a lunch break and make a healthy meal

Engage in Coping: grounding/mindfulness practices

- Journaling
- Gratitude practice, breathing practice, loving kindness practice
- Two wolves- feed our peaceful wolf, be compassionate to our fearful wolf
- Use our senses: see hear, feel, smell, taste

Engage in building Confidence/Competence/ Contribution: professional learning/sharing

- Trainings
- Creative thinking and problem solving about our work
- Try something and see how it goes
- Case consult and sharing of ideas



Find ways to connect

Engage in connection/ communication/contribution

- Regular check-ins: partners, small groups, large groups
 - Regular and required versus optional
- Work with a partner on something
- Schedule a virtual coffee date with a coworker
- Share humor/memes/stories
- Play (practice those games we're going to try with the kids!)
- Other ideas?