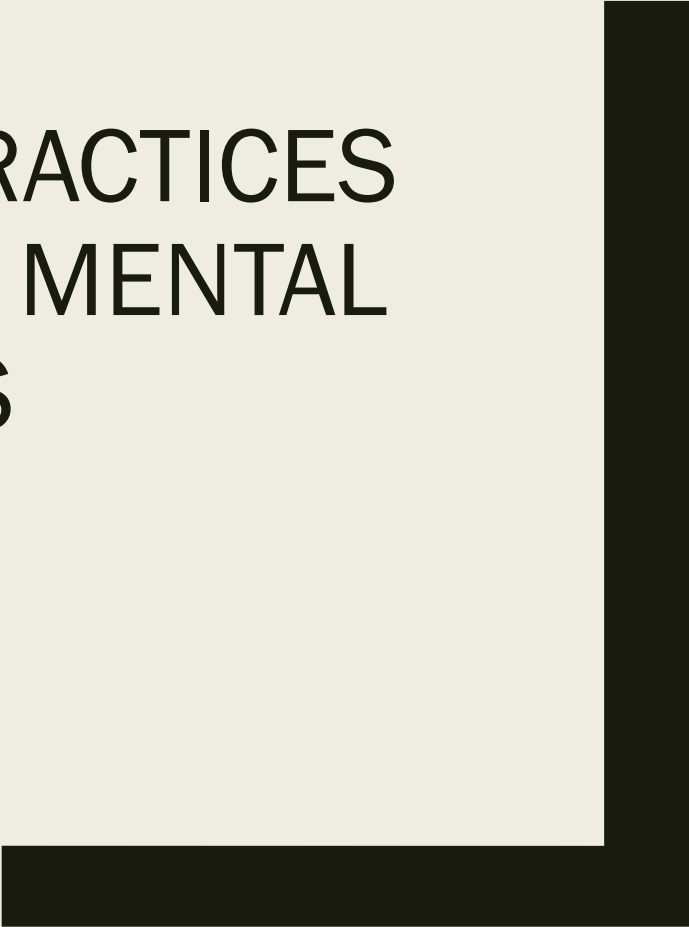


TELEPHONIC CARE: BEST PRACTICES
AND CONSIDERATIONS FOR MENTAL
HEALTH CLINICIANS



Presenters

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Objectives

Considerations for
transition to
telephonic mental
health service
delivery

Best practices for
clinical service
delivery

Clinical tips for
telephonic service
delivery

Clinician and Patient Perceptions of Telephonic Care Project

- Clinicians view of telephonic care has been “second best” or not optimal way to deliver services
- Cannot provide clinical care without seeing the patient , physical presentation , body language and cues
- Patients express convenience of telephonic care
- Saves transportation and easier access
- Able to have a connection with person on phone
- Sometimes feels “safer” and less “intimidating”

Mental Health Providers at Start of Telephonic Services

- Unfamiliarity of providing remote, telephone-based mental health services
- “less personable, feel like cold-calling”
- “more difficult and substandard”
- “potential push back from patients or no answer”
- Phone services are only for for elderly patients, those who are disabled, and those who have fear/stigma towards counseling or therapy”

Unique challenges of the work, especially for new patients/referrals:

- Extra effort to engage patients over the phone (voicemails, following up)
- Patients’ apprehension of talking to a “scammer”, some patients did not know about the services or that they had been referred to services or didn’t remember
- Outreach, enrolling, and scheduling appointments is an “unaccustomed and different experience”

Mental Health Providers Experiences After Participating in Telephonic Care

- More patients are engaging in MH services who normally would not have (increased and improved access)
- “Convenient for patients, more personable, and just as effective” as in-person therapy
- Impact on patients: many patients improved in their outcomes (for depression/anxiety), and when told they met their goals, they did not want the calls to stop occurring
- Participants are less likely to terminate services
- Participants felt patients were more open, less biased, and shared more information than during in-person therapy
- Progress can feel limited if providers cannot get in touch with patient

Patients Thoughts Around Telephonic Care



Positive experience



Convenient and accessible approach



Learned self care and skills where I “would use them “, could practice skills while on the phone



Helpful to see picture or meet one time or “know” person



After initial call was “very much” like in person therapy



If you are on video check closely lighting and background (things may change !) and close screens from other programs -like email



Ask patients to identify a private space, comfortable , perhaps pen and paper



Send information ahead of time like safety plans, treatment goals, phq, tools



Follow same format as you might for in person visit



Focus- don't multi-task, if you are on the phone shut off laptop etc.



Ask patients at the end of the session about experience and what could be changed /improved and what worked well

Considerations for Remote Care and Services

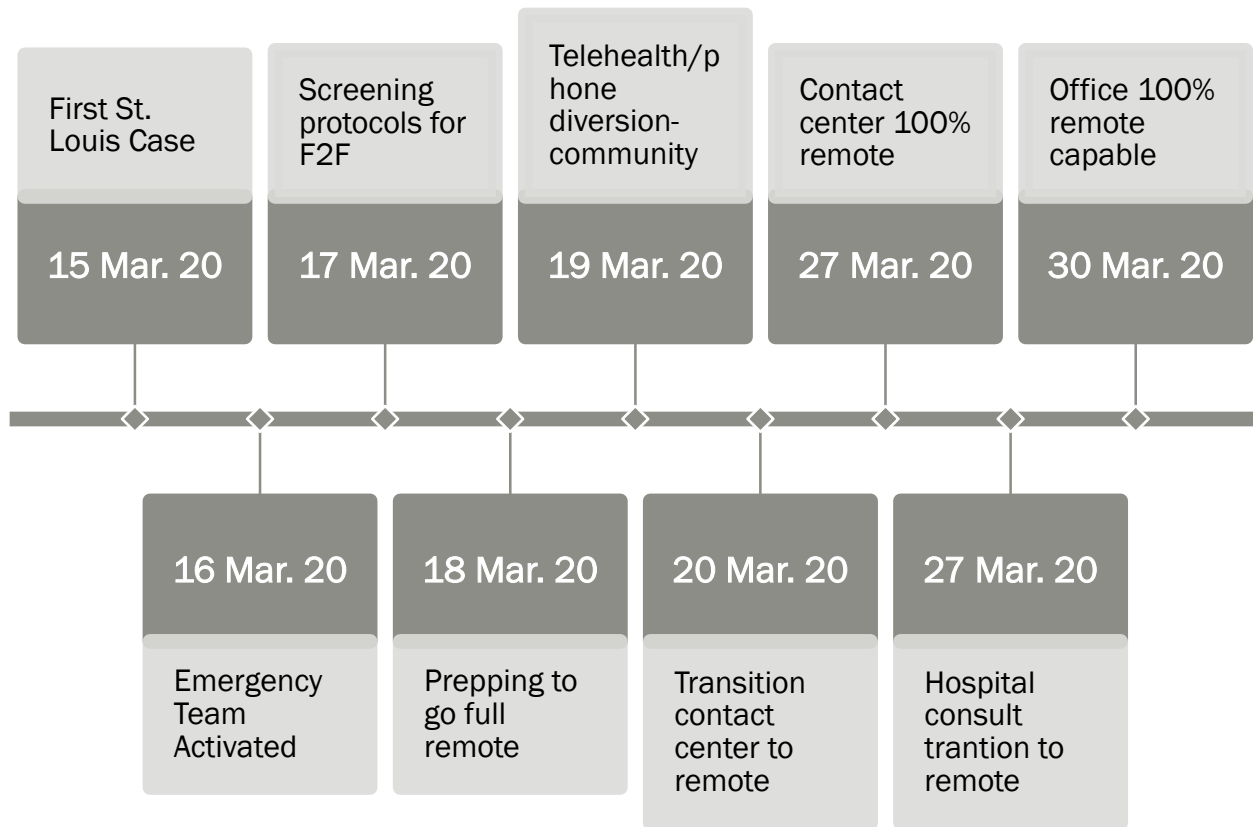
BHR Services

Crisis Lines
ED/OP Clinic support
Phone, Telehealth
and Onsite

Continuous
Placement Services

I/P Unit Onsite
support for
Staff/MDs

Care
Collaboration/Follow-
up



BHR COVID-19 Response

Transition to Phone/Tele Work

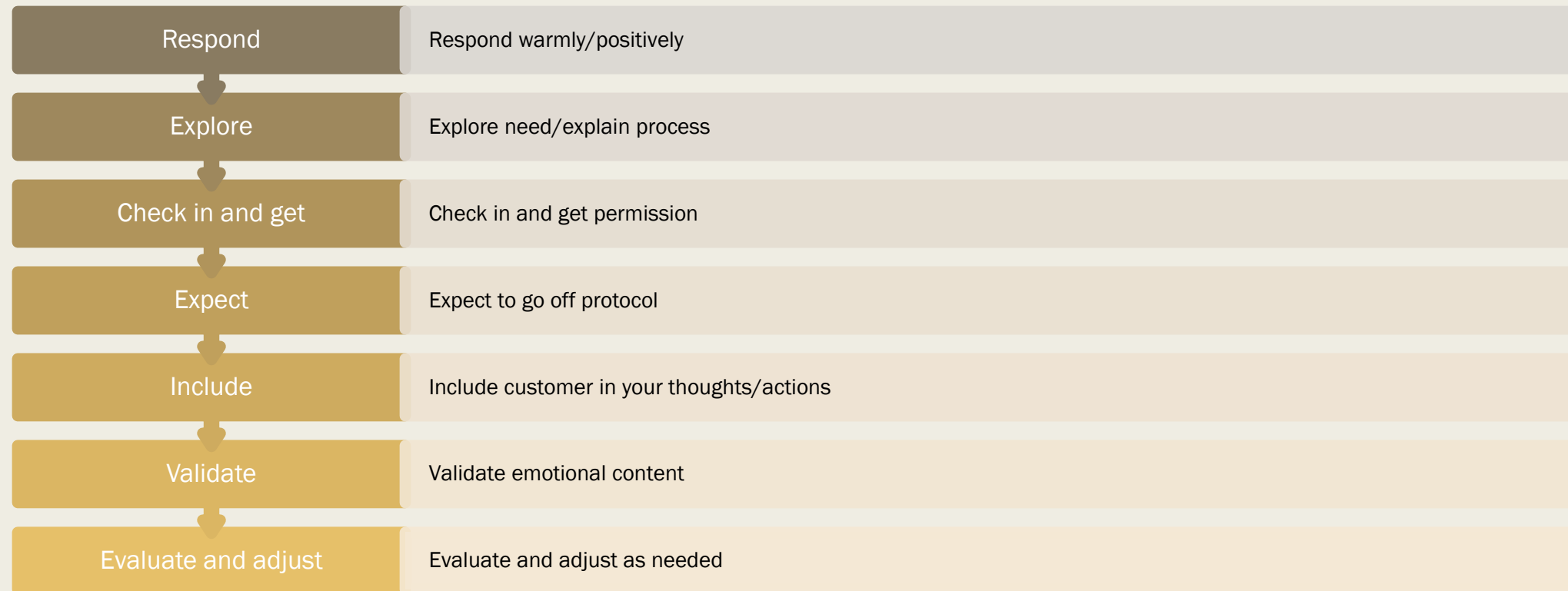
- A bigger barrier to clinicians than clients
- Verbal consent is fine and dandy
- If you can't replicate a function or security issue, document best effort to mitigate and how you made decision
- CONTINUITY IS KING
- Beta testing is helpful if you can

Phone Work



- Yes, it is harder
- Set expectations
 - *Who is there/with you?*
 - *Need to attend to something, let me know*
 - *Normalize what's different so you can focus on what is the same*
- They can't see you, so you must be overt with "listening" sounds/vocalizations

Easy Steps: RECEIVE



Yalom - 2017

- Authentic Healing Relationships is key
- We cannot anticipate what will or will not be key
- DX may impair or distort understanding
- Existential crisis MORE common and important
- Don't lose sight of whole person
- PROCESS CHECKS
 - *What is state of our encounter in the moment*
 - *Do you have questions for me?*
 - *Comment on relationship*
 - *Honest and transparent with focus on BOND between*
- The goal is helping on how to have a meaningful life

HOW TO ADDRESS COVID-19 AND SOCIAL DISTANCING WITH CLIENTS

Eunice Kim, LCSW



Tip and Strategies

Themes:

Support our clients to

- Adopt and maintain a balanced perspective
- Regain a sense of control/self-efficacy
- Prioritize connection

Adopt and maintain a balanced perspective

- **Normalize client reactions and potential relapse**
 - *Affirm client strengths*
 - *Foreshadow potential relapse as a natural response to an unprecedented situation*
- **Provide psychoeducation about COVID-19 symptoms and available resources**
 - CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - *Contact primary care provider*
 - NY State Dept of Health: <https://coronavirus.health.ny.gov/home>
 - NYC Department of Health and Mental Hygiene:
<https://www1.nyc.gov/site/doh/covid/covid-19-main.page>

Adopt and maintain a balanced perspective

■ Cognitive strategies

- *Thought logs*

- What is the “hot thought” i.e., distressing thought that is running through your mind right now? How much do you believe it on a scale of 0-100?
- What emotions does that bring up for you? What behaviors?
- Let’s take a step back and look at evidence that supports that thought, evidence that contradicts it.
- Looking at the evidence, what might be a more balanced thought i.e., more accurate and helpful thought? How much do you believe this statement in your gut on a scale of 0 to 100?
- What are you feeling in response?

Sample Thought Log

Situation	Emotions	Thoughts	Physical Sensations/ Behaviors	Balanced Thought	Outcome
Reading COVID-19 news all day	Anxiety (9) Fear (6) Worry (8) Helplessness (7)	I'm going to get it. No one is safe. The situation is getting worse. <u>Cognitive Distortions:</u>	Read more articles Sleep more, sleep fitfully Distracting myself with TV Not exercising		

Sample Thought Log

Hot Thought: No one is safe.

Evidence For

- **Unprecedented pandemic**
- **Increasing number of deaths every day**
- **No treatment or vaccine available**

Evidence Against

- **Other countries have started to slow the curve of COVID-19**
- **Implementing social distancing to slow spread**
- **Washing my hands frequently, only going out to get groceries**
- **Called my loved ones, all social distancing**
- **Can call my PCP if I'm noticing symptoms**
- **I'm not noticing symptoms right now**

Balanced Thought: We're going through a global pandemic. It's scary and serious. Other countries have been successful in managing COVID-19. I'm doing everything that's within my control to keep me and others safe, and I'm healthy right now.

Sample Thought Log

Situation	Emotions	Thoughts	Physical Sensations/ Behaviors	Balanced Thought	Outcome
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Adopt and maintain a balanced perspective

■ Cognitive strategies

- *Worry time – could also relate to social media or news intake*
- *De-catastrophizing*
 - What's the worst thing that could happen?
What the best thing that could happen?
What's the most likely scenario?

■ Gratitude exercises

- *What are you grateful for today? List 3 things. The more specific to today the better.*

■ Model and practice self-compassion

Regain a sense of control/self-efficacy

- Give clients ownership over the session agenda
- Maintain structure
 - *E.g., morning routines, bedtime routines, mealtime routines, creating blocks in your day (work, play, physical activity, creativity, faith, rest, connection)*
- Behavioral strategies
 - *Behavioral activation*
 - What can I do for my rest, pleasure, and enjoyment within the next day or two?
 - What can I do now that I've neglected in the past?
 - *Like with any life transition, what may be some hidden opportunities in an otherwise stressful change? E.g., gardening, creative projects, more quality time with family/social supports*

DBT Distress Tolerance

What can make this moment better?

SELF-SOOTHING

Self-soothing is a quick and effective way to reduce the intensity of negative emotions.



Sight

- Low lighting
- Soothing colors
- Sleeping masks
- Coloring books
- Pinterest Collages

Touch

- Soft things
- Cuddle things
- Massage
- Hot/cold shower
- Heated/weighted blanket



Sound

- Calming noise
- ASMR videos
- Nature sounds
- Guided meditations
- Binaural beats

Smell

- Aromatherapy
- Fresh air
- Candles/incense
- Comforting smells



Taste

- Strong flavors
- Warm drinks
- Eat slowly
- Nostalgic flavors



Regain a sense of control/self-efficacy

- **Mindfulness – to regain a sense of control as to where we’re directing our attention**
 - *5 Things exercise: engaging the 5 senses to observe your environment*
 - Helps to get clients out of their heads
 - *Leveraging apps: Calm, Headspace, Insight Timer, Sleep Restore*
 - *Variations on attentional control: observing a single object, could also include absorbing activities like puzzles and other games, playing musical instruments*
 - *Focus on the breath*
- **Emotional regulation strategies**
 - *Deep breathing*
 - *Grounding exercises – environment, to the body (physical activity)*

Prioritize connection

- **Interpersonal therapy:** The quality of our relationships affects our mood. Our mood affects the quality of our relationships.
- **Quality, not quantity**
 - *Particularly true for people, who identify as introverts*
 - *Extraverts – consider consistency of interaction. Who can you reach out to? How? When?*
- **Not all relationships are equal**
 - *Who helps you to calm down? Who helps to distract you?*
- **What can translate to a phone/video platform?**
 - *Coexisting*
 - *Can you do activities together? E.g., cooking, watching a movie, playing a game, physical activity, co-working*

THE MENTAL HEALTH ALL-STARS

ALLIES IN THE FIGHT AGAINST THE VOID





QUESTIONS AND THOUGHTS