TELEPHONIC CARE: BEST PRACTICES AND CONSIDERATIONS FOR MENTAL HEALTH CLINICIANS
Presenters

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Concert Health

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Vice President Clinical Operations/Evaluation
Behavioral Health Response

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Concert Health
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 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
Considerations for Remote Care and Services

- 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.
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
First St. Louis Case: 15 Mar. 20
Screening protocols for F2F: 17 Mar. 20
Telehealth/phone diversion-community: 19 Mar. 20
Contact center 100% remote: 27 Mar. 20
Office 100% remote capable: 30 Mar. 20

Emergency Team Activated: 16 Mar. 20
Prepping to go full remote: 18 Mar. 20
Transition contact center to remote: 20 Mar. 20
Hospital consultation transition to remote: 27 Mar. 20

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respond</td>
<td>Respond warmly/positively</td>
</tr>
<tr>
<td>Explore</td>
<td>Explore need/explain process</td>
</tr>
<tr>
<td>Check in and get</td>
<td>Check in and get permission</td>
</tr>
<tr>
<td>Expect</td>
<td>Expect to go off protocol</td>
</tr>
<tr>
<td>Include</td>
<td>Include customer in your thoughts/actions</td>
</tr>
<tr>
<td>Validate</td>
<td>Validate emotional content</td>
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<tr>
<td>Evaluate and adjust</td>
<td>Evaluate and adjust as needed</td>
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</tbody>
</table>
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
  - 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?
<table>
<thead>
<tr>
<th>Situation</th>
<th>Emotions</th>
<th>Thoughts</th>
<th>Physical Sensations/Behaviors</th>
<th>Balanced Thought</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Reading COVID-19 news all day</td>
<td>Anxiety (9)</td>
<td>I’m going to get it.</td>
<td>Read more articles</td>
<td>Read more articles</td>
<td></td>
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<tr>
<td></td>
<td>Fear (6)</td>
<td></td>
<td>Sleep more, sleep fitfully</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Worry (8)</td>
<td>No one is safe.</td>
<td>Distracting myself with TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Helplessness (7)</td>
<td>The situation is getting worse.</td>
<td>Not exercising</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Cognitive Distortions:</td>
<td></td>
<td></td>
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Sample Thought Log

Hot Thought: No one is safe.

<table>
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<th>Evidence For</th>
<th>Evidence Against</th>
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<tbody>
<tr>
<td>- Unprecedented pandemic</td>
<td>- Other countries have started to slow the curve of</td>
</tr>
<tr>
<td>- Increasing number of deaths every day</td>
<td>COVID-19</td>
</tr>
<tr>
<td>- No treatment or vaccine available</td>
<td>- Implementing social distancing to slow spread</td>
</tr>
<tr>
<td></td>
<td>- Washing my hands frequently, only going out to get</td>
</tr>
<tr>
<td></td>
<td>groceries</td>
</tr>
<tr>
<td></td>
<td>- Called my loved ones, all social distancing</td>
</tr>
<tr>
<td></td>
<td>- Can call my PCP if I’m noticing symptoms</td>
</tr>
<tr>
<td></td>
<td>- I’m not noticing symptoms right now</td>
</tr>
</tbody>
</table>

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.
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<td>Read more articles Sleep more, sleep fitfully Distracting myself with TV Not exercising</td>
<td>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.</td>
<td>Anxiety (6) Fear (4) Worry (5) Helplessness (5)</td>
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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/insense
  - Comforting smells

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

www.blessingmanifesting.com
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