Considerations for Tele-visit Sessions for Behavioral Health Family Centered Treatment® Practitioners

Families and children need our behavioral health and family support services more than ever in this time of crisis and change.

The areas of functioning of concern that previously have not worked well for the family or the difficult to handle behaviors of the child will become even more exacerbated in this time when some of the usual supports or escapes for managing family and intrapersonal challenges are not available. This is true for all families; Behavioral Health Services, Family Centered Treatment (FCT), or foster families. Essentially the previously more "open" family system has now become a "closed" system due to lack of outlets such as school or work, and even less outlets when the potential for quarantine for the family occurs. Thus, this makes this new "normal" a potential powder keg for hurt and harm.

We must not assume that "telling" families or caregivers "what to do and what not to do" is going to sufficiently reduce risk or increase safety. We must remember that for the area of functioning that has been a problem and in which they do not have a history of success, telling them "what to do or what not to do "or "checking in on them" will not provide them the practice at handling that area differently**. In fact, that checking in or directive process alone could in fact increase their anxiety by increasing their sense of blame or shame at not being able to do what you think they should or are telling them to do.**

Thus, the dilemma; if we are limited in our ability to do intensive and frequent sessions in the home due to this crisis, "what are we to do"? The following are a few tips to support your efforts to be effective:

1) **Structure is important** – follow the APA guidelines (attached) that enable you to define what they can expect from you. Do not assume that because they are familiar or have a history with you that the trust is transferred automatically into this new form of service. Communication is critical. In the first or early tele-visit sessions review the APA guidelines in your own words or their vernacular. For FCT families and foster families, carefully, thoughtfully and specifically define your FCT guarantees again: "what they can expect from you".

    a) Develop immediately with the caregiver an ongoing and proactive schedule of times for daily calls to quickly check in on them.
    b) For clinical services like FCT and other intense family services immediately determine a bi-weekly schedule for more lengthy session times of an hour or more to work on goals for more effective functioning.
    c) When the need is for child specific services and the child has an area or need assessed as a concern from the referral or assessment information (CANS) map out that individualized schedule as well.

2) **Next determine activities that you will practice that relate to the Area of functioning for the family members or address the developmental need of concern for the child.** When you know the AFF or the CANS area, then determine activities to specifically provide opportunity for growth in that area. Use supervision, your team, online resources and "toolbox" resources to bring to the members of the family or the child experiential practice activities that are interesting, exciting, hopefully fun and most importantly "relevant" to the AFF or CANS identified need. In FCT this bringing of an activity for them to practice is called a Diagnostic Intervention.

3) **REMEMBER, when previous attempts and efforts to bring family members together for a session or enactment process have been difficult and / or did not produce success for the members in practicing new behaviors, <u>then</u>**

   <u>DO NOT try to do</u> via a telehealth process. This statement is indirectly related to the APA guideline of "Do not attempt an intervention that has not been successful live".

4) **Use the tele-visit time with an individual family member to practice and roleplay how they can try new skills for the difficult to handle times with another family member**.

   a) Specifically determine with the individual member a recent time when their interaction with someone was problematic and / or not successful.
   b) This could relate to any area of family functioning such as communication, problem solving, affective involvement, affective responsiveness, behavioral control, or roles. (use the attachment for brief explanations).
   c) When the individual has identified a family member or person and the difficult to handle event, then you have identified with them the opportunity for **an intervention enactment**.
   d) For FCT this ability to engage them in a roleplay is assuming that you are in Restructuring Phase of FCT and have gained their trust enough to try this role play process with you. For other services or models, if they are not willing to go into the roleplay with you about the event, then take more time to understand their perspective about what happened using life space interviewing skills to join with them.
   e) Ask the individual involved in this tele-visit to roleplay the other family member or individual with whom there was the difficult to handle event.

      i) Step 1: As they roleplay this out with you, ask them to share what or how they responded. Your "role" is to be or roleplay "them". Once they have "bled" this event and identify for you that you have a good understanding of what happened; both what was done with them by the other person and how they responded, then you are able to ask them if they would they be interested in trying a different approach in an effort to obtain a different outcome.
      ii) Step 2: As the intervention enactment continues you now can continue to roleplay for the individual involved in the telehealth session how they might respond or handle the situation differently. In this second part of the roleplay process you still act as if you are "them" but you model or demonstrate effective ways of handling that area of family functioning. If as a clinician, you want to understand how to do this part of the enactment better, reach out for consult if practice is needed in this area.
      iii) Step 3; When you have modeled the process to a point of a different outcome, then switch roles in this intervention enactment and ask them to roleplay his or her self and you roleplay the "other" as they practice new skills which you have just modeled.

5) **When the family needs activities that permit them to develop skills related to areas of functioning, bring to the family specific assigned games or designed tasks that they will practice. This assignment is defined as a "diagnostic enactment". Some clinicians are delivering via email or leaving boxes of activities for this at the door of families. During the tele-visit walk them through the activity or game. If you need ideas for games or activities <u>that relate</u> to CANS needs or AFF needs reach out for supervision or consult. Throughout the network we have thousands of toolbox resources.** The areas of concern could be the AFF needs as a family system related to:
   a) affective involvement (belonginess),
   b) affective responsiveness (sharing of feelings effectively),
   c) roles (leadership and who does what),
   d) behavioral control (self-regulation and co-regulation),
   e) Problem-solving (as a system handling the problems related to daily living skills like food, clothing and shelter etc.)

f) And communication (using direct, clear and meaningful methods of connecting and conflict resolution)**.**

6) **REMEMEBER the evaluation component including the note writing with them is the clincher to progress making. For them to "own" the progress, an evaluation component of the tele-visit is a MUST. It also provides a time for confirming the planning for next session and provides the method for you to develop the emotional safety component for trauma treatment.**

a) Asking an open ended question such as "what did we do or work on today?" permits you to assess the effectiveness of your ability to clearly define with them the area of functioning they have determined for improvement or if your intervention is for a child specific need to gain their perspective.
b) This can be followed with a question such as "and how did we work on that?" The response of the person involved is indicative of how useful, fun, and participative the activity was for them. Asking this question is a backdoor engagement and joining at end of the session. This is not a judgment that you should take personally but as a gift to help you improve your skills.
c) Finally some form of the question: "how would you like to work on this area of your life (or family life) to be different next time we meet?" permits them to take control of the treatment process, clearly identifies and recaptures the purpose of our involvement in their life and allows you to plan with them for the next session.
d) When (not if) trauma related symptoms or sharing about exposure show up, be sure to use the 5-step process of response and reach out for consults for next steps of treatment.

FAMILY CENTERED TREATMENT®