

**A Collaborative
Agency-Based
Approach to
Implementing a
Pandemic-Induced
Practice-Based
Change to Telehealth**

*September 30, 2021
RCPA Conference Presentation
Leading in 2021: Hope, Help, Heal*

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COVID-19 is not like other crises, which tend to be time-limited. Where we survive by simply trying to hold ground and push through it until it is over.

It's a natural human temptation to

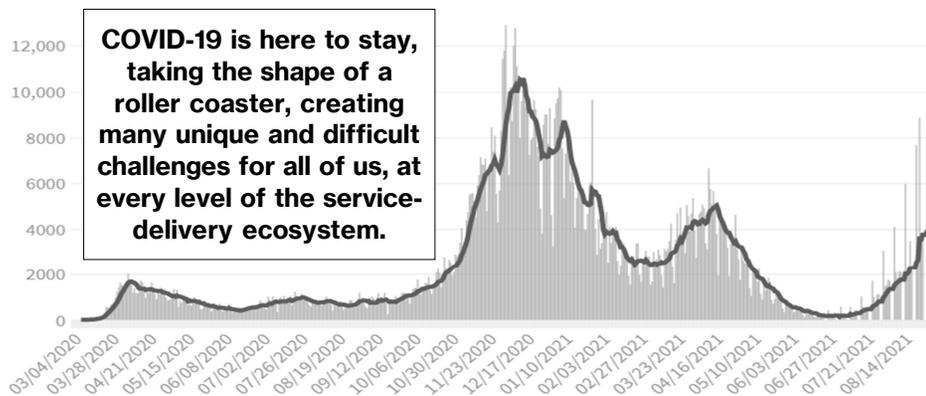
WAIT

It out.

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Daily new cases & 7-day average In PA 3/4/20 through 8/14/21

■ Daily new cases (7-day average) ■ New cases



Note: The spike on Aug. 25, 2021, was the result of the Department of Health adding 5,227 old test results (dating back to the start of the pandemic) in addition to new cases.

COVID -19 has required us to fundamentally change the way we deliver behavioral health services while holding onto the concepts and principles we know to be empirically linked to helping youth with serious emotional problems and their multi-stressed families.





By necessity, we all have turned to technology assisted delivery of behavioral health services

Thankfully, the use of technology to facilitate mental health services has a solid research base. Over the last 18 months, we now know that telehealth can also benefit vulnerable, high-risk populations like those served in PA FBMHS.



This presentation focuses on lessons we've learned in the last 18 months as we've attempted to steer FBMHS programs across the commonwealth through the transition to telehealth and then into more hybrid forms of service delivery.

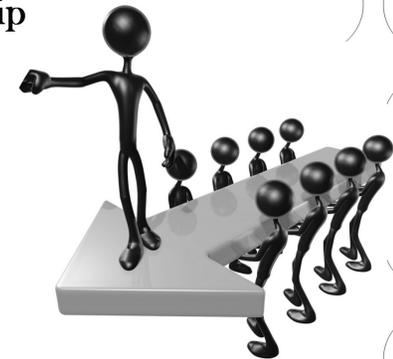
Objectives

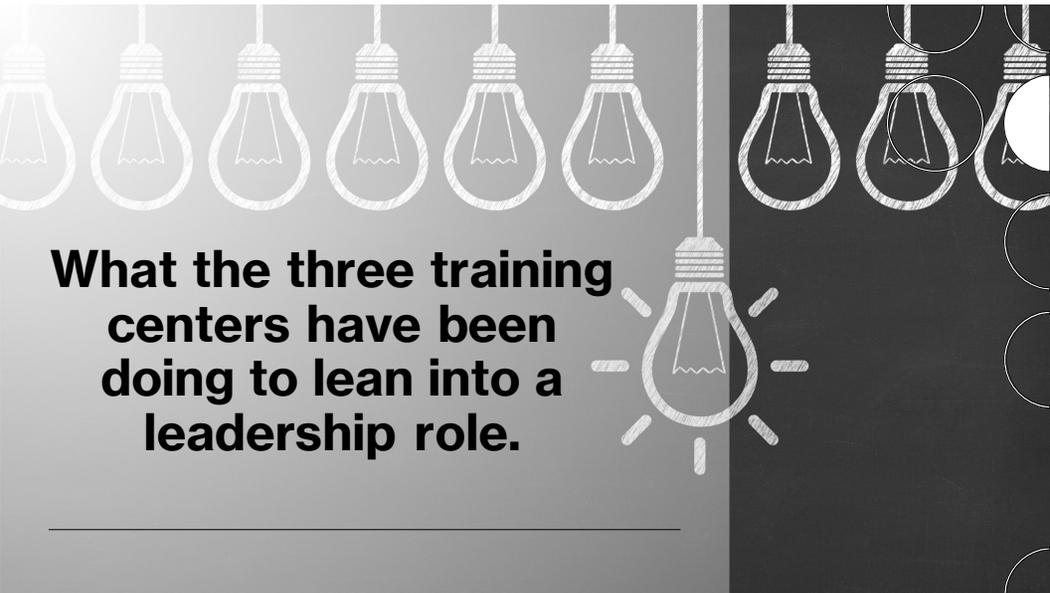
1. Demonstrate how clinical leadership informed by the ethical principle "advance the well-being of patients" has been effectively applied to service delivery in FBMHS during COVID-19
2. Describe the processes of collaborative communication across system levels for successful adaptation to rapid changes in service delivery formats
3. Identify common isomorphic patterns that can undermine adaptations and transitions to either telehealth-based or face-to-face treatment and supervision.

For any system to adapt to change, it requires strong professional leadership

"Leaders should think of themselves as islands of coherence in a sea of chaos."

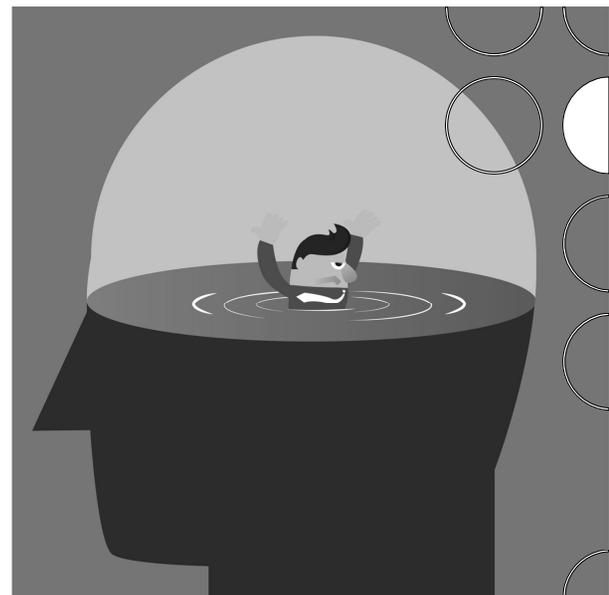
Jeremy Hunter, PhD, founding director, [Executive Mind Leadership Institute](#) at the Drucker School of Management, Claremont Graduate University in California.





What the three training centers have been doing to lean into a leadership role.

In a crisis, a common pattern in families is to react, implement quick fixes, and lose perspective. When therapists and supervisors and the larger service system engage in this pattern, it is called isomorphism.



First, we turned to basic ethical principles for grounding and perspective.



**STOP SAYING
FIRST, DO NO HARM**

A stronger and more practical ethical principle is:

“We have a duty to advance the well-being of consumers and their families”

We use informal supervisor meetings AND formal needs surveys to learn about the specific challenges programs are facing.



**ALWAYS
LISTEN
FIRST**

A hand holding a sign that says "ALWAYS LISTEN FIRST". The background is a blurred image of a person's face, suggesting a focus on listening and understanding the other person's perspective.

In the early months of the pandemic and the transition to telehealth, what we heard from programs related mostly to ...

- Practical issues related to the technology and connecting to families who had poor or nonexistent internet service.
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 - Maintaining therapeutic relationships with families, keeping family members engaged
 - Keeping staff morale up, handling the stress of working from home with kids
 - Implementing an ecosystemic model in a virtual environment
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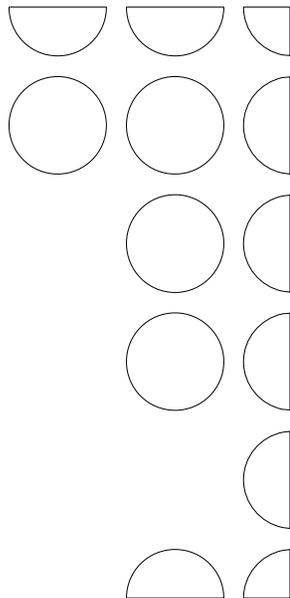
One adaptation the training centers have made as a result of the pandemic and the changing needs of programs is giving greater focus on helping supervisors to support their staff. Whether treating children and families via telehealth or through face-to-face home visits, staff are more stressed than ever.

We balance this with promoting an attitude of “doing whatever it takes to help children and families.” And keeping fidelity to the EcoSystemic treatment model.



Now we are hearing programs describe challenges related to ...

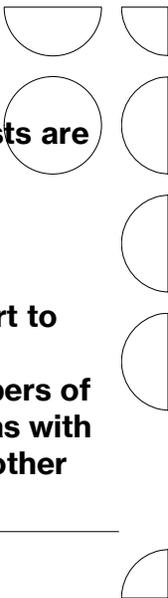
- Keeping staff and replacing those who leave
 - Staff ambivalence and sometimes resistance about returning to home visits
 - Having difficult conversations about safety with families whose members are not vaccinated and who are resisting wearing masks
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ISOMORPHISM

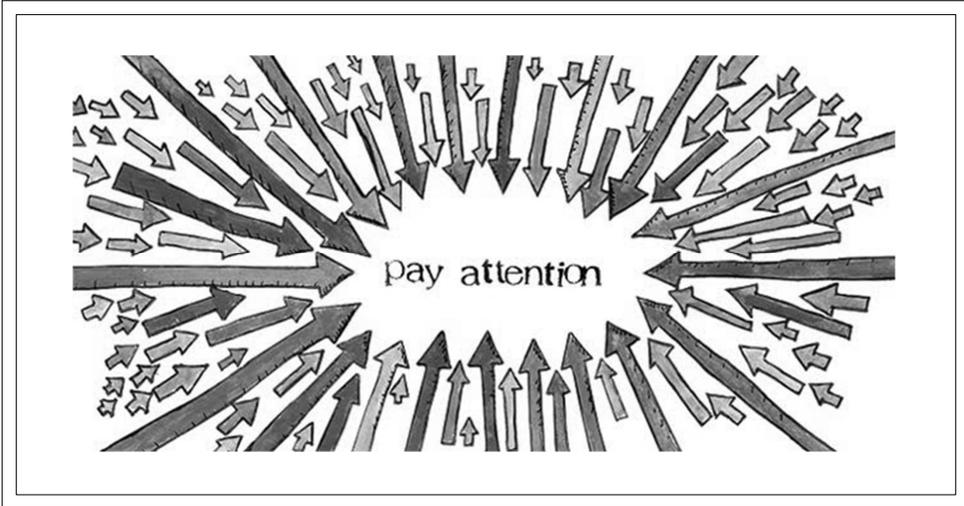
In FBMHS, major focus is given to interactional process. Family therapists are trained to stay alert for negative relationship patterns that maintain presenting symptoms.

Supervisors are trained to remain alert to the replication of these negative interactional patterns between members of the team and the supervisor, as well as with different members of the family and other involved providers.



Common team responses to families that would be considered responding in an isomorphic manner.

1. Taking sides in a family triangle.
2. Taking over for the overwhelmed parent.
3. Leaving important people out of treatment.



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Whether telehealth or hybrid treatment, supervisors identify patterns of relational influence between the family and the therapist by either reviewing video or joining the team on a telehealth platform.

- To see whether the team is becoming inducted into the family's negative patterns and reinforcing homeostasis
- Once identified then observational feedback is given to explore alternative relational interventions to create more positive and functional interactional patterns

Example 1

Therapist unknowingly sides with one parent (M) in a parental type role because (D) can not be seen on the telehealth session. Mother wants Dad to be more involved but talks to Therapist about Dad being ineffective. Therapist joins more with Mom given Dad did not participate more.

Example 2

Therapist finds the family highly stressed, anxious, and hopeless. The family is disillusioned with whether FBMHS would work. Therapist becomes inducted to the hopelessness of the family and begins to think “nothing I do is going to work”. In supervision, the therapist presents highly stressed and anxious questioning his/her competency.

Helping Teams Navigate the Challenges of Returning to Face-to-Face In-Home Sessions

Keeping the clinical decision making grounded ...

- In ethics
- In a commitment to the relationship with the client and his/her family
- In fidelity to an evidence-based model
- In an appreciation for the therapists' clinical competency



Example 3

Therapist acknowledges that he/she is having difficulty joining with family on telehealth. Discusses with supervisor that any suggestions or clarifications are met with a “yes, but”. The therapist becomes frustrated with the family’s resistance to what is being offered in services. Therapist presents in supervision focusing upon “family is difficult”, “don’t really want services”. Supervisor attends to the “yes, but” process and shares observations and a recommendation with the therapist. The therapist doesn’t see options and informs the supervisor that “yes, but” the family is too resistant now”.

Therapists and Supervisors Goals



- Adopt creative and flexible ways of thinking and being
- Strategic use of self-doubt
- In session action/skills
- Alliance Building



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Action Oriented Supervision

- Adherence, competence, and mastery does not occur without practice.
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- A nurturing supervisory relationship promotes effective learning for the individual clinician and the team.

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Take Away Points

A Demonstration of Collaborative Supervision

The Takeaway: Point One

Organizational leaders must implement a pandemic-induced practice-based change through an ethical lens, i.e., do the right thing for the consumer and their family.



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The Takeaway: Point Two

Take care of staff so they can take care of the children and families they serve. To be empathic with others and to stretch beyond their comfort zones, therapists and supervisors must feel they are not alone. Keep in mind they too are going through many of the same challenges as the consumers.



**WE'VE
GOT
YOUR
BACK**

The Takeaway: Point Four

Negative thinking, emotional reactivity, and conflict avoidance, are common to some consumers, their families, and others when wrangling with an unwanted change.

To avoid being pulled into it, it is important for leaders to self-monitor and self-evaluate, and to remain open to feedback.



The Takeaway: Point Three

- Organizational leaders collaborate with stakeholders across a complex network.
 - Collaboration always includes ...
 - Remain visible and listen ... consumers, organization, community
 - Honesty ... take it to an uncomfortable level
 - Lead and follow ... learn when to plant your flag and when to step-back from authority posture
 - Support and challenge ... stay in zone of proximal development
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References

- Simms, S., Mehta, P, Jones, C.W., Johnston, J. (2021): A Supervisory Approach to Implementing A Pandemic-Induced, Practice-Based Change to Telehealth. *Journal of Family Psychotherapy*, 31 (3-4), 141-156. <https://doi.org/10.1080/2692398X.2020.1865768>
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