







Challenges Explained

Our partners said...



Technology: Virtual Services Limitations

- Zoom fatigue is real and nothing can replace face-to-face communication
- It takes time and effort to ensure virtual content does not become repetitive or boring
- Everyone is using different virtual platforms, which requires providers and participants to be able to navigate multiple platforms
- Building rapport via phone and engaging in trauma therapy from home for clinicians and clients can be very difficult
- Privacy and safety concerns exist, especially in situations in which people may be: quarantined with an abusive partner, exploited via sex trafficking, abused or neglected by a caregiver or experiencing suicidal thoughts

Program/Staff Changes

- Multiple program scenarios are required at all times for future planning
- Programming and supplies must be individualized
- Hiring qualified staff is an ongoing challenge only heightened by the pandemic
- Changes in staff were particularly difficult for some participants

Enrollment and Engagement

- Initially an increase in dropouts and a decline in intakes was experienced due to technological barriers and pandemic-related family stressors
- Many school-based programs continue to struggle with enrollment, as school staff are often unable to devote the resources/time needed to help identify appropriate participants
- Daily schedules have been disrupted impacting accessibility (increasing "no shows" due to new virtual work, school, and other expectations - ex. caregivers stepping into the role of teacher)
- Individual capacity for engagement is lower due to other competing stressors

Challenges Explained

Our partners said...



Exacerbated Pre-Pandemic Barriers

- Those seeking basic needs support increased and intensified (housing, employment, utilities, food, childcare, transportation, etc.)
- Providers observed an increase in anxiety, depression, and exposure to violence and trauma, as well as more behavioral health hospitalizations, placement disruptions, and an increase in substance use
- Some already slow moving, less flexible agencies/systems were not as quick to modify their service delivery virtually, impacting the ability for some participants to move forward in the same manner as they did pre-COVID
- Overall....it is difficult to process trauma during a time when traumatic events continue to occur

Changing Participant Experience and Needs

- For some...ongoing challenges in accessing technology/Wi-Fi remains
- Regardless of the services being received, more participants are reaching out with increased case management needs
- With some children at home in school remotely and caregivers at work, providers observed the parentification of children
- For those with children with significant needs, providers have witnessed the toll it is taking on caregivers who no longer have access to respite
- Isolation is difficult and can be overwhelming for everyone, including providers

Fear

- Some were reluctant to receive services in places like hospitals and clinics
- Some unhoused caregivers were unwilling to take the risk associated with possible virus exposure even when shelter spaces opened up
- Many worried that exposure to the virus could require quarantine which translates to a long period of time off work and significant loss of income



Technology: Increasing Access and Decreasing the Power Dynamic



Implementation of Safety Protocols



Staff Professional Development



Flexibility

Success Themes

Successes Explained

Our partners said...



Technology: Increasing Access and Decreasing the Power Dynamic

- Effective telehealth/virtual services reduced transportation barriers and increased flexibility, accessibility, and availability of different programs and services
- Many providers streamlined their enrollment processes and offered them online
- Clinicians reported seeing a decrease in the power dynamic (maybe due to pets stopping by during sessions/dressing more casually??). This format also allowed them to see their clients space and learn more about their talents and interests. Client pets were also reported to be helpful in grounding them during therapy.

Implementation of Safety Protocols

- Those providing modified in person services reconfigured their office space, limited the number of people in the building, began taking temperatures of participants and staff, and using PPE (in some cases even incentivizing the proper use of PPE)
- The earlier organizations implemented pandemic related protocols, as well as utilizing a whole agency approach, the more successful and smoothly programs were reported to operate

Staff Professional Development (PD)

- New PD and training opportunities were offered to staff around topics such as wellness and self-care, DEI and equity work, trauma, etc.
- The virtual work environment highlighted the importance of self-care. Many teams are now holding regular conversations about doing this work during highly stressful times, how to best support each other and the people they serve, and how to incorporate these ideas into their work now and into the future

Flexibility

- Sessions have typically been shorter, but are often more frequent
- No travel-time has allowed many to "go wider and deeper" regarding referrals
- Many providers reported feeling grateful to have the time to provide participants with all kinds of referrals - including basic needs, self-care, tools to help with in-home learning and helping create new routines at home
- Many providers are allowing participants to choose in-person vs. virtual services
- Staggered staff shifts for safety led to increased consumer accessibility and engagement, as services were offered beyond typical business hours



"Real World" Skill Application



Stabilization



Increased Engagement



Seeking Support and Ongoing Connection



Enhanced Creative Service Delivery



Staff Realignment

Unexpected Benefits

Unexpected Benefits Explained

Our partners said...



“Real World” Skill Application

- Helping teach participants to successfully set new boundaries in a virtual setting also helped them set boundaries in their own lives

Stabilization

- For many, there were no increases in hospitalizations or placement changes and fewer transitions – maybe due to lower expectations and more time together?
- Many also reported that engaged participants are moving more quickly through the intervention than in the past

Increased Engagement

- Participants were able to attend services even when in quarantine
- Caregivers are now often in the room or near by hearing and engaging in their child's services in a positive way. They also have attended more orientations and other caregiver related activities - possibly because a virtual platform is more convenient?

Seeking Support and Ongoing Connection

- Some adults and caregivers have been more open to admitting they are struggling and willing to talk – they may be feeling safer through a screen with some physical distance plus it helps that everyone is struggling due to the pandemic (it's not just me)
- Youth are also asking for more opportunities to stay connected - school-year programs are extending into the summer and vice versa - these year-round virtual services/clubs are allowing kids to stay in touch with each other and their providers during a very challenging time

Enhanced Creative Service Delivery

- Staff are being encouraged to rethinking how they do their work
- Organizations are providing staff with the tools they need to continue to engage participants safely and avoid significant gaps in service provision
- Overall programs have become more creative in how they engage participants through social media, outdoor activities, adding programming and modifying existing programming

Staff Realignment

- In many cases, staff had to recalibrate their service delivery and tailor outreach to meet the immediate needs caused by the pandemic
- Many engaged in more case management and supportive services, some identified a staff member or created a team who focused on understanding what supports are available and how to access them, some helped consumers directly apply for food stamps, unemployment and other social aid, and others shifted to provide a completely new service

Strategies & Innovations

- Drop off or mail “kits”** for play therapy, care packages/self-care, “summer camp in a box,” group supplies (dry erase boards were a big hit), etc. Dropping off kits is a great way to get forms signed too.
- “Food Delivery”** to put emergency food and supplies directly into participant trunks or front porches.
- Incentivize participation** though allowing participants to earn something meaningful with use beyond the services being provided (ex. a phone, tablet or maybe even a laptop).
- Set up a virtual space at your office** for those without technology/WIFI to come to your office and continue to receive services virtually.



Strategies & Innovations

- Turn virtual psychoeducational content into a game to make it even more fun.
- Create a virtual play therapy room with links to resources to create a more interactive therapy experience.

Join or invite partners to virtually join care coordination activities (school IEP's, home visits, treatment plan review meetings, psychological evaluation feedback meetings, etc.).

TELL ME Virtual Classrooms



PrAACtical AAC

October 2020

What do you hope to continue beyond the pandemic?

- **Hybrid Services:** Continue to offer telehealth, virtual, and/or telephonic, as well as in person services
- **Increase Prevention Services:** In addition to clinical and other intervention services, increase engagement of caregivers, teachers and youth in prevention services
- **Staff Consultation/Collaboration:** For programs with multiple sites - continue to hold monthly virtual round tables for difficult cases and virtual team meetings
- **Staff Wellness:** Continue to increase staff self-care support and engagement
- **Communication:** Continue increased social media presence
- **Access:** Continue offering materials translated in many different languages to reach more people