

COVID-19–specific NAVIGATE suggestions and general suggestions for remote interventions

COVID-19–specific NAVIGATE issues and suggestions

COVID-19–specific issues

People respond differently during a time of crisis. However, there are common responses we can look for in our patients and their families.

CLINICIAN OBSERVATIONS DURING ONE-ON-ONE APPOINTMENTS

- Feeling more anxious, stressed, overwhelmed, depressed
- Feeling more isolated, having limited access to family or friends
- Increased boredom and unstructured time – can lead to (re)engagement in unhealthy habits
- Decreased engagement in enjoyable activities
- Decreased sense of productivity, achievement, goal attainment
- Increased symptoms due to any of the above
- Disengagement

CLINICIAN OBSERVATIONS ABOUT FAMILIES DURING APPOINTMENTS

- Possible increase in relationship aggression, leading to intimate partner violence
- Increased family/housemate conflict

CLINICIAN/PRESCRIBER CHALLENGES

- Increased difficulty performing mental status exams and assessing side-effects of medication by observation (via phone or video)

GENERAL OBSERVATIONS

- While the current context has created some barriers to service access, some patients are actually more willing or able to engage right now, due to not being at work/school during the day, not having to take time off to travel to the clinic or just being more comfortable on videoconference. Take advantage of this opportunity to try to improve engagement with roles/modules that your patients may not have considered before.
- Shorter visits with patients can be more effective and may be better tolerated by patients/families.
- Clinicians report seeing more patients due to fewer no shows.
- Virtual groups may be an efficient way to deliver services if your agency allows this (IRT, SEE, Family).
- EPION has compiled a list of challenges and solutions in its newsletter, which is posted on EENet.
- An abrupt end to the in-person school year has translated to more movement between programs earlier than expected. Differences in standards and policies across programs are putting increased demand on the more flexible programs. Other patients are returning to programs to seek care, and programs are having difficulty with discharge planning or leveraging other sources of care (e.g., primary care, other community mental health services), meaning there is a net influx in patients.
- Other sources of care right now include virtual walk-in clinics (e.g., <https://seethedoctor.ca>), CCAC in-home and community-based clinic nurses to give intramuscular injections (<http://healthcareathome.ca>).

COVID-19–specific suggestions (IRT, Family, SEE)

Many of the issues and themes described in this section relate to specific modules within IRT and family work manuals. Please review the issues and themes, as well as the suggestions for addressing them. These suggestions can also be used in coordination with the general suggestions for remote interventions that follow this section.

ISSUES/THEMES UNIQUE TO COVID-19	SUGGESTIONS
<p>Check-in in general, not just NAV-specific intervention</p>	<p>General questions:</p> <ul style="list-style-type: none"> • Who is at home with them? • Is anyone working from home? How is that going? • How are they getting groceries, medication etc.? • Any concern about anyone’s physical or mental health? • How would they describe their stress level? • Is there anything they need help with/immediately concerned about? • Does anyone they know have the virus? • How are they coping with the current state? How is the family coping?
<p>Unstructured time, healthy daily routine, boredom</p>	<p>Maintain a schedule — patients/families may need help doing this.</p> <p>Scheduling suggestions:</p> <ul style="list-style-type: none"> • Engage in at least one relaxing, enjoyable activity every day. • Consider reviving or trying a new hobby (e.g., playing music, crafting, doing puzzles, cooking). • Get physical exercise and fresh air every day. • Perform some type of mental exercise every day (e.g., reading, online course, videos to learn a skill). • Engage in low-key socializing with family (in house) or online (e.g. card games, board games). • Create a list of possible daily activities — use an interest checklist and adapt it for in-home/online contexts. • After creating a schedule, check in to see whether you are following it.
<p>Productivity</p>	<ul style="list-style-type: none"> • Set a goal that is achievable at home and small. It can be part of a larger goal or of a previously stated goal. • Normalize that everyone is less “productive” right now, but that there remain small tasks to do each day.

ISSUES/THEMES UNIQUE TO COVID-19	SUGGESTIONS
Relaxation techniques	<ul style="list-style-type: none"> • Discuss how to recognize signs of stress. • Demonstrate and practise relaxation strategies with patients/families (e.g., relaxed breathing, progressive muscle relaxation, imaging a peaceful scene). • Between sessions, have patients/families set a goal of practising this skill (identify the when and where for this goal, and follow up on it).
Isolation	<ul style="list-style-type: none"> • Do activities as a family/housemates (e.g., games, cards, cooking, watching a movie). • Use online platforms to play games with friends/family who are not living with you. • Use online platforms for virtual face-to-face interaction, and set a daily or weekly “meeting” time.
Intimate partner violence	<ul style="list-style-type: none"> • Stanford Medical School has screening questions about intimate partner violence for various professionals (http://domesticabuse.stanford.edu/resources.html) • See this document containing intimate partner violence resources.
Building resiliency	<ul style="list-style-type: none"> • See modules 6 and 14 for resiliency building information and activities. • Families can use these modules to discuss family strengths and ways to build resiliency for themselves.
Family/housemate communication	<ul style="list-style-type: none"> • Discuss communication skills (family manual or IRT module 11). • Practise these skills via video; problem solve with patients and families.
Increase in symptoms or fear of this	<ul style="list-style-type: none"> • Review the relapse prevention plan or create one (see IRT module 4). • Review the relapse prevention plan with family (if there is consent) and the family’s role in the plan. • Be proactive. • Discuss relapse prevention specifically with family. See the family manual.

COVID-19 INDIVIDUAL RESILIENCY TRAINING (IRT) SUGGESTIONS

MODULE/WORKSHEET	HOW TO
Module 1-3: Relaxed Breathing	<ul style="list-style-type: none"> • One-page handout can be shared remotely or via shared screen. • Clinician can demonstrate and practise this skill over the phone or video. • Can access online version/app – for patient to use at another time.
Module 2-2: Strengths Test	<ul style="list-style-type: none"> • Complete test together. • Review top five strengths and make a plan to use one or more to cope during this time. • Set the above as a goal and check back.
Module 2-3: Goal Planning Sheet	<ul style="list-style-type: none"> • Help to set a meaningful goal during this time. • Set a short-term goal that is achievable while at home. It could be a small goal or step toward a bigger goal.
Module 3-1: Psychosis Education	<ul style="list-style-type: none"> • Consider having the youth and family do the psychosis education sessions together. • Connect with the family clinician to coordinate – the family clinician would provide the session.
Module 3-3: Coping with Stress	<ul style="list-style-type: none"> • Review common sources of stress (daily hassles, life events). • Review signs and symptoms of stress – early warning signs. • Learn, review and practise strategies for coping with stress. • Develop three relaxation scripts – relaxed breathing, progressive muscle relaxation and imaging a peaceful scene. • Discuss practising a relaxation technique during the week – even proactively. • Look online for other relaxation scripts/apps – can be easily accessible for patient.
Module 4-2: Relapse Prevention Plan / Wellness Plan	<ul style="list-style-type: none"> • Review early warning signs and symptoms (e.g., how a patient can tell when they are not doing as well as they would like; what was going on before they came into service). • Create a relapse prevention plan – a “what if” plan. • If patient has a relapse prevention plan, review it during this potentially stressful time and update as necessary. • Discuss common causes of relapse – relating to COVID-19 (e.g., stress, anxiety, boredom and using substances, stopping meds). • Consider doing part of this module together with family (if there is consent). It can bring family together at this time, as well as educating families about specific issues that may be affecting the patient right now.

MODULE/WORKSHEET	HOW TO
Modules 5 & 8: Five Steps of Cognitive Restructuring	<p>Cognitive restructuring strategies can help patients who feel distressed by anxiety, worrisome thoughts, depression or other negative feelings:</p> <ul style="list-style-type: none"> • Review this skill with them (if already learned). • If it is a new skill, teach the cognitive triangle and common styles of thinking, then complete this worksheet together. • Review together the common thinking errors and come up with everyday examples for the patient.
Module 6: Introduction to Developing Resiliency Module 14: Developing Resiliency	<p>These modules are useful for patients who are feeling more bored or even depressed. They include activities that promote an upward spiral of positive emotions:</p> <ul style="list-style-type: none"> • Focus on short, fun and easy activities. • Review and practise an activity during the session. • After practising or reviewing during session, make a plan or set a goal to practise that activity over the following week. • Follow up on the home practice; discuss any barriers.
Module 9: Coping with Symptoms	<p>This module can help with depression, anxiety, hallucinations, low energy, sleep problems and worrisome thoughts.</p> <ul style="list-style-type: none"> • Review, teach and practise skills with patients during phone or video sessions. • Set a goal for the week to practise the skills and coping strategies, and check in about home practice. • Use the checklist in this module to help patients identify distressing symptoms if they have difficulty articulating them.
Module 10-7: Substance Use — Dealing with Boredom	<p>Engaging in unhealthy behaviours can happen when patients are bored. Normalize and validate for patient and call out the root issue of boredom:</p> <ul style="list-style-type: none"> • Review suggestions in the handout: “Environmental Cues and Boredom or Nothing to Do.” • Set a goal for the next week and review it at home practice.
Module 11-1: Adding Structure and Enjoyable Activities to Your Day / Having Fun	<ul style="list-style-type: none"> • Review the previously enjoyable activity checklist. Explore how these might be revived or adapted for home participation. • Use past, present and potentially new activity checklist — as above.

MODULE/WORKSHEET	HOW TO
Module 11-3-4: Relationships/ Family and Housemate Dynamics	<p>Discuss and practise the skills in this module – showing interest in others, improving conversation skills, being assertive and expressing yourself:</p> <ul style="list-style-type: none"> • Role-play via video. • Discuss social cues and how to interpret them. Practise via video. • Find videos that demonstrate different social cues. View and discuss them together.
Module 13-2: Increasing Physical Activity / Getting More Active. Adding Structure	<ul style="list-style-type: none"> • Review the topic of getting more active; review the handout together. • From the list explore how to adapt these activities for home. • Explore practical ways to be more active at home. • Set a goal; put the activity into a schedule for the next week and follow up with home practice.
Action Plan	<ul style="list-style-type: none"> • This is a general guide to use for problem solving. It is helpful when trying to make a decision: • Practise with an everyday problem or decision that patients may be having during COVID in order to gain skill.

COVID-19 FAMILY WORK SUGGESTIONS

THEMES SPECIFIC TO FAMILY WORK	HOW TO
Stress and relaxation	<p>Just the Facts – Coping with Stress:</p> <ul style="list-style-type: none"> • Complete handouts together or before the session. • Explore changes in stressors with COVID-19. • Have a discussion around creating the individual plan for coping. • Use at home practice with respect to this. • Use the relaxation strategies – practise via video.
Emergence of symptoms	<p>Just the Facts – Relapse Prevention:</p> <ul style="list-style-type: none"> • Discuss how symptoms may be affected by COVID-19. • Discuss relapse prevention plan with patient and understand the family role.

THEMES SPECIFIC TO FAMILY WORK	HOW TO WORK
<p>Family dynamics and self-care</p>	<p>Just the Facts – Strategies to Build Resiliency:</p> <ul style="list-style-type: none"> • Discuss the change in family dynamics with social distancing. • Discuss person resiliency and self-care during this time; how to be connected as a family and still have some individual time.
<p>Family communication</p>	<p>Just the Facts – Effective Communication:</p> <ul style="list-style-type: none"> • Help patients improve communication skills at home. • Provide practical examples of current communication difficulties due to COVID-19. • Have the family practise communication skills. • Set a goal over the week and follow up with home practice.
<p>Skill building</p>	<p>Family consultation – Solve Problems and Make Decisions:</p> <ul style="list-style-type: none"> • Discuss new issues/problems unique to COVID-19. • Follow the steps of problem solving. • Do this skill building with youth and family together.

ADDITIONAL RESOURCES

[Just the Facts – Psychosis](#)

[Just the Facts – Medications for Psychosis](#)

[Just the Facts – Recognizing Early Warning Signs](#)

[Just the Facts – Developing a Collaboration](#)

[Just the Facts – Relative's Guide to Supporting Recovery](#)

[Just the Facts – Basic Facts about Alcohol and Drugs](#)

COVID-19 SUPPORTED EMPLOYMENT AND EDUCATION (SEE) SUGGESTIONS

THEMES SPECIFIC TO SEE	HOW TO
Online learning	<ul style="list-style-type: none">• Discuss adapting to online school.• Discuss online strategies (e.g., creating a learning environment, using a schedule, taking effective notes).
Widen scope of employment opportunities	<ul style="list-style-type: none">• Discuss employment opportunities during this time (e.g., grocery stores).• Discuss benefits and risks to these employment positions.
Maintain/improve cognitive and transferrable skills	<ul style="list-style-type: none">• Online course to improve/maintain concentration and attention.• Online course to build further transferable skills (e.g., how to use Excel, Typing Tutor).

General suggestions for remote interventions

Below are general suggestions for providing NAVIGATE virtually. Some patients/families prefer virtual sessions. Some find these more accommodating to their schedule, and some find THAT travelling to a particular site can be a barrier. Providing virtual care to a patient needs to involve a collaborative team discussion regarding the clinical indication for virtual care to be an appropriate intervention method at that time in the patient's recovery.

INDIVIDUAL RESILIENCY TRAINING (IRT) SUGGESTIONS

ISSUE OR STRATEGY	HOW TO / DETAILS
Use of handouts	<ul style="list-style-type: none"> • Send handouts ahead of time to patient and then have a discussion on the phone or video about them. • Share handouts and worksheets while on video together – “share documents” – to work through content.
Use of agenda	<ul style="list-style-type: none"> • When having a call or video call with patients, continue to use the agenda format so the patient is aware of the content that will be covered during that session.
Specific (priority) handouts – easily done via video and very helpful	<ul style="list-style-type: none"> • Work through specific handouts with patients (e.g., Unhelpful Thinking Styles, Thought Record, Social Rhythm Metric, Helping People Structure Their Day – using a planner/schedule).
Skill building	<ul style="list-style-type: none"> • Practise skills via video and use online resources to practise skill – easily accessible outside of session (e.g., relaxation strategies – relaxed breathing, muscle relaxation, imagining a peaceful scene). • Practise communication skills (part of IRT Module 9 and NAVIGATE family manual; problem solving in family manual) with family/housemates – if there is consent.
Engagement	<ul style="list-style-type: none"> • Engaging remotely can be challenging – have shorter sessions, perhaps more frequently, to maintain engagement.
Symptom assessment	<ul style="list-style-type: none"> • It can be difficult to connect or engage due to limited non-verbal cues. Make questions more concrete – ask specifically about symptoms that are difficult to observe (e.g., voices, worrisome thoughts, strange things occurring). • Use specific assessment questions to better assess symptoms – use as a reference, do not send to patient (e.g., PHQ-9, GAD-7, Columbia Suicide Severity Scale, Modified Colorado Symptom Inventory).

FAMILY WORK SUGGESTIONS

ISSUE OR STRATEGY	HOW TO / DETAILS
Assessment of immediate needs and knowledge of psychosis	<ul style="list-style-type: none"> • Perform initial family assessment of immediate needs (case management needs) and of knowledge of psychosis – done remotely and verbally going through the assessment or send to the family member.
Providing education	<ul style="list-style-type: none"> • Continue to work through the education modules – primary focus remains on providing education. • Send handouts ahead of time to family, then discuss them via phone or video. • Use shared screen if you have the capability. • Have telephone sessions – during lunch break if possible. • Telephone session would still have a topic focus. • If providing home practice, discuss the plan (where, when, barriers) and revisit home practice during the next session. • Consider doing psychosis education as a family session with the youth as well if there is consent.
Use of e-learning	<ul style="list-style-type: none"> • Work through the e-learning together, module by module, and have a discussion as you go along. • Have family work through the e-learning module before the phone or video call, then discuss it. • When patients do e-learning on their own, have them write down questions during their learning to make their video session with the family worker more meaningful.
Skill building	<ul style="list-style-type: none"> • Focus on communication and problem solving. • Work through the handouts together. • Role-play via video. • Generate real-life scenarios to practise these skills and discuss them. • Possibly teach and practise communication skills with another family member or youth (if there is consent and interest).
Education group	<ul style="list-style-type: none"> • Gather a few families for a group meeting via Webex. Provide content from a module and have a group discussion.
Substance use information	<ul style="list-style-type: none"> • Use e-learning for families about a family member's substance use, and work through this together, having open discussion.
Family peer group	<ul style="list-style-type: none"> • Provide group family peer support via video.

SUPPORTED EMPLOYMENT AND EDUCATION (SEE) SUGGESTIONS

ISSUE OR STRATEGY	HOW TO / DETAILS
Introduction/assessment	<ul style="list-style-type: none">• Work through introduction and assessment via telephone or video.• Send overview of SEE via email before or during session, or share the screen virtually.• Send assessment tool before session or share screen during session.
Pre-vocational skills	<ul style="list-style-type: none">• Continue to work on pre-vocational skills (e.g., writing resumes and cover letters, completing applications).• Provide examples of resumes and cover letters via email or share them via video call.
Interview skills	<ul style="list-style-type: none">• Practise interview questions and skills through video call.
School forms	<ul style="list-style-type: none">• Work on disability verification forms for patients attending or returning to school.