

# MANAGING HIGH-RISK SITUATIONS THROUGH VIRTUAL CARE: WEBINAR

Questions and answers



Ontario Centre of Excellence  
for Child & Youth Mental Health  
Centre d'excellence de l'Ontario en santé  
mentale des enfants et des adolescents



School  
Mental Health  
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## Summary

On June 4, 2020 the [Ontario Centre of Excellence for Child and Youth Mental Health](#) (the Centre), [School Mental Health Ontario](#) (SMH-ON) and [Youth Wellness Hubs Ontario](#) (YWHO) co-hosted a webinar on how to manage high-risk situations through virtual care. Child and youth mental health service providers working in schools and community-based agencies tuned in to learn about practical and clinical aspects of delivering e-mental health services in high-risk contexts from five expert panelists. Participants were invited to submit questions to panelists upon registration. We received approximately 2,000 questions, which helped organize the content shared by presenters in six key areas:

- orienting to virtual care in crisis situations
- assessing and managing risky situations
- assessing and managing suicide risk
- evidence-based practices and special considerations when delivering virtual care
- navigating problems when delivering virtual care in high-risk situations
- self-care for clinicians providing services in high-risk contexts

A full recording of the session is available [here](#).

Visit the Centre's [COVID-19 resource page](#) for more information about delivering virtual care through the pandemic.

### Key takeaways

- Support clients/students by personalizing your delivery of virtual care.
- Be open to discussing sensitive topics and seek out opportunities to learn about different social contexts and identities, and their role in mental health.
- Organize your space so that it is similar to your office setting. Be sure you have ready access to any materials you may need to assess your client/student, as well as up-to-date community resources.
- Ensure privacy in both your client's/student's environment and your own.
- Plan ahead and be mindful when contacting clients/students.
- When engaging with families, co-develop expectations, clearly identify roles, provide appropriate referrals and schedule time to debrief and follow-up.
- Access supervision as needed.
- Establish safety plans and review them as needed.
- Be mindful of best practices for delivering virtual care such as your duties to report, engagement strategies for clients/students with complex needs and group virtual care.
- Be aware of your scope of practice and expertise. Show yourself compassion and seek support when you need it.



## Orienting to virtual care in crisis situations

### Client engagement

*How do I engage, virtually, children, youth and families in high risk situations and with complex needs?*

- Engaging children youth and families requires a solid foundation in basic clinical skills.
- Adjust your pace, be attentive to non-verbal cues and keep clients/students informed about what you're doing throughout the session (e.g. "I'm going to be taking some notes now"). This will help clients/students to see that you are interested and invested in what is being said during virtual care sessions.
- You should strive to be aware of a client's/student's social location and lived experiences and convey an openness to discussing sensitive issues that may impact their mental health (e.g. race, gender, sexuality, class, ability, etc.). This is particularly important given our current context. If you're uncomfortable discussing these issues, seek out educational opportunities to learn more about diverse identities and their role in mental health.

*What are some strategies for building therapeutic rapport while providing virtual care?*

- Take the time to organize your home office space so that it is similar to your office in the workplace setting. This will increase your own confidence while providing care, which will help in building therapeutic rapport.
- Make sure that resources, information, planning tools, assessment tools, etc. are all accessible and within reach in your home office. This will minimize disruptions during the session.
- Reassure the client/student that you are alone and in a private space when you are delivering care. Offer to pan the room with your camera so they can see your environment.
- Be sure to show the client/student that you are present and actively listening to them (similar to what you would do in face-to-face care).
- If the client/student is quiet, try different strategies to engage them (e.g. have them share a toy, a photo or favourite song with you and ask them to tell you about it).
- If clients/students are reluctant to share, ask them what they might be comfortable sharing with you the next time you meet virtually.
- Try to put the client/student at ease by asking them questions. For example, find out whether they have received care virtually before or if there's anything about the medium that makes them feel nervous.

### Ensuring privacy and confidentiality

*How do I engage in ways that ensure privacy and confidentiality (both for myself and for the families I work with) while providing virtual care in high-risk situations?*

There are several distractions that can crop up, either in your home or the client's/student's home (e.g. people may come in and out of rooms during sessions, overhear private conversations or unplanned interruptions such as fire alarms may arise). To ensure privacy and confidentiality, you can:

- ask the client/student to wear headphones when they have a session.



- agree on a code word that alerts you that the client/student needs you to be quiet or to put the session on hold for safety reasons.
- be mindful of organizational and/or practice guidelines that can help to minimize risk when attempting to contact a client/student (e.g. sharing that you're calling from the school, not as a mental health service provider).
- support clients/students to set themselves up in private spaces within their homes (e.g. the garage) for the duration of the session. If there are others in the room with them, you can request that they step out of the room to enable you to have a private conversation. Be sure to request and document consent for this.
- assess the extent to which your room is private and remind the client/student about the strategies you are using to maintain confidentiality.

*How do I know that I'm following the requirements (PHIPA, MFIPPA) set out by my professional body?*

Organizations and school boards have established expectations, policies and procedures related to confidentiality that align with requirements set forth by various professional bodies. You should observe these policies and procedures in virtual care as you would in in-person interactions, with the exception of a few additional safeguards that need to be put in place (e.g. having a setup that ensures peers or family members will not walk into the room during a session).

You can find more information about privacy considerations when delivering e-mental health services [here](#).



## Assessing and managing risky situations

### Managing conflict situations

*How do I manage conflict through virtual care (e.g. between parents/caregivers and youth)?*

- First, assess whether family sessions are appropriate and clinically recommended. As well, you'll need to confirm that the client/student is ready to engage in the processes of working with the family unit.
- If needed, provide family members with access to other therapists or mental health supports. This way, one therapist may work individually with a client/student while another works with the family to ensure that all parties are given the opportunity to develop skills around emotion regulation and mental health.
- If challenges arise, be prepared with up-to-date information related to community partner resources (e.g. local youth mental health crisis services, local child protection agencies and hospitals).
- Co-develop and clearly identify expectations and boundaries with youth and caregivers surrounding language and behaviour. For example, you can suggest using a talking stick to determine who will speak.
- Clarify roles for each person involved and the steps that will be taken if things escalate or a crisis occurs. This way, all parties involved know what to expect.
- Review "I feel" statements and healthy communication strategies with the client/student and family prior to the session.
- Schedule appropriate follow-up and time to debrief with each person present during the session.
- Take the time to access supervision with a peer or clinical manager.

### Facilitating treatment in volatile family situations

*How do I facilitate treatment for youth in volatile family situations?*

- Establish a safety plan for youth with volatile home environments. If possible, do this in conjunction with family members, caregivers and additional supports.
- Along with the client/student, list the different coping strategies they can use to manage their reactions to conflict situations in the home (e.g. listening to music, using grounding techniques, planning walks, breathing exercises, progressive relaxation) and help them to identify when and where to use these.
- Provide clients/students with tools to help with ongoing management of volatile situations: wellness plans, journals they can use, numbers for accessing external supports, safety plans (which should be readily available and include contact information for crisis services), etc.
- With consent from clients/students, provide caregivers or family members with a separate virtual session so that you can work with them to assess the conflict situation that's taking place in the home. This will help to clarify volatile situations and highlight skills among caregivers, family members or clients/students that should be reinforced or developed that will provide support to the mental health of clients/students.
- Review the processes used to ensure privacy and confidentiality (see previous sections).
- Ensure clients/students are safe and comfortable in their current environment.



## Duties to report

*What are my duties to report (e.g., violence, abuse, neglect)?*

If you have questions or concerns around violence, abuse or neglect, call your local Child Protection Agency or Children's Aid Society, as they are available to discuss hypothetical situations that may arise and to provide direction around next steps. You may also want to access clinical supervision within your organization and reach out to your manager for support around duties to report.

## Follow-up and collaboration across providers

*What does follow-up look like when managing high-risk situations virtually, particularly when collaborating across providers?*

We recommend that you bring as many community partners together as possible to facilitate access to resources, ensure communication and help with required follow up related to the mental health needs and risks experienced by the client/student you are supporting.

As a service provider, ensure that all parties involved in clients'/students' care plans and circle of care are aware of their roles in supporting the client's/student's mental health. Devise and implement clear care plans that will promote consistent messaging across service providers, as well as streamlined and efficient care delivery.



## Assessing and managing suicide risk

### Recognizing and responding to suicide risk virtually

- The Ask Suicide-Screening Questions (ASQ) tool may be used to assess risk of suicide for youth. This has been adapted to include risk factors related to the current pandemic. This tool has been validated and is able to assess level of risk, while providing clues about whether further evaluations or intervention is required.
- Be sure that you are able to plan for and manage a “worst case scenario” (e.g. the client/student expresses suicidal ideation and/or takes actions towards self-harm).
- Be aware of the limits to confidentiality and how you will manage sensitive information disclosed.

#### *How do I ensure safety and/or engage in safety planning virtually?*

- The ASQ will prompt you to assess the supports that a client/student needs and will guide you through safety planning. As well, it can help you to have conversations with families/caregivers of clients/students to support the safety plan if there is a risk of suicide.
- If a young person exhibits suicidal ideation, another person in their physical environment should be immediately available to provide supervision and support to them (e.g. parent, caregiver, family member, friend or external service provider).



## Evidence-based practices and special considerations when delivering virtual care

### Evidence-based service delivery virtually

*What do I need to adjust about my delivery of evidence-based services when responding virtually to mental health crises?*

- As a service provider with a strong evidence-based clinical foundation, you should ensure that you have access to relevant tools and resources to deliver this care while doing so virtually.
- In general, you should meet clients/students where they are, remain flexible, and do as much safety planning as possible.
- When more than one service provider is involved in the care of a client/student, be sure to define who is doing what, and that this is in line with your clinical skills and expectations.

*What do I need to consider in terms of length and frequency of virtual care in high-risk situations?*

- Service providers should be flexible and adjust to the needs of clients/students (longer isn't always better).
- Pay attention to visual cues when assessing length and frequency of sessions (i.e. is the client's/student's body language telling you that it's time to wrap things up?).
- Service providers should work to maintain professional boundaries (e.g. informing clients/students of hours of availability, how they can be accessed, and what information should be shared through these alternate forms of communication).
- Visual cues may point to needs for length and frequency of sessions.

### Special considerations when providing virtual care

*Are there specific considerations when providing virtual care to children in the early years?*

- Engagement tools are critically important for delivering virtual care to children in the early years. For example, activities such as drawing, acting, singing, dancing or playing with toys can be used to reveal patterns, a child's problem-solving capabilities and as a way of storytelling. This can help set the stage for introducing cognitive behavioural therapy (CBT) techniques in service provision.
- Parents/caregivers should also be engaged in the care delivery process since they can help to co-regulate the child and learn appropriate skills to support their child.

*In what situations should I not be providing virtual care?*

For treatment to be beneficial, the client/student needs to feel safe and supported in their home environment. If the environment is unsafe and/or unstable, these issues would need to be addressed before treatment can begin.

*What are best practices for delivering group care in high-risk situations?*

- You will need to assess the client's/student's situation to determine whether group work is feasible. If an individual is struggling with regulating emotions, and if safety continues to be an issue, group work may not be a good fit for meeting their needs.



- For group work to be successful, you should screen clients/students prior to introducing the group format to ensure that it meets the needs of both the client/student and other group members.
- If clients/students have adequate supports within an environment (e.g. the presence of a caregiver/family member), group work may be effective in meeting their needs.
- You will need to prepare for unexpected situations to arise when providing virtual services in high-risk situations (e.g. ensuring methods to disconnect an individual client/student from a group if their behaviours become disruptive and/or interfere with another group member's progress).



## Self-care for clinicians providing services in high-risk contexts

### Caring for carers

*How do I ensure self-care when providing e-mental health in high-risk situations?*

- As with face-to-face care, service providers need to be aware of their scope of practice and expertise.
- Ensure that you have peer and/or clinical supervision in place so that you can debrief and problem-solve as necessary.
- Engage in self-care by setting and respecting your boundaries, taking breaks, ensuring communication with colleagues and showing self-compassion.
- Be sure to examine differences between, and consider the benefits of, debriefing, venting and engaging in self-care.

You can find more information about how to support service providers working through the pandemic [here](#).



## Panelists

### **Michelle Bates, BA, BSW, MSW, RSW**

Manager and Mental Health Lead, Halton District School Board

Michelle is a registered social worker, who has worked as a school social worker for 25 years. Currently she is a manager and the Mental Health Lead with the Halton District School Board.

### **Michelle Dermenjian, MEd, C.Psych.**

Director of Child and Youth Services, Hands TheFamilyHelpNetwork.ca

Michelle Dermenjian moved to Parry Sound with her family 20 years ago to join Hands TheFamilyHelpNetwork.ca as a psychologist. She began her psychology career and family, moving from Southern Ontario to Kenora. She travelled as part of a multidisciplinary team, staying for a week at a time in numerous smaller communities. This seven-year experience and the people who were part of it shaped her philosophy of life: success requires a team of diverse voices and experiences. Her career at Hands has included senior manager of quality, research and evaluation; oversight of Lead Agency of Child and Youth Mental Health Services for Nipissing, Parry Sound, Muskoka; and director of child and youth services. This portfolio includes child and youth mental health, autism services, justice, developmental services for children, early intervention and navigation.

Michelle is motivated by a focus where the well-being of the children, youth and families who are served is paramount, requiring strong and healthy partnerships to undertake such an endeavour. Thus, Michelle is a member of several local, regional and provincial working groups invested in the development of innovative solutions, shared resources and the creation of a true service system. The scope of Hands' services and opportunities for collaboration with partners, regionally and provincially, is resulting in success toward this end goal of well-being for individuals and families across our communities.

The following quote by Sir Winston Churchill sits on her desk as a reminder to be humble and brave: "Success is not final, failure is not fatal: it is the courage to continue that counts."

### **Dr. Hazen Gandy, MD, FRCPC**

Medical Director, Eastern Hubsite of the Ontario Tele-Mental Health Service and Associate Professor of Psychiatry, University of Ottawa

Dr. Gandy is a child and adolescent psychiatrist with 25 years experience working in numerous clinical settings at CHEO. He is the medical director of the eastern hub site of the Ontario Tele-Mental Health Service and associate professor of psychiatry at the University of Ottawa. His clinical work includes family-based therapy in eating disorders, providing consultations to the provincial Base eConsult Service and the Tele-Mental Health Service, as well as psychiatric care to an innovative community-based program called Bridges. A skier in winter and golfer in



summer, he is very pleased to participate as a clinician expert in ECHO Child and Youth Mental Health.

### **Cathy McDonald, MSW, RSW**

School Social Worker and Attendance Counsellor, Halton District School Board

Cathy is a school social worker and Attendance Counsellor with the Halton District School Board. As a school social worker, Cathy supports children, youth and families who are experiencing mental health, social, and academic challenges. Cathy also has a background working with children and adult survivors of sexual abuse and domestic violence.

### **Amanda Shaw, MSW, RSW**

Child and Family Therapist, Hands TheFamilyHelpNetwork.ca

Amanda Shaw is a MSW, RSW, who works as a Child and Family Therapist with Hands TheFamilyHelpNetwork.ca. She was born and raised in Parry Sound, ON and is passionate about understanding and addressing the gaps that exist for vulnerable children and youth in small, northern communities; where resources and supports are limited. Amanda has experience working in the fields of addiction services, adult mental health, and community-based youth services. Her areas of expertise include at-risk youth, crisis services, brief interventions, and client, family and partner engagement initiatives. She welcomes new challenges and opportunities from a shared leadership perspective to enhance service delivery in the area of child and youth mental health. Amanda believes that child and youth mental health requires a unique lens, authenticity, humor, and a client-centered approach. The belief that 'it takes a village to raise a child' encourages Amanda to continue pursuing community based, holistic care, with the support and collaboration of community partners. Away from work, Amanda enjoys spending time with friends and family, volunteering in the community, and embracing all the beauty Parry Sound has to offer.

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### **Purnima Sundar, PhD (moderator)**

Executive Director, Ontario Centre of Excellence for Child and Youth Mental Health

Purnima Sundar (PhD) is the executive director at the Ontario Centre of Excellence for Child and Youth Mental Health. She has over 20 years of experience doing community-based, participatory action research, evaluation, implementation and knowledge mobilization in the areas of child and youth mental health and race/equity. Purnima's training has been in the fields of psychology and social work, with a focus on community development and social planning. Since joining the Centre in 2008, Purnima has worked with government partners across ministries, agency leaders, and young people and their families across the province to ensure high quality, evidence-based mental health service delivery for Ontario's children and youth.



## **Kathy Short, PhD, C.Psych. (moderator)**

Director, School Mental Health Ontario

Dr. Kathy Short is a clinical child psychologist with research and practice interests in school mental health promotion, knowledge mobilization and implementation science. She is director for School Mental Health Ontario, a provincial implementation team supporting the uptake and sustainability of evidence-based mental health promotion and prevention programming in schools. Dr. Short has served on several provincial advisory groups, including the Student Well-Being Advisory Committee for the Ministry of Education and the Mental Health and Addictions Leadership Advisory Council for the Ministry of Health and Long-term Care, as well as being involved in several national projects. She co-chairs the School Mental Health International Leadership Exchange (SMHILE), a network of global leaders focused on key themes in mental health promotion.

## **Joanna Henderson, PhD, C.Psych. (moderator)**

Executive Director, Youth Wellness Hubs Ontario and Director of the Margaret and Wallace McCain Centre for Child, Youth & Family Mental Health at the Centre for Addiction and Mental Health (CAMH)

Dr. Joanna Henderson is Executive Director of Youth Wellness Hubs Ontario and Director of the Margaret and Wallace McCain Centre for Child, Youth & Family Mental Health at the Centre for Addiction and Mental Health (CAMH). She is also a Senior Scientist in the Child, Youth, and Emerging Adult Program at CAMH and an Associate Professor in the Department of Psychiatry at the University of Toronto. Her work aims to improve access to high quality, integrated services for youth with substance use and/or mental health concerns and their families.