

Psychology at CAMH and COVID-19: Developments in areas of assessment, virtual groups, and resident experience

PRESENTED BY:



The Psychology Division at CAMH

May 21, 2020 (Thursday) 12:00 pm – 1:00 pm

WebEx only – Details to follow

Presentation ONE: Psychological Assessment at CAMH During COVID-19: Integrating Technology into Practice

Learning Objectives:

- Become familiar with available guidelines and resources for telepsychology assessments;
- Become familiar with models of assessment
- Orient self to challenges and next steps with remote psychological assessments.

Presentation TWO: Psychology Resident Experiences during COVID-19

Learning Objectives:

- Better understanding of residents experiences including challenges and successes
- Understanding impacts of switching to a new therapeutic modality from residents perspectives
- How residents are practicing self-care.

Presentation THREE: Going online: Virtual Group Therapy During COVID-19

Learning Objectives:

- Describe how we are conducting our groups at the BPD clinic.
- Discuss technical, clinical, and ethical challenges, as well as how we are managing them.
- Discuss client reports of how they are experiencing virtual groups.

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Clinical Neuropsychologist
Interim Lead Clinician, Neuropsychology Service, CCR CAMH

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Clinical and Forensic Psychologist, Youth Justice Assessment Clinic

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PACD COVID-19

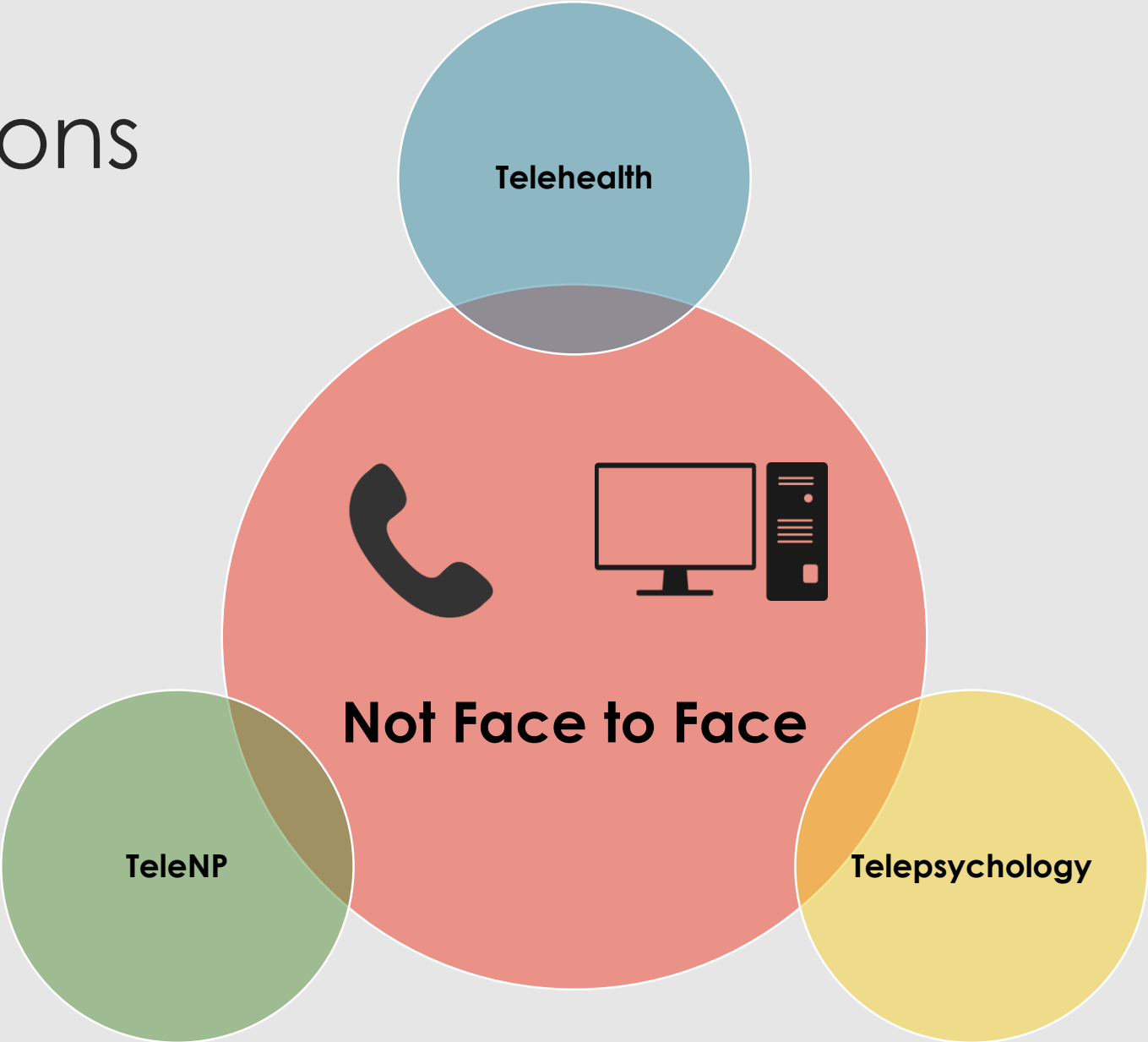
Psychological Assessment at CAMH During COVID-19:

Integrating Technology into Practice



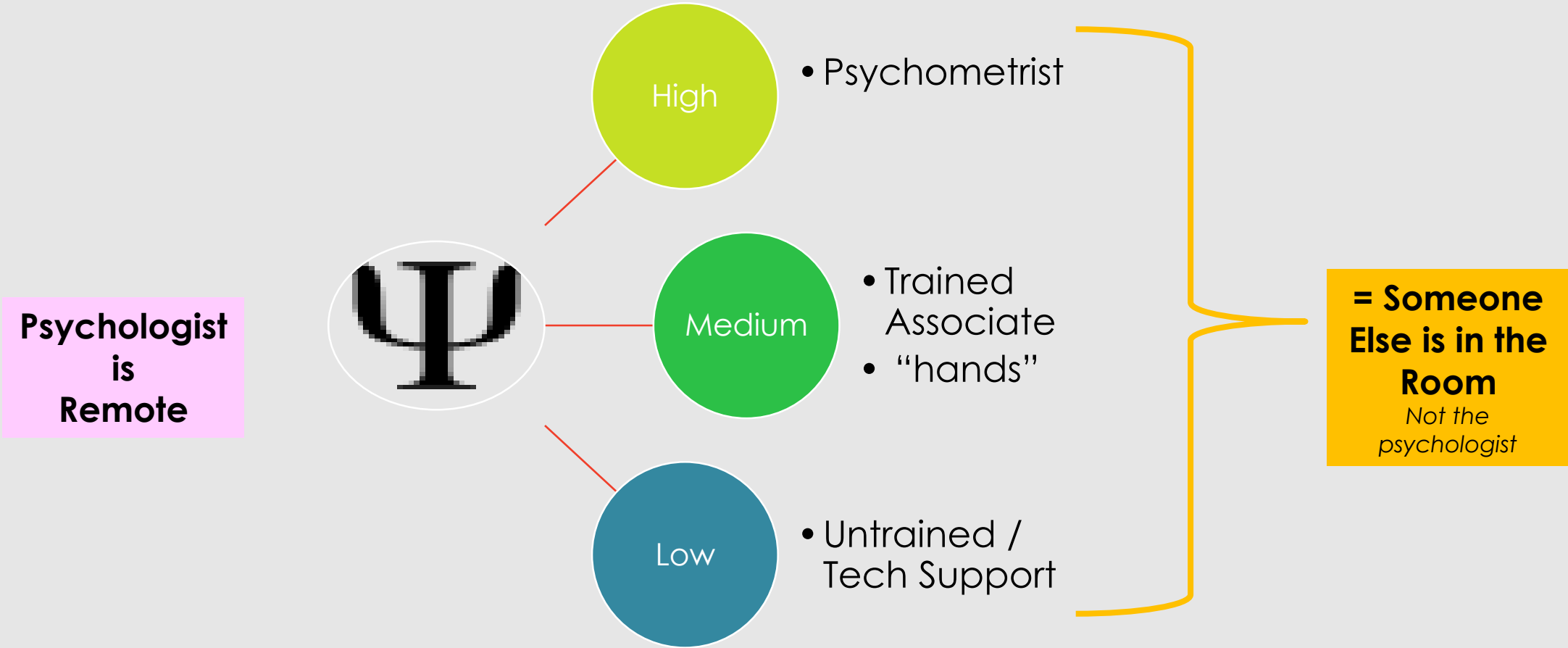
BACKGROUND

Definitions



Facilitator Models

**** Designs made in response to rural needs not a pandemic**



*Depends on what you're doing! Can be free from facilitation; Task Dependent ***

The Use of Facilitators in a Remote Test Administration

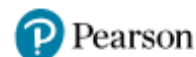
Facilitators (also called proctors or eHelpers) are recommended for supporting the examiner/examinee during remote test administration. Depending on the nature of the assessment task, facilitators may play more or less of a support role beyond basic technical support (e.g., session access, audio/video troubleshooting). In most cases, the facilitator should step out of the room during administration while remaining within hearing range of or reachable by the examiner and examinee. It is critical that facilitators adhere to these guidelines and limit interaction with the examinee during administration. As always, check local/provincial/federal and professional association guidelines regarding the use of facilitators during telepractice.

	Questionnaires	Verbal-only tasks	Verbal/Visual tasks	Complex tasks
Definition	and answer format; often multiple choice	prompts, verbal inputs and outputs only	verbal inputs and outputs	kinesthetic inputs and/or outputs
Examples	MMPI-2-RF [®] Vineland [™] Parent/Caregiver Shaywitz DyslexiaScreen [™] Brown EF/A Scales [™]	WISC [®] -V Similarities CLQT+ Personal Facts CVLT [®] 3 WMS [®] -IV Logical Memory	PPVT [™] -5 WISC-V Matrix Reasoning KTEA [™] -3 Reading Vocabulary	CELF [®] -5 Structured Writing WISC-V Block Design Beery [™] VMI WMS [®] -IV Design Memory
Trained On-Site Facilitator Recommendations	Tech support only; examinee support* if requested by the examiner	Tech support only; examinee support if requested by the examiner	Tech support only; examinee support if requested by the examiner; may require additional external camera setup to view examinee responses, depending on the platform used	Tech support and manual assistance with response books and/or manipulatives; requires additional external camera setup to view examinee responses or the room for observations; examinee support if requested by the examiner
Untrained On-Site Facilitator Recommendations (including parents)	Tech support only; examinee support if requested by the examiner	Tech support only; examinee support if requested by the examiner	Tech support only; examinee support if requested by the examiner; may require additional external camera setup to view examinee responses, depending on the platform used	Tech support only; requires additional external camera setup to view examinee responses or the room for observations; examinee support if requested by the examiner

*"Examinee Support" refers to specific behaviours that address an examinee's needs for a short duration. These include actions that would otherwise be handled by the examiner such as moving into proximity to address positioning/fidgeting or to help with a runny nose, itch, cough, or clothing item that distracts the examinee.

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March 20th, 2020

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Pearson Letter of No Objection

- Re usability and copyright considerations via media
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APA

- Guidance on Psychological Tele-Assessment During the COVID-19 Crisis

CPA

- Interim Ethical Guidelines for Psychologists Providing Psychological Services via Electronic Media

IOPC

- Inter-Organizational Practice Evidence Based Neuropsychological Care During the COVID-19 Pandemic

CAMH

- Online Training in CAMPUS
- Webex Guidelines

Guidelines Tech & Psych Resources

- *Pearson Letter of No Objection*

Snapshot: Guidelines & Messaging Tech in Psych



CAMH:
Webex / OTN

Video Based Tech Requirements



INTERNET
STRONG, RELIABLE NETWORK.



COMPUTER, LAPTOP, TABLET
WITH WEBCAM



FACILITATOR
**MODELS BASED ON PATIENT
CAPACITY & TASK COMPLEXITY.**

Pearson as an Example.

Both require
licensing fees

Qinteractive

- 2 iPads (*iPad only*)
- Bluetooth
- *not truly remote*

e.g.
WAIS-IV
WMS-IV

Qglobal

- Computer
- *Scoring/Questionnaires*
- *Remote*

e.g.
MMPI 2RF
BDI-II

Best Contact: Jeremy.Clarke@Pearson.com

PAR iConnect Considerations



PARiConnect is compatible with a variety of devices and browsers

PARiConnect requires a Windows[®]-based or Mac[®] desktop or laptop computer with an Internet connection and the latest version of one of the following Web browsers: Chrome[™], Safari[®], or Firefox[®]. PARiConnect also runs on Internet Explorer[®] version 11. In addition, PARiConnect will run on any version of the full size Apple[®] iPad[®] with the latest version of Safari.

Discussions with Dr. Nina Vitopoulos & Dr. Leah Keating
PAR HIPPA, but no PHIPPA published
Privacy Office

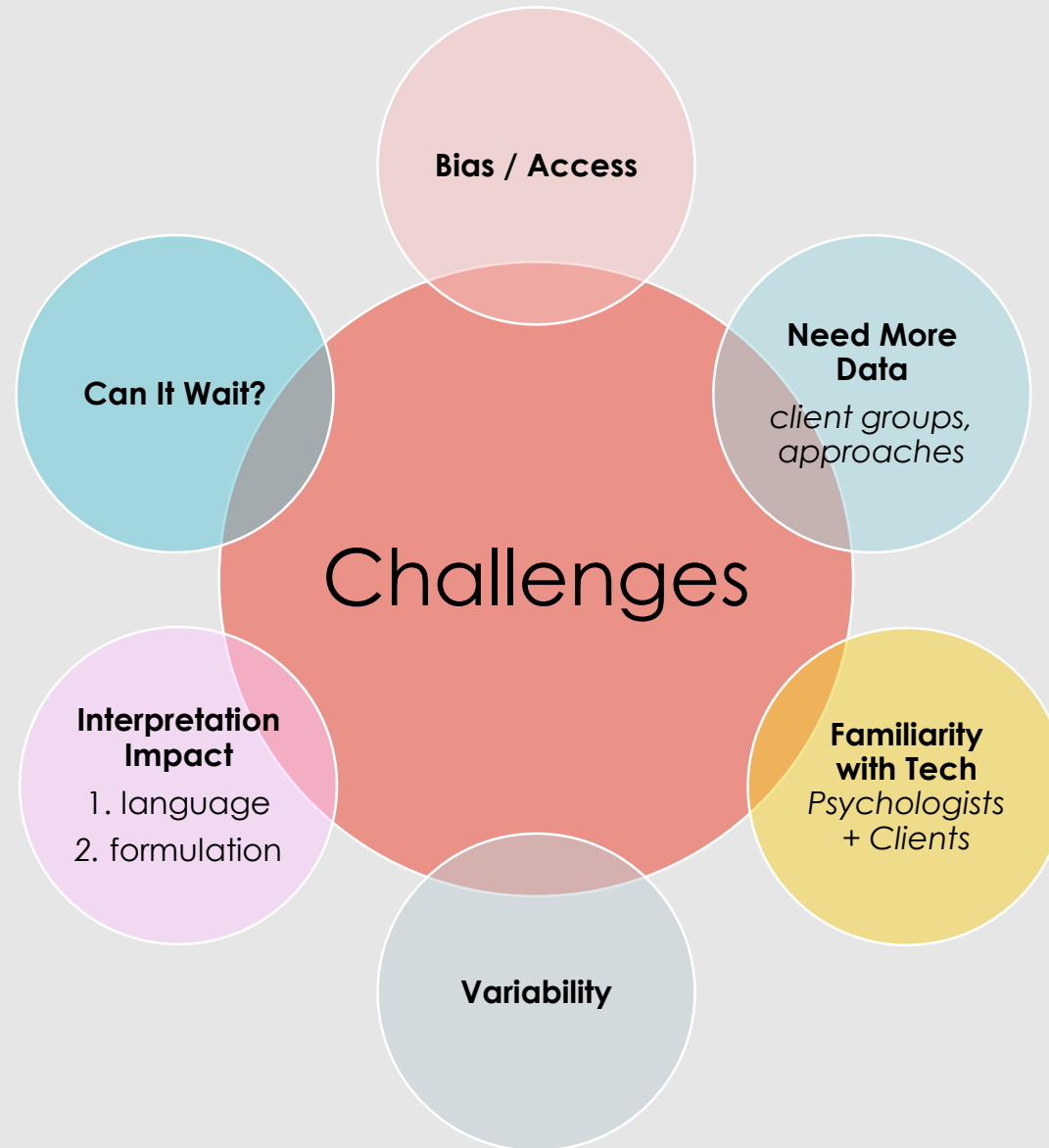


CHALLENGES

Challenges

*** Clinical
Judgement,
urgency, risk vs.
harm ***

*We don't know
when or if we can
'go back to how it
was before'*





TODAY & TOMORROW

Now & Plan for the Future

Avoid re-creating
the wheel

Trial & Error
Try & Share

**What
We
Can Do**

Communicate

Advocacy

Psychology
CAMH & Beyond

Psychology
Specific & Clients



What We Have Done.

Dr. Ashley Di Battista

Neuropsychology
Assessment Service

- Inpatient remote neurobehavioural Ax pilot underway – tech level facilitator
- Qinteractive essential inpatient Ax tools unsuited to remote (easier to clean)
- Outpatient paused
- Continual convos w/ international neuropsychologists re: R&D, norms, methods, tools
- 15 min prior check in with facilitator RE: client & tech - before every session

Dr. Julia Vinik

Youth Justice Ax Clinic

- Clinic 100% virtual
- Tools: MINI KID for psychodiagnostic interviewing + YLS/CMI-2
- Some caregiver interviews
- Internet connectivity issues = Webex video only, phone audio
- Adolescents comfortable w/ tech
- Access to tech/resources including a quiet, private room

Dr. Nina Vitopolous Adult
Gender Clinic

- Clinic 100% Virtual
- Reduction in no –shows (*across Ontario*)
- Positive feedback clients w/ tech– easier for them
- Those without tech cannot access services, Ax postponed
- Next steps: sending webcams/tech to those without access



THANK YOU

P.S. You're Doing Great!

Reach Out Anytime:
ashley.dibattista@camh.ca

References:

[APA Guidelines](#)

[CPA Interim Ethics](#)

[IOPC Guidelines & Resources](#)

[Pearson Facilitator Models Remote Assessments:](#)

[Pearson Letter of No Objections:](#)

[Pearson Telepractice Resources:](#)

Image by [Coffee Bean](#) from [Pixabay](#)



Psychology Residents' Experiences during COVID-19

JEN DRUMMELSMITH & CASEY FULFORD

Residents' circumstances differ

- ▶ Responses are from residents across a variety of settings in the US and Canada
 - ▶ 6 from CAMH
 - ▶ 10 from GTA wide
 - ▶ 1 from US
- ▶ Some rotations have increased and some have decreased workload
- ▶ Some have started new rotations and/or have new supervisors, while others are full year placements
- ▶ Some residents are working from home and others are not
- ▶ Some residents have been placed on hold and are not currently working

Successes

- ▶ Successes
 - ▶ Regular supervision, supportive supervisors
 - ▶ Maintained work quality
 - ▶ Taking on new types of work, more independence/leadership
 - ▶ Opportunity to gain skills in phone and virtual assessment/treatment, increasing accessibility of MH services

Challenges

- ▶ Challenges
 - ▶ Changes in workload
 - ▶ Maintaining residency and clinical hours
 - ▶ Burnout due to increased hours
 - ▶ Decreased supervision
 - ▶ Difficulties maintaining confidentiality
 - ▶ Balancing working from home with caring for children full time
 - ▶ Losing out on training opportunities
 - ▶ Worries about meeting hours and training goals
 - ▶ Ambiguous directives from management and different organizations
 - ▶ Students vs. Staff
 - ▶ Working from home vs. going into work

Solutions

- ▶ Recommendations
 - ▶ More advocacy for resident's initially
 - ▶ Implement resident wide policies (for large institutions or when multiple residents are at one rotation/centre) to reduce anxiety and ambiguity
 - ▶ More consistent messaging from management
 - ▶ Education on virtual care before jumping to full case load

Challenges with technological adaptations

Impact on Clinicians

- ▶ Needed to learn virtual platforms and gain access quickly
- ▶ Remote access is slow and inconsistent → Impedes productivity
- ▶ More administrative steps/tasks
- ▶ Difficulties connecting (via phone) with clients
- ▶ Numerous changes in platforms being utilized requiring not only clinician re-training but re-explaining to clients what to do and how

Challenges with technological adaptations

Impact on Clients

- ▶ Clinical services on hold initially
 - ▶ Seeing new clients, group therapy, assessments
- ▶ Difficulty maintaining confidentiality from home
 - ▶ privacy, sending HW via email
- ▶ Technical issues during sessions
 - ▶ Internet connectivity, software glitches
- ▶ Difficulty adjusting to digital platforms

Impact of Telehealth on Therapeutic Alliance

- ▶ Difficulty developing therapeutic alliance with new clients
- ▶ Clients deferring services/topics due to discomfort with telehealth
- ▶ Clients more easily distracted/less engaged
- ▶ Feel less attuned to clients:
 - ▶ Difficulty reading non-verbal cues
 - ▶ Difficulty conveying empathy when clients are distressed
 - ▶ Challenges assessing mental status and physical symptoms
- ▶ Some clients have adapted well, and suits clients needs better

Residents' Confidence in Providing Clinical Care

▶ Challenges

- ▶ Less confident due to impact on therapeutic alliance
- ▶ Clients treatment goals and priorities have shifted → Lack of progress
- ▶ Feeling less competent

▶ Benefits

- ▶ Can refer to texts/resources during session
- ▶ Can refer to notes/questions and type while looking at client on computer
- ▶ Improving over time with experience

Boundaries – Work vs. Personal Life

- ▶ Difficult to maintain boundaries when working from home on personal computer – lack of separation between work and personal
- ▶ Feel more personally exposed (e.g., on video at home)
- ▶ Attempt to maintain 9-5 hours, but...
 - ▶ Sometimes meeting requests later
 - ▶ Personal activities during day, so work later
- ▶ Blurred boundaries between personal and professional life
 - ▶ Less distinct personal vs. professional self than previously

Burnout

- ▶ Increased fatigue and burnout (use of tech, additional admin tasks)
- ▶ Hard to maintain work/life balance
- ▶ Feeling less productive
- ▶ Decreased motivation and decreased interest in clinical work
- ▶ Increased irritability overall

However, some residents reported no difficulties with burnout or boundaries.

Coping Success

- ▶ Eating well
- ▶ Sleeping well
- ▶ Exercising regularly
- ▶ Meditation
- ▶ Taking lunches and evenings for self (not checking emails out of work hours)
- ▶ Meeting with co-residents for regular lunches
- ▶ Supportive roommates/family who are also working from home
- ▶ Establishing a routine to transition to and from work

Going online: Virtual group therapy during Covid-19

Dr. Michelle Leybman
Clinical Psychologist, BPD Clinic, CAMH

Objectives

- Describe how we are conducting our groups at the BPD clinic
- Discuss technical, ethical, and clinical considerations
- Discuss client reports of how they are experiencing virtual groups

Virtual groups at the BPD clinic

- Webex groups with added guidelines that are covered with all group members.
- Sample of new CAMH guidelines
 - Each client must provide the address from which they are participating, as well as a phone number to reach them in case of emergency, and an additional emergency contact
 - Participate from a stationary and private location
 - Do not record any part of the session and do not share the session invitation
- Sample of new DBT guidelines
 - Participants do their best to minimize distractions in their environment so they can fully participate. Having a personal distress tolerance basket on hand may be helpful
 - Do not have items or images visible in their environment which could prompt urges in others
 - Observe virtual group etiquette, which includes dressing the same way they would for an in-person meeting, and remaining visible

Technical considerations

- Reduce distractions
 - At times it's necessary for everyone to mute their microphones
 - Disable chat among clients
 - Encourage video over phone
 - Start the session 10-15 minutes early
 - Communicate about expected distractions and be direct in requests to minimize distractions
- Teaching new content
 - Multiple options such as screen sharing, using the chat, or writing on a paper and holding it up
 - Communicate about what works for your group
- Our biggest tech challenges so far
 - Not seeing ourselves when we share screens, getting booted, “boomerang client”
- Give yourself permission to end the session if needed

Ethical considerations

- Privacy online
 - Orient clients to think about privacy issues and take it seriously when they raise one
 - Example of video being turned off
 - Make sure only first names appear in the username section
 - Reiterate guidelines frequently and problem solve when a client has difficulty meeting one of them
 - Example of client calling in from the park
 - Clients have the right to withhold or withdraw consent to the use of virtual therapy. Should this occur, discuss it with the client and problem solve how they can get treatment from your clinic

Clinical considerations

- The content
 - Balance between talking about the elephant in the room and not allowing Covid-talk to take over
 - Be creative with at-home exercises
 - A lot of our clients are seeing us as more human right now. This could be a great opportunity to share how we are coping and using the skills we teach
- Virtual validation
 - Nonverbals are extremely important in virtual sessions
 - If everyone is muted, can open to the group to see if anyone would like to respond with validation
- In-session coaching and difficulties
 - Do not chat privately with clients during group unless it is to address a distraction
 - Instead, provide coaching privately at break or after group
 - In extreme situations, booting a participant may be necessary

Clinical considerations

- Graduations
 - Have clients send messages and put them into a card to mail
 - Encourage people to get a celebratory snack to eat during graduation
- The social support function of group
 - Turn volume down at break so that clients can talk amongst themselves
 - Avoid abrupt ending
 - Invitation to what's app group for new members
 - Brief meeting after group as though clients are “walking out together”
 - Allow group members the chance to brainstorm what might work for them
- Seek feedback frequently

What do our clients think?

- “I’m getting used to it. It’s not perfect, but it’s 80% as good as in person”
- “It can feel too much like school if the facilitator shares a powerpoint the whole time”
- “I appreciate anything the facilitators do to let us connect with each other as if it was a normal group”
- “We should be honest about what is and isn’t working for us because we’re making the rules as we go. If we’re honest then the leaders can make the changes we want”

Final thoughts

- Communicate and adapt as needed with flexibility
- Assume everyone is trying their best
- We are fallible and will make mistakes. We need as much feedback as we can get and we can be honest with our clients that this is a learning process
- We all have the same goal and we're all in this together