Agenda

1) Overview of the ECHO Model and CAPP Skills ECHO Hub Goals

2) Q&A

3) Didactic & Case-based learning

"Moving Knowledge Not People"

Introduction to Project ECHO: Child & Adolescent Psychiatry Portal (CAPP) Evidence-Based Behavioral Health Tools to Support Youth, Teens and Families

Welcome to the UCSF Benioff Children's Hospitals Child and Adolescent Psychiatry Portal

University of California San Francisco (UCSF)

Department of Psychiatry and Behavioral Sciences

Child and Adolescent Psychiatry Portal (CAPP)

Disclosures

No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose.

UCSF CAPP is supported by federal and state grant funding.

Project ECHO Mission

To democratize medical knowledge and get best practice care to underserved people all over the world.

Get the right knowledge to the right place at the right time

For more information, go to https://echo.unm.edu/

or watch a short video for example Project ECHO Autism Example UC Davis

Project ECHO Principles

All teach, All learn

(peer learning)

Sharing best practices to **reduce disparities** (tele-mentoring)

Case-based learning-

Managing real patients together collaboratively

Community-

"What makes ECHO work isn't just knowledge, but love, kindness, respect, and sharing."

Our Goals

Knowledge

Provide exposure to and practice in a handful of active tools and communication pearls to apply with youth, teens, or families waiting for more services- even in a brief 10 minute interaction!

Collaboration

Apply interdisciplinary communication and coordination tools among professionals supporting youth (including school personnel, school-based health center staff, and primary care providers) in order to provide higher quality, more rapidly effective care

Support

Reduce participants' burnout and isolation through peer support and shared learning to increase joyfulness and purpose in work

How is it structured?

We will hold 8 one-hour zoom sessions on the 3rd Thursday of the month from 12-1pm, September - May. Each session will include a 30-minute skill didactic, a 30-minute case consultation, and an optional 15-minute interactive debrief for extra question/answer and role-play opportunities. Each session also will feature worksheets/handouts for participants and youth/families to support skill use in practice.

Project ECHO®

UCSF Benioff Children's Hospitals

UCSF CAPP ECHO Series:

Evidence-Based Behavioral Health Tools to Support Youth, Teens & Families

Thursdays 12-1* pm via Zoom

Optional Interactive Debrief: 1-1:15 pm

Date	Topic	Presenters (Subject to change)
9/21/23	Introduction to ECHO Hub and Single Session Consultation Model	Lauren M. Haack, PhD; Ian Sotomayor, BA; & Erica Szkody, PhD
10/19/23	Adult-Child Interaction Cycles and Tools to Improve Relationships: Attending Time & Praise	Lauren M. Haack, PhD & Joan Jeung, MD
11/16/23	Using ABC (Antecedent-Behavior-Consequence) Model to Establish Home & Classroom Plans	Shelly Nakaishi, CPNP & Lauren Haack, PhD
1/18/24	Thoughts, Feelings, & Behaviors: How They're Connected & What We Can Do To Help	Lindsey Bruett, PhD
2/15/24	Identifying Patterns of Avoidance and Opposite Action Plans	Evan Holloway, PhD
3/21/24	Emotion Regulation Skills	Saun-Toy Trotter, LMFT
4/18/24	Distress Tolerance Skills	Sabrina Darrow, PhD
5/16/24	Motivational Interviewing Strategies: How to Elicit Change, Promote Growth Mindset, and Celebrate Strengths	Evan Holloway, PhD; Petra Steinbuchel, MD & Saun-Toy Trotter, LMFT

Each session will include:

- Brief didactic and case-based learning (utilizing a Single Session Consultation model)
- Optional 15-minute interactive discussion including Q&A and skill practice
- Practical take-away tools (e.g., worksheets and handouts)

Anatomy of a TeleECHO Session

- **Zoom** in to join your teleECHO session

- **Announcements/Check In**: Announcements from hub team

- **Brief Learning Session**: Didactic presentation by a hub specialist (15-20 minutes)

- **Case-Based Learning and Consultation**: Participants present real (de-identified) cases, to obtain consultation from hub specialists and peer provider participants (25 minutes)

- **Check into** UCSF CME portal (link/QR code provided at end of session) and fill out brief CME survey to get credit (all together)

- **Optional:** Q&A time (main room)

Nuts & Bolts

- **Time:** Second Thursday of every month from 12:00-1:00pm x 8 months (starting in September). Same Zoom meeting ID each month.

- **CAMPFT & CME continuing education credit**- will be available (actual amount of credit depends on attendance)

- **Case Discussions:** *Learning happens here*.
    - 1 volunteer each day
    - No PHI
    - There's no such thing as a "dumb" question

Participant Expectations

- **Regular Attendance:** Please come regularly!
- **Active participation**:
  - Please have your **camera on** and participate actively in case discussions
  - We are **all learning from each other**- not just the experts!
- **Authenticity**: No need to impress- we'll learn more from each other's honest questions
- **Supportive atmosphere**- "We are all here to learn from each other"

Meet the UCSF CAPP Share and Learn! Learning Collaborative for School and School-Based Health Center Partners ECHO Hub Team

Lauren Haack, PhD, Lead Facilitator

Petra Steinbuchel, MD, Program Director

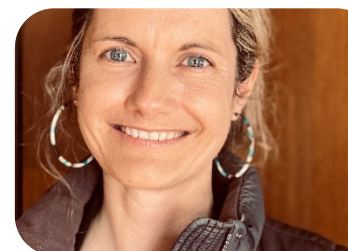Shelly Nakaishi, CPNP

Saun-Toy Trotter, LMFT

Lindsey Bruett, PhD

Evan Holloway, MD

Joe Cox, MD

Marielle Ramsay, LCSW

Mae Lum, MA, Program Manager

Mrunal Patel

Questions?

Contact:
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Lauren.Haack@ucsf.edu

SINGLE-SESSION CONSULTATION

A BRIEF INTRODUCTION & TRAINING

JESSICA SCHLEIDER, PH.D.

ERICA SZKODY, PH.D.

IAN SOTOMAYOR, B.A.

GOALS FOR TODAY

- **Background & History: Single Session Interventions (SSIs)**

- **Describe** what our interventions look like

  - **Single-Session Consultation:** Delivered by a provider!

- **See** the protocol for how we deliver these sessions (and how you can too!)

- **Address** FAQs

WHY A SINGLE-SESSION APPROACH?

- Need for treatment **far outpaces** provider availability

- Multi-session psychotherapy is **not always feasible**

  - Most who begin outpatient psychotherapy do not complete it

- **Many** people **get single-session treatment** *whether they intend to or not.*

- **Single-session interventions can be effective**

SSI EXAMPLES

Just a few examples…

- **Schleider & Weisz, 2017:** Across <u>FIFTY</u> clinical trials, single-session interventions benefited anxiety, behavior problems, and (in some cases) depression for youth ages 4-19 — **in many cases, just as much as long-term therapy**

- **Harper-Jacques & Foucault, 2014:** of 98 adult clients who completed a walk-in therapy service in Canada, 44% reported that one session was sufficient—and one session significantly improved hope and decreased distress 1 month later

- **Weir, Wills, Young, & Perlesz 2008**: In Victoria, Australia, across >100,000 clients and found that 42% chose to have a single session even when more sessions were offered

- **Basoglu, Calcioglu, & Livanou, 2007:** Single-session exposure therapy reduced PTSD symptoms in adults exposure to a natural disaster (earthquakes); gains maintained at 2-year follow-up for 88% of participants

- **Lamprecht et al., 2007:** Single-session solution-focused therapy *cut 12-month re-hospitalization rates in half* among adults presenting to emergency room for self-harm

WHAT ARE SSIs?

- A **single-session intervention is** a **specific, structured program** that intentionally **involves just one visit** or encounter with a clinic, provider, or program (Schleder et al., 2020).

- SSIs are an **intentional psychosocial treatment delivery strategy**, not a theoretical orientation

- Providers must engage with a 'single session mindset'

- Many ways of practicing SSI, but all have in common the notion that *all we really have is now, and this one meeting may be enough to facilitate useful change.*

SSI ASSUMPTIONS

Key Assumptions:

- **Something good can come from one session, *and* one session may be the last.** (*Change expectancies are set high*)

- **Change can, and is expected to, occur *in the moment.*** "Parkinson's Law in Psychotherapy" – the tendency for therapy to expand or contact to fit the time allotted (Appelbaum, 1975)

- *A person already* **has the inner capacity to alter their thoughts, emotions, and behaviors in order to bring about significant and beneficial changes** – a "context of competence" (Hoyt, 2009). This <u>empowers</u> the person inherently.

WHY & HOW CAN ONE SESSION BE HELPFUL?

- **Motivated** individuals lead to **happy providers**
- Happy providers lead to **happy** individuals
- **Positive change happens early in therapeutic process**
- **Can reduce over-treatment**
- **May reduce wait-lists**

SSC APPROACH

- Single-session consultation (SSC) is based on principles of **solution-focused brief therapy (SFBT)**, with adaptations to fit *one session* and to maximize utility for both *adolescents and adults* with various difficulties

- SFBT lends itself to SSI format in that…
  - It is **focused on the present** & the immediate future
  - It **targets a highly specific problem** or desired outcome
  - It **empowers individuals** to take *smallest possible steps* toward a desired future. It focuses on modifiable factors underlying *solutions*, not *problems*.

*N = 65 clients on waiting lists received the SSC **via teletherapy (Zoom)***

SSC was helpful in addressing my concerns

4.20/5 (0.91)

SSC helped develop an action plan to address my concerns

4.56/5 (0.70)

Hopeful that the action plan will be useful

4.08/5 (0.88)

Motivated to use my action plan

4.29/5 (0.79)

Would recommend SSC to others

4.60/5 (0.67)

SUPPORTING PATIENTS ON WAIT-LISTS FOR SSI DISSEMINATION
SCHLEIDER, SUNG, BIANCO, GONZALEZ, VIVIAN, & MULLARKEY, 2021
SUNG, BUGATTI, VIVIAN, & SCHLEIDER, 2022

SCHLEIDER, SUNG, BIANCO, GONZALEZ, VIVIAN, & MULLARKEY, 2021

*N = 30 clients on waiting lists received the SSC **in-person***
*N = 65 clients on waiting lists received the SSC **via teletherapy (Zoom)***

Hopelessness showed an **85 -87%** chance of **decreasing**
Readiness for change showed an **80.87%** chance of **increasing**
Perceived agency showed a **92.36%** chance of **improving**
from before to after the SSC

Anxiety symptoms **significantly** decreased at 2-wk follow-up
Depression symptoms **non-significantly** decreased at 2-wk follow-up
Psychological distress showed a **76.40%** chance of **declining** from
before the SSC to 2-weeks later **(while waiting for therapy)**

CAN I LEAD THE SSC?

Not everyone will conduct a full SSC Session

Skills and tools used in the SSC can be used in a variety of ways and in a variety of situations!

Let's break it down …

WHAT HAPPENS IN THE SSC?

1. **Establishing Readiness**
   - Consent & Safety Check
   - Establish shared purpose for being here
   - Identify the person's top problem
   - Identify the person's top hope
2. **Where are we today?**
   - Pose the miracle question
   - Create scale based on miracle question
   - Explore exceptions to the problem
3. **Construct action plan**
   - What days of the week
   - What activities
   - If, then steps

WHAT IS USED IN THE SSC?

* Consent Form for the SSC

* [Action Plan (Fillable PDF)](#)
 This version can be filled out with someone for them to take home.

* [SSC Guide (Action Plan - Provider Version of)](#)
 This version offers tips to providers while administering the SSC.

* <u>Just in case:</u> Risk assessment materials (e.g., suicidal ideation)
 We embed these in our online surveys at the beginning and use
  branching logic based off a person's responses.

That's it!

TASKS IN THE SSC

1. Obtain consent and assess safety and SSC readiness

- **"Our work together today will be goal-directed, focused, and oriented towards creating a coping plan for you to use right away. So before we get started, I want to make sure that now is a good time for you to participate in this type of session!"**
  - Assess *privacy*
  - Assess whether they feel *safe*
  - Assess whether they are having thoughts of *hurting themselves or others*—and, if yes, whether risk is imminent

If privacy is not possible and/or risk of any kind is imminent, prioritize risk assessment and support over SSC

SECTION 1:

ESTABLISH READINESS

2. Establish your shared purpose for being here.

- Frame what SSC is for.

- Praise for being here today!

- Let them know that you'll be recording some of what you talk about on their **Action Plan**

IMPORTANTLY

Providers must think about what it means to **embrace a "single session mindset."**

This kind of **mindset**–towards **optimizing each clinical encounter** as if it was the last–is crucial for making sure that **you're not relying on** the **assumption of long-term treatment** existing in order for something to be useful.

This mindset can help ground each encounter more than having access to an action plan worksheet.

3. Identify (and honor) the person's top problem right now

- What is the **top problem** or reason that you reached out for support today?

  * Needs to be *modifiable*. You can redirect!

There is a global pandemic → I worry constantly about COVID and feel unable to stop

Nobody at school likes me → I am struggling to connect with people at school

TASKS IN THE SSC

3. Identify (and honor) the person's top problem right now

- Reflect and validate perception of the problem *without shutting down possibility for change.*

- Allow time for them to share how they are feeling about what is going on around them. Normalize the experience.

- Not yet suggesting or identifying solutions

- Record their "**Top Problem**" and reason for seeking consultation

MEET SAM

Imagine we are all providers at an SSC Clinic. We just scheduled an appointment with **someone new**. Meet Sam.

Let's Imagine a Top Problem Right Now

What's something you're struggling with?

What's something a coworker/child/patient/friend is struggling with?
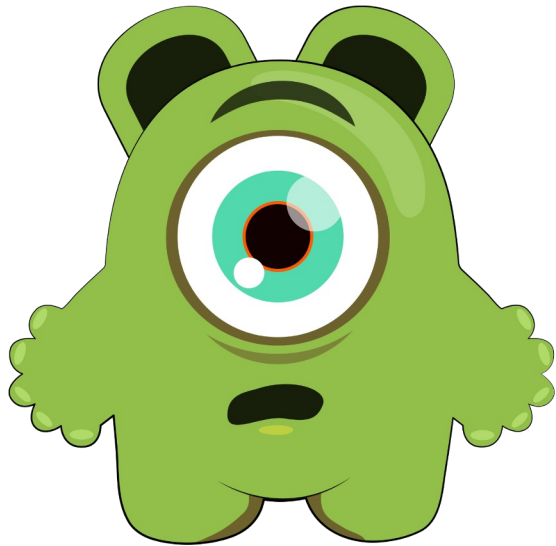
This is Sam's top problem too.

4. Identify the person's top hope for this session

- Ideally, Top Hope serves as 'positive opposite' to Top Problem.

    - I worry constantly about COVID and feel unable to stop → I hope to learn how to get through my worries just a little bit better; I hope to get better at reminding myself that it's OKAY (and normal!) to worry; I hope to forgive myself (at least a little bit) for worrying during a this stressful time

    - I am struggling to connect with people at school → I hope to make a plan to connect with people who are like me and accept me as I am

- Record their "**Top Hope**".

Let's Think About Sam
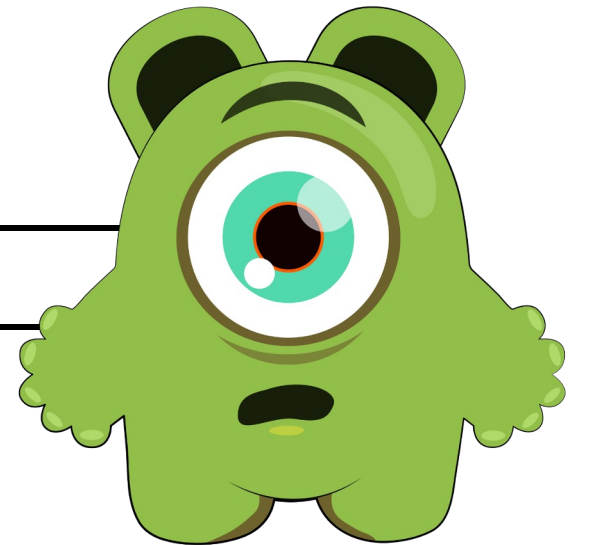
We decided Sam's top problem was: _____.

Now, can you think of the '**positive opposite**' of this problem?

How can we **reframe** the reason for seeking consultation **into a hope**, goal, or desired outcome?

WHAT IS SAM'S TOP HOPE?

Top reason for seeking services:

_____

_____

Top hope for today's consultation:

_____

_____

SECTION 2:

WHERE ARE WE TODAY?

5. Pose the miracle question

A miracle occurs overnight; while you are sleeping, your reason for seeking services has completely disappeared. When you wake up, how will you know that there has been a miracle? What will you do, think, or feel differently?

_____

_____

_____

SAM'S MIRACLE

Imagine you were going through this top problem and a **miracle** happened overnight. The **next day**…
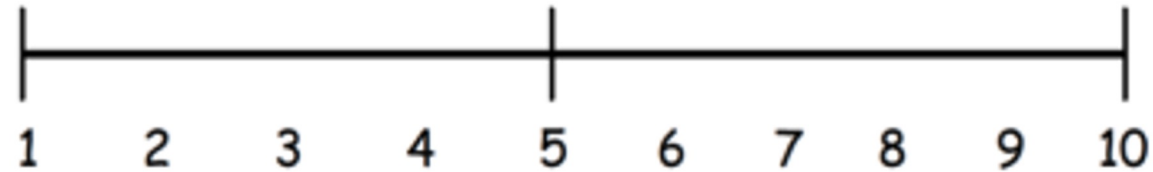
What would you **feel**?
What would you **think**?
What would be different about your day?
Try to be as **vivid** in detail as possible.

6. Create a scale based on the miracle question

On a scale from 1 to 10, with one being the <u>furthest</u> from your miracle/goal and 10 being the <u>closest</u> to your miracle/goal, where are you <u>right now</u>, at this moment?

1   2   3   4   5   6   7   8   9   10

**No suggestions about *what they should do* just yet.

SAM'S SCALE

Sam let us know that _right now_, Sam is at a 3 on this scale.

On a scale from 1 to 10, with one being the furthest from your miracle/goal and 10 being the closest to your miracle/goal, where are you right now, at this moment?
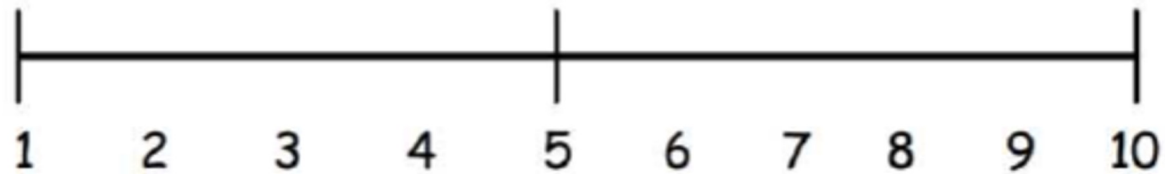
3

1   2   3   4   5   6   7   8   9   10

7. Explore exceptions to the problem

- **Many ways to explore exceptions** – choose whichever approach feels right for you and the person you're helping!

- Can you recall a time when you thought you would be overwhelmed by this problem, but you weren't? / **Can you remember a time when you were even *one* point higher on this scale?** / Can you remember a time where you felt good about how you handled this problem? *When? What was happening? What were you doing?*

Let's Explore Exceptions to Sam's Problem

Imagine you are experiencing what Sam is going through.

Was there ever a **time in the past** when you **thought you'd be overwhelmed** by this (or something similar), **but you weren't?**

Imagine the last time you were at a 3 out of 10 on our scale; what's *one small step* you took in the past to get to at least a 4 out of 10?
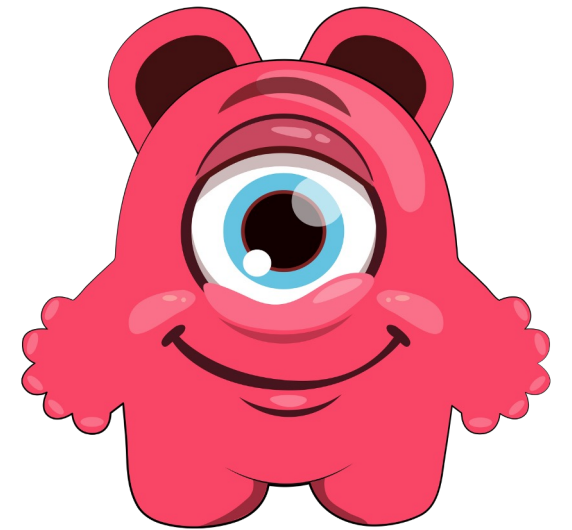
SECTION 3:

CONSTRUCT THE

ACTION PLAN

8a. Construct the action plan: 3 steps to X+1 on our

Three **steps** to getting <u>one point closer</u> to a 10:

1. _____
   a. **When** can I do this? _____
   b. **Where** can I do this? _____

2. _____
   a. **When** can I do this? _____
   b. **Where** can I do this? _____

3. _____
   a. **When** can I do this? _____
   b. **Where** can I do this? _____

Two **people** who can help me take these steps:

1. _____   2. _____

Three **steps** to getting <u>one point closer</u> to a 10:

1. Plan 1 enjoyable activity per day
   a. **When** can I do this? Morning/late night
   b. **Where** can I do this? Home

2. Schedule 1 social activity each week
   a. **When** can I do this? Fridays
   b. **Where** can I do this? Home

3. Attend a dance class on IG Live or FB
   a. **When** can I do this? When scheduled
   b. **Where** can I do this? Home

Two **people** who can help me take these steps:

1. Sister
2. 1-844-863-9314 (Support Hotline)

3 STEPS FOR SAM

1. _____

    When? _____

    Where? _____

2. _____

    When? _____

    Where? _____

3. _____

    When? _____

    Where? _____

Who are two people Sam (or you) could turn to for help with these steps?

Person 1: _____

Person 2: _____

8b. Construct the action plan: Standing up to your inner obstacle

Following action plans can be challenging for anyone. What is it **within you** that might hold you back from taking your three steps? This could be an emotion, a belief, a bad habit, or anything else **within you**.

Take a moment to think if you need it!

So—what is your main **inner obstacle**?

_____

Now: What can you do to overcome your inner obstacle? What would be **one** effective *action* you can take or *thought* you can think to overcome your obstacle?

Name your **action** or **thought** to overcome your inner obstacle:

_____

So, your plan is:

If _____,

then I will _____.

So—what is your main **inner obstacle**?

I feel like I don't deserve it or don't have enough confidence

Now: What can you do to overcome your inner obstacle? What would be **one** effective *action* you can take or *thought* you can think to overcome your obstacle?

Name your **action** or **thought** to overcome your inner obstacle:

"Am I really going to die if I do this?"

So, your plan is:

If I feel like I don't deserve it or don't have enough confidence ,

then I will remind myself "Am I really going to die if I do this?" and be kind to myself

SAM'S INNER OBSTACLE

Let's think of some potential **inner obstacles Sam might face**.

How might Sam **overcome** these obstacles?

Now let's think it through:
   If Sam suddenly comes up against _____,

   Then Sam will _____ to push through.

8c. Construct the action plan: Note to the person

- Write 2 reasons that **you**, the clinician, believe that this person is capable of making the changes they have noted, based on what they shared during the session

NOTE TO SAM

Here are some examples of what we could write to Sam:

- "I know that you will implement this plan because from our session today, I can tell that you are determined and motivated! As you said, your attendance at this consultation meant that you were being productive which shows me that you are capable of making these changes. I wish you the best and I know that you can do this :)"

IN REVIEW: THE SSC

1. **Get a history**
   a. Consent & Safety Check
   b. Establish shared purpose for being here
   c. Identify the person's top problem
   d. Identify the person's top hope
2. **Where are we today?**
   a. Pose the miracle question
   b. Create scale based on miracle question
   c. Explore exceptions to the problem
3. **Construct the action plan**
   a. What days of the week
   b. What activities
   c. If, then steps

Common Questions about the SSC

"How do I know if someone is a good fit for a single session?"

"What are common missteps when delivering the SSC?"

"How do I avoid those missteps?"

"What can supervision look like for the SSC?"

"How much can we adapt the SSC?"

"What if all of someone's concerns are external?"

QUESTIONS?

THANK YOU!