

CONTINGENCY Guidance for Remote Seven Challenges from The Seven Challenges Clinical Team

The Seven Challenges clinical team is responding to the needs of many implementing organizations to adapt their services in response to the COVID-19 crisis. As a contingency measure, many organizations are providing telehealth services in order to facilitate counseling sessions; some have moved from doing group work to only doing individual sessions; some are short-staffed and being forced to temporarily reduce services. Organizations using The Seven Challenges program routinely pay attention to adherence to fidelity of implementation, but this is a time when part of fidelity is doing the best that can be done with the resources at hand. As you know, our program always incorporates flexibility that requires clinicians to embrace the model, but also to make sound clinical decisions regarding the clients they are counseling at the moment.

At a time when sessions may be fewer, shorter, remote, it's important to make the most of the interaction. This may mean making some changes including those noted later in this document. As a contingency measure it also might mean adapting or temporarily halting the journaling component of the program. Some aspects of clinical supervision such as session observation may need to be put on hold as well. The Seven Challenges LLC and all the Program Specialists recognize that contingency measures such as these will need to be in effect in some organization until May 31, 2020. At that time, we will revisit our direction. Meanwhile, we will continue to provide support and training as well as sending updates and guidance to support your services to the community. This document is now posted on our website at <http://www.sevenchallenges.com/about/links-articles/>. Please follow us on Facebook for future updates, information, and announcements at <https://www.facebook.com/SevenChallengesProgram/>. You may also contact Sharon Conner (520) 405-4559 for assistance at any time.

Technology

We will need to use technology as a contingency measure to remotely deliver The Seven Challenges program to our clients living in the community. This is something new in many agencies, so you are probably facing the same challenges we face here: figuring out which technology to use, getting the right apps, and practicing with them. Before reaching out to others with the technology we chose (Zoom), we've been practicing intensely among ourselves, trying out the various screen views and functions, and learning to schedule meetings, etc. You face the added difficulty of finding out what access your various clients have to technology and whether it includes a phone, smartphone, tablet, or computer. With videoconferencing such as Zoom or WebEx, you'll probably need to provide training sessions to clients to teach the technology and then practice with it.

NOTE: Of course, colleagues can meet remotely on this technology. On an uplifting note, an agency directed by one of our trainers shared this:

“To maintain the sense of connection for self-care and addressing Vicarious Trauma we are hosting virtual lunches, morning coffee and happy hours for staff to get together via Zoom and engage in community.”

Adjustments for Remote Counseling

Remote counseling will mean a disruption of how services are routinely delivered. For some it may mean a change from group sessions to individual sessions.

Ideally those who have received individual counseling can continue to do so. Perhaps to avoid social isolation, there may be ways to include them in a support group of some sort.

Counselors who have been providing services in one modality might have to adjust to the other. Those who have been leading group sessions will discover that clients often work on multiple issues during a single session with Mastery Counseling.

NOTE: Because of the disruption of routine, intense stress of the situation and social disconnect right now, counselors might want to consider some sort of daily or regular text or email or brief phone communication to check-in with each client just to make contact, say hello, and to see how they're doing. Isolated individuals will need human contact. Stressed folks need more support.

NOTE: With technology we will probably be experimenting with various durations to find the optimal amount of time for services. This opens the possibility of brief, shorter sessions when appropriate.

NOTE: When you initiate remote counseling, it will be important to talk with clients about confidentiality and what they can do to maintain privacy and confidentiality in their home environment.

NOTE: A Seven Challenges trainer who is a clinical director wrote: “Most agencies (I would imagine) have consents for teletherapy that address confidentiality and the limitations and risk of working remotely. Counselors should be familiar with their own agency consents. I know I have to review them with clients when discussing remote services.”

NOTE: Those of us new to the technology can acknowledge this with our clients with comments such as: “This technology is new to me, too. It'll probably be a little awkward, but we can learn it together.”

NOTE: Role-playing is well suited for remote counseling. Agencies can boost their own skills in use of this powerful approach.

NOTE: One advantage of delivering services remotely is that technology does offer an opportunity to provide appointment reminders. For example, Zoom has a built-in reminder system that can send texts or emails before scheduled meetings. Others do as well.

Clinical Practice

Although we lose the enormous benefit of face-to-face personal encounters, it seems that three of the four components of The Seven Challenges can be readily implemented at home without major adjustments: (1) Mastery Counseling that helps people make good lives for themselves, (2) the Challenge Process that helps them make wise decisions, and (3) Individualized Support that helps them follow through successfully with their drug decisions. Supportive Journaling, the fourth core component, requires substantial adjustments. This is discussed later in this document.

Discussion of the Impact of the Coronavirus (COVID-19)

In our clinical practice, we want to open a discussion about the impact of the Coronavirus among clients. Some might be quite stressed, others dismissive, but all have been affected.

- (1) First and foremost, some may be directly exposed to COVID-19 or have a friend or loved one who is ill.
- (2) Many individuals and families will be suffering from economic insecurity and hardship with family members losing jobs or working reduced hours. Counselors will want to find out about this and provide support in locating and helping clients connect with social services that could possibly help.
- (3) Crowded families may need increased help with conflict and establishing boundaries and responsibilities.
- (4) We have already heard reports of increased use of alcohol and other drugs, and the stressful circumstances of the current crisis will lead to increased desire to use drugs. This will be an important consideration.

More on issues to address and activities will be discussed below (Ideas about Sessions, Activities, and Topics)

Session Structure

At this time, it is important to incorporate discussion of the coronavirus into sessions, including looking for ways to integrate important questions in the check-in process.

Suggested Modifications After the Welcome Statement

Group Rules: Not as a rule but as a request: Please make every effort to keep this video and audio confidential. (Please do not record?)

As usual, the 1-10 “How are you doing 1-10 check-in?”

Comments about additional questions to consider: As responsible clinicians we want to always check with our clients with regard to stressors in their lives...in particular at this time with regard to the impact of the Coronavirus. We will want to know how they and their families (or living situations) are affected and how they are managing the circumstances. Also, we want to pay attention to its impact upon their current drug decisions and how they are managing them. *Below are some questions that should not be*

overlooked. You may want to incorporate them in the check-in process or use them as a checklist to make sure these issues are brought into the open during counseling sessions.

- How are you doing with regard to the coronavirus and all the changes it's causing?
- How has it affected your family? (This is important to ask because many families will be suffering from the economic impact of this epidemic. It will be important to find out about this so that client families can be connected to social services.)
- How are you managing? (coping? What are your concerns?)?
- How is your family or living group coping?
- Who is giving you support during this time?
- How has this coronavirus situation affected your drug decisions?
- How has this coronavirus situation affected your urges?
- How has this coronavirus situation affected your drug use behavior?
- Are there any issues with regard to the impact of the virus you want to discuss or work on?

Then continue with the regular check in.

Either: What do you want to work on today?

Or: Anything else urgent you need to work on today?

Ideas about Sessions, Activities, and Topics

(1) It might be of value to have whole session(s) or lengthy conversations related to the coronavirus.

(2) We will want to integrate activities and discussions that can be conducted remotely, and especially ones that can help with issues likely aggravated by the current situation: anxiety, depression, boredom, and loneliness. *The Seven Challenges Activity Book* has activities that could be creatively adapted to remote counseling. For example: Stress related activities, such as deep breathing and progressive relaxation. Please review the book for additional ideas relevant to your work.

(3) Consider discussions of how to avoid boredom, structure time, and use time in meaningful ways while at home. We probably can offer help and guidance on how to make a schedule.

(4) Consider discussions of how to stay connected with others despite social distancing.

(5) Look for opportunities to normalize anxiety, stress, and depressed mood under these circumstances, and to discuss coping mechanisms. (These are valuable life skills, even for those who are not feeling as distressed as others.) This is an opportunity to teach mindfulness.

(6) We want to normalize that people might be feeling anxious, stressed, depressed, lonely during this crisis. We should validate their emotions and be clear that they are not alone. They may confront others who say it is a hoax or over-reaction and tell them that

they are making “too big a deal about it.” This is an opportunity to teach assertiveness. They don’t have to defend their position, just say: “It’s how I feel and I’m OK with it.”

We should avoid debate with the young people who call it a hoax or over-reaction or say that people are making too big a deal about it. If they criticize fellow clients, it is an opportunity to teach respect and assertiveness skills to those who have these feelings.

(7) We will want to help people maintain appropriate caution, but not succumb to panic. If panicked we need to help calm people down, without discounting the real threats.

(8) We can think about ourselves as a calming presence, even demonstrate how a few deep breaths can help.

(9) One agency using The Seven Challenges has already been creative with Zoom: “Using the whiteboard to do collaborative therapeutic art---using the Chat feature to do collaborative therapeutic stories or "complete the sentence" type work.”

(10) Older adults and adult clients with serious drug problems and compromised immune systems need to take added cautions.

(11) The Yale University Program in Addiction has released a document for individuals practicing harm reduction during the COVID-19 crisis. Here is a link to reach the document on our website:

<http://www.sevenchallenges.com/media/1192/hr-covid19-hr-guidance.pdf>

(12) SAMHSA has a good list of resources regarding COVID-19, with electronic links: <https://www.samhsa.gov/coronavirus>.

(13) Additional resources:

- "How to make the most of telepsychology and steer clear of pitfalls" <https://www.apa.org/monitor/2017/05/ce-corner>
- APA "Guidelines for the Practice of Telepsychology" <https://www.apa.org/practice/guidelines/telepsychology>

Thoughts about use of Phone without Video

We can’t read body language and other non-verbal signals. We need to do more checking in:

- How are we doing?
- Do I understand you (Reflect back what we know so far)?
- How are we doing on this call?
- Are we on track?
- Did I miss anything?

Contingency Approach to Remote Seven Challenges Journaling Guidance from The Seven Challenges Clinical Team

We've heard lots of concern expressed about how to effectively conduct *remote Supportive Journaling* and about fidelity of implementation. This is a time in which delivery of services requires flexibility and adjustments that must be made within agencies and, beyond that, on an individual level with each client. We want to again reassure you that organizational fidelity measures are relaxed during this crisis and our primary goal is to assist you in your efforts to deliver services in the best possible way under your existing circumstances.

Three of the core components of The Seven Challenges are: Mastery Counseling that helps people make a good life for themselves, the Challenge Process that helps them make wise decisions, and Individualized Support that helps them follow through successfully with their drug decisions. Supportive Journaling, the fourth core component, is used to enhance services and support clients in all of their counseling endeavors. Below are ideas about a contingency plan to most effectively use this program component remotely during this crisis period. In some instances, we recognize, this might not be feasible.

Delivering Journals to Clients

One issue involves getting the journals to clients.

We are aware of four ways to transmit journals to clients:

1. Mail journals (US mail).
2. Journals can be scanned and sent electronically. (We are waiving copyright rules against photocopying/scanning journal pages that are directly sent to clients enrolled in the program. This is in effect as necessary through May 31, 2020 as a contingency measure during the COVID-19 crisis.) To reduce the burden of sending entire journals, counselors can send several pages at a time as clients make progress in their efforts.
3. Pictures can be taken of journal pages and sent by phone.
4. One small local agency with whom we work has started to deliver and pick up journals.

Remember in terms of transmitting journals. Clients will only be working on a few pages at a time. It is easier to send a few pages than an entire journal. If the duration of this emergency is not lengthy, we can hold off on sending whole journals.

Before having clients respond in writing to their journals, it is important to have a realistic discussion with them about confidentiality. Clients should not write in their journals unless they have been asked to give serious thought to the security of their journals, discussed the importance of privacy, and are confident that they can maintain confidentiality at home.

For clients who have journals and are writing in them at home.

If clients have journals, counselors can allow time while on a call or video connection for clients to write in their journals during sessions. Clients who wish to work in journals at other times can do so as well.

Return of client journal or pages of journal

Some clients in possession of physical journals might be able to take pictures or scan the pages with their responses and send them to counselors. Organizations could consider sending self-addressed stamped envelopes and instead of sending a few pages at a time, during this crisis clients could complete whole journals before returning them.

Oral Use of Seven Challenges Journals: The Scribing Approach

In order to encourage thoughtful and unrushed responses in journaling, we have outlined a process for oral use of journals in remote counseling.

To be used in one-to-one sessions when:

- Journals cannot be sent to clients.
- Clients do not feel they can keep their journals private in their homes or have no way of returning physical copies of the journals.

Here's the process:

1. Counselor reads the question.
2. Client reflects and then responds to the question.
3. Counselor writes down the response and does nothing else (No counselor comment on the client's response at this time).
4. Counselor reads the next question...and so forth.
5. After the session is over, counselors write their responses in the journal margins as it is usually done.
6. During journaling time at the next session. Counselor reads back the client's previous responses and his/her comments written in the margins.
 - a. The question was ...
 - b. You wrote....
 - c. My comment is...
7. If the counselor asked a question in the margin, he/she would ask the question, then ask the client to pause, think, and give a response to it. Counselor would scribe the response (and no more dialogue on the issue).
8. Counselor starts to read questions on the next pages in the journal.
9. Client responds...etc., etc.

How to introduce scribing

We think the best way to introduce oral journaling is to say that it is an attempt to replicate some of the benefits of written journaling. So: I will read questions, give you a chance to think about your responses before answering, and then simply write down what you say. I will *not* comment on what you say...only write it down. I want to give you the freedom of expressing yourself without interruption and give myself a chance to think about what you are saying later. It doesn't mean I am ignoring what you say. Actually, I am very interested. After the session I will read what you said, think about it, and write

my responses. Next session (or next time we do journaling), I will read back your responses and my comments and continue our dialogue.

Before each journaling session, you might want to review with youth how to maintain privacy at home. Before reading the first question say: “Please take your time. Take a little time to think about the question before you answer.” (Deliberately allow time to reflect).

If clients rush with a response, counselors can say, “You don’t have to rush.” Then counselors can serve as scribes and write client answers in the journal.

Additional Comments

1. It is not yet clear how remote journaling can be done in groups if clients are not writing their responses in their journals. Orally does not work.
2. It is wise to continue with journaling for clients who have been actively using the process and found it helpful, providing clients and counselors can devise an acceptable and confidential way to do it. At first some clients resist journaling and doing it remotely might add to the reluctance. Counselors will need to use discretion about how to proceed. Also, new clients may not have started journaling. Counselors will need to use discretion about whether to start and how to start.
3. Be careful not to let journaling become the bulk of the program. If journaling remotely, it should remain as one component and occupy only a small percentage of the time. The rest should mainly be working on client defined work issues and occasionally counselor-initiated activities.
4. Though some of the potency of Supportive Journaling is compromised, this interim strategy should still prove beneficial.

As always, please continue to make use of the regularly scheduled support calls you have with a Seven Challenges trainer. You are also welcome to contact us for additional support at any time by calling Sharon Conner, (520)-405-4559. If she is not able to assist fully, she will find an available Program Specialist right away.