

It Takes a Village

A Thematic Analysis of Frontline Perspectives on Providing Live-in
Therapeutic Care during a Pandemic (Alberta, CAN)

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Purpose of Presentation

- Present findings of a thematic analysis on survey responses about Wood's Homes residential program staff experiences during the COVID-19 pandemic.
- Provide first hand accounts of working within residential programs during the pandemic.
- Discuss impacts of COVID-19 on staff, including the need to innovate work in order to continue providing services while following health guidelines and restrictions.



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Wood's Homes

- Wood's Homes is nationally accredited children's multi-service mental health agency based in Calgary, Alberta, Canada. Our nearly 500 staff provide phone and walk-in crises services, family support services, foster care, kinship care, and intensive residential based mental health support to over 20,000 children and their families annually in Alberta.
- We strive to provide quality mental health services that promote and restore the well-being of children and families with problems big and small.
- We use a research and evidence based approach to help inform our work and strategies of intervention.
- We have an in-house Research Department, as well as Research Chair with the University of Calgary, that can provide analysis both on a program level and individual case-by-case basis.

We Never Say No. We Never Give Up. We Never Turn Anybody Away.



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Community Based Therapeutic Care

- Group of programs referred to as “the Next Step Programs” – focus on transition.
- Located within the community – *Collingwood, Capital Hill, Altadore, and Strathmore.*
- Meet the unique needs of youth who require more intensive services that a family setting alone can provide and less than intensive residential treatment offers.
- Comprehensive individualized supports.



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Internal Epidemic & Global Pandemic



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COVID-19: Alberta & Wood's Homes

- Alberta first declared a public state of health emergency on March 17, 2020 (Black, 2020).
- Wood's Homes followed provincial guidelines and implemented own restrictions. Currently on Version 12 of Pandemic Planning Manual.

Wood's Homes Campus & Community (Residential Services) Relaunch Strategy
Document #1: Overall Elements

Public Health Measure	March/April 2020	Phase 1 May 28 th , 2020 Return: November 17 th , 2020	Phase 2 June 15 th , 2020	Phase 3 TBD
Isolation (Staff) <i>Required when people are sick to keep them from spreading illness</i> Occurs when someone displays COVID-19 symptoms and/or tests positive for COVID-19	<ul style="list-style-type: none"> ▪ Symptomatic – inform manager, complete self-assessment, testing w/ 48 hours ▪ Negative = 3 days Isolation with no symptoms before return ▪ Positive = 10 days isolation or until symptom free – whichever is longer. *Managers complete tracking sheet weekly	<ul style="list-style-type: none"> ▪ Symptomatic – inform manager, complete self-assessment, testing w/ 48 hours ▪ Negative = no symptoms before return ▪ Positive = 10 days isolation or until symptom free – whichever is longer. ▪ Remember to have staff fill out the declaration form *Managers complete tracking sheet weekly	<ul style="list-style-type: none"> ▪ Symptomatic – inform manager, complete self-assessment, testing w/ 48 hours ▪ Negative = isolation until symptom free ▪ Positive = 10 days isolation or until symptom free – whichever is longer. *Managers complete tracking sheet weekly	<ul style="list-style-type: none"> ▪ Lifted
Quarantine (Staff) <i>Required when people are sick to keep them from spreading illness</i> Occurs when someone has been exposed to a positive COVID-19 (close contact) individual or is returning from international travel	<ul style="list-style-type: none"> ▪ Confirmed positive exposure – quarantine for 14 days or until testing negative and being symptom free for 3 days *Managers complete tracking sheet weekly	<ul style="list-style-type: none"> ▪ Confirmed positive exposure – quarantine for 14 days or until testing negative and being symptom free, whichever is longer ▪ Remember to have staff fill out the declaration form *Managers complete tracking sheet weekly	<ul style="list-style-type: none"> ▪ Confirmed positive exposure or international travel – quarantine for 14 days or until testing negative and being symptom free - whichever is longer. *Managers complete tracking sheet weekly	<ul style="list-style-type: none"> ▪ Lifted
Isolation (Client) <i>Required when people are sick to keep them from spreading illness</i>	<ul style="list-style-type: none"> ▪ Symptomatic – Nursing Department who will report to congregate care (if applicable), tested within 24 hours, 48 hours for results ▪ Client in bedroom isolated (no resident access and all staff fully wearing all PPE) ▪ Client eats all meals in bedroom 			



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COVID 19: Innovations in Practice Survey



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Survey Description

- Overall purpose of survey:
 - “Document what Wood's professionals continue to learn about practice innovations for children, youth and families during the COVID-19 pandemic and how best practices will be informed by these innovations in the future.”
- All Wood’s Homes staff across the agency were asked to participate.
- 100 individuals participated, **31** from Residential Treatment Programs:
 - Frontline: 15
 - Program Supervisor & Team Leaders: 9
 - Agency Director: 2
 - Clinician: 5



Survey Questions

- Staff were asked to reflect on their experiences working and innovating during COVID in the following questions:
 1. *In what way has the COVID-19 pandemic impacted your life personally?*
 2. *Please describe some specific ways in which your work at Wood's Homes has changed or adapted in response to the COVID-19 pandemic.*
 3. *What are some examples of ways that your work has been supported and/or challenged during the COVID-19 pandemic?*
 4. *What are specific ways that you engage and work with clients during the COVID-19 pandemic?*
 5. *What are some examples of how these approaches have been successful and what are some examples of how they have been challenging to your work at Wood's Homes during COVID-19?*
 6. *Please describe how your future work may be informed or changed by these new approaches. Are there things that you are now doing that you may continue, even after COVID-19 is over?*
 7. *Are there any other comments you would like to add in regard to how your work has been changed by your experience of working during COVID-19?*



Methodology



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Thematic Analysis

- A thematic analysis was used to review responses to each survey question.
- Thematic analysis:
 - A method of identifying and analyzing themes (i.e. patterns) found within data (Braun & Clarke, 2006; Nowell et al., 2017).
 - Advantageous as it “can be widely used across a range of epistemologies and research questions” (Nowell et al., 2017).
- Analysis included several steps after becoming familiar with data:
 - a) Codes were assigned to 31 responses in each of the 7 exploratory questions;
 - b) Codes were reviewed for themes/patterns;
 - c) Themes were named and categorized.



Thematic Categories

- Once themes were identified, they were placed in four categories.
 1. *Personal Life & Routines*
 2. *Work Life & Routines*
 3. *Innovations*
 4. *Implementing Innovations Moving Forward*



Category 1: Personal Life & Routines



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Questions & Common Themes

- Staff were asked:
 - *In what way has the COVID-19 pandemic impacted your life personally?*
- Common themes:
 - Loss of Social Connection/Activities
 - Increase in Anxiety/Fear
 - Physical/Mental Health Coping Impacted



Loss of Social Connections/ Activities



- Many staff noted self-care impacted by missing their friends and families, doing less activities, and losing out on experiences.
 - *“Personally it has restricted my contact with close friends, and family which has had an impact on my mental health”*
 - *“Have become more aware of the importance of keeping connections with others especially family and friends. It is easy to isolate and forget for one's own mental health connection is important.”*
 - *“Loss of academic convocation, restricted visits to loved ones, limited self care and hobby activities, caring for sick loved ones”*



Increase in Anxiety/Fear

- Overwhelming sense of anxiety and uncertainty felt by staff. Staff shared many of the same anxieties and fears regardless of position or responsibilities.
- *“I have three immediate family members who are very high risk, so I am quite terrified of any of them contracting COVID as it would be likely they would die.”*
- *“I have to worry about getting ill or my family getting ill.”*
- *“Longer hours at work...More stress/anxiety about exposure and transmission.”*



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Physical/Mental Health Impacted

- Considerable discussion on the impacts and changes towards issues of physical and mental health in personal lives.
 - *“Socially, professionally, and personally my routine has had to change to adapt to the evolving health and safety needs of our country.”*
 - *“My physical coping skills were restricted...I missed specialist appointments.”*
 - *“My wife and I both struggled with depression during this time...It's made me feel uncertain about my chosen field, something that hasn't happened before.”*
 - *“Careful with hygiene personally and professionally. Careful attention to the processes and protocols on campus and relaying this to staff on campus”.*



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Category 2: Work Life & Routines



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Questions & Common Themes

- Staff were asked:
 - *Please describe the ways in which your work at Wood's Homes has changed in response to the COVID-19 pandemic.*
 - *What are some examples of ways that your work has been supported and/or challenged during the COVID-19 pandemic? This could include things internal to Wood's Homes (communication, support, supervision), or external to Wood's Homes (funding support, policy and protocols, communication).*
- Common themes:
 - Virtual Communication & Reliance on Technology
 - Impact of New Cleaning & Safety Precautions



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Virtual Communication & Reliance on Technology

- Virtual communication has taken a central role in respondents day-to-day work. Tasks and meetings normally done in person are now occurring virtually.
 - *“We have adapted many more online options in our program. We have online meetings, online training, online admissions, etc. It has really supported our dream before COVID-19 to digitize our program area.”*
 - *“Much of the meetings I do with my co-workers and families have become online meetings. While this means I am able to save time on driving, I find it can be time consuming in different ways to stay engaged while looking at a screen for such an increased amount of time each day.”*
 - *“[COVID-19] has made access to the youth harder when the cottages are in isolation and meeting spaces are harder to get.”*



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Impact of New Cleaning & Safety Precautions

- Frontline staff have shouldered a host of new cleaning policies and procedures, often changing daily during the first lockdown. This has ensured adherence with provincial guidelines, but placed considerable stress on staff and clients.



- *“Safety standards have also changed for working in and outside of the office. eg. taking temps, asking families about what social distancing looks like in their homes, maintaining 6 feet of distance.”*
- *“Bored/dysregulated [sic.] clients, masks, cleaning, sense of stress everywhere.”*
- *“More work, the constant cleaning, clients are unhappy at the changes (such as not being able to have guests in their apartment).”*
- *“Added cleaning procedures...[helps] teach our clients about safe hands/physical contact with staff and others, help clients with the loss of social activities within their new routines.”*



Pandemic Meets Treatment: Supports

- Leadership hasn't been just a top down approach...
 - *“Three different staff have gotten sick...and scrambling to get my shifts covered has been stressful. Fortunately, my colleagues within Community Group Care have been very supportive of me while I learn the position and try to fill the gap.”*
 - *“COVID site was set up to find information easily, nursing department put out weekly information sheets as information came out or changed, searched high and low to obtain PPE, non-invasive thermometers, ensuring staff understood procedures for when a client presented with symptom and making a good connection with congregate care and center for disease control to get advice and report.”*
 - *“Wood's Homes as a whole really came together to support each program and their clients - whether it be providing emotional, or physical support when short staffed. Wood's Homes adapted well and found a quick solution to all the issues their programs, staff and clients faced.”*



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Pandemic Meets Treatment: Supports

- Remote work and virtual communication has enabled, and required, staff to innovate.
 - *“We were quick to get a great access to online tools, for our staff and program to use. This has allowed families to continue accessing our services, while still being able to follow the guidelines for how to manage safety in these times. We have had a lot of support from our partnership with AHS and they have been understanding whenever our protocols don't perfectly line up with the ones at AHS.”*
 - *“My work has been supported by...gaining more experience conducting Webex and phone counselling visits, overcoming distance, time, and travelling barriers.”*



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Pandemic Meets Treatment: Challenges

- Maintaining consistent communication with clients is difficult when it's not done in person.
 - *“The biggest part for me is doing Zoom or Webex sessions. There is an element of communication and connection missed here. It is good that communication still happens but it is not the same as face-to-face sessions.”*
 - *“My work has been challenged by less face-to-face meetings/trainings/counselling visits which has impacted my ability to build a relationship with the families.”*
- Impact of rapid changes in safety policies on staff and clients.
 - *“Policy and protocols for Covid [sic.] are strict and do not necessarily meet our clients where they are at. This has greatly impacted their ability to visit with families and affects their mental health. Communication can be difficult when it is not in person.”*
 - *“With the rapid changes it was hard to keep up with active covid [sic] protocol and be able to provide that information to families accurately.”*



Pandemic Meets Treatment: Challenges

- Length of stay
- Long wait times in Emergency Department
- While the programs serve young people (9-17) and their families, emphasis has always been on supporting the family unit as a whole.



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Pandemic Meets Treatment: Challenges

DOUBT

- Staffing personal
- Virtual treatment
- Cleanliness of building



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Category 3: Innovations



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Questions & Common Themes

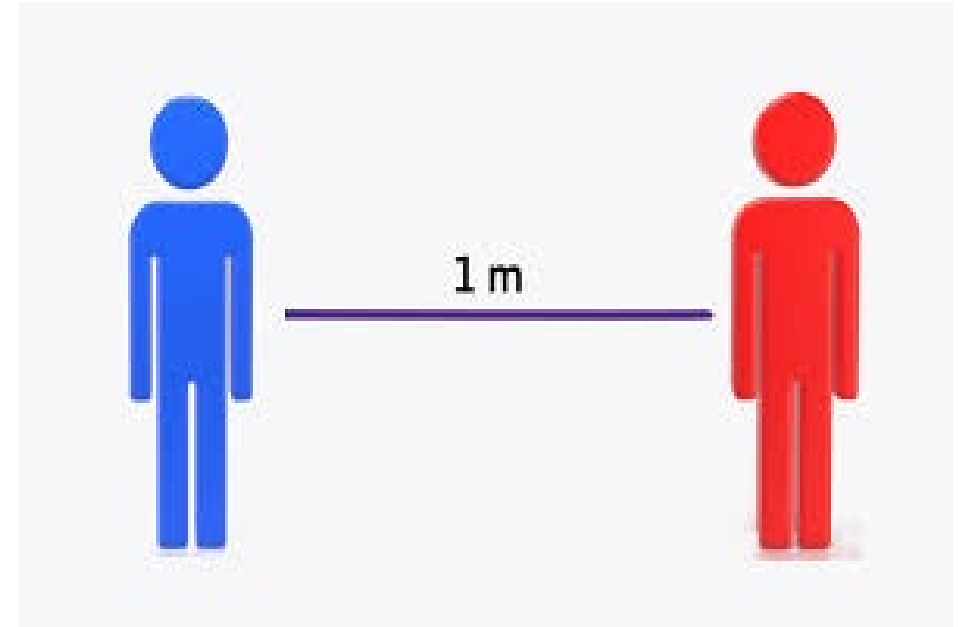
- Staff were asked the following questions:
 - *What are specific examples of innovations or new approaches that you have implemented during the COVID-19 pandemic?*
 - *What are some examples of how these innovations or new approaches have been successful and what are some examples of how they have been challenging during COVID-19?*
- Common themes:
 - Virtual/Social Distancing Contact
 - COVID Education



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Virtual/Social Distancing Work

- Implementation of new socially distant meeting techniques. Respondents noted the importance of virtual technology in maintaining contact or meeting with clients.
 - *“Individual, family and group sessions occurred, team meetings became virtual to ensure everyone stayed on same treatment page and eventually doing face to face visits with families in their back yard, garage.”*
 - *“WebEx, backyard or garage visits at their home, or phone visits.”*
 - *“Back yard visits have been an ease for families during crisis times when no other services were able to offer face-to-face meetings.”*



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COVID Education



- Many noted taking time to educate clients about COVID and the importance of safety planning.
 - *“Clients were also told about COVID from a developmental perspective- staff and clinicians did an excellent job attending to client anxiety, teaching about PPE and being very clear what must occur if someone is symptomatic in a program.”*
 - *“Decorating PPE materials to make them less intimidating and more kid friendly. Creativity when discussing COVID 19 virus and the impact. Increased support in client life skills by encouraging program activities (baking, chores, gardening, backyard games).”*
 - *“Taking the time to explain what this is, why its dangerous, and why the new policies are in place - to protect everyone.”*



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Pandemic Meets Treatment: Successes

- Use of crisis as an opportunity: COVID committee meeting weekly to steer agency and help address rapid re-launch plan changes, safety audits every 6 weeks, and having frontline presence – joint and health safety committee meetings
 - *“COVID Task Force, leading Community Mental Health Programs with live-in treatment, and remote family support.”*
 - *“Success - the live-in programs have maintained high occupancy rates over the 6 months of the pandemic thus far and have dealt with significant staff absences and administrative pressures.”*
- Senior Leadership validates staff by increasing hourly wage for staff working in congregate care
- Implementation of WHET-OP
- Implementation of extra staff, including leadership
 - *“Having the extra school, support staff for the summer allowed us to get a lot of things done, stay on top of cleaning and supporting youth.”*
- WebEx/virtual contact increased client and staff comfort in some situations
 - *“For some youth/families it is easier for them to engage via WebEx as there is less sensory and social stimulus compared to in-person meetings and they are able to focus more.”*



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Pandemic Meets Treatment: Challenges

- Keeping up with changing safety protocols
 - *“The challenge was learning what needed to be adapted and how we could do so consistently as a team.”*
 - *“They have been successful in keeping germs from spreading...[but] duties can seem demanding when there a lot of other things going on.”*
- Virtual communication difficulties
 - *“Phone visits and WebEx meetings are significantly more tiring and entail many unknowns such as facial expressions during phone visits or knowing what else may be happening in the environment outside of the WebEx video screen.”*
 - *“Not every family is comfortable with technology. Often the first meeting or two will be hindered with technological difficulties.”*
- Clients not adapting well
 - *“It was challenging having our kids be in isolation so frequently (typically due to running) and having to keep them from their home/family visits. This has been stressful and sad for a lot of our youth and the clinical support around the stress was difficult to provide if the kids were in isolation.”*
 - *“One of my clients is currently sick and waiting for the results of a swab. He is refusing to isolate within the program or wear a mask, causing stress for staff and clients.”*



Category 4: Implementing Innovations Moving Forward



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Questions & Common Themes

- Staff were asked:
 - *Please describe how your future work may be informed or changed by these innovations. Are there things that you are now doing that you may continue, even after COVID-19 is over?*
- Common themes:
 - Integration of technology
 - Finding new ways to build rapport



Integration of Technology

- Virtual technology has offered a novel approach to various aspects of clinical and residential work.
 - *“Challenging due to technological issues, but very convenient, due to not spending time commuting. Also, it is possible to get more people to attend the meetings.”*
 - *“I may be able to save on travel time for rural families by already having WebEx set up and experience running meetings on it. I am familiar with doing online counselling in case it becomes important in the future.”*
 - *“We will definitely continue using our digital options after COVID-19 becomes less of a factor. If anything, we are looking at more ways to continue to digitize our programming.”*



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Finding New Ways to Build Rapport

- Traditional methods not always possible. Clinicians and frontline staff had to conceive new methods while adhering to health and safety policies.
 - *“Spending time sitting in the grass or on the picnic tables outside of programs was a nice way to connect with kids and/or staff. Emotionally evocative conversations are somehow easier when they're had sitting outside in the sun.”*
 - *“This has made us realize that not everything needs to be done in person and sometimes it is possible to work effectively remotely.”*
 - *“Yes, although outside time has always been fairly integrated into my practice with kids, but the necessity of having conversations with staff outside of the program, while walking, etc. has been a nice surprise and will probably be used more frequently even after covid [sic].”*



Discussion



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What did we learn?

- Rapidly changing health and safety policies impacted day-to-day work of staff.
- Integration of virtual technology and communication is essential moving forward in a COVID world, but come at a cost.
- Rapport building with clients requires new strategies and methods.
- Personal experiences with COVID were relatively the same between staff, but themes and experiences at work differed by role.



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Overall Themes by Position

- **Leadership** (Directors, Managers/Supervisors, Team Leaders)
 - Agency and program level concerns: staffing, developing and implementing policies, COVID task-forces, funding.
 - Innovations moving forward: integrating virtual contact maintaining high cleaning/safety standards.
- **Frontline** (Youth & Family Counsellors, Family Support Counsellors)
 - Day-to-day focused concerns: maintaining cleaning and safety standards, developing a “new normal” for client activities and work.
 - Innovations moving forward: integrating virtual contact, maintaining high cleaning/safety standards.
- **Clinicians**
 - Focused on the implementation of alternative methods of working with clients: virtual contact, yard meetings.
 - Innovations moving forward: integrating and normalizing remote work.



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What About Clients?

- Interactions have become more challenging
 - *“Much of it has moved online for meetings which has been helpful. It has made access to the youth harder when the cottages are in isolation and meeting spaces are harder to get.”*
 - *“Less face time with the youth in their own environment”.*
 - *“Communication can be difficult when it is not in person. With the rapid changes it was hard to keep up with active covid [sic.] protocol and be able to provide that information to families accurately”.*
- Challenges related to social distancing and isolation
 - *“Requirement for creative activities to support stimulation of the clients out of the community. Limited access to professionals and teams supporting the young people in the community”.*
 - *Very challenging to keep my kids isolated when they are symptomatic. Staff have had to be creative in finding ways to support the kids”.*
 - *“Having the standards and policies changing so frequently was difficult as it confused the kids and made them frustrated”.*



Moving Forward: The Next Normal?

- What will “digitizing” in residential programs mean going forward?
- The impact of emergency room overflows?
 - Flexing program mandates to support COVID struggles – potential for program expansions.
- Breaks and self-care.
 - New challenges for mental health workers managing their well being.
- Updating sick protocols.
- Implementing lessons learned from first lockdown to current & future ones



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