

How Recolo is providing neuropsychological therapy June 2021 onwards

As the UK gradually moves out of lockdown restrictions, this is a time of adjustment for everyone, as we become familiar with living with the Covid-19 virus.

At Recolo, we are excited about the opportunities to be able to see our clients in their homes and schools, to sit and talk with people face to face and to be in the same room as other folks, in a way that hasn't been possible for a long while. We are people people! However, we are also aware that, as the vaccination programme is not yet complete, and does not provide 100% protection, and with a mix of infection levels, that we cannot work in a way identical to pre-pandemic practice. We believe that a blended approach is the pragmatic way to mitigate risks and to learn to live with the virus, while delivering quality service to our clients.

Learning from our lockdown experience

At the same time as looking forward, we also have an opportunity to reflect on the ways of working that were brought about by the pandemic. A key element is that many people learnt to work remotely. At Recolo, we have been able to do the same and provide effective neuropsychological rehabilitation remotely.

Remote provision or remote working means that we are working away from where the client is or where other members of the team or school are located.

At Recolo, providing neuropsychological rehabilitation remotely looks like this:

- Talking with clients and their families by videoconferencing or by phone. We use the term videoconferencing to describe how we meet with someone through a computer screen. We regularly use Zoom, Microsoft Teams, Facetime, Whatsapp video call, etc, for this. We are adept at screen-sharing to enhance sessions using documents, video clips and other resources.
- Holding multi-disciplinary team (MDT) meetings by videoconferencing. Again, we regularly use Zoom or Microsoft Teams for this and we've found that this is often a really efficient way of getting a number of people together, from different locations, all at the same time to discuss a case.
- Talking with teachers, support workers, other health professionals, the client and their family on the phone. Talking on the phone is very easy, is accessible to everyone with a phone and does not need a wi-fi signal.

What are the benefits of working remotely?

- ✓ When meeting remotely, there is no travel time or travel costs involved for anyone. This can often help with scheduling meetings in different locations, when there are people attending who are different parts of the country.
- ✓ Working remotely enables people in different locations to work together. This can mean that a clinician in one part of the country can work with a client and their family, in a totally different location. This can be the difference between the client receiving the right input at the right time and having to wait a long time for someone to become available in their area.

- ✓ Neuropsychological rehabilitation can be quite demanding of the client and family, particularly in terms of emotional energy and for some people, meeting with a psychologist online can be less demanding and so, easier for people to engage with. By not having someone coming into the home, it can make it less intimidating for individuals and a more equitable experience.
 - For example, for some teenagers it can feel less threatening to talk to someone via a screen and they often engage with sessions better. Some teenagers have fed-back to our psychologists that they prefer remote sessions to face to face.
 - For a busy parent, being able to sit down and focus on a screen rather than feeling like they must be the host, can perhaps free them up to think more deeply on what they are talking about with the psychologist and enables them to feel more in control.
 - Shared electronic documents (e.g behavioural formulation, psychoeducation) can be worked on together and this can be more effective than sharing paper documents.
 - Many of our psychologists have observed that the power balance between parent and psychologist can shift in remote working so parents can feel empowered, and this builds a more collaborative relationship.
- ✓ Working remotely dramatically reduces the carbon footprint and CO2 emissions of everyone involved. This plays an important part in the whole life cost of a case, particularly in terms of the use of natural resources.

The blended approach to the provision of neuropsychological rehabilitation

It is important to note that there are differing benefits to remote working and face-to-face working.

What we have learnt over the past months is that there is not “one size fits all” and that a flexible approach to working both remotely and face-to-face is often the best way. At Recolo, we call this the ‘blended approach’:

Face-to-face + remote work = blended approach

We are learning that by combining a mix of both face-to-face and remote working, a client, their family, and the case can be provided a more effective and more personalised service by the psychologist.

We have learnt that some parts of the rehabilitation assessment and intervention process is often better suited to face to face work. We use our clinical judgement, in conjunction with discussions with parents and case manager, to recommend a blend of working suited to each individual child and their family.

Some examples when a face-to-face approach may be preferable are: school classroom observations; specific psychometric neuropsychological assessments; where the child requires individual therapy and cannot access this through remote means (e.g communication, level of impairment, support required from an adult). This is not an exhaustive list, and with each family the clinical decision about the blend of working is made with their specific needs in mind.

How are Recolo using a blended approach in our assessment and intervention work?

At point of referral enquiry – talking to the case manager about the options around remote or blended provision. This can often be the possibility of providing therapy to a client in one part of the country via online means if we do not have an associate near the family. It is also about what might suit the

client better, to help them engage with therapy more successfully. This has worked well for several of our recent referrals. Please do discuss this with us.

At point of psychologist allocation – talking to the psychologist about how they can work most effectively with the client, family, the school and other involved parties.

At point of assessment – the psychologist will pro-actively ask the client and family how they would like to have therapy and discuss with them how this would work so that an informed decision is reached. For many families, this could be a mix of both face-to-face and remote, depending on school and work schedules, as well as personal preferences.

At the point of recommendations for on-going work – the psychologist will thoughtfully consider the wishes of the client and family, the clinical requirements of the case, and their knowledge and experience of what works well. The psychologist also considers other key factors such as anxieties around Covid infection rates and transmission (which may change over time), suitable technology and connectivity, language, and cultural preferences. This will also include interactions with members of the MDT, the case manager, and other professionals. Specific interventions are likely to be a mix of both face-to-face and remote and will always be according to the specific needs of the client.

During the life of the case – we encourage professional meetings to be conducted remotely as this usually reduces the need for travel and is a more efficient use of the client's funds. We continue to review what is the best way to work with the client and their family and will only suggest changing from face-to-face to remote or vice versa, when a new set of recommendations are submitted, or if there is a material change in the family or child's circumstances (e.g. safeguarding or increased and significant mental health risk) as we understand the cost impacts. We will always liaise and discuss any changes with the case manager and the family.

Supporting the case manager – it is the role of psychologist, either clinical or educational, to support the case manager as they work with the family. Discussions can be had at a clinical/educational level about the value of each approach, for the client and for their specific interventions. This ensures that along with the consultation of the client and family, that therapy is delivered in a client-focused way, that aligns with the Rehabilitation Code.

So, what does this mean for how we work?

At Recolo, we are constantly seeking to provide neuropsychological rehabilitation in a positive, meaningful, and valid way. By including the choice about face-to-face and remote working, this enhances the way in which we can work with clients and families and in turn, help to improve their quality of life.

We continue to use risk assessment procedures to mitigate risk and to keep clients and our psychologists as safe as possible. We follow schools' risk assessment procedures and use our own documentation for home and clinic sessions.

We are currently canvassing views of families regarding their experiences of effectiveness of and satisfaction with remote rehabilitation as part of a MSc research dissertation. We also regularly review the neuro-rehabilitation literature for evidence of efficacy of remote working to ensure we work in an evidence-based manner.

If you would like to discuss any of the above points with us, we'd be very happy to do this. Please call Lois Shafik-Hooper, COO on 07715 104802 or email on lois.shafikhooper@recolo.co.uk so this can be arranged.