

## **Support by phone or internet: Good practice**

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This discussion concerns emotional support (which may include listening, debriefing or counselling, but also more general interest in the person's well-being).

There are many advantages to face-to-face support. It can be easier to show empathy and warmth when together than at a distance, and it is also easier to pick up cues from body language. Many people feel more comfortable when a conversation is face-to-face, and appreciate the personal contact. Silences often feel less awkward in a face-to-face setting than when on the phone.

It can be more difficult to catch and understand every word when communicating by phone/ internet (e.g. due to accents, a poor line, volume or background noise). Do the benefits of remote support outweigh the problems, even if you only hear a third of what is said, and have no non-verbal feedback to provide extra cues? If it is possible to find someone locally who can meet with the person face-to-face, that might be more effective than remote support. This is especially true for people who feel uncomfortable with phones/ technology, and value face-to-face relationships – which is true for many cultures.

However, sometimes there is no appropriate person nearby who is skilled in listening, debriefing or counselling. Or even if there is such a person, you may feel that you want to show support from within your organisation or church, and you may need to be involved in the situation. In such cases, support by internet or telephone may be an acceptable alternative. Some people regard this as 'a lifeline' during a difficult time. It can be cost-effective and time-efficient, as travel is unnecessary. Avoiding transport is also better for the environment, especially when flights would have been involved for a face-to-face meeting. Research on therapy by internet or phone indicates that it can be effective (e.g. Mohr, Ho, Duffecy et al., 2012; Cassels, 2012).

Remote support can have various different formats:

- Speech only (e.g. by telephone or an internet programme such as Skype without a webcam – [www.Skype.com](http://www.Skype.com))
- Seeing and hearing each other (e.g. video conference or programme such as Skype with a webcam)
- Written text such as e-mail, or a 'chat' programme (e.g. Skype chat, or MSN messenger).

Different people prefer (and have access to) different options. Some people are more open when communicating by phone or internet than they are face-to-face. Some locations don't have fast enough broadband speed to allow high-quality visual contact, and so it can be better to use speech-only

communication, or even written text. On the other hand, if there are good quality telephone conferencing facilities (or a good webcam option), body language can be picked up and it can feel almost like being with the person. Here are some issues to consider before offering remote support:

1. Do you have sufficient training / experience to offer remote this? In addition to training in general listening skills, there are some special skills when working by phone or internet. There are relevant training courses and books such as Jones & Stokes (2009) and Rosenfield (1997). Although these books refer to counselling, many of the issues are also relevant for other forms of member care. 'Guidelines for online counselling and psychotherapy' are available for free download from [www.bacp.co.uk](http://www.bacp.co.uk). 'Guidelines for telephone counselling and psychotherapy' can be purchased from the same website.
2. Are you professionally 'covered' to provide remote services? For example, do you hold liability insurance which covers working worldwide?
3. What are the risks to security and confidentiality? Can you ensure that no-one else can access the information? Do you encrypt messages and use secure email addresses? In high-risk security settings, do you need to use a password so that both sides can be confident the person they are speaking to is genuine? Some therapists licensed in the USA will not use Skype for therapy, because it is not compliant with the Health Insurance Portability and Accountability Act (HIPAA). They state that all Skype chat messages are the property of Skype and are stored on a Skype server, compromising patient confidentiality. There are HIPAA-compliant alternatives to Skype (but they can be expensive). Skype is often more secure than email, as it encrypts both login details and content. Email is stored on servers and is the property of the internet service provider. Phone-calls can also be intercepted. It is good to be aware of confidentiality concerns, and to inform potential clients of any risks. Many mission personnel use Skype, phone and email routinely. In my experience, many are happy to use them for debriefing/ counselling etc as well, as they believe the benefits outweigh the small risk that someone else could access the conversation.
4. Remote support may work best with people you have met before (e.g. during a briefing).
5. The session should be set up clearly and well: Who will initiate the contact, and at what time (being aware of any difference in time zones)? Who covers any cost of the call? Will a webcam be used at either or both ends, and are both parties happy with this arrangement? What will happen if the call can't get through or lines are cut off – is there a back-up (e.g. by telephone or email)? This is especially important if the line is cut off at a crucial point (e.g. when the person has just disclosed something very upsetting) – can you contact them by some other method to respond to what has been said?
6. Be clear about your confidentiality policy, and the exclusions to it, just as in a face-to-face setting.
7. Both parties should treat this appointment with as much importance as if it was a face-to-face contact. Use 'do not disturb' notices to avoid interruptions, and ensure there is privacy and quiet at both ends (as much as possible).
8. Silences are more awkward on the phone/ internet than when speaking face-to-face. People may wonder whether you are still listening. You should allow silences, but also give plenty of indications that you are still paying attention

- (e.g. ‘mmm’; ‘that sounds really difficult’, ‘it’s OK to take your time, just pause for a bit if you need to’, or summarising what has been said, etc). However, if there is a bad echo or speaking breaks up the flow due to a delay, ‘mmms’ may need to be kept to a minimum!
9. Check that the person understands what you are saying, especially if you cannot see their expression for clues. If you use abbreviations (or ‘text language’), check that they understand. If you don’t understand abbreviations they use, ask. If you want to use emoticons in text, check first whether they like them, as some people find them irritating. If you are typing your communication, check that it is not full of errors, as that would suggest you are not taking them seriously or you feel too busy to give them sufficient time.
  10. If you are debriefing, don’t worry if remote debriefing is shorter than the standard face-to-face debriefing. 60-90 minutes is not unusual for a phone/ Skype debriefing session.
  11. At the end of the conversation, be clear about whether there will be any follow-up. Tell them if you will contact them again, and how.
  12. Using (secure) email to summarise the session afterwards can be a useful reminder of key points, and can help to clear up any misunderstandings. This is especially useful if you think some key messages might not have been understood (perhaps due to a bad line, or different accents). Some people also use written comments (e.g. the ‘chat’ function) to supplement during the session if there are difficulties understanding what is said at times. This might be to check a word or phrase. Using this too much can disturb the flow of the conversation, but occasional use might be helpful.
  13. If you are speaking with a group and can’t see them (e.g. during a group debriefing), ask each person to say their name when they speak (unless you are sure you recognise each voice).
  14. Be clear in advance what you will do if you have serious concerns about the person you are speaking to (e.g. if you detect a risk of suicide, or if they appear to be in a state of psychosis or otherwise highly vulnerable). Before the session, consider who can reach them quickly if they need urgent help (e.g. is there a partner, colleague or someone from another organisation nearby who can assist until professional help is available?) Do you know how to contact the nearest hospital or health service? If they are in severe danger, you may need to over-ride confidentiality and take action to ensure their safety. (You can let them know that you will do this). Who do you need to inform (e.g. their line manager)?

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