

Considerations for Mental Health Appointments via Telephone

Before the Session

1. When you book the telephone appointment, let the individual know that they will need a private space for the duration of the appointment. If there are others in the home, ask the individual to think about which locations are appropriate and how to ask others not to interrupt them during their appointment. If the person believes they will be interrupted or that others will be able to hear the conversation, they could consider taking the call in their vehicle or arranging for childcare if appropriate.
2. Remind them of the importance of being on time for their phone appointment, just as they would for an in-person session.
3. Phone sessions might increase the chance of individuals “googling” you. It is important you maintain a professional image in social media. Prior to beginning phone sessions, you may want to “google” yourself to check your digital footprint. If you have Facebook, Instagram, or other social media, be sure to set your account to private. If an individual does try to “friend” or “follow” you, decline their invitation and discuss this with them during the next session. Additionally, NEVER “google” individuals or access their social media.
4. Have a plan in place for circumstances you reasonably believe will bring harm to the health or safety of a minor or a risk of serious harm to the health or safety of the client or another individual, or to public health or public safety. Some examples include an intoxicated client who states they will drive, witnessing of violence in the home, and firearms present. Reference your organization’s policy for the disclosure of personal health information due to risk of serious harm and know what process to follow and who/what organization to call to lessen the risk. Calling 911 is appropriate in an emergency.
5. Send individuals any materials you plan to use during the session or assign as homework in advance of the session. See the online resource guide circulated with the current document that can be used for handouts. You can direct them to the online resources by phone or send them a package of handouts in the mail.

Informed Consent

- Conduct informed consent as you normally do, but also include consent for services delivered by phone, including the risks associated with the technology.
- Again, as in face-to-face contact, state the circumstances in which confidentiality can be broken (if there is risk of serious harm to the individual or others, if there is suspected child abuse or neglect, or where there is a legal duty of disclosure by court order).
- Briefly review the risks and benefits of participating in therapy over the phone and get informed consent. Benefits include being able to access support during a time when in person support is not feasible. Risks include the fact that someone near the individual

may hear the information they are sharing. Document that the individual understands the risks and benefits and consented to having sessions over the phone.

- Given current circumstances regarding COVID-19 and changes to how we offer services, informed consent will be an ongoing process. Continue to ask for consent before proceeding as service provision changes, and always document that you did so.

During the First Telephone Session

1. You will need to identify individuals remotely, particularly for first session appointments. At the beginning of the first phone session with a new individual, ask them to repeat their name and to provide two additional identifiers (e.g., date of birth and PHIN). Remember to document that their identity was verified in your progress note.
2. Discuss the use of the technology and give individuals an opportunity to ask questions. Make sure that there are no unanswered questions about how sessions will work over the phone before proceeding.
 - Normalize the fact that it can be awkward to talk on the phone for appointments if individuals have not used it before.
 - In addition, the individual might want to establish a visual context of where you are sitting. You can briefly inform them that you are in your office, that no one else is present, and can provide more visual cues if they have never seen your office before (e.g., you are sitting at your desk and there is a big window behind you).
 - For use of the phone, establish how you will know if they need a moment since we cannot rely on visual cues.

At Every Telephone Session, Including the First Session

1. Ask who you are speaking with. Don't identify yourself or the fact that you are a mental health professional until you are sure that you are talking to the person with whom you have the appointment.
 - If a family member/partner answers the phone and wants to know who you are: "I'm [first name], I'm calling from the [name of regional health authority]. Could you please let them know that I called?" If someone pushes for more information, it is essential to protect confidentiality. You could say something like "It's a confidential call, for [name of individual]. If they're not there I can call back later." You don't have to apologize for maintaining confidentiality, and you can end the call at any time. Sometimes people get upset that you won't tell them why you are calling their family member/partner. That's not your fault, but do be mindful of your individual's safety if you suspect a controlling or abusive relationship.
 - If your program has developed a script for making first contact with clients by telephone, use it instead of the suggestions above.
2. Introduce yourself once you have reached the individual. Ask them if now is still a good time to meet for their phone appointment. Ask "where are you?" and "is anyone in the home/room with you today?"



- We must consider whether the individual is able to speak with us in a confidential and private manner if they are not physically in our offices, especially since the entire family may be confined to the house. Ask the individual if they are in a private space in their house where they can shut the door and not have others listening in.
 - If you hear noises in the background (e.g., baby crying, people talking, sounds like they are walking outside), be sure to gently ask about these noises.
 - Encourage them not to have children in the room if they are going to exhibit distress or talk about adult themed difficulties or anything that might be upsetting or harmful for a child to hear; it can be tricky to manage complete privacy when families are self-isolating together but safeguarding children is still the first priority.
 - Based on the individual's responses to your questions about their location, ask yourself: Can I proceed? Is it confidential? Will they be distracted?
 - Are there distractions in the home that can be limited for the duration of the appointment? For example, can children be supervised by a responsible individual within the household? Can the individual go into a room and lock the door? If not, then limit your conversation to a brief check-in and do not discuss more sensitive clinical issues, and encourage them to contact you when they are able.
 - Record the individual's location (i.e. their home, someone else's home, their car, walking in their neighborhood, etc.) and anything else discussed above in your progress note.
3. Ask "is there anything else I should know before we begin today?" (e.g., have there been any emergencies in your environment today?). For example, if there was a burning building down the street at an in-person office, you would discuss it and the same should happen over the telephone.
 4. Agree on how the individual will let you know if they need to end the call abruptly due to lack of confidentiality or their space no longer being private. Some people establish a safe word such as "banana" to be code for "Someone has entered my room. I'm going to have to let you go." When the individual says the safe word, hang up immediately, with the agreement that they will call you back when they have privacy again.
 5. At the beginning of each session, make a plan for how to proceed if a technology breakdown occurs. For example, if the call is dropped, what is an alternate form of communication? How will you know the individual is safe? For example, if the person's cell phone runs out of battery or loses reception, how can they let you know? Is there a backup plan, such as a home phone that they can use? Is there someone else you can contact if the connection is lost and you have concerns about their safety? It is important to know the local emergency services available to this individual and obtain the contact details of at least two other individuals that could be contacted in an emergency. Be sure to have the individual's exact location and local emergency phone numbers available to

you so that you can calmly call for help if needed. Record this information in your progress note.

6. Consider the individual's current safety plans and how they might need to be adapted for current COVID-19 circumstances. For example, if one of the options on a safety plan was to visit their grandmother, are they able to call her instead?
7. Let individuals know that they may be tempted to multi-task during a phone session, and encourage them to be fully present during their session, just as they would during an in-person session. Consider asking the individual if there is anything that might get in the way of them being fully engaged (e.g., making sure they will not be interrupted by phone calls or emails, ensuring that the TV/radio are off, ensuring they are not driving or looking after children at the same time, etc.).
8. Consider setting an agenda to help anchor the session and make sure you are both on the same page.
9. Pay attention to the pacing of the material you are sharing and consider slowing down your speech to make sure it is extra clear. Use more verbal feedback than you might normally use in person (e.g., "I hear you," "That is so difficult," "Tell me more," etc.). Pay special attention to your tone of voice, as well as extra attention to the individual's tone of voice, as this may provide important information.
10. If you hear noises, stop and ask, "Has someone entered your room?" Individuals may not automatically tell you. Never be afraid to ask what is going on in their environment.
11. Discuss any technical difficulties immediately as they arise (e.g., if there is a lag in the audio and you keep speaking over one another, talk about adding a pause at the end of each sentence). If the call is dropped and then re-established, ask "did anything happen while our call was dropped?" Discuss how the technology is working for them and adjust if necessary/possible.
12. Be clear from the outset that the typical individual-therapist boundaries remain in place. Phone-based work may feel less formal, as you are talking to people in their own homes and we are used to talking with friends and family over the phone. Pay attention to your own boundaries and level of formality throughout the session. Individuals may view telephone appointments as similar to a social visit so be mindful that the conversation is focused on clinical work as opposed to social conversation.
13. If you take notes during the session, consider handwritten notes as typing during a session may be loud and distracting. If you are planning to type your notes, let the individual know at the onset of the call that this may be something they hear, and encourage them to let you know if they find the noise distracting.

14. Consider giving individuals a 10-minute warning before the session ends, as endings might feel more abrupt over the phone. In an in-person session, someone has time to physically pack up their things, leave the office, and drive home. Over the phone, they are immediately transported back to their daily life. For this reason, it can help to build up to the ending of the session a bit more when on the phone. It can also be helpful to think with the individual about what they may do after the session to transition back into their life. For example, can they do something relaxing to give a bit of space before they go back to their day-to-day activities? Can they stay separated from their household for a few extra minutes to reflect on the session?

Reminder: What to Document

Please review your program's guidelines regarding documentation and practice within these guidelines.

The following may be helpful to note when working remotely with individuals:

1. Record the individual's location for each session, including any information related to privacy.
2. Document reasons for remote treatment, risks, and benefits of this modality, and the individual's consent for using this modality.
3. Document any notable events related to doing therapy over the phone, such as dropped phone calls, intrusions/interruptions, and how the use of the phone helped or hindered therapy as opposed to conducting the session in person.

Building Rapport over the Phone

- When in person, we often show empathy by leaning forward and through our facial expression. When doing therapy over the phone, we need to translate our empathetic facial expressions and body language into words. Use summary statements, reflections, and checking you have understood the individual frequently to remind the individual that you are listening (if you're doing anything else in your office – they will know. If you get caught multi-tasking, be honest and apologize).
- Allow silence as you would in a face to face session. There is a tendency for clinicians to “fill the silence” when we are on the phone. Notice your own urges to fill the silence, and consider how to discuss these pauses with individuals. For example, you may say something like “feel free to take as much time as you need to process what I just said, and let me know when you're ready.”
- You have less input coming in compared to face-to-face so you have to pay more attention to the individual. One clinician recommended closing your eyes when on the phone so that you can be fully focused on the individual. It may also be helpful to close your email and other distractors.
- Use tentative language when interpreting individuals' statements, open-ended questions, and figurative language, especially during the initial session with new technology.
- If individuals use terms or colloquial expressions that you are not familiar with, it is important to clarify as you would in person. Don't hesitate to ask questions such as “Can you explain what you mean by X?”

Tips for Working with Children & Adolescents

- Remember that informed consent for treatment must still be obtained from the legal guardian. Document that you spoke with the legal guardian about conducting sessions over the phone.
- If working with an older child or teenager, it is necessary to define parental involvement before the first session. Clarify at the beginning of therapy whether parents will be involved in the session or not. This will of course depend on the age of the young person, and parents will likely be present in sessions with younger children. When the individual is 16+ years old or has been deemed a mature minor, be sure to gain consent for parental involvement and document this in your progress note. Reminder that consent is not required when there are concerns related to safety.
- With younger children, be sure there are some (quiet) toys in the room so that children can continue to play during the session.
- Adjust your expectations for the length of remote sessions with children, since it is much more difficult to keep them engaged with this format.

Closing Comments

- Remember that individuals will likely become more familiar and satisfied with new technology as they continue to use it.
- In general, we manage remote clinical work exactly as we would in-person; we just need to think through scenarios in advance so that it becomes second nature for us to respond.
- There are no shortcuts when working remotely.
- If you are in doubt, consult with Psychology Services, the Mental Health Clinical Specialist, or your Clinical Team Manager within your program to troubleshoot and discuss your concerns.
- Check with your regulatory body regarding provision of clinical services via phone for additional guidance.

References

- Allen, R. (2020). *Things to consider with online therapy*. Available from: http://whitepeakwellbeing.com/s/Building-an-Online-Therapy-Practice-Getting-Started_R-Allen-2020-k2xd.pdf
- American Psychological Association (producer) & Dr. Marlene Maheu (presenter) (2019). Telepsychology Best Practices 101 Series. Available from <https://apa.content.online/catalog/main.xhtml>.
- Canadian Psychological Association. (2006). Draft ethical guidelines for psychologists providing psychological services via electronic media. Retrieved from <https://cpa.ca/aboutcpa/committees/ethics/psychserviceselectronically/>
- Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68(9), 791-800.
- Korol, C. (Producer). (2020, March 16). Online Therapy: Intro to Ethics COVID-19 Edition (Part 1) [online video]. Retrieved from <https://www.youtube.com/watch?v=c2lasrqN6ic&feature=youtu.be>
- Korol, C. (Producer). (2020, March 16). Online Therapy: Intro to Ethics COVID-19 Edition (Part 3) [online video]. Retrieved from <https://www.youtube.com/watch?v=8FFea0felvg>
- Personal Health Information Act (PHIA, 2019)
- Seager van Dyk, I., Kroll, J., Martinez, R., Emerson, N., & Bursch, B. COVID-19 tips: Building rapport with youth via telehealth. Available from: <https://drive.google.com/file/d/1oGiTD8BO5aeADSb8yvPm6ZnBu-j7f4LZ/view>
- Human Givens Institute (2020). Online Therapy Guidelines. Available from: <https://www.hgi.org.uk/about-hgi/ethics-and-conduct/hgi-ethics-conduct-policy/online-therapy-guidelines>