Telephone Counselling/Therapy

Annelie Carmichael interviews Mark Hancock

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For this article, Annelie Carmichael interviews Mark Hancock, Head of Counselling and Psychotherapy at Rowan Consultancy, about telephone counselling or therapy. Rowan introduced telephone counselling/therapy in 2012 and has found it to be of great benefit to certain groups of clients. Here Mark outlines how it works, the benefits it delivers and the challenges it presents.

What is telephone counselling/therapy? How does it work?

Telephone counselling/therapy is a structured therapeutic relationship, where the client and therapist speak on the telephone, rather than meeting in person. When clients arrange their telephone sessions, they are provided with a designated telephone number, which they call at the prearranged time, when their therapist will be available to speak to them. Sessions, like face-to-face ones, are with the same therapist, and usually take place at the same time, and on the same day, each week. It is important that the client makes the call, as this retains the dynamic of the client electing to attend or not, and to be responsible for any of the associated costs of attending their session, as they would do were they to be attending their session in person. (I acknowledge that clients often pay for mobile and landlines in bundles or packages, so the cost is often not as immediate to them; nevertheless, the dynamic of the client taking responsibility for this is retained.)

Why did you decide to introduce telephone counselling/therapy at Rowan?

We are always considering ways to make our services more accessible and appealing to clients. We have long been aware that for some clients there are barriers to attending in person, and the telephone is one obvious solution to this immediate problem. We are also aware of changes in the cultures of communication and interaction, and changes in how people seek to engage in therapeutic relationships. The telephone service is Rowan's first step into technology-mediated therapy, an approach which also includes email, Skype, instant messaging, and so on. However, our services are by no means exclusively demand-driven, and we are curious and careful to consider how technology mediates our experience and relationships, so that we can appraise each particular communication technology for therapeutic work.

What are the benefits to the client?

The main benefit is that telephone counselling/therapy enables certain clients, who would otherwise face barriers to accessing therapy in person, to do so. Some clients are geographically remote, and would have to travel a considerable distance, at a significant cost, to attend in person. Other clients have mobility issues, which hinder them in attending in person. For other clients, the time required out of their schedule to attend in person, can be too great — this is often the case for parents with young children, business people or carers, for example. The result is that these clients simply don't access services, even though they would like to.

How does the telephone counselling/therapy offered at Rowan, a private agency, differ from that offered by Samaritans and other helpline organisations?

One of the key differences is that our service is a structured, designated telephone counselling/therapy service, where the client speaks to the same therapist, usually at the same time each week; it is not an *ad hoc* help, support, 24/7 or crisis-line service (which have their own

merits); it is also not a free service. Additionally, it has no geographical boundaries (which other services may): it is accessible, in principle, to clients all over the world. There is an important caveat to this in practice, though: it is not always possible to provide telephone counselling/therapy to clients in certain countries, due to legal and insurance considerations. In a large number of states in America, for example, it is illegal for someone to provide counselling or therapy when they are not registered to do so in that state. This is something that should be carefully assessed, and verified, when a request is made from outside the UK; similarly, if therapist and client have agreed to speak whilst either party is in a different country, then this is a factor to consider.

In addition, all Rowan telephone therapists are professionally qualified and fully accredited counsellors or psychotherapists who have also undertaken additional, specialist training in telephone counselling/therapy. We commissioned Dr. Stephen Goss, who specialises in technology-mediated therapy, to run a two-part training course at Rowan in 2012 in telephone counselling/therapy. We are very grateful to him for his input on this training, and for providing consultation to us as we were developing our thinking and policies around this service.

Are there any challenges or disadvantages with therapy on the phone? How do you work around these?

That's a good question. There are many challenges; I'll highlight a few.

One major challenge to overcome during telephone counselling/therapy is that you are working without the contribution and benefit of visual cues/communication, and this may be a clear reason why telephone work is not appropriate for certain clients, where this information is key.

A second challenge is that clients and therapists speak on the telephone for around 50 minutes per session, and holding a handset for this amount of time can pose various challenges for both parties. It can be uncomfortable and physically tiring; and holding a handset to the ear also impedes movement, which can have an impact on expression and feeling. Telephone counsellors or therapists benefit from using headsets, which counter such issues. Clients, unfortunately, often do not have access to such aids, and they may experience physical discomfort and fatigue during the call. Having one hand occupied with the handset limits clients' usual expressive styles, which affects how they express themselves, and the experience of doing so. So that some of these effects can be mitigated, careful consideration should be given to such issues, particularly in the initial stages of the work.

Clients who are engaging in telephone work are encouraged to call from somewhere that is comfortable, private and where they will not be disturbed. However, telephone therapists are not able to take responsibility for the physical space, as they would do for in-person work. This physical provision (and the care taken in this) by the therapist is a contributory factor in the client's experience of being held and contained within the therapeutic work. In telephone work, this difference is a significant challenge, and the therapist might want to help the client, at least, to consider appropriate settings for the client to make the call to them, particularly at the start of the work.

Telephone work also poses some important issues around risk, confidentiality and safety.

Because clients make the call to the therapist, the number they dial may be identifiable on handsets or on telephone bills. This should be considered with the client, with respect to confidentiality and risk (should the discovery of their accessing therapeutic services put them at risk of harm from others, such as in situations where domestic violence/abuse is a factor for the client). For clients where domestic violence/abuse is an issue, therapist and client are recommended to agree protocols (including code words/phrases to alert the therapist, and processes for the re-establishment of contact on terminating the call), to manage risk, should the perpetrator be present at any point during the telephone counselling/therapy session.

In principle, clients can access the service from anywhere in the world (subject to legal and insurance considerations). Where clients are calling from outside the UK, the therapist should consider the appropriateness and skill requirements of cross-cultural work, if this is an issue. Additionally, the telephone therapist would need to consider what information they might need to know from the client, specific to the client's context, such as GP (equivalent) or

emergency services (if available), should this be required at any point in the therapy.

Telephone clients may experience a dis-inhibition, due to physical and visual absence of the therapist. This has the potential to accelerate the disclosure of difficult material, at a pace that may end up feeling too distressing to the client. The therapist would be wise to contemplate how pacing might be different in telephone work, and to consider adjustment to their practice to allow for this.

Are there any types or groups of clients for whom telephone counselling/therapy would work particularly well?

Where there are geographical, practical and physical mobility issues for clients to attend in person, as I mentioned previously, telephone sessions provide a viable alternative.

Clients who suffer from agoraphobia, chronic anxiety or depression, where leaving the house can be problematical, can find that telephone sessions provide a way to engage in therapeutic work. Some clients, for whom the in-person therapeutic experience is too intense, troubling or shame-inducing, can benefit from telephone work, too, either as a preamble to in-person work or as a stand alone therapy.

Are there any types or groups of clients for whom telephone counselling/therapy would not be advisable or where caution should be exercised?

There are no hard and fast rules as to who would not be appropriate for telephone counselling/therapy; but there are certain clients for whom careful consideration should be given and caution exercised.

Where there are issues that render a client's contact and cognitive functions significantly impaired, one would have to carefully assess whether telephone counselling/therapy would be a useful form of therapy (as one would do for in-person therapy); or whether the over-emphasis on speech/sound communication, in the absence of other communication cues, would prove too significant a barrier. In this vein, one would have to give careful consideration to:

- clients who have language issues, such as pronounced speech impediments or inadequate language proficiency;
- clients who have an auditory impairment, which is unaided;
- some clients who have an acquired brain injury or a learning difficulty; or
- some clients who misuse substances.

With clients with dissociative issues or disorders, post-traumatic stress symptoms or post traumatic stress disorder, the telephone therapist does not have access to key visual information with which to guide appropriate therapeutic work and management.

Telephone counselling/therapy may not be appropriate for clients who experience very fragile ego states or senses of self, as the experience of the disembodied therapist could compound these issues. In this context, careful consideration would need to be given to:

- clients who have suffered profound early trauma and abuse;
- clients who experience psychotic phenomena; or
- clients who have eating or somatic disorders.

The ending of telephone sessions do not benefit from some of the transitioning buffers that are available to in-person work. For example, the presence of non-verbal communication on ending and exiting sessions, and the potential for clients to pace their own movement away from the therapeutic space/building, are not available to telephone clients – the ending of the call can be experienced as rather abrupt. This may be problematical for clients for whom loss, abandonment or dependency are significant issues, and careful consideration would need to be given to this.

How important is it that an agency such as Rowan offers telephone counselling/therapy as part of a wider, more comprehensive counselling and psychotherapy service, as opposed to offering it in isolation?

One size does not fit all – Rowan, therefore, values offering a range of therapeutic approaches, so that clients can access a mode of therapy that is going to be helpful and appropriate for them, and can be offered a choice of treatment methods.

Could telephone counselling/therapy be used alternately alongside in-person counselling/therapy as part of a group of sessions (say, three on the phone and three in person)? Or should a client just experience one method for consistency?

Again, there are no rules; and it depends. Of course, a combination is always possible, particularly if it is in the service of the work. For example, if telephone sessions enable the client to continue the therapeutic work, instead of experiencing discontinuity in the therapeutic work due to extended gaps, then perhaps that is a good case for combining in-person and telephone sessions. It would be up to the therapist and client to carefully consider these issues, and whether combining the mode of therapy with another is in the service of the work or not.

Had you always believed in the merits of telephone counselling/therapy?

As a psychoanalytic therapist, I think that for too long a time, I considered telephone counselling/therapy as an adjunct to in-person work, and I was sceptical about whether it could offer little more than continuity of contact for certain clients. However, after having worked with somebody (who suffered from acute anxiety and who found the in-person experience too difficult, to the extent that they had to discontinue a previous therapy) by telephone, over a period of time, I changed my mind.

Conclusion

The flexibility of telephone counselling/therapy provides access to therapy for clients for whom there are significant barriers to attending in person. Telephone counselling/therapy might be something a client chooses to use exclusively for all sessions, or something they integrate and alternate with in-person sessions, and, perhaps, in the near future (at Rowan), with communication by other media such as email or Skype.

Contact details

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