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National Centre for Education
and Training on Addiction

“Another tool in the toolbox”: Service providers’ perspectives on using phone and video calls to deliver alcohol and other drug counselling

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Project reference group

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Declaration of Interest

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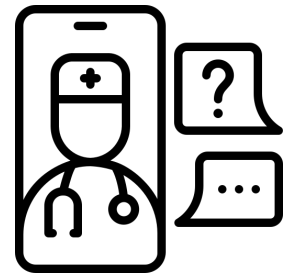
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Background & RQs

- COVID-19 restrictions prompted AOD services to introduce phone or video appointments
- Many AOD services continue to offer counselling appointments via phone or video alongside face-to-face
- Limited research about implementation outside of COVID-19 context



How have Australian AOD treatment service providers incorporated phone and video within their counselling services?

What are their perceptions of the benefits, drawbacks, and challenges of delivering AOD counselling via phone and video?



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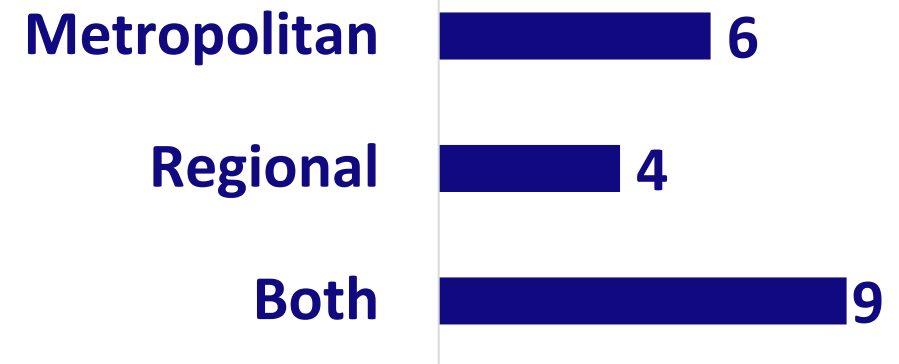
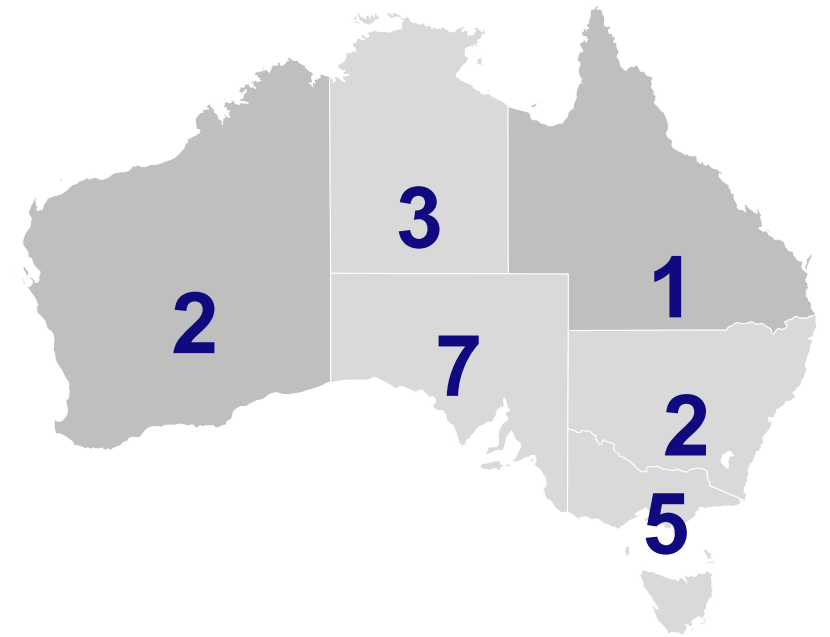
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Methods

- Key informant interviews (N=19)
 - Senior staff members from Australian government and non-government AOD services
 - Currently or previously offered phone or video counselling
- Interview schedule: process, benefits, drawbacks, challenges, key learnings
- Analysed thematically



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Findings: Another tool in the toolbox

- Phone and video seen as additional tools to reach and engage clients seeking AOD counselling

“Another tool in the toolbox.”



“The fact that clients want it is the main thing.”



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Enhancing services' reach



- Improved access for clients who would otherwise struggle to attend was identified as the primary benefit of phone and video

“I think probably the main thing's the accessibility. I'd be struggling to look past that, to be honest.”

“It's reaching out to clients who wouldn't normally get that service.”



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Improving psychological safety



- Opportunity to undertake counselling from home or a familiar space reported to increase some clients' sense of privacy and comfort

“Our office is a clinical, corporate sort of space where they can feel very out of place and perhaps judged and anxious. But when they're in their own home, they're in a more comfortable and familiar space.”



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Increasing attendance rates

- Most interviewees believed that attendance rates increased when appointments were conducted over phone or video

“Our attendance rates shifted quite dramatically: Face to face about 49%, whereas over the phone we had 63%, video was 59%.”



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Concerns over rapport and engagement



- With fewer sensory cues, interviewees reported greater difficulties building rapport and had concerns some clients struggled to engage

“Something that I've been concerned about is whether clients are getting the most out of this, if the rapport is there or if it just feels like they just talked to some stranger over the phone.”



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Challenges when assessing risk



- Interviewees reported greater difficulties assessing risk and monitoring clients for deterioration with reduced sensory cues

“You can’t sense what it’s like sitting in a room with someone so you can’t necessarily pick up problems as early.”



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Processes modelled on face-to-face



- Policies and processes generally mimicked those for face-to-face services, with adaptations

“We modelled it as close to face to face as we could...we just [obtain consent] verbally on telehealth.”



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Skill development embedded within supervision

- Use of formal training was limited mainly to learning to use platforms, while general supervision processes were used to help staff develop skills to respond to nuances of phone and video

“No formal training, but a lot of support through operational and clinical supervision. Mostly around the barriers of telehealth such as keeping your client present, not being able to observe body language [so] being able to pick up on verbal cues.”



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Discussion



- Phone and video seen as additional flexible ways to engage clients and respond to clients' needs and preferences
 - And some clients still prefer or find it easier to access face-to-face
- Some challenges with reduced sensory cues and lack of physical presence:
 - Additional skills to respond to nuances
 - Flexibility to shift between phone, video, and face-to-face



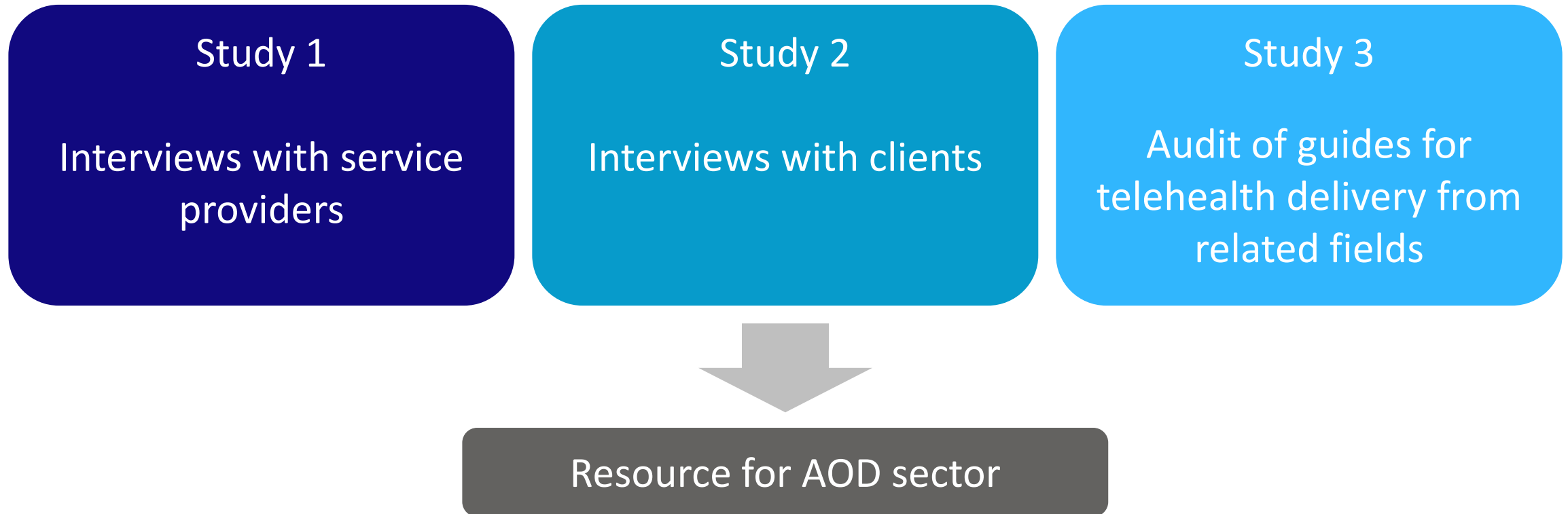
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Next steps



Want to hear updates?

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