

“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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Introduction: The COVID-19 pandemic and associated restrictions prompted many Australian alcohol and other drug (AOD) treatment services to trial delivering AOD counselling via phone or video call (sometimes termed telehealth). Services continue to offer these modes alongside face-to-face delivery, but there is currently little AOD-specific research to guide practice. This study aimed to understand how Australian AOD treatment services have incorporated phone and video within their operations, and their perceptions of the benefits, drawbacks, and challenges of these modes of delivery.

Methods: Key informant interviews were conducted with N=19 senior staff members from government and non-government AOD treatment services in Australia with current or previous experience in delivering AOD counselling via phone and video. Interviews were analysed thematically.

Results: Interviewees described phone and video as adjuncts to, not replacements for, their face-to-face operations. These modes were valued because they could increase access for clients who struggled to attend face-to-face due to their location, life situation, or concerns about stigma. Interviewees framed the choice between phone, video, and face-to-face as client-driven and flexible, although clinical and operational factors were also considered. Most interviewees reported a strong client preference for phone over video, but also expressed concerns that some clients treated phone appointments less seriously or struggled to engage. Services’ processes for phone and video appointments largely mirrored those for face-to-face, although some interviewees reflected that counsellors needed to tailor their approaches in the absence of visual cues. Interviewees reported that staff were supported primarily through supervision and clinical meetings, rather than formal training.

Discussions and Conclusions: Australian AOD services have been able to incorporate phone and video into their operations as additional modes for delivering counselling. Some challenges were observed, but these were largely seen to be outweighed by the benefits of providing access to clients who would otherwise not attend counselling.

Implications for Practice or Policy: AOD services can consider offering phone and video counselling appointments in addition to face-to-face to increase client access. Providing support to staff and clients that highlights the nuances of engaging in counselling via phone and video may help to overcome challenges with these modes.

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