Offering CAT by telephone and video conferencing – some principles for CATs & CAT Practitioner trainees

STEPHEN KELLETT
UNIVERSITY OF SHEFFIELD

DAWN BENNETT
CATALYSE CAT PRACTITIONER COURSE

Aims for the input

1. To build confidence in delivering CAT by telephone and video conferencing
2. To summarise the guidance around electronic communication methods and digitally enabled therapy over the phone and general common sense approaches
3. To feel reassured about the basic principles of this type of work within a CAT model
4. To develop a strong and therapeutic ‘vidipresence’ or ‘telepresence’- and think about associated reciprocal roles
5. To be aware of being in an enactment with the technology itself and how to retain fidelity to the CAT model despite the remote delivery.

Service change and client preferences

- Whilst some clients who are understandably concerned about exposure to COVID-19 may feel less anxious about participating in therapy via telephone or video conferencing formats.
- NHS and private services have moved all (or most) delivery to a ‘safe distance’ and this may be a re-enactment for some clients - and play into the therapy being emotionally and relationally sterile.

Distancing

I

Ignored

Doing some work during the input

There are exercises embedded in the slides – please stop and do these are they are designed to help

Engaging

I

Engaged

Seven areas for consideration

1. Setting up – practical issues to work remotely

2. Generic psychotherapeutic principles: Core conditions, establishing and maintaining the external framework

3. Other clinical and service issues

4. CAT Specific principles: 3Rs and the scaffold of the Reformulation

5. Support for you - Supervision: clinical, case management; you are important

6. Outcomes

7. Training and Accreditation issues if you are a trainee

1. Setting up – practical issues to work remotely

- Consent – creating a containing space
- Looking after your client and the space

Consent – creating a containing frame

- Make sure that your client has consented to CAT using either the telephone or video conferencing.
- Consent from the client for video sessions for CCAT analysis on CAT training courses should be sought and documented.
- Consent from the client for any observed/shadowed sessions by supervisors should be sought.

Containing

I

Held

Looking after you, your client and the space

- You need access to a safe, private and confidential therapeutic space: a room free of distractions and noises where to conduct the online or telephone session – and so does the client.
- You and your client need to focus only on the therapy session and do not try to multi-task.
- Minimise the chance but also decide what you'll do if there are distractions or interruptions
- Make sure you're comfortable; use earphones or a headset if you can and set up a good working space at home. The same applies for the client.

Looking after you, your client and the space

- Make sure the background is free from confidential information and distractions. Some video functions have the ability to blur your background.
- Beware of the glare from bright objects in your background or that of your client.
- Orientate yourself so you do not have a window behind you, otherwise the other person will only see a silhouette in the camera.
- Make sure your own face is adequately lit and using headset/earbuds to maximise the sound quality of your voice – if possible – this will enhance your 'telepresence' (i.e. a proxy for a face-to-face therapeutic relationship).
- Headsets with earphones and microphones are available and really improve the sound quality and improve the working environment.

Looking after you, your client and the space

- Be prepared to offer your client a mini-tutorial in navigating the hardware/software if necessary - please note that this would not count as a clinical session in the 8, 16 or 24 session CAT-treatment contract.
- You may need to spend some time normalising and putting the client at ease - as it may seem strange at first or might be their first go at therapy.
- Elicit immediate feelings from the client on the specific delivery mode of therapy, so you can address any concerns or fears, and regularly elicit feedback during the first few sessions.
- Think about whether these are echoes of previous relationships or change processes (i.e. what might be the snag?) or situation-specific issues that will respond to normalization.

Looking after you, your client and the space

- Like any clinical session it's useful to talk to the client about self-care or reflective time following a session. This might be exit practice too.
- But, it is possible that the client may unhelpfully ruminate about the session after the session has ended - this would occur whilst they are in their own home, somewhere that may usually be a safe place?
- The journey between the therapy room and home is no longer a 'buffer' if the client is already at home. This might be a loss.

Caring for the space and the client

I

Feeling cared for and respected

Looking after you, your client and the space

- Some platforms have the facility to record a session which would be done with consent of both client and therapist
- Within the conversation about boundaries and confidentiality with your client, you would include an agreement within the contract about this, for example, that the sessions won't be recorded by the therapist or the client.
- I f this is requested by either person this would need to be carefully thought through as there are a number of issues to consider (see next slide)
- If the recording is to be used as part of training, in supervision or for a case study you will need explicit consent, on the recording and written consent for any recordings shared as part of course work

Looking after you, your client and the space

Issues to consider about consent to recording include -

- how the privacy of both therapist and client will be maintained (e.g. posting a recording on the internet, showing it to a 3rd person)
- maintaining the integrity of the recording (e.g. editing the recording, or focusing on a particular aspect of what was said without considering the wider of context the rest of the session/reference to previous sessions)
- who retains ownership of the video material and for how long.

Practical exercise

- Think and reflect on your workspace and whether it is fit for remote purpose?

- Identify what changes you need to make?

2. Generic psychotherapeutic principles

- Core conditions
- Boundaries

Practical exercise

- Name and write a trap, snag or dilemma you might have about using the technology
- Examples may be:
- SNAG = I want to be able to deliver CAT via video but anxiously avoid the system
- DILEMMA = I either embrace technology or I avoid it at all costs
- TRAP = I feel incompetent with technology, so I think it will go badly, avoid learning it, feel guilty and then the sessions don't go well convincing me that I am incompetent with technology.

Practical exercise

- Think about and name how the use of the technology or phone might collude with or amplify a Target Problem Procedure
- Think about how the technology will be experienced in one of the self-states of the client
- Think about how to creatively enable exits given social distancing.

The core conditions remain the same

- Apply your underlying therapeutic aspects of compassion, care and professional behaviour – empathise around the COVID19 situation.
- Don’t over share about your own reactions to the health crisis – but do normalise.
- The motivations to deliver high quality, evidence-based psychological therapy all still apply.
- Adhere to the principles of General Data Protection Regulations (2018) and follow your service guidelines – when in doubt ask your line manager and clinical supervisor.

The core conditions remain the same

- Session structuring and pacing are especially important; agreeing what the focus of the sessions is according the three Rs of CAT.
- Up your use of active listening principles, regular chunking, major summaries of sections and checking you have understood the client.
- Use more verbal feedback and consider the pace of your speech to make sure it is extra clear; collaborate and empathise. Speaking more slowly and clear annunciation are particularly important in video conferencing as a slow connection can lead to missing I information.
- Pay special attention to the client (and your) tone of voice. It may be more difficult to know when a client is tearful and when they require increased emotional support, or a change to pace or focus – or when this is part of the change process. Its harder to know on the telephone when there is a rupture or an enactment – but be alive to this probability.

The core conditions remain the same

- It may be important to think about issues relating to being a disembodied voice or a faceless clinician and how that relates to possible absent to ignored reciprocation.
- Letters inviting clients to take part in new telephone assessment or therapy interventions could include a picture of the therapist, so that the client can put a face to the voice and so that the therapist is no longer 'disembodied'.
- Be careful about the use of therapeutic silence – they may be just waiting for you! Tell the client when you are thinking and you need that time. Being 'transparent' verbally is a skill in itself.
- Elicit and provide lots of feedback.

Boundaries

- Apply the usual boundaries to the session in terms of starting and finishing on time.
- Have a prearranged ‘safe-word’ or phrase that a client can say if they are interrupted and want to end the call without saying what the call involves.
- Make sure you block your personal mobile number on outgoing calls if you’re using personal equipment.

Boundaries

- Make it clear that online or telephone delivered CAT is just as important as face to face CAT (only more convenient and safe currently) – the client should not feel they are getting an inferior service and you should not collude with this impression.
- Make it crystal clear that online or telephone CAT work is reformulation based work or therapy – and not 'just an online or phone chat.'
- Some clients may be less likely to prioritize a telephone call, if they are used to having routine face-to-face contact. Therefore, it may be helpful to establish the importance of committing to telephone therapy from the start.
- The client is available for the whole of the session – and are not driving!
- Online sessions might mean it's more easy/likely for you to be googled. It is important you maintain a professional image in social media. Check your digital footprint.

Boundaries

- If a family member or friend answers the phone and wants to know who you are?
- 'I'm Stephen Kellett, ringing from the NHS. It's nothing urgent, so I'll try again later.'
- If someone pushes for more information say 'It's a confidential call, for Dawn Bennett. If they're not there just at the moment, I'll ring later.'
- Don't have to apologise for maintaining confidentiality - be mindful of your client's safety if you suspect a controlling or abusive relationship.

Boundaries

- Telephone therapy can sometimes promote in-session informality, which can be helpful to some clients, but not to others, depending on the context
  - don't have a one size fits all approach
  - Be aware again of how this might mirror the TPPs of the client (or of your own?).
- Some clients may find the informality increases trust in the therapist, which in turn may increase level of disclosure. However, some clients may require clear boundaries and it might be harder to instate and 'police' these boundaries over the telephone.

3. Other clinical & service issues

- Note Keeping
- Availability
- Access
- Risk Management

Practical exercise

- Draw out an SDR for the dominant (negative) reciprocal roles and associated procedures that you have in relation to the use of technology-assisted delivery.

Note keeping

- Let your client know you will be taking notes and this might make you go quiet from time to time.
- Consider handwritten notes as especially on video calls typing is very loud and distracting.
- Transfer of hand-written notes onto clinical records.
- Ask your client to also keep notes throughout the session and to write the plan for the session and possibly a session summary at the end (if this is useful, and not a striving or performing enactment).

Availability

- Be clear with your clients that you are not offering an emergency mental health service.
- Be clear about when you will check your emails and messages and how long it may take you to see a message and reply to it.

Availability

- You can use an automatic reply with standard working hours and response times, and/or include within your electronic signature that you are not operating an emergency service and with crisis contact numbers.
- Some services use non-reply email accounts to support delivery of telephone or video sessions. Be clear about the policy and procedure for using this within your own service.
- Consider the use of an email check-in to support ‘homework’ assignments – but be clear that is the purpose.

Access

- Digital delivery should not be ruled out on the grounds of age, disability, language, or type of psychological difficulty/problem.
- Do not assume that digital modes of delivery will be unsuitable for older adults.
- For patients with mild LD; identify any alternative or augmentative means of communication that help the patient understand or express themselves. This may require additional preparation with the patient or their family/carers to identify the best means of communication and to ensure both you and they have access to it during interactions.
- Reasonable adjustments should be made to enable most to engage, whilst also recognizing that it will may not be possible for all.

Risk Management

- Risk assessment and management does not reduce according to the medium of delivery. Use the same questions you would use when working face to face.
- It is particularly important for risk management when working via email that a client does not think you are able to see a message when you are on leave or not working.
- Risk assessment and management is a continuous process throughout psychological therapy. Still reiterate the boundaries of confidentiality
- Please seek extra clinical supervision if you have doubts; your clinical supervisor will be happy to be contacted between session when issues of risk arise.

Risk Management

- Check - you want to know where the client is during the sessions – and that this is not a risky situation in itself
- Follow-up any sessions by e-mailing clients crisis details and ensure the client has received these.

4. CAT specific principles

- 3 Rs
- Reformulation as the scaffold
- The structure as the scaffold

Reformulation

- Be transparent on how many sessions you will take to produce the narrative reformulation – post or email the Psychotherapy File for discussion.
- You can sketch initial SDRs on some video software to show the client – they can do this too. The final SDR needs to be visible for both client and therapist for recognition and revision efforts.
- You can read out a narrative reformulation over the phone or on a video link – negotiate with the client whether they want it emailing or posting before or after?
- Include the COVID-19 into the narrative reformulation for context or when it in some way mirrors the childhood of the client.
- Normalise anxiety where this can be normalised and be effective.

Recognition

- The normal creativity in terms of recognition still apply – what can the client do to step outside a pattern, but whilst inside the home!?
- Relational awareness might be usefully amplified during lockdown – make this work for you.
- The rating sheets can be shared on screen – be careful when you do this as the client might see other files.
- The rating sheets can be posted or emailed. Same with the states description procedure.

Recognition

- You will still be recognising reciprocation, ruptures and re-enactments within the therapeutic relationship
- Send any resources in advance of the session.
- You can take a photo during the session of additions to the SDR e.g. exits or other exit maps and email it to the client during or after the session.
- Use a work phone to text an image during the session.

Revision

- There is a very real zone of proximal development during this lockdown – the client needs to be practicing real exits for the lockdown and planning anticipated exits post lockdown.
- Be creative but realistic about exits – as per normal but during a Lockdown situation.
- Still labelling on the SDR – having a visual of this will be helpful for the client.
- Drawing positive maps with clients at the end of therapy is often helpful but may be more so now.
- Working within the therapeutic relationship using the model is still an exit – and still possible regardless of the method of delivery.

Endings

- The client needs to be prepared for the ending in the same way – thinking about the emotional experience of ending and how this relates to the past.
- Helping the client to write about the ending.
- Reading out letters to each other.
- COVID-19 as a very real ending for some vulnerable loved ones.

Practical exercise

- Think about each of the phases of CAT and bring a client you are seeing to mind.

- Name the ways in which you can implement appropriate adjustments to the 3 Rs considering that the delivery will be remote

5. Support for you

- Clinical supervision
- Case management supervision
- You are important

Clinical supervision

- Make sure you feel 'competent enough' in the medium you are offering CAT in – be aware of your own perfectionistic or striving procedures.
- If you are training in CAT, discuss with your supervisor possible CATs you are able to continue, start from new or pause. Some clients will choose to pause – support this with a check-in call?
- Consider your current training goals as well as the client's needs and the impact of this new medium when deciding whether to proceed
- It is helpful if you can access some supervision from a colleague who has experience in providing online therapy and/or seek peer supervision from colleagues who have regularly offered it.

Clinical supervision

- You can take recorded sessions (with permission) to supervision – the CCAT competence measure is designed for use with audio and video conferencing.
- If you haven't used online therapy before, you could practice using the platform with a friend or family member first and allow extra time before a session to log on, if you are less familiar with the technology.
- Be aware of when the use of the technology mirrors your own reciprocal roles and creating a self-to-self problem that then hinders your relational availability to the client (e.g. criticising to incompetent).

Case management supervision

- For CAT training cases, supervised by an ACAT supervisor, you may also need to maintain case-management supervision remotely. You may need this for all other cases
- This may mean:

(1) identifying options for accessing the data management system from outside service premises, with due consideration to information governance requirements

(2) identifying ways to undertake case management that do not rely on the case management electronic system

You are important

- Mental health services are essential services.
- CAT can and does save lives.
- CAT therapists need to take care of themselves and each other physically, emotionally and psychologically as they respond to the current and incoming high level of need. Be those reciprocal roles!
- Supervision, self-awareness, being a good colleague, structure to the working day, and general self-care will be more important than ever, to allow staff to continue to serve the NHS effectively.

Practical exercise

- Draw out a positive procedure or SDR of what you are currently doing in the health crisis that is facilitating your competent delivery of CAT or how you want this to look

6. Outcomes

- Outcome monitoring
- Providing an adequate ‘dose’ of CAT

Outcome monitoring

- If your service uses outcome monitoring you can do this over the phone or online
- If the client doesn't have them in front of them, ask them first to write down the scale (e.g. for PHQ 0=not at all, 1 = several days, etc)
- Send blank example forms through the post
- Use outcome monitoring as usual to inform case management
- You and the client can look at the outcome graphs

Providing an adequate dose of therapy

- Agree a procedure within your supervision for re-offering sessions which have been interrupted due to technological issues – so that your client is not 'short-changed.'
- Before offering video or tele therapy, consider any client developmental, emotional or financial factors that might affect their ability to engage with and make use of sessions online.

7. Training & accreditation issues if you are a trainee

Training therapies

- ACAT has to date only included in person therapies as training cases for practitioner and psychotherapist training.
- It has also required in person supervision unless there were exceptional circumstances
- For cohorts training during Covid-19 ACAT will look on your training cases in consultation with supervisors, balancing the service you offer for your clients and your training needs when deciding if cases conducted remotely can ‘count’ as training cases for accreditation

Training therapies

- What we imagine is that up to two cases of your eight can ‘count’ if supported by your ACAT supervisor
- Training cases began as f2f and switching to remote therapy post reformulation will be accepted
- Training cases started remotely may be accepted with supervisor support and if the arrangement can meet your current training aims and needed

Conclusions

- Do not change you as a person in these mediums – you are just changing some of the delivery processes.
- Trust the process
- Ask for help when you need it

One last thing

- Community: look after yourself, let others look after you and you look after them.

Other to Self to Other

to

Self

Resources

- The information provided in these slides is offered as a resource for CAT trainees from the Catalyse but can be used by others familiar with the CAT model. It is an interim resource drawing on emerging advice from professional bodies and ACATs message to members
- It will be built upon
- It is intended for those new to video consultations and is not intended to replace professional or local guidance. It is recommended you consult relevant policy documents and guidance in your NHS Trust/organisation.