NCETA
National Centre for Education and Training on Addiction

Using telehealth for Alcohol and Other Drug (AOD) counselling

A guide for Australian AOD treatment organisations

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Acknowledgement of Country

The National Centre for Education and Training on Addiction (NCETA) respectfully acknowledges the Kaurna people as the Traditional Owners of the land and waters on which our Centre is located. We pay our respects to Kaurna elders past, present and emerging.

About NCETA

NCETA is part of the Flinders Health and Medical Research Institute (FHMRI), Flinders University, South Australia. It is an internationally recognised alcohol and other drug (AOD) research translation centre that works as a catalyst for positive changes in the field. NCETA's areas of expertise includes workforce development, inclusive of programs and resources tailored to the needs of both specialist and generalist AOD workers. The Centre focuses on supporting evidence-based change and specialises in change management processes, setting standards for the development of training curriculum content and delivery modes, building consensus models and making complex and disparate information readily accessible to workers and organisations. NCETA is a collaborative venture between Flinders University and the Australian Government Department of Health and Aged Care.

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Contents

In this guide, we use the term 'telehealth' to refer to counselling services provided via phone or video call. Some organisations may use other terms such as 'virtual care' or 'digital support.' This guide is aimed at Australian alcohol and other drug (AOD) treatment organisations that offer or are considering offering telehealth alongside face-to-face counselling.

Why offer counselling via telehealth?

Including telehealth as an option to access AOD counselling can form part of a person-centred approach to counselling, supporting flexible engagement that is led by clients' preferences and needs. Potential benefits may include:

- **Increasing access to AOD counselling for clients who find it difficult to attend a face-to-face service.** This might be due to barriers related to transport access and costs, distance to the service, care and employment responsibilities, and health and mobility.
- **Reducing barriers to counselling by enabling clients to engage from a safe and comfortable space of their choosing**, such as their home. Accessing counselling via telehealth can reduce feelings of stigma related to being seen to attend an AOD service and may offer a greater sense of anonymity for clients as they build trust with the service and their counsellor.

There is evidence that telehealth services may reach people who are less likely to seek help via face-to-face services, helping to address unmet need for AOD treatment [1].

If aligned with client needs and preferences, telehealth may also offer benefits for organisations, particularly those with large geographic catchments. These include:

- **Increasing availability** of services in areas where organisations can offer only a limited face-to-face presence (e.g. in between fortnightly visits to a regional location).
- **Easier team-based coordination** involving people in different locations (e.g. other clinicians or service providers, support people, family members).
- **Balancing demand/wait lists** across staff members in multiple locations.

"For me it was tricky to sort of engage in any sort of counselling being where I live in a large rural city. I was not driving at the time, I didn't have a license back yet, … it would take me an hour and a half to get somewhere for an appointment where I could just log in online."

Telehealth client

"There is a lot of shame and stigma…having telehealth as an option and not having to walk into an organisation that specifically treats clients [from a stigmatised community], it really does open up a door for people."

Telehealth service provider

"We've got clinicians that have got particular regions that they outreach to [with] fortnightly visits. So telehealth is really important in being able to provide those additional sessions in between."

Telehealth service provider

Is telehealth effective?

The evidence base for delivering AOD counselling via telehealth is still developing.

- Standalone telehealth counselling services for AOD have shown to be **effective at reducing substance use problem severity** [2].
- Evidence comparing telehealth and face-to-face delivery of AOD services is limited, but systematic reviews of health services in general have concluded that telehealth appears to be similarly effective to face-to-face health services, particularly for services based on verbal assessment and when clients and service providers have an existing relationship [3].
- **Some service providers report that attendance is higher** for telehealth services.
- In practice, many client journeys may include a mix of face-to-face and telehealth (sometimes termed 'hybrid delivery'). There is a need for more evidence regarding outcomes from this approach.

We encourage organisations to collect and monitor their own outcome data by mode(s) of delivery. Some outcome measurement tools such as the Australian Treatment Outcomes Profile (ATOP) have been validated for use over the telephone [4] and via online self-report [5].

> *"Our attendance rates shifted quite dramatically: Face-to-face about 49%, whereas over the phone we had 63%, video was 59%."*
>
> Telehealth service provider

When is telehealth appropriate?

Whether telehealth is appropriate for a client will depend on their individual preferences, needs, and circumstances, and may require judgement about clinical appropriateness as well as discussions with a client to understand their perspective. Telehealth should not be automatically ruled in or out based on demographic, clinical, or other criteria. However, some circumstances may require additional consideration.

- ***Client preferences**:* Some clients may actively prefer to access counselling via telehealth, while others may prefer face-to-face or have no strong preference. Understanding a client's preferences can help organisations to provide person-centred care.
- ***Client resources***: Telehealth requires clients to have access to a phone or computer, data, signal strength, digital literacy, and a private space. Face-to-face requires clients to have access to transport and the time and financial resources to attend the service. Organisations may explore options to reduce resource-related barriers to engaging in telehealth, such as partnering with local community services to provide access to technology and a private space or providing clients with data packages.
- ***Clinical needs**:* Whether telehealth meets a clients' clinical needs may depend on whether the counsellor and client are able to develop rapport, how well the client engages, whether risks can be managed effectively, and whether the client requires a physical assessment. Telehealth involves a reduction in visual and other sensory cues that can pose additional challenges for rapport, engagement, assessment, and risk management. However, counsellors may be able to adapt their techniques to overcome these

challenges (see sections below). Some clients also report finding it easier to engage in counselling via telehealth than face-to-face because of their increased sense of safety as well perceived distance from their counsellor.

- ***Clients with multiple complexities***: Telehealth can have both advantages and disadvantages for clients with multiple complexities. On the one hand, these complexities may increase risks and warrant closer monitoring and assessment that may be difficult to manage at a distance. On the other hand, these complexities may also increase barriers to face-to-face attendance. Organisations should consider the most appropriate mode(s) of care for clients with multiple complexities on a case-by-case basis.
- ***Cultural considerations***: Preferences for face-to-face or telehealth counselling may vary for clients from different cultural backgrounds (but an individual client's preference should not be assumed). Clients from some cultural backgrounds may not consider telehealth appropriate, while others may value the increased sense of distance or anonymity. Telehealth may also help to connect clients with counsellors from a similar cultural background who may not be available locally (if this is desired by the client) or may facilitate the involvement of interpreters if required.
- ***Family violence***: Clients experiencing domestic or family violence may require careful development of strategies to manage risk, especially if the client is living with the person who uses violence. NSW Health has developed guidance for providing virtual care when domestic violence risk is identified (see Appendix).

The appropriateness of telehealth may change across a client's journey, and hybrid approaches can be considered. It is a good idea to check in with clients about how telehealth (or face-to-face) is working for them. NSW Health has developed a useful guide to a collaborative virtual care decision making journey for AOD services.

"People who had comorbid mental health problems, and a lot of them had social phobia, social anxiety, memory problems, the clients we're seeing are more likely to have alcohol related brain injury or traumatic acquired brain injury as well. So getting here sometimes was an issue for them, even just knowing how to get here. So the characteristics of our clients really lends itself quite well to telephone counselling."

Telehealth service provider

"Clients from different backgrounds who don't do counselling in their culture…what I've found is being on the phone has put in a bit of a, I suppose a physical barrier to the extent that they don't feel so on the spot, or uncomfortable to talk."

Telehealth service provider

Phone vs video calls

Phone and video calls each have advantages and disadvantages for AOD counselling.

Video calls offer visual cues, and because of this may be **more comparable to face-to-face** in terms of ease of building rapport and assessing clients. Some professional guidelines recommend, but do not mandate, utilising video calls for counselling. However, accessing counselling via video calls requires more resources (technology, data, signal strength) and a higher level of digital literacy to navigate. Some clients may also feel uncomfortable appearing on camera due to feelings of shame and stigma. Counsellors may be able to manage this discomfort by permitting clients to turn their camera off at times.

Phone calls require fewer resources and may thus be **more accessible to clients**, as well as offering a greater sense of privacy. Many service providers report a strong client preference for using phones. Phone can also be a useful back-up when technical difficulties are encountered with video calls. However, the lack of visual cues can require counsellors to take additional steps to build rapport and assess clients. Some service providers also report that some clients treat phone calls more casually and may not have set aside time or space for their appointments. As with all counselling, it is important to discuss expectations and boundaries with clients when undertaking counselling over the phone.

As with hybrid approaches combining telehealth and face-to-face, counsellors and **clients may move between phone and video calls** as appropriate across a client's journey (for example, as a client's confidence increases, they may be willing to move from phone to video).

> *"I've had a few clients that don't feel comfortable with video initially, don't want to come in face-to-face and so they just request telephone. But then a couple of sessions in I'll check in and I'm like "Would you like to try video next time?" And then, you know, seeing their confidence grow."*
>
> Telehealth service provider

Privacy considerations

Risks to privacy and confidentiality over telehealth stem from four main sources:

1. **Security of platforms** used for telehealth (e.g. data is encrypted and stored, access).
2. **Security of counsellor's location** (e.g. private space, no risk of being overheard or disrupted, no confidential information in background, ensure security of any handwritten notes).
3. **Security of client's location** (e.g. private space, no risk of being overheard or disrupted).
4. **Security of client record management systems** and communications outside of the counselling session such as those via e-mail or text messages.

Telehealth also has the potential to reduce some risks to privacy, such as the risk of being seen to attend AOD counselling. Organisations should carefully consider their processes to manage privacy risks. Some general principles include:

- **Seek expert IT advice** regarding the security of platforms and data storage, and ensure these are aligned to local laws and policies around privacy, data protection, and client record management.
- **Actively discuss privacy with clients** prior to or at the beginning of a counselling session via telehealth. This discussion could include topics such as:
    - the need to be in a private space where others are unlikely to overhear
    - letting each other know if others are present (e.g. a support person)
    - not recording sessions without explicit consent from both counsellor and client
    - making a plan for what to do if others interrupt the session
    - how data such as client records will be stored and secured
    - risks that e-mail or text messages (if used by the organisation) may be seen by others.
- **Provide information about how the organisation manages privacy and security** on a website or at point of booking to reassure prospective clients.

> *"I think having that assurance that [you can trust that your data will be secure], if that would be laid out, for me, that would be huge in boosting people's morale to engage in phone counselling. I think having it on public places like the website."*
>
> Telehealth client

Assessing risks and managing emergencies

Processes for assessing risks and managing emergencies over telehealth can be broadly similar to those used for face-to-face counselling, with a few additional considerations:

- **Diagnostic assessments that are based on history-taking or verbal assessment** tools only (such as depression rating scales or neurocognitive tests) **appear to be similarly accurate** via telehealth and face-to-face [3], but AOD-specific research is limited. Assessments that include physical or visual elements may be more effective face-to-face or via video call, if feasible for the client.
- **Initial in-person or video assessments may be preferred to enable physical and visual assessment**, but a client's inability to attend a face-to-face or video call should not automatically preclude them from accessing counselling.
- **Clients presenting as higher risk or showing signs of deterioration could be encouraged to attend face-to-face counselling**. However, maintaining some access to telehealth can be valuable as it can enable the service to provide support to a client in crisis who might otherwise not attend.
- **Counsellors should make an upfront plan with clients for how emergencies (and unplanned disconnections) will be handled**. This should include confirming a client's location and emergency contacts and discussing when a counsellor would use these and/or call for emergency services or a welfare check. Due to the distance between counsellor and client, an organisation may want to set a lower threshold for treating a situation as an emergency over telehealth, but this should be clearly communicated to the client as part of informed consent processes.

"We are trying to encourage clients to come face-to-face to a first appointment, even if they prefer telehealth. If it's possible geographically and they can come in, we're preferring if they can…so we can meet them and get a good sense of their presentation."

Telehealth service provider

"Some clients who are in crisis, they would not show up if there wasn't another option. So [telehealth] gives me access to them when they are not doing so well."

Telehealth service provider

"We do sometimes have to err on the side of caution of contacting emergency services or welfare checks of that kind of thing because we're a little bit limited in our ability to fully assess somebody's risk, whether that's substance use or self-harm or risk to others."

Telehealth service provider

Supporting clients

Some clients may find engaging in AOD counselling via telehealth straightforward, while others may require more support to get the most out of the counselling session. Organisations can make it easier for clients to engage in AOD counselling by:

- **Raising awareness that the service offers telehealth appointments**, including the process for booking this appointment type (e.g. direct booking by clients or after initial assessment/discussion to confirm clinical appropriateness).
- **Providing guidance about processes** such as how to prepare for the session (e.g. being in a private location), how to connect to the session, and how technical difficulties or emergencies will be managed. This guidance could be written and provided verbally by staff managing bookings or counsellors. Organisations should also be prepared to provide basic guidance and troubleshooting support to help clients navigate unfamiliar platforms.
- **Checking in with clients at the end of a session** about their preferred delivery mode for any future sessions. If clients show signs that they are not engaging effectively via telehealth (e.g. poor attendance, not in a private space, distracted), discuss what may work more effectively for them.
- **Seeking feedback from clients** to improve practices.

> *"I was given a list of things to do and I checked all that before [the session]. I had to use my computer, I was quite used to having a video call on my phone [but] it was the first time I was using it on my computer. So it was a little bit shaky, they had to tell me where to touch different products."*
>
> Telehealth client

> *"So at the end of every appointment I've had with [counsellor], for the face-to-face ones and over the phone ones, one of the last questions will be how do you want to do the next session? Do you want to do face to face or over the phone?"*
>
> Telehealth client

Supporting staff

Many of the skills required to deliver AOD counselling via telehealth are similar to those used for face-to-face counselling, but there are some nuances. For example, it can be harder to interpret and convey non-verbal cues and emotions and build rapport with fewer or no visual cues. Counsellors may consider adapting their practice to:

- **Explicitly clarify the purpose of therapy, treatment goals and tasks for the session** to provide 'sign-posting' for the client.
- **Make more use of verbal cues to display empathy and active listening**, such as paraphrasing and explicitly checking understanding with patients.
- If using video, **increase clients' sense of eye contact by looking at the camera, not just the screen**. Limit or explain note-taking or other actions that require counsellors to look away from the screen.
- **Check in with clients about their experience** of the therapeutic alliance and perceived effectiveness of the session, as their experience may differ from the counsellor's.

Organisations can support staff to build the skills and confidence to deliver effective AOD counselling.

- **Provide support for formal professional development** opportunities to develop skills.
    - The British Association for Counselling and Psychotherapy has developed a competence framework for online and phone therapy.
    - Insight offers self-paced online modules on AOD telephone counselling
    - Support staff to run practice sessions that can be recorded for feedback and self-reflection.
- **Establish organisational policies and procedures** that address how counselling should be delivered via telehealth (including procedures for informed consent, technology use, clinical guidelines).
- **Consider establishing a help-desk or designating staff members** for counsellors to go to for support – both technical support and clinical/communication support
- **Ensure that operational and clinical supervision processes are available** to support staff, including for debriefing after critical incidents.

> *"I have noticed that it's quite a different way of counselling. That's what some training probably needs to be about, building rapport on telehealth or picking up on cues on telehealth. From what I've experienced, you have to be a lot more directive or assertive about checking in with the client more often, how they're tracking and how they're going, just because you just can't sense."*
>
> Telehealth client

How we developed this guide

Advice provided in this guide is based on findings from the NCETA research project *Use of telehealth for counselling services delivered by Australian Alcohol and Other Drug treatment organisations* (unless otherwise indicated). This project comprised three studies:

1. Interviews with 20 senior staff members from 17 Australian AOD treatment organisations with experience offering counselling via telehealth and face-to-face [6].
2. Interviews with 22 clients who had received AOD counselling via telehealth and face-to-face.
3. Comparative analysis of 15 guides for delivering counselling via telehealth from AOD or related fields:
    - ACC New Zealand - Guidelines for the use of telepsychology in treatment of ACC clients
    - American Psychiatric Association - Best practices in synchronous videoconferencing-based telemental health
    - Australian Counselling Association - Telehealth counsellor toolkit 2024
    - Australian Psychological Society - Telehealth measure to improve access to psychological services for patients under the Better Access initiative
    - British Association for Counselling and Psychotherapy – Online and phone therapy (OPT) competence framework
    - British Psychoanalytic Council et al. Guidance for psychological professionals working in NHS commissioned services during the Covid-19 pandemic
    - Canadian Psychological Association - CPA guidelines on telepsychology
    - Higher Education Mental Health Alliance (HEMHA) - College counseling from a distance: Deciding whether and when to engage in telemental health services
    - National Institute for Health and Care Research, Oxford Health Biomedical Research Centre - Digital technologies and telepsychiatry: Full guidance
    - NSW Health – Virtual care in alcohol and other drugs: Treatment practice guide
    - Office of Mental Health, New York State - Telehealth services guidance for OMH providers
    - South Central Mental Illness Research, Education and Clinical Center - A provider's guide to brief cognitive behavioral therapy (Module 6)
    - Substance and Mental Health Service Administration, USA - Telehealth for the treatment of serious mental illness and substance use disorders
    - The Royal Australian and New Zealand College of Psychiatrists - Professional practice guideline 19: Telehealth in psychiatry
    - World Health Organisation - Consolidated telemedicine implementation guide

This guide is not proscriptive and is intended as advice only. Organisations should consider their own circumstances when implementing telehealth, including any policies or requirements of commissioning bodies. Clinical standards, policies, guidelines, and legal requirements that apply to in-person appointments will typically also apply to telehealth appointments. Be mindful of any differences in legal requirements or standards of clinical care between jurisdictions if telehealth services are offered to clients located in a different jurisdiction to the provider. These might include differences in privacy and health records laws or mandatory reporting requirements. Service providers should always work within the boundaries of their competence.

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