

# DELIVERING PSYCHOLOGICAL TREATMENT TO CHILDREN VIA PHONE:

## A SET OF GUIDING PRINCIPLES BASED ON RECENT RESEARCH WITH SYRIAN REFUGEE CHILDREN



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### Summary

This guidance document sets out basic principles for the delivery of psychological therapy to children via telephone, drawing on recent experience of adapting an existing treatment programme to phone-delivery among Syrian refugee children in Lebanon.

It is aimed at mental health services that are adapting therapies to phone-delivery, and is especially relevant for those working in refugee or other low resource settings. Although we propose a number of specific solutions, **it is important that each service adapts these further in order to create protocols that are appropriate to their specific setting, population, and type of therapy.**

Key points covered include:

- *Developing safety protocols for managing risk over the phone*
- *Adapting therapy to maintain child engagement and using alternatives to workbooks or written materials*
- *Tips to manage specific practical and treatment-related challenges that can arise during therapy*

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## Purpose of this Document

There has been increasing interest in telemedicine in recent years, but the COVID-19 pandemic beginning in early 2020 has led to the immediate necessity for many practitioners to deliver mental health services using phone or other remote technologies. While some existing therapies have been specifically developed for phone delivery, most of the current mental health treatments for children have been designed for face-to-face and in-person delivery and have not undergone the specific adaptation and evaluation processes for delivery over the phone or via video calls. In this document we provide some basic guiding principles for the delivery of mental health services over telephone drawing on our recent experience of adapting an existing treatment programme to phone-delivery among Syrian refugee children in Lebanon.



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Delivering mental health services to vulnerable children over the phone is associated with a number of important challenges, including (i) maintaining privacy, confidentiality, and data protection, (ii) managing risks such as disclosure of risk of harm, (iii) technical challenges such as poor phone connectivity, and (iv) engaging children over the phone to deliver therapy effectively. This document shares learning and reflection from the research study *Development, Piloting and Evaluation of a Phone-Delivered Psychological Intervention (t-CETA) for Syrian Refugee Children in Lebanon* (<https://www.elrha.org/project/evaluation-phone-delivered-psychotherapy-refugee-children/>), funded by Elrha<sup>1</sup> and carried out as a collaboration between Queen Mary University of London, Médecins du Monde, Johns Hopkins University, Medical School Hamburg, and the American University of Beirut.

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The t-CETA study adapted the existing and validated intervention programme *Common Elements Treatment Approach* (CETA<sup>2</sup>) for children to be delivered over telephone (t-CETA). The research was conducted with Syrian refugees living in informal tented settlements (ITS) in the Beqa'a region of Lebanon. During the first phase of the study face-to-face CETA was adapted to be used with Syrian children and young people aged 8-17 years, and for delivery over the phone. During the second phase t-CETA was evaluated using a mixed methods approach including a pilot randomised controlled trial and in-depth interviews with children who received t-CETA, their caregivers, and the phone counsellors and supervisor who delivered t-CETA. Data analysis on the efficacy of t-CETA is still on-going, but here we share some key steps taken, challenges faced, and

solutions developed in order to deliver psychological treatment over the phone.

We emphasize that some of the guiding principles and solutions that we propose in this document are specific to the context of our research on delivering t-CETA in a refugee setting. They were developed in the context of Syrian refugee children living in informal tented settlements in Lebanon where there are specific challenges, including difficulty in finding a safe and private place to take calls in overcrowded living conditions, and difficulties with phone connectivity. **We stress that each service should develop protocols that are appropriate to the specific characteristics and conditions of their setting, population, and type of therapy to be delivered.** This document should provide a starting point for other services considering phone delivery, but is not intended as a comprehensive resource on the topic.

#### Box 1. What qualification and training is required for phone counsellors?

It is essential that counsellors are clinically qualified and trained appropriately to deliver the specific psychological treatment that has been selected by the practitioner, clinic or institution for delivery over phone. Regular supervision is highly recommended, just as is common clinical practice in any face-to-face treatment setting. Additional training for phone delivery is recommended, including role play either using a phone or with trainer and trainee sitting back to back to avoid relying on visual feedback.

#### Who can be treated over telephone?

Whether delivery of treatment over phone is suitable and indicated for any specific child needs to be determined on a case-by-case basis taking clinical information about the child and associated risks of phone-delivered treatment into account. Final decisions on suitability of phone therapy for any child should be made after consultation with a suitably experienced clinical supervisor.

## Prior to Delivering Therapy over the Phone

### Service mapping

Service mapping of the local area of the child should be completed prior to beginning phone-delivered therapy so that the counsellor can liaise with local services (e.g., clinics, therapists, case managers, medical care, etc.) in the proximity of the treated child in the case of an emergency which requires an immediate response in person.

<sup>2</sup> Murray et al. (2011), Building capacity in mental health interventions in low resource countries: an apprenticeship model for training local providers. *International Journal of Mental Health Systems*, 5:30. doi: 10.1186/1752-4458-5-30  
Murray et al. (2018). An evaluation of a common elements treatment approach for youth in Somali refugee camps. *Global Mental Health*, 5, e16. doi:10.1017/gmh.2018.7

Consider providing families with emergency contact numbers for local services, including helplines and details about local hospital emergency departments.

It is also important to find public or subsidized services in the area that the services providers are planning on implementing the service in, and to have up-to-date information on the provision of services and mode of access at the time of calling.

## Developing safety protocols

It is more challenging to manage risks remotely and so it is important to have developed protocols for managing risks of harm including child protection issues, self-harm and suicidal ideation. This might include a suicide / self-harm risk assessment and a standard approach to safety planning. These should be adapted to be used over the phone, with particular attention to ensuring that the child is in a safe place to discuss sensitive issues without increasing the risk of harm, and ensuring a safety plan is made during the same call (involving a caregiver in the case of children). Staff should be trained to use these tools over the phone. It is also important to ensure that a clinical supervisor will be available at the times when counsellors are providing phone therapy and can be contacted in case of emergency. Lines of responsibility and decision-making should be clear so that counsellors are adequately supported, especially if working from home. We suggest to develop a protocol for maintaining confidentiality, including ways to ensure that both counsellor and client can be sure that they are talking to the correct person and so that the counsellor does not inadvertently reveal sensitive information to family members or others over the phone.

## Setting up counsellors at their workplace or home

Counsellors may be working from their usual workplace in the clinic but likely also from their home. Hence, they will need a private space where calls cannot be overheard and access to all the equipment required to spend considerable amounts of time working on the phone. This will include a work phone and back up phone in case of failure. The use of headsets are recommended to avoid having to hold phones for prolonged periods.

## Adapting therapy for phone delivery

It is likely that the length and structure of traditional face-to-face therapy sessions will need to be altered for phone delivery. It may be difficult for some children to maintain attention over the phone for long periods, and shorter but more frequent sessions are often more manageable than one hour-long sessions. We aimed to keep phone-delivered sessions to no more than 30 minutes and incorporated games and activities into every session in order to keep children engaged and motivated (see below). We turned longer session into multiple shorter ones by carefully dividing them based on their main components to ensure they could be wrapped up appropriately at the end of each call whilst retaining a strong treatment flow. The counsellors also spoke to the caregiver (usually the mother or father) at the beginning and end of every call and requested that the caregiver would remain available in case of difficulties during the session.

## Phone Facilitation Skills

It is important to ensure that staff acquire the relevant phone facilitation skills before conducting therapy over the phone, and we focused on the following key areas.

### Practical preparation

- 1) Ensure you have access to a charged device and clear connection before calling, as well as a backup phone in case of technical issues or imminent safeguarding risks
- 2) Collaboratively agree a plan with families in case the phone disconnects, such as calling back three times over 15 minutes, then the next day at the same time if a phone connection can still not be made

- 3) Be flexible in scheduling appointments, so that you can respond quickly when families have access to a working phone and phone connection
- 4) Collect alternative phone numbers from families, where possible, to provide options if the primary phone line fails; if the alternative number is that of another family member, neighbour, or friend, ensure it is with their consent and that the phone would be available for this purpose
- 5) When smart phones are available, also establish other means of contact such as through messaging apps (e.g., WhatsApp)

## Data protection and confidentiality

- 1) Make sure to call from a private room
- 2) Withhold the reason for your call until you have established you are speaking with the correct person
- 3) Postpone the appointment if you cannot establish the identity of the responder
- 4) Before conducting the session, ask for details about the room the child or caregiver is in to ensure it is private and agree a plan for what to do if someone comes in or it is no longer comfortable or safe to talk
- 5) Explain to the child where you are calling from to establish a feeling of safety, reciprocity and trust
- 6) Re-schedule appointments if they are disrupted by unanticipated interruptions (such as siblings or neighbours popping in)
- 7) Ask about the responder's comfort and privacy level when there seems to have been a change (such as hesitation or silence) or if there is an increase in background noise

## Engagement

- 1) Pay extra attention to non-visual cues (such as hesitant or contradictory answers, prolonged silences or frequent topic changes, singing, or leaving the room to speak or play with siblings) and gently explore any issues
- 2) When there are issues of boredom or distraction, try to change to more frequent but shorter sessions, take regular breaks, or break up content with more fun or interactive activities like word games that can be played over the phone
- 3) When there are issues of discomfort on the phone, try to arrange for a parent or close member of the family to sit with the child until they feel comfortable to speak on the phone on their own
- 4) Make sure that you are also sufficiently trained and comfortable using the phone and its technical features, this will help to put children at ease
- 5) Normalize and validate the phone experience, its unfamiliarity, and the discomfort that this might lead to

## Safeguarding and child protection

- 1) Before each call, ensure that you are familiar with all safeguarding procedures and that a clinical supervisor is available
- 2) Make sure you are aware before calling of any history of child protection or safety concerns for the child
- 3) Pay attention to discomfort or hesitation when discussing safeguarding issues, and explore any possible risks
- 4) Provide appropriate validation and ensure that the child is in a private space, to facilitate safe disclosure
- 5) Reiterate confidentiality and exceptions of disclosure in case of harm or risk of harm
- 6) Seek permission for reporting, when possible, from the child and non-perpetrating caregivers
- 7) Report all child protection and safeguarding concerns immediately to the relevant clinical supervisor after the call
- 8) Report imminent risks to the relevant clinical supervisor whilst the family are still on the line to ensure the risk is appropriately managed

## Challenges and Tips

The following tables document the technical and treatment-related challenges that were encountered during the t-CETA study and the solutions that we found to be effective. Please note that these are specific to the refugee context of our population and some of these challenges and corresponding suggested solutions may not apply to other settings.

*Table 1. Technical and contextual challenges in phone delivery*

Challenges	Tips
<b>Call disconnecting</b>	<p>Try to call back, repeat up to 5 times; wait 3-5 mins between each attempt</p> <p>If not successful, try again after 1 hour</p> <p>Try at a different time of the day, e.g., if previous attempts were in the morning, try in the afternoon</p> <p>Ensure that you have all contact details for the family, including full names of parents/caregivers and child, full address, and alternative phone numbers,</p> <p>If the family have a smart phone, try to get their number with an associated WhatsApp account (or other messaging app), if available, in order to have multiple options to try reaching the family (calls, messages etc.)</p>
<b>Background noise, child not alone, or in an unsuitable space</b>	<p>Reiterate criteria about a safe and private place to child and ask caregiver to support in finding an appropriate space</p> <p>Explain the reasons for finding a quieter space to both child and caregiver:</p> <ul style="list-style-type: none"> <li>- Child and counsellor will be able to hear each other better</li> <li>- Session will be faster and easier</li> <li>- Less frustrating for both child and counsellor</li> <li>- Child likely to be more at ease speaking about personal issues when they are alone</li> <li>- Child will be able to concentrate better without distractions; use the analogy of trying to do homework when there are lots of distractions</li> <li>- Counsellor can concentrate better when trying to help the child find solutions</li> </ul>

Table 2. Treatment-specific challenges in phone delivery

Challenges	How will you recognise this challenge?	Tips
<p><b>Child is inexpressive, silent, disengaged</b></p>	<p>The child doesn't respond to questions, it is hard to get a response from the child</p>	<p>Be patient – therapy over the phone is probably new to the child</p> <p>Normalise and validate their feelings:</p> <ul style="list-style-type: none"> <li>- “It’s OK if you feel that this is weird / not comfortable.”</li> <li>- “This is something new for you, and talking about personal issues over the phone might make us uncomfortable.”</li> </ul> <p>Try to understand why the child is disengaged (e.g., lack of trust, afraid of being overheard, bored, doesn't understand the questions)</p> <p>Remind them that the session is confidential and that the call is not recorded</p> <p>Introduce games during the session to make it less formal (see <b>Table 3</b>)</p> <p>Turn session's activities into interactive learning processes instead of being explanation centred (see <b>Table 3</b>)</p>
<p><b>Child does not understand the questions, session plan or activities</b></p>	<p>Listen for signs that the child does not understand, including:</p> <ul style="list-style-type: none"> <li>- forgetting the question</li> <li>- lack of focus / distractibility</li> <li>- giving wrong or inconsistent answers</li> <li>- seeming tired</li> </ul>	<p>Repeat the topic, question, or activity being discussed</p> <p>Adopt the “question” approach – turn discussion into a more engaging, interactive, and joint decision-making approach:</p> <ul style="list-style-type: none"> <li>- After each explanation, ask the child to describe what they understood in their own words or to give practical examples of their own</li> </ul> <p>Use concentration boosting games, e.g., Colour game or Guessing game (see <b>Table 3</b>)</p>

Challenges	How will you recognise this challenge?	Tips
<p><b>Child can't seem to sit still</b></p>	<p>Listen for signs that the child is very active, including:</p> <ul style="list-style-type: none"> <li>- jumping or playing while talking on the phone</li> <li>- leaving the phone to go and play with siblings or friends</li> <li>- not answering questions</li> <li>- answering randomly</li> <li>- easily distracted by surroundings</li> </ul> <p>You may get into power struggle with child while you try to exert control of the session</p>	<p>Immediately trying to be firmer or enforce rules is likely to end up in a power struggle. Instead, gamify the session by turning every session step into an activity (see <b>Table 3</b>)</p> <p>Involve the child in decision-making, planning and carrying out the session; give the child space to decide what to do next, give them a sense of control and responsibility; this should reduce the child's tendency to interrupt the session (see <b>Table 3</b>)</p> <p>Use short breaks between each session activity and ask the child to choose a game to play during breaks or ask the child if they want to sing a song (see <b>Table 3</b>)</p> <p>Play a game at the beginning and end of each session (see <b>Table 3</b>)</p>
<p><b>Child is crying</b></p>	<p>Child is crying while on the phone</p>	<p>Treat as you would do when face-to-face with a crying child</p> <p>Stay on the phone while the child cries</p> <p>Focus on non-visual and non-verbal cues to judge the child's distress (i.e. pauses, hiccups, shortness of breath, etc.)</p> <p>Give the child space and time to cry: explain that the child can take their time, they can cry now, or they can take a break and cry</p> <p>Normalise and validate: explain that it is normal to feel what they are currently feeling and that it is OK to cry</p> <p>Check the child's surroundings:</p> <ul style="list-style-type: none"> <li>- Are they comfortable where they are to continue the session?</li> <li>- Are they comfortable to cry in that space?</li> </ul>

Challenges	How will you recognise this challenge?	Tips
<p><b>Child gets angry</b></p>	<p>Child might have angry outbursts on phone                      May refuse to talk / stop responding                      May put the phone down and walk away                      Anger might be related to the content of the session (e.g., questions feel too personal or intrusive) or other factors (e.g., noise or people around them)</p>	<p>Don't take it personally! Stay calm                      Remember that the child is entitled to feel how they feel at that moment; give the child some leeway for catharsis and reactivity                      Don't pressure the child into doing things they don't want to do; let them decide if they want to stop the session                      Try to find out why the child is angry by talking to the caregiver                      Work with the caregiver on ways to handle the child's behaviour during the call, such as explaining the purpose of the session and checking the child's feelings and attitude towards the phone sessions                      Try a gradual exposure approach with practice calls over a couple of days:</p> <ul style="list-style-type: none"> <li>- First session: caregiver discusses with the child</li> <li>- Second session: child is present while caregiver does some of the session over the phone</li> <li>- Third session: child does some of the session while the caregiver is present</li> </ul> <p>If the child gets angry during a session, call afterwards just to check in and build rapport; use this call to also speak to the caregiver about preparing for the next session</p> <p>If the child is angry because of personal questions:</p> <ul style="list-style-type: none"> <li>- Explain that the questions are to build a "personal map" – to help understand the difficulties they have, the problems they face, their strengths, and how they deal with the situation</li> <li>- Use the analogy of a physician who asks questions to know how to provide the right treatment</li> </ul> <p>If the child gets angry because of background noise:</p> <ul style="list-style-type: none"> <li>- Talk to the caregiver about finding a safe and private space</li> <li>- Ask the caregiver to speak to the child about using the agreed space for the sessions</li> <li>- See <b>Table 1</b> for further tips</li> </ul>

Challenges	How will you recognise this challenge?	Tips
<p><b>Child is scared</b></p>	<p>Child may be hesitant to answer or seems to lie about answers</p> <p>Child may say that they are scared to talk on the phone</p> <p>May be scared because:</p> <ul style="list-style-type: none"> <li>- They are worried that someone will eavesdrop on the call or that it will be recorded</li> <li>- They do not trust the counsellor or the purpose of the sessions</li> <li>- They are worried that someone in or around their house will hear them</li> <li>- There are protection issues, e.g., child protection or domestic abuse</li> </ul>	<p>Try to understand the reason for the fear or worry</p> <p>Normalise and validate their feelings of fear and worry</p> <p>Reassure the child that the call isn't recorded and that what the child says stays between you and the child</p> <p>Reiterate to the child the concept of privacy and confidentiality and go over the exceptions:</p> <ul style="list-style-type: none"> <li>- disclosure in case of risk of harm</li> <li>- the process of supervision without using names or identifying information, just to be able to provide a better and more helpful service (counsellor can give example of a parent proofreading a child's homework)</li> </ul> <p>Tell them about where you are sitting – in a room with a closed door so that other people can't hear</p> <p>Check the child's surroundings – are they in a private and safe space?</p> <p>Remind the child of the agreement for what to do if someone enters the room; agree what the child will say if it's no longer safe or comfortable for them to talk</p> <p>If there's a protection issue:</p> <ul style="list-style-type: none"> <li>- Get more information over the phone <i>if it's safe to do so</i></li> <li>- If there might be a risk of harm, do not ask further questions over the phone</li> <li>- Follow the locally developed safety protocol, including arranging referral</li> </ul>

Challenges	How will you recognise this challenge?	Tips
<p><b>Child’s answers appear untrue or test-like</b></p>	<p>Child does not give full or honest answers</p> <p>Child seems to believe that the session is a test and that they have to give the ‘correct’ answer to ‘pass’, e.g., in relation to symptoms or about the homework from the last session</p>	<p>Remind the child that the session is not a test or exam</p> <ul style="list-style-type: none"> <li>- There are no right or wrong answers</li> <li>- There are no grades on the answers</li> </ul> <p>Remind the child that every person will have a different type of answer to the question, a different kind of feeling, and different ways of thinking – this is normal!</p> <p>Normalise and validate their feelings by reminding the child that:</p> <ul style="list-style-type: none"> <li>- It’s normal to feel as if they are being ‘tested’ over the phone, especially when you ask a lot of questions</li> <li>- Speaking about personal issues over the phone might feel stressful and lead to worry about what they say</li> <li>- It might take some time to get used to because this is a new way of doing things, and this is normal and OK</li> <li>- Also see normalisation approach for <b><i>Child is inexpressive, silent, disengaged</i></b></li> </ul> <p>Tell the child that in order to be able to help them better, you need to know what they are feeling and thinking, e.g., what causes them to feel stressed</p> <ul style="list-style-type: none"> <li>- Can use the example of a physician who needs to ask questions and have honest answers to be able to work out the right treatment</li> <li>- “Much like a doctor who asks you about what hurts in order to work out the right treatment, I try to find out how you truly feel and what bothers you so I know what solutions to give you to practice. That is why I ask you to try to give me the answers that are true to how you feel.”</li> </ul>

Challenges	How will you recognise this challenge?	Tips
<p><b>Caregiver listening into the call / feeding the child answers</b></p>	<p>Can hear caregiver speaking to child during the child’s session                      Child seems to be distracted                      Child is giving test-like answers</p>	<p>Reiterate to caregiver that you will be working with them so they know the content of each session:</p> <ul style="list-style-type: none"> <li>- Finding a safe and quiet place for the child to be in is not the same as keeping secrets from the caregiver</li> <li>- You will be asking the caregiver to support the child during the counselling so you will share information about the child’s progress at all times</li> </ul> <p>If the caregiver appears to be feeding the child answers:</p> <ul style="list-style-type: none"> <li>- Explain the purpose of the sessions, their content, and how they are normally conducted over the phone</li> <li>- Explain that sessions are entirely personalised and personal – this means there are no right or wrong answers</li> <li>- Explain that for a provision of a more adequate and better fitting session/service, the counsellor must hear the child’s answers that hold true to their thoughts and feelings</li> <li>- Normalise and validate the child and caregiver’s feelings (see <b>Child’s answers appear untrue or test-like</b>)</li> </ul>

Table 3. Games and other tips for phone delivery

<p><b>GAMES</b></p> <p>Games can be used at the beginning of sessions to break the ice and at the end of sessions to finish on a positive note. In addition, the counsellor can use games during the session if it is necessary to re-engage the child or to give them a break.</p>
<p><b>Getting to know each other:</b> The counsellor asks questions and then both the child and the counsellor answer them. This helps the child and counsellor get to know each other and breaks the ice. E.g., “What is your favourite food? Activity? Song? Football team?” (Add questions as appropriate to the child’s age and interests.)</p> <p>Alternatively, this can be more open-ended with the counsellor and the child naming things they like to do, and then discussing these in more detail.</p>
<p><b>Add a word:</b> One person says a word, then the other adds a word to start building a sentence.</p>
<p><b>Guess the word:</b> The counsellor thinks of a word and gives some information / clues and the child tries to guess the word.</p>
<p><b>Letter game:</b> The counsellor mentions a letter and the child gives 4 or 5 words that start with this letter.</p>
<p><b>Colour game:</b> The counsellor mentions a colour and the child names 3 objects that they can see that are of that colour.</p>
<p><b>Guessing game / I spy with my little eye:</b> The counsellor describes an object near them and the child tries to guess the object. They can then reverse roles so that the child describes an object and the counsellor tries to guess what it is.</p>
<p><b>Gamifying the session</b></p> <p>To make sessions livelier, the counsellor can gamify the session by turning every session step into an activity.</p> <p>For example, instead of asking a regular question about the child, it might be helpful to create a projective story and ask the child to tell it; make it livelier by adding questions and allowing the child to complete the sentences. The aim should be to make the child more involved in the session and its content. Try including guessing games related to the problems you are working on, e.g., “What do you think a child would feel in this [XX] scenario? How would the child help himself then? What do you advise him to do?” <i>Choose the same gender as the child’s when working with projective stories.</i></p>
<p><b>Involving the child in decision-making</b></p> <p>Involve the child in the decision-making of every session and in its planning. Involving the child in decision-making in the session will help them to feel more engaged, and less bored or detached from what is happening. It will give them a sense of control over and responsibility for the sessions.</p>
<p><b>Alternatives to workbooks and written materials</b></p> <p>In some cases it may not be possible to use workbooks or other written materials if there is no way to send them to families. Try to work out alternative strategies: for example, using props they can find around them such as stones of different sizes to represent a <b>rating scale</b> (e.g., laying out small, medium and large stones and choosing which one represents how relaxed/tense they feel) or using their fingers to represent a rating scale from 1 to 5 (e.g., asking the child to count their fingers up to five, explaining that each one adds a one level of strength or intensity to the feeling they are rating). If doing a <b>list</b> with a child who does not have a pen or paper, try: writing the list and sending it via phone; or repeat the list and ask</p>

them to repeat after you and again at the end of the session; or ask the caregiver to write down the list; or explain the list to the caregiver and ask them to memorize it, thus helping the child to remember it. This has to be specific to the needs of the therapy and it will require imaginative thinking to develop alternatives to printed materials.

### Following up on homework

It is important to check if homework is being completed – this is more challenging over the phone and without the use of workbooks.

You can ask specific questions, e.g.,

- “When did you do your homework?”
- “Who helped you in doing your homework?”
- “Can you tell me exactly what you did in your homework?”
- “How did you find it? Was it hard? Was it easy?”
- “Did you find any challenges in doing the homework?”
- “Do you have any questions about it?”

Explain the importance of homework from session to session, its purpose, and how it will help with a greater understanding of the in-session activities and skills. You can compare it to other activities the child likes that require practice (e.g., riding a bike, playing football, cooking, mathematics, reading, Arabic, or any other school subject).

Discuss homework and the weekly plan with the caregiver and ask for their support with the homework. You can do some practice homework for the skill or activity with the caregiver during the call so that they understand what is to be completed during the week ahead.

### Using the speakerphone

In some sessions you or the child might have to use the speakerphone to be able to complete an activity or parts of the session that require the use of both hands, such as doing relaxation exercises. Take the following steps:

1. Check for privacy: review the child’s surroundings and reiterate the guidelines for choosing a space. Ensure that they are alone in a quiet and private room (unless it’s agreed that the caregiver will be present for the session)
2. Ask the child to activate the speakerphone and put the phone beside them. The child should stay near the phone so that they can hear the counsellor speaking and are able to talk without needing to raise their voice
3. Checking in: be aware of noises from the surroundings and check back with the child if someone comes in; check that the child can still hear you; check that they are completing the steps of the activity

If the speakerphone is being used during an exercise (e.g., relaxation), describe the exercise clearly so the child can visualise it, ask them to explain what they need to do before they start, ask them to explain what they’re doing as they do it, and allow enough time to do the activity.

## Phone Delivery Checklists

The checklists below can be used as a starting point for other services and adapted as necessary. We emphasize that the checklists provided in this document were developed in the specific context of our research on delivering treatment via phone to Syrian refugee children living in informal tented settlements in Lebanon. There were specific challenges, including difficulty in finding a safe and private place to take calls in overcrowded living conditions, and difficulties with phone connectivity. **We stress that each service should develop protocols that are appropriate to the specific characteristics and conditions of their setting, population, and type of therapy to be delivered.**

### Before the appointment

The following checklist is to help ensure that the counsellor is prepared prior to beginning a session over the phone. *This should be adapted as appropriate for the service.*

#### *Checklist to prepare for the call*

- Ensure suitable room for the counsellor is available – should be private, enclosed, no background noise – and put a sign on the door to not disturb, if necessary
- Ensure you have enough battery on the phone, a back-up phone, and laptop (if using), as well as phone and laptop chargers, paper, pen, etc.
- Ensure you have access to any computer systems needed (e.g., electronic records) and hard copies of records if electronic access might be compromised
- Ensure you are familiar with all safeguarding procedures and that you have an easily accessible copy for reference
- Ensure you have the most updated service mapping list and emergency hotlines
- Ensure you have the phone number of a clinical supervisor who can be contacted in case of urgent risk issues
- Ensure your supervisor knows the assessment time and place and is available in case of a risk issue arising
- Ensure you have the child and parent/caregiver's names and phone number(s) / other contact details
- Ensure you have hard copies of case notes and any other materials needed (e.g., assessment tools, materials required for therapy, safety planning tool)
- Ensure you are aware of any history of child protection or safety concerns for the child
- Ensure you have the name and number of other key staff involved in the case (e.g., case manager)

## Treatment call

### *Choosing and maintaining a safe place for the call*

It is important to consider how to choose and maintain a safe place for the client during the call, and how to respond if the circumstances change during the call. This will be considerably more challenging in some contexts (e.g., in a refugee settlement) than others and it may be necessary to develop specific solutions in different contexts. The counsellor should have a clear idea about this prior to the call so as to be able to discuss it with the parent/caregiver and child and collaboratively work to find an appropriate place.

#### **Box 2: Choosing a safe place for the call**

- It should be a place that is known to the parent/caregiver and child
- It should be a place that is considered safe: no strangers, trespassers (i.e., not a public place)
- Does the place have more than one room? If only one room is available, can the child and parent/caregiver talk privately without someone eavesdropping?
- Can the room be private?
- Is the parent/caregiver with the child in the room? In the next room? Consider what is appropriate given the purpose of the call and the age of the child (i.e., the parent/caregiver should be present at the beginning and end of the call, but it may be necessary for them to be either present or absent during the therapy)
- Is there someone in the location who might bother or disturb the child during the session?
- In case of interruption or not being able to talk anymore, the child can simply state that they can't talk or you can agree in advance on a phrase they can use that will indicate that it's no longer comfortable/safe to talk
- If the child indicates that it is no longer safe to talk, reassure them that it's ok to stop and that you and their caregiver will work out if it's possible to address the issue, and if not, you will reschedule the rest of session (take notes about the safety risk or issue and whether this requires additional action)
- Collaboratively agree on what to do if you lose connection or if a call is interrupted because the place is no longer safe for the call (e.g., if the connection is lost, try calling back at 5 minute intervals up to 5 times; if it is no longer safe, call back at the same time the next day)

## *Identifying yourself and the client*

It is important to ensure a robust method for the counsellor to identify him/herself to the client, and to be able to identify the client. ***It should be made clear to clients at the outset that they should not disclose any sensitive information over the phone if they are not sure of the identity of the caller.*** Be clear that the counsellor will agree a method of identifying each other that will be used at the beginning of each call, and stick to this for each call. The exact method will need to be developed to be appropriate to the type of service and the context in which it is operating.

### **Box 3: Ensuring identity of counsellor and clients**

- Ensuring identity is especially important if it is the first time that you have spoken to the client or if your call does not include video
- To assure the client that you are the counsellor, provide your name, the name of the organisation you are working for, and confirm that an appointment was made to call at this time on this date
- Always talk to the caregiver first in order to confirm identity and appointment if the client is a minor
- Consider providing details such as the date of the last appointment, or the name of the staff member they saw previously (e.g., case manager, other counsellor) to reassure them of your identity
- To be sure that you are speaking to the correct client, you can confirm the name of the parent/caregiver and child, and ask them to confirm details such as part of their address or their date of birth. **Do not give out any detailed information about why you are calling, until you have confirmed the identity of the client**
- To be sure that you are speaking to the right child, you can ask them to recap activities they completed during a previous session, homework they were asked to do, or favourite activities or interests that you have discussed with them previously
- Plan this approach carefully to avoid accidentally disclosing information to the wrong person. If you are unsure if you are speaking to the right person then do not disclose undue information about the purpose of the call or the fact that the client is using mental health services

### Checklist for during the call

The following checklist is to help ensure safe conduct when conducting sessions over the phone. *This should be adapted as appropriate for the service.*

- Follow procedure for identifying yourself and the client
- At the first session take informed **consent from the parent/caregiver** before speaking to the child, ensuring that they understand what you will be doing over the phone
- At subsequent sessions briefly **reconfirm consent from the parent/caregiver** and ask whether they are happy to proceed with the call
- Be clear to **parent/caregiver** about confidentiality – and limits of confidentiality (e.g., in cases of risk of harm) – that apply to the sessions
- Take **assent from the child**, ensuring that they understand what you will be doing over the phone
- Be clear to **child** about confidentiality – and limits of confidentiality (e.g., in cases of risk of harm to self or to others) – that apply to the sessions; this includes what information may be reported to parents, as well as to other services
- Take into account the maturity of the child and use this to guide the language you use, examples to be used for support, and topics that might not be safe to discuss over the phone
- Ask about the room the child is using during the session and ensure they are in a suitable environment; if it is not appropriate, work with parent/caregiver and child to identify a suitable place
- Discuss and collaboratively agree with the parent/caregiver and child what to do if the call is interrupted (e.g., call disconnected, someone walked into the room, etc.)
- Discuss and collaboratively agree whether the parent/caregiver will be present for the session or not
- Speak to the parent/caregiver at the end of the session to recap what you have covered, any homework / activities that they need to support the child in completing, and to make the next appointment

### After the appointment

After calling, ensure that notes and materials are stored safely. This is especially important if counsellors are working from home. Local and international laws on data protection should guide the appropriate handling of client data and the development of policies specific to each service. *This should be adapted as appropriate for the service.*

### Checklist for after the call

- Ensure electronic records are completed, if appropriate, and log out of the system
- If handwritten notes were taken, ensure these are locked away according to your organisation's policy (e.g., in locked cabinet) or shredded (e.g., if they have already been entered into electronic records)
- If appropriate, inform supervisor that session has been completed
- If any risk issues arose during the call, take appropriate steps according to safety protocols

## Emergency guidelines

If a child or parent/caregiver discloses that someone is at risk of harm (e.g., child protection issues, self-harm, suicidal ideation, etc.) it is necessary to assess risk over the phone and take appropriate action. Protocols for managing risk remotely should be developed before delivering services over the phone and might include tools to aid in suicide / self-harm risk assessment and safety planning. Service mapping of the area local to the client should be undertaken so that the counsellor can liaise with local services (e.g., clinics, medical services, etc.) in the proximity of the child in the case of an emergency which requires an immediate response in person. Protocols for each service should take into account local laws (e.g., on mandatory reporting) and guidance on information sharing (see Box 4). Protocols should also take into account the availability of relevant third party services (e.g., child protection NGOs, social services, etc.) and up-to-date information on the provision of services and mode of access at the time of calling.

### *Emergency guidelines checklist*

- Pay attention to discomfort or hesitation when discussing safeguarding issues, and explore any possible risks
- Provide appropriate validation and ensure that the child is in a private space, to facilitate safe disclosure
- Reiterate confidentiality and exceptions of disclosure in case of harm or risk of harm
- Assess risk (e.g., self-harm / suicide risk) over the phone by asking specific questions (make sure to follow the protocol of your organisation if available)
- Take sufficiently detailed notes during the call to enable follow up after the call and with other agencies if this becomes necessary
- Seek permission for reporting, when possible, from the child and non-perpetrating caregivers
- Report all safeguarding concerns immediately to the relevant clinical supervisor after the call
- Report imminent risks to the relevant clinical supervisor whilst the family are still on the line** to ensure that the risk is appropriately managed
- Complete a safety plan during the same call**, involving a caregiver in the case of children

**Box 4: The seven golden rules to sharing information**

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 (UK), other national data protection laws, and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

*HM Government (UK), July 2018. Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.*

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