

Covid-19 Remote Therapy Guidelines

Overview:

This document is intended to provide guidance for those offering therapeutic counselling to victim/survivors of sexual and domestic violence during the Covid-19 pandemic. As many therapeutic relationships transition away from face-to-face support, this document offers some practical advice for maintaining productive therapeutic relationships and supporting your client's wellbeing as best as possible for the duration of lockdown.

Your role and the role of your work in the context of Covid-19

1. Remember to put on your own 'oxygen mask', first.
2. Our aims at this time are modest: to preserve therapeutic relationships until they can return to more standard, face-to-face protocols as lockdowns ease.
3. This may not be a time to advance healing so much as to promote stabilisation, and to prevent deterioration or backsliding.
4. Try to establish with each client if you are engaged in ongoing counselling, crisis support, and/or safety monitoring.
5. Adhere to existing codes of conduct, record keeping protocols, and ethical frameworks.
6. Remember that there are, as always, limits to what you can offer.
7. Be conscious to keep boundaries.

Making plans, setting expectations, and maintaining professional boundaries:

1. Make a plan with your clients, including how often you plan to talk and for how long. For example, some clients may have time constraints based on caregiving for children or others in the home—they may prefer abbreviated check-ins.
2. Indicate how clients should get in touch with you for scheduling, brief communications, or urgent matters. Offer them the timeframe in which they can expect a reply. Be aware that some clients may experience increased anxiety waiting for replies.
3. Discuss privacy and confidentiality in this new setting. Offer reassurance about how you are maintaining privacy and notes while working from home.
4. Telecommunications can make a therapist appear more accessible to clients, which can create unrealistic expectations and blur boundaries. This can lead to negative transference, or to problematic fantasies. Extra care is needed to maintain clear and predictable boundaries.
5. Discuss what platform you will use. Ask them what kind of phone, data, or wifi they have available, and ensure your plans for communication will work within those limits. Decide what

COVID-19 - Sexual Violence Response

works for you, and offer clients those options. Giving clients reasonable choices can enhance a sense of autonomy and control.

- For text: Avoid Facebook and WhatsApp. These are not secure (both in that they can be remotely accessed or monitored, and in that they are mined for metadata and targeted advertising). Facebook is an informal platform many of us are familiar with for personal and casual interactions. This may make it hard to maintain a professional tone and boundaries. Your personal information may become accessible to your client or third parties connected to your client, which increases the risk of cyber stalking or harassment. Instead, consider Signal or standard text messages.
 - For voice only options: This will depend on the access they have to minutes and data. Standard calls may suit those with sufficient minutes on their phone plan. For those who need to use data or wifi, rather than minutes, Signal is highly encrypted and offers voice calls through their app.
 - For video: Video allows you access to more information about body language, facial expression, and other forms of nonverbal communication. This additional information reduces scope for miscommunication and increases the accuracy of your assessments. It can also support professionalism. However, due to connectivity and client needs, phone may be preferable. Try to conduct sessions from your computer. Avoid video calls from your phone, as they increase the risk of slipping into casual chitchat and may compromise boundaries. Consider doxy.me or Zoom for video sessions; it allows for more normative practices, like a virtual waiting room, which can help provide a sense of consistency in care.
 - For email: Set up a separate, non-personal email address for clients. Ensure it is password protected and not automatically logged on. Some clients may benefit from writing exercises or staying in touch in written form, especially since they can reflect and write in their own time. Outline in advance what your availability is to respond to and engage with emails, and outline a timeframe for replies. Consider replying with in-line responses where there are numerous points to address.
6. Encourage clients to delete their correspondence with you for further security.
 7. Ask clients to store your first name only in their phone, to ensure that your privacy is protected if anyone else gains access.
 8. Tell them what to expect if the technology fails (e.g. that you will aim to be in touch again within certain time period).
 9. Try to dress in normal work attire and create a dedicated place at home where you communicate with clients. Opt for a space with a neutral background, and where you can close a door between yourself and others in your home.

10. Try to keep text based communications in full sentences and avoid text slang.

Limits, risks, and informed consent

1. Safety first. Do what you can to maintain everyone's privacy, and to assess you client's and your own safety.
2. Ensure you and your clients understand some of the unique risks and limits of text, internet, or phone based therapy (especially regarding privacy) and try to establish informed consent.
 - Discuss confidentiality and privacy (see above) with clients, especially with regard to others who may be in the home with them.
 - Establish a simple codeword whereby clients may indicate they are no longer alone.
 - With some clients, you may wish to establish protocols for identity verification.
 - Discuss their needs and aims for your work together in the context of Covid-19 lockdown.
3. Keep records or delete messages as per your organisation's standard practice and policy. In the absence of a shredder or document destruction, avoid writing any identifying notes outside the security of a client file.
4. Consider in what situations you may need to escalate and call for crisis support. [Do they have client's addresses on hand in case EPS?? or police are required?] Talk with your colleagues and team about crisis plans for suicidal ideation or other immediate risks a client may pose to themselves or others. Ensure clients understand scope and protocol for crisis intervention.
5. Ensure your devices are password protected, and encourage your clients to do the same. Assess on-goingly if someone else may have access to their devices or be exercising technology based coercion, isolation, or control.
6. Assess any client's unique risks and consult with colleagues to devise a plan to address them.
7. Make sure clients know where and how to lodge any complaints.

Practice

1. Assure clients you are there for them and will continue to offer support in this crisis.
2. Remind them of the additional resources, strengths, and supports they have available.
3. Encourage them to keep a list of self-soothing or comforting practices.
4. Maintaining emotional connections is more difficult at distance. [Refer to the crisis line guidelines for excellent ideas on building rapport and expressing empathy at distance.]
5. Misunderstandings are more common in text, phone, and internet based communications. One approach is to discuss this possibility early in the transition to non face-to-face therapy. Reassure clients that you want to understand them, and may ask clarifying questions to ensure

COVID-19 - Sexual Violence Response

understanding. There may be reduced opportunity for spontaneous clarification, which can cause particular strain for clients struggling with self-esteem, trust, and poor ego strength.

6. Therapy outside of face-to-face contexts is usually ill advised for those dealing with trauma, or with dissociative disorders or symptoms. However, these are extraordinary times. Draw on any therapeutic tools or techniques for moments when clients may dissociate or slip into trauma states.
 - Ask them to name 3 things they can hear, 3 physical sensations, 3 things they can see.
 - Mindfulness and breathing.
 - Make a plan with clients drawing on what they find helpful in these situations. This may help you anticipate and meet needs they may be unable to articulate in the moment.
7. Telecommunications can create new risks for transference and countertransference, and make these dynamics harder to detect. They can also lead to a sense of anonymity which may incite clients to “over-disclose” and share things they might not disclose in face-to-face settings. This may cause embarrassment, regret, or withdrawal. Try to hold steady and let them know you are and will be there when they are ready to re-engage.
8. Try to notice when conversations drift and bring it back to aims and goals you’ve set out.
9. Be aware of audible indications that you are listening and attending. Ask about what is happening in pauses or silences.

Covid-19 and therapy

1. Anxiety levels are up. For those with trauma histories, feelings of helplessness or a loss of control may be elevated.
2. Pre-existing tensions in the home, including violence family dynamics and conflict, are likely to become exacerbated over time.
3. Clients may be concerned about job loss and finances, prompting more generalised feelings of instability or insecurity.
4. Intentional disclosure may be useful in this context: we are all in this together. Acknowledging our shared experiences can help normalise your client’s experience and enhance a sense of connection. It may feel more human. Exercise caution so as not to over-disclose or slip into casual conversation.
5. Be familiar with new resources and possible referrals you might make for additional support.
6. Assess risk on-goingly and note changes to the risk profile.
7. Stay in touch with your team and supervisors for support.
8. Remember that you can only do the best that you can do. Be as kind to yourselves as you are to your clients.

Kia kaha.

Draft 1.1

Author Lily Kay Ross

Clinical advisors Kathryn McPhillips, Catherine Gallagher, Maggy Tai Rākena

Contact tauiwi@toah-nnest.org.nz

COVID-19 - Sexual Violence Response

References

- New Zealand Association of Counsellors COVID-19 Guidelines
- New Zealand Association of Counsellors – Counselling and information technology
- Guidelines for the use of telepsychology in treatment of ACC clients
- New Zealand Psychologists Board – Te Potari Kaimātai Hinengaro o Aotearoa – The Practice of Telepsychology
- Australian Counselling Association – Guidelines for online counselling and psychotherapy