

# **Best Practice Guidelines for Telepsychology during Disasters (COVID-19 Pandemic)**

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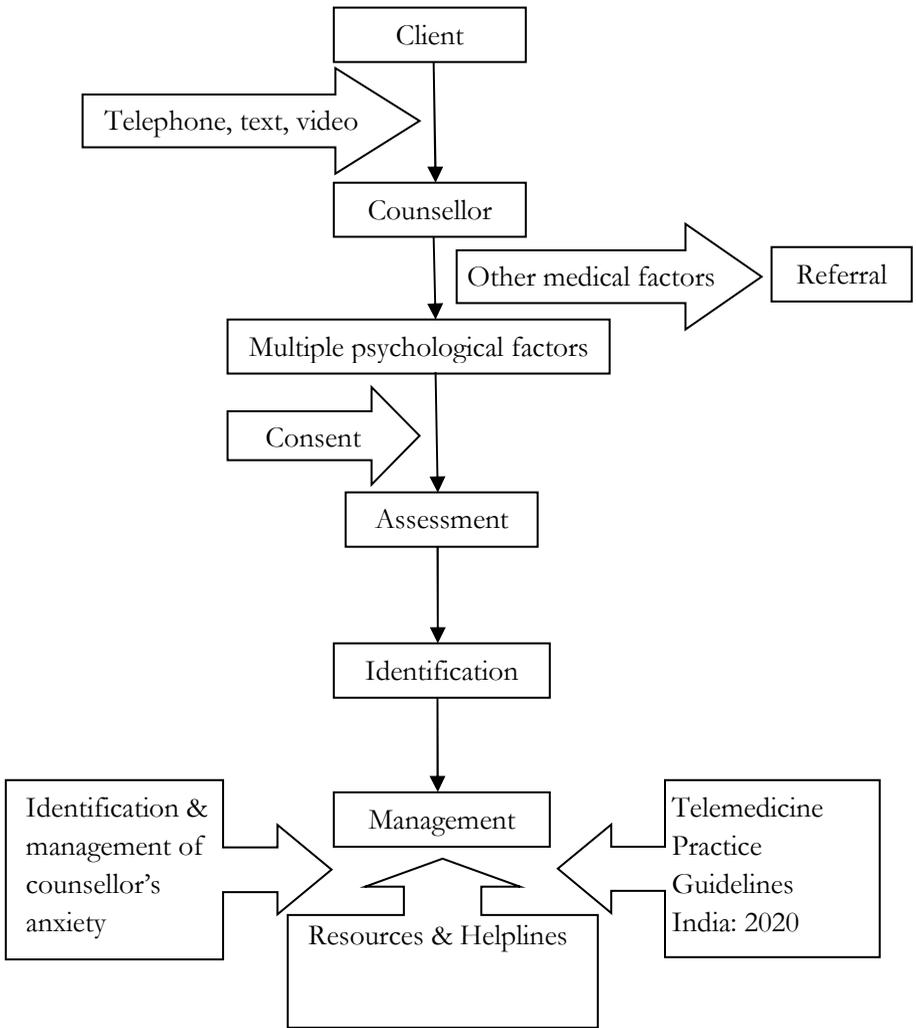
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**Flowchart for best practice guidelines for telepsychology during disasters (COVID-19 pandemic)**

# **BEST PRACTICE GUIDELINES**

## **Introduction**

Tele-psychological counselling during coronavirus disease 2019 (COVID-19) pandemic is defined as the delivery of psychological services using information and technology such as telephone, text, and video. During any disaster (such as COVID-19-related lockdown and social distancing, as directed by the government), telepsychology is considered to be the safest method to provide psychosocial services to the individuals needing therapy. Counsellors will fully examine for the suitability of a patient's need taking into account multiple psychological and other medical factors to arrive at a decision about the appropriate therapy to be administered. These approaches may include counselling, stress-management, coping strategies, cognitive restructuring, problem solving, and other emotion-reducing strategies.

## **Advantages of telepsychology**

Key advantages of telepsychology in any disaster are the following: (a) time and money are saved from not having to travel, (b) reduces the possibility of getting infected by other or transmitting an infection (COVID-19), (c) reduces the likelihood of physical violence towards the treatment providers, (d) it gives plenty of freedom to the counsellor to decide about continuing or terminating consultation or ask the patient for face-to-face (in-person) consultation whenever required later. In addition, telepsychology provides a counsellor the flexibility to terminate consultation with a specific caller if there exists compelling and valid reasons. Tele-psychological counselling team starts responding to the distress in any phase of the disaster.

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## **Service users of telepsychology consultation**

Service could be utilised by users as follows:

1. Any person in distress to the registered counsellor.
2. Caregiver to registered counsellor. Caregiver could be somebody authorised by the patient to represent him/her. When the patient is a minor or the patient is incapacitated then a caregiver could also call the helpline number.
3. Registered counsellor to registered counsellor (for special consultation).
4. Health worker (that includes nurse, allied professional, mid-level health practitioner, and doctor designated by an appropriate authority) to registered counsellor.

## **Terminologies to be used for the service users**

The term “client/user/caller” can be used to refer to the callers who seek help from the tele-psychological counselling service.

## **Competence of the counsellor**

Counsellors must ensure that they are skilled and competent with mental health technologies and fully aware of their potential impact on clients/patients, supervisors, or the other professionals.

They should possess the basic essential knowledge of psychology and counselling. They must have knowledge in handling issues and concerns of affective, behavioural, and cognitive aspects of people from all ages. Minimum qualification is a Master’s in Psychology/Social Work with expertise in counselling as well as with in-depth training in tele-psychological counselling in pandemics is a pre-requisite qualification.

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### **Ethical standards of care**

The ethical and professional standards to be met by the counsellors are identical to those required for in-person counselling services. Counsellors must make adequate effort to ensure that ethical and professional standards of care and practice are met from the very outset and throughout the duration of the tele-psychological counselling services they deliver. Confidentiality needs to be ensured. “Confidentiality refers to the principle that the content of sessions, data, or information is not made available or disclosed to any unauthorised persons or processes”. Confidentiality can be breached if there are safety issues (harmful to self or others). Boundaries between the caller and counsellor need to be maintained. The counsellor is not to meet the client in-person anywhere for any other purpose besides in-person therapy. The counsellor should avoid disclosing any private personal information to the caller. The counsellor is not to discuss the content of telepsychology calls with friends, relatives, or any other person except the treating team/supervisors. A consultation is not to be “anonymous” and both parties must know each other’s identity. Conformity to these ethics of helpline duties is a must and any breach can result in legal actions according to the Telemedicine Practice Guidelines 2020 in India.

### **Informed consent**

Any caller initiating the contact for counselling services through telephone, texts, videos, and in-person shall be considered as implied consent. However, every caller must be notified with explicit consent when their calls would be recorded for clinical and research purposes. Explicit consent would be either audio, video, or text. For explicit consent format, see Appendix 1. Counsellors must make

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reasonable effort to safeguard and maintain the confidentiality of clients/patients' information but should inform them of the possibility of risks to loss of confidentiality inherent in telecommunication technologies.

### **Testing and assessment**

No formal testing is suggested aside from rating their stress/anxiety and depression in a questionnaire prepared by the authors to provide a preliminary assessment of their psychological status (Table 1). Unique mental health-related issues may be revealed erroneously if formal tests are administered without adherence to basic guidelines. As such, formal testing must be avoided.

### **Process of tele-counselling for quarantined/isolated individuals**

1. "Person details" of the quarantined are provided by the officials. Confirm their name, age, and gender. Make a call to the particular person and talk to him/her only.

2. Introduce: "I am a psychiatrist/psychologist/social worker currently working in Gauhati Medical College Hospital (GMCH) (or the organisation you are employed by) and calling on behalf of the Health and Family Welfare Department, Government of Assam. Is it a good time to speak or can you spare few minutes?"

(If YES, proceed to next. If NO, ask if a call back at another mutually agreed upon time is preferred. Note down the response. If they do not reply end the conversation.

3. Language: Identify the language the person is most comfortable with and proceed further.

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4. Listen: Please start with an open ended question like, “How are you today?”, “Are there any stress/concerns/issues that are bothering you?” Allow them to ventilate about their concerns for the next minute or two. Hear them out. They may shout at you or scold you or become silent indicating that counselling is functioning because signs of ventilation are noted. Always remember that the person in quarantine may not be nice to you for their status.

5. Educate: Give official verified facts. Look for authenticated information from government websites and mainstream government run media. Generally, provide them with the available facts about matters (e.g. quarantine). Validate their emotions that their concerns are common and lots of individuals face similar issues.

6. Reassure: Provide reassurance to their problems and do follow-up calls when required. Assure them that help and support is available 24/7. Reiterate the emergency contact numbers.

7. Appreciate: It is vital that the counsellor appreciate the efforts that the clients are undertaking. Reinforce the fact that the clients are actually contributing to the society and their family/loved ones by isolating themselves.

8. Assessment: Use appropriately worded questions in respective languages. Mark YES if any of the symptom of Table 1 is positive.

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Do you have any (anxiety, fear, panic, tension, worries)? Please elaborate, if yes	Y/N
Do you feel (low, sad, tearful, hopeless, helpless, worthless, guilty)? Please elaborate, if yes	Y/N
Do you get death wishes or suicidal thoughts? Please elaborate, if yes	Y/N
Is your sleep disturbed? Please elaborate, if yes	Y/N
On a scale of 0-10, how severe is your stress?	0-10
Y: Yes, N: No	

9. Open-ended question: Ask them open-ended questions on how they are spending time. Address their concerns and then provide with specific tips like exercises that might be done indoors like spot jogging, push-ups, yoga, breathing exercises, mindfulness-based, books, music, movies, reach relatives over phone, avoiding excessive social media and day time naps (use your innovative ideas here).

10. Contact details: Advise clients to contact other helplines for non-psychological concerns.

### **Strategies of tele-psychological counselling for anybody who is in distress during disaster**

The introduction remains identical as above.

- Confirm client's age, culture, socioeconomic status, education, and employment background.
- Clarify if the decision to call the helpline is for his/her own concern(s) or is on behalf of a family member/friend/colleague

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without the client's knowledge. Client appoints a guardian to call on her/his behalf.

- Approach should be client-centric.
- The first response is very important in establishing contact. The responder must be soft spoken and must have good communication skills.
- Local language is preferred.
- The type of communication and words used must be coherent and goal-oriented.
- The responder must be non-judgemental, appear to be caring, respectful, accepting, and empathetic with the individual calling for support.
- Active listening and responding to the caller in a very calm and controlled manner, taking note of the tone and pitch of his/her voice is very important. As the client cannot be seen in person, the counsellor must evaluate the client's stress level based on the client's voice and facial expression during video-calls.
- Detailed assessment is to be done through interview process.
- The counsellor must record the client's concerns.
- There must be non-discriminatory interaction, avoiding any and all political and secular/religious topics of conversation.
- It is healthier to empathetically reply to a caller and explore his/her past coping mechanisms and target the caller's strengths.

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- Slow emotions down by specialising in “here and now issues” that are concrete and reality oriented.
- Counselling about reinforcing focus, increased awareness, connecting to people, and using effective interventions for getting engaged in daily activities and hobbies are some areas to speak about.
- Define the matter by analysing the antecedent, behaviour, and consequences.
- Repeat if you do not understand. It is difficult to clarify over telephone or any other methods of technological communication; so, use some feeling words and standard inquiries to assist you in guiding the interaction. Keep a notepad to document the foremost important information. Be very sensitive to the underlying emotional content and to reflect the implied feeling content in words.
- During tele-video counselling the etiquettes should be followed similar to in-person consultation.
- Always begin with open ended questions like “What are your activities now?” “How do you wish to define your feelings?” “Can you define your present status?”
- If safety issue is a concern, then revert to close-ended questions like “Who is there with you?” “Are you sad?” “Are you feeling suicidal?” “Are you feeling alone or is there someone there with you?” “Is there someone who can be contacted to be with you tonight?” “Are you with someone who is abusing you and you are finding it difficult to tell me. If it is so, please say ‘what is the time now?’”

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- Make alternatives in an exceedingly stepwise manner. Generate options with the client's help, and ask to try and do according to the plans discussed and committed by the client. Always let the client verbalise what is discussed and planned to ensure that both counsellor and client are in complete agreement.
- Obtain commitment to the plan discussed. It is always helpful to build a straightforward, specific, and time limited plan of action.
- If the counsellor encounters a situation in which the caller is too distraught or distressed to communicate his/her situation clearly, the counsellor must be very direct in guiding the caller through a grounding, breathing, or relaxation exercise before engaging in counselling with him or her.

### **Identification and management of potential risks of tele-psychological counselling**

- Try and engage with each client professionally, always remembering that just listening and giving time is usually most significant to a person in crisis.
- Your major goal is to disrupt the irrational thinking of the caller that is leading him/her to adopt use of unsafe behaviours.
- Treat death wish/suicidal intention as an emergency. Try to establish contact with his/her family immediately and if contact is unsuccessful, report to Helpline immediately.
- Psychotic patients with florid delusions, hallucinations, psychological disorder, chronic OCD (obsessive-compulsive disorder)/alcohol withdrawal may have mental state issues even before calling the crisis helpline. So, it is important to hold realistic

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expectations of them. In such cases, counsellors are advised not to indulge into counselling for his/her symptoms but to guide them for medications either through telemedicine numbers or through other psychiatrists accessible from client's home/hospital.

- For psychotic patients, follow-up calls to assess the client's safety and well-being is vital.
- Crisis intervention over the phone with people who are severely disturbed is clearly not meant to be curative. It is a stop-gap measure designed to be palliative enough to stay action inactive until help arrives.

### **Identification of problem callers and few basic tips for interventions**

To address crisis over the phone is a challenging task. Counsellors may have to accommodate difficult or problematic callers. At times, these callers may be severely disturbed, or abusive callers who use these crisis lines for their whims, fantasies, deviant, or self-indulgence behaviour, none intended to serve any purpose. It is the duty of the counsellor to identify such callers and set boundaries. The counsellors have to realise that by setting limits for such callers, it is possible to acknowledge their needs without relinquishing control. Never let any caller manipulate you and/or waste time. You can help the client the most if you set limits and do not let the caller manipulate or control you.

It is always helpful to think of severely disturbed problem callers as individuals whose developmental processes are underperforming. As such, the counsellor must avoid inducing anger in them and instead use alternative strategies to handle them.

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A strategy to accommodate problem callers is to use open-ended inquiries to refocus the conversation back to the caller by asking “What did you hope to gain from calling this telephone which is meant for psychological care?” If refocusing does not work, then set their limits by saying “We both can discuss your situation for five minutes exactly as there are many clients waiting for help”. If his/her inappropriate behaviour persists, then terminate the session. It is advisable to interrupt an abusive call, inform the caller that you are ending the call, and invite him/her to call back when his/her form of communication is more acceptable and respectful. If you are having a particularly difficult time with a caller and another counsellor is available, it is appropriate to inform the caller that you are transferring the call to someone who is better able to assist him/her.

### **Identification and management of counsellor’s anxiety**

- If the counsellor experiences fatigue, boredom, anxiety, and irritable symptoms after the calls, take a break and if that does not help it is advisable to seek advice from colleagues or supervisors about the calls and to find necessary help or supervision immediately.
- Use of headphones with microphones is preferred as long-term use of hand-held telephones can be painful and detrimental to the counsellor’s health.
- It is important not to dwell on earlier clients’ negative emotions like anger, loss issues when counselling any subsequent caller(s).
- If the counsellor feels angry for any reason, then to end the consultation by giving him/her a reason for ending the consultation or give him/her a referral number immediately.

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- Calls from severely disturbed individuals may be very upsetting. After ending such phone calls, it may be useful to debrief with a co-worker or supervisor.
- Supervision is crucial to ensure support for the well-being of the counsellor/helpline worker.
- Debriefing after a call to support each other among counsellors helps.
- As crisis helplines are emotionally demanding and can potentially result in burnout, it is important that young counsellors have access to adequate mentoring and supervision.
- For relaxation, exercise daily.
- Maintain access to helpline numbers, police station numbers, and administration numbers at all times.
- Collect helpline numbers of neighbouring states for referral.

### **Service users for telemedicine consultation**

Telemedicine consultation is permitted in India according to the Telemedicine Practice Guidelines 2020 notified by the Ministry of Health and Family Welfare. The counsellor should exercise his/her professional judgement to make a decision on the suitability of telemedicine or face-to-face consultation bearing the particular client's interest in mind. When possible, attempt to elicit information about already prescribed medication or why if the caller had stopped taking prescribed medication. It is useful to redirect the caller back to their doctor for follow-up visits regarding their medication.

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- Warn them not to misuse the psychiatry medications and to not self-medicate without a doctor's consultation.
- Suicidal patients: Refer them to nearest psychiatrist immediately and try to inform relatives advising them to maintain 24/7 surveillance in an environment free of sharp weapons. Such cases should be treated as emergency immediately.

### **Call timings and routing considerations for call centres**

- The helplines are operational 24 hours and shift duties are assigned to the team members.
- Automated call routing is encouraged to ensure that immediate assistance is provided based on the availability of counsellors in each zone.
- Callers are encouraged to be comfortable with any available counsellor.

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### **Resources of support and helpline numbers**

Facts and myths associated with any disaster/COVID-19 are to be kept readily available so that a counsellor can refer to them as and when needed.

Helpline numbers are-

#100/181/1070/1077/1079

The counsellors must be aware of recent COVID-19-related statistics. The subsequent materials are to be referred-

Ministry of Health and Family Welfare, Government of India:

<https://www.mohfw.gov.in/>

Indian Council of Medical Research: <https://icmr.nic.in/>

Get the latest public health information from CDC:

<https://www.coronavirus.gov>

Get the latest research from NIH:

<https://www.nih.gov/coronavirus>

Additional useful resources

Telemedicine Practice Guidelines:

<https://www.mohfw.gov.in/pdf/Telemedicine.pdf>

Other references to be collected and given

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## Appendix 1: Template of the informed consent via any media

### Informed consent form

Name of the counsellor can be mentioned

..... Department of Psychiatry,  
GMCH or any institute one belongs to.

I hereby provide my informed consent for video/audio/text for psychological counselling and written record of my data for research purpose.

By returning this form, I indicate consent for these telephonic sessions.

Name:

Date:

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