

Zoom or Room: evidence-informed guidelines for good online communication

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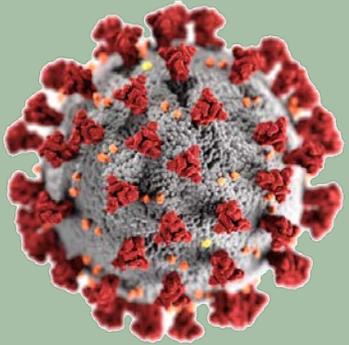
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@chatlabuk

#ZoomOrRoom

Covid-19 restrictions led to...



Overnight shift from in-person to online working in:

- Therapeutic conversations e.g. CBT, VIG, SLT, EFT
- Diagnosis, assessments e.g. child development autism clinics, CAMHS
- 'Remote' schooling e.g. check-ins, student supervisions
- Play-based activities e.g. sing-a-long groups
- Little evidence about online therapy!

Research Aims:

- **Is communication as closely aligned online as in-person?**
- How are online wellbeing interventions similar or different to face to face?
- How can we adapt methods to fit an online setting? ->
 - **Considerations to feed into GUIDELINES**

Our methods: Video analysis: Practitioner survey: Interviews

Background: Video Interaction Guidance (VIG)

- An intervention where a practitioner aims to improve communication within relationships that are important to a client, e.g. a parent and child.
- People are supported to reflect on video clips of successful interactions during shared reviews.
- VIG focuses on developing effective communication and attuned interactions.

Methods: Video analysis, Survey, Interview



1. Video Analysis



Data:

- Clips of recordings of shared reviews and supervisions in-person ($n = 15$) and online ($n = 36$).

($N = 51$ clips, from 9 practitioners)

Questions:

- Are online interactions as attuned as in-person ones?
- What factors help or hinder attuned online interactions?

1. Video Analysis

Short clips of therapy recordings in-person (n = 15) and online (n = 36)
(N = 51 clips, from 9 practitioners)

Global coding 0-5 for:



Warmth
(Dyad)



Responsiveness
(Client)



Responsiveness
(Clinician)

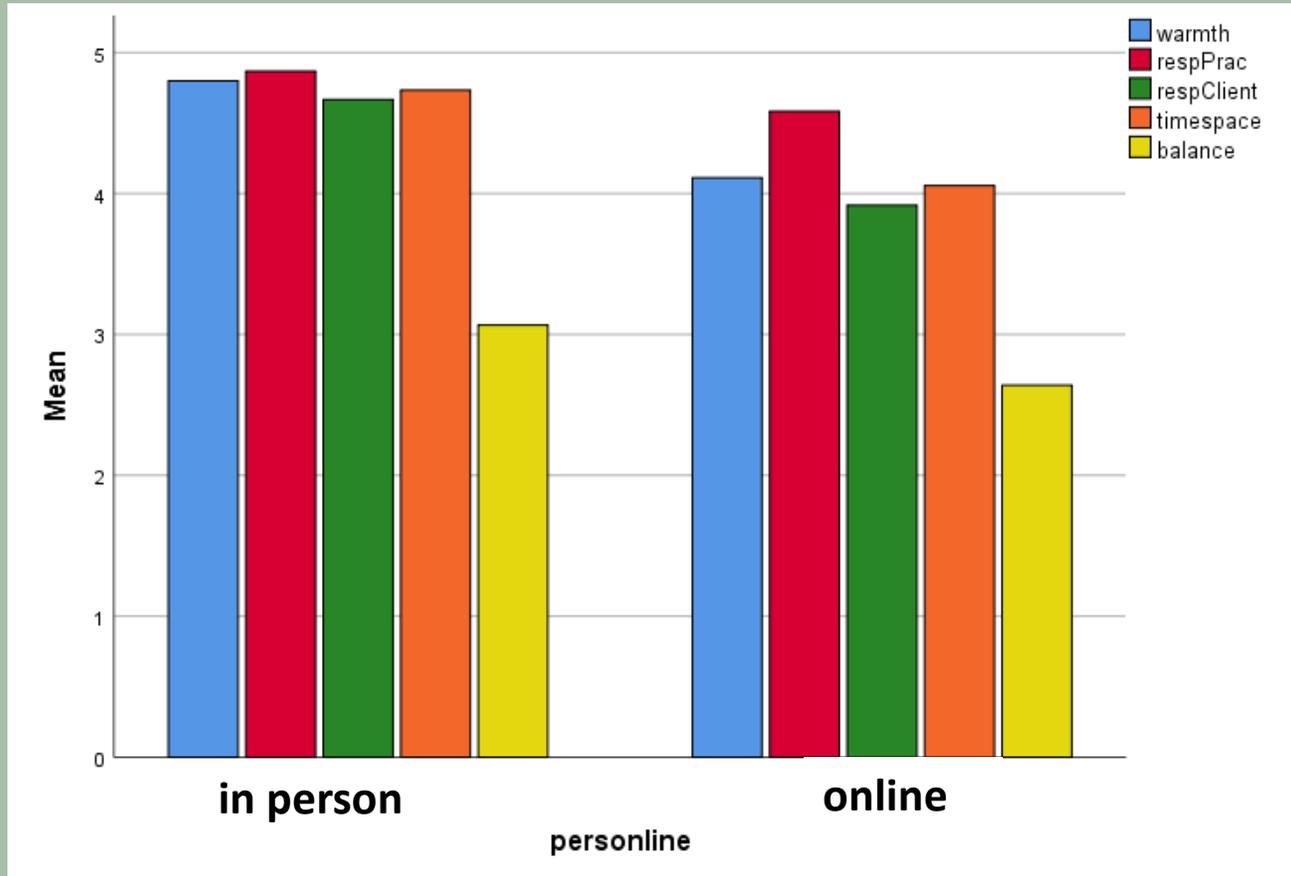


Time & Space
(Clinician)



Balance
(Pair)

Results: Video Analysis, Global



Headlines:

- Minimal differences in-person vs online
- Slightly lower warmth and client responsiveness online
- Even so, all highly rated = adequate service standard
- Lower time/space (silences/ pacing): adapt via training
- NB small sample

Mean global ratings of videos: 15 segments in-person (2 practitioners) vs 36 segments online (7 practitioners)

2. Online Practitioner Survey



N = 72 practitioners: education, mental health, social care

- Attitudes: 83% strongly or somewhat agree it is possible to have good communication.
- Benefits: travel/ time, greater availability of prof teams and hard to reach clients
- Concerns: tech availability, tech problems, client anxiety online, boundaries, safeguarding (notably CAMHS)
- Attunement: Longer to establish rapport, easier with a prior relationship, difficult to get a feel for characteristics/ detect non-verbal behaviour, different but not less
- Intervention effectiveness: Adults opening up more online, mixed for children
- Future practice: 82% may or will definitely continue some practice online, with client choice

Content informed by Paediatric Neuropsychology group and Young People's Advisory Group (PPI).

3. Interviews



13 practitioners using VIG and other methods;
e.g., clinical and educational psychologists, parent
and toddler groups

“I know, people getting really
creative with it.”

“I've had to **change my style**
quite a lot.”

“The next cohort of
psychologists probably will
have an element of online
training ... I've been learning
very much on the hoof... I feel
very de-skilled.”

“I haven't experienced it as
being less than, **it's different**
to **face** to face, but I don't
think it's less.”

the **parent became much more part
of the co-production** of the whole
thing. Much more much more equal
in what we were doing.”

“in some ways it's made it **more
accessible** to dads, I think.”

“Accessibility to CPD .. I think's a
huge advantage.”

“I think technology was able to ...
aid us to still **stay connected and
make a difference**”

“the **parent became much
more part of the co-production**
of the whole thing. Much more
equal in what we were doing.”

Implications

There is a real **opportunity to provide more support** this way to groups who would otherwise not engage or not be able to access services.

These groups need equipment, and fast affordable broadband, to take advantage of this opportunity

Practitioners need time and support: to develop personal connections, to prepare for online meetings and for post-meeting supervision

The decision to work online or face to face should be **made with and in the best interests of the client**

Local authorities/NHS need **support to manage the challenges of information governance and safety** of meeting vulnerable people online: sharing effective practice across education, health and social care

Guidelines: link is at top of this webpage

<http://www.sussex.ac.uk/psychology/chatlab/projects/zoomorroom>

GUIDELINES FOR USING ONLINE THERAPEUTIC INTERVENTION

EMPLOYERS

KEY MESSAGES

There is a real opportunity to provide more support by combining in-person and online activities

Practitioners found some harder-to-reach families engaged more online than in person

The flexibility offered meant continued engagement from clients and less non-attendance, e.g. easier to tweak meeting times on the day, and to reschedule

Meeting online, used thoughtfully, can bring efficiencies

Easier to gather staff for multidisciplinary meetings, time and travel savings, saving of clinic space – as long as this is balanced with client and practitioner needs, in-person used as needed, and delivered flexibly



GUIDELINES FOR EMPLOYERS

SUPPORT

All practitioners need time and support for online meetings, including:

- Time to prepare fully for online meetings: tech planning and mental space
- Post-meeting admin and reflection time

- Post-meeting debriefing/supervision, especially if working from home (WFH) with high-risk clients

Stronger guidance and checks are needed on screen time use and health when WFH, e.g. encouraging and building screen breaks into agendas and diaries

Clear boundaries are needed between work and personal life when WFH, e.g. ensuring set lunch breaks, ensuring high-quality colleague contact with boundaries and supporting flexibility

Clients: consider the need to provide safe spaces and technology support for online meetings for clients without them: can new bookable local safe spaces be provided?

INFORMATION GOVERNANCE AND POLICY GUIDANCE

Local authorities/NHS trusts need to manage the challenges of balancing therapy need and secure information governance involved in meeting vulnerable people online. Sharing of effective practice is needed across education, health and social care

Online documentation: WFH requires transferring paper records to online ones, with clear and safe data management procedures

There is potential for online assessment: agreement is needed on which are reliable and best suited to online work, with appropriate licences

SAFEGUARDING

Online work needs clarity on risk assessment and troubleshooting procedures: the online visual window is not under practitioner control, technology can fail, a client may leave unexpectedly

Safeguarding procedures need regular review, with practice-wide guidance available for clients

NATIONAL LEVEL POLICY

All clients need fast reliable technology, support and space: this could be phones, tablets or laptops; some need in-person show-and-tell; some need safe private spaces and technology outside the home

All stakeholders need suitable technology, support and space: this could be phones, tablets or laptops; some need in-person show-and-tell; some need safe private spaces and technology outside the home

GUIDELINES FOR USING ONLINE THERAPEUTIC INTERVENTION

CLIENTS

KEY MESSAGES

You may need time to get used to online work

Some clients find the more explicit structure and ground rules of online work helpful

Many clients like the convenience of online work: saving time, money, stress of attending clinic

Home space can feel safer and more relaxed compared to a clinic

Plan your online session in advance with your practitioner

Be clear about perception and expectations: online is not a 'poor substitute' for in-person



GUIDELINES FOR CLIENTS

Using home space can feel safer and more relaxed compared to clinic

You may lack equipment or private space, e.g. in shared housing; ask your practitioner's advice

Consider what to show online, e.g. privacy, lighting levels, are other people in view, might you hide the 'self view'?

Online home visits can help your practitioner understand your home and family environment, to inform their guidance and help generalisation of any therapy gains

Discuss ways to manage the setting, e.g. considering fidget toys or time out/down time, finding ways to share e.g. making/ sharing a cup of tea

Look after yourself: take time and screen breaks, movement breaks, in-person support from friends or family

Plan to have other tasks hidden or on silent (on screens or other devices)

Think about and discuss with your practitioner how to manage after the session: especially if you stay in the same space after discussing difficult topics

Speak to your practitioner about any concerns you have with online meetings

Sometimes an in-person meeting might be safer and more effective for you, e.g. for critical needs or practicing skills

Agree ground rules e.g. suitable clothing, presence of other people (visual or audio)

Look after yourself: take time and screen breaks, movement breaks, in-person support from friends or family

Plan to have other tasks hidden or on silent (on screens or other devices)

Key messages and guidelines should be shared with you ahead of time

Making a treatment plan blending online and in-person can increase your say in your treatment

GUIDELINES FOR USING ONLINE THERAPEUTIC INTERVENTION

PRACTITIONERS

KEY MESSAGES

Practitioners skillfully adapted their communication from in-person to online during pandemic restrictions

A well-managed online connection can be as effective as an in-person meeting: clients value these personal connections, especially at times of restriction

Most practitioners rapidly gained skills and confidence despite initial concerns about online meeting

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GUIDELINES FOR PRACTITIONERS

PLANNING

Consider the most appropriate communication technology for the purpose of the meeting, e.g. when getting to know the client, client preferences and best interests e.g. phone call, videocall, text or other messaging services

Risk assessments for online meeting need particular care for some conditions, e.g. paranoia, anxiety

Plan for dealing with technical difficulties or unexpected disconnection: how will you reconnect? Aim to become comfortable with small disruptions

An initial in-person meeting can work well. It can take longer to build rapport with clients online; consider online getting-to-know-you sessions

Online meetings often take longer to cover the same material than in-person ones and can feel more tiring

Consider something playful to get interaction started and plan to cover less in one meeting; consider more frequent shorter sessions

STRATEGIES

Look after yourself first: breaks away from screen, full body movement, seek support from supervisor or colleagues

Expressing emotion: It is harder to transmit empathy for sadness but easier to be detached from anger: consider using words more to name what you see, feel and hear, and checking how the call is working

It may help to exaggerate nonverbal cues, to wait and to slow down: it is useful to become comfortable with pausing and silence

Consider using objects to share attention: not just each other's faces, but external referents such as photos or video, drawing or showing and talking about an object, slide-sharing, shared document editing, e.g. software whiteboard functions

Observe how clients can show high adaptability to online communication, e.g. young children often quickly understand how to share attention to objects

Consider what each side is comfortable to see, seeing each other can help communication but some clients may start by hiding self-view

Safeguarding: have a routine plan for disrupted meetings, e.g. having phone numbers

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GUIDELINES FOR USING ONLINE THERAPEUTIC INTERVENTION

GROUPS

KEY MESSAGES

Some groups can work well online, e.g. training, meetings with a clear agenda, multi-disciplinary teams

Group members can find it harder to connect socially and build rapport online as it's harder to have informal conversations. Create opportunities for social connections at key points, e.g. breakout groups, chat, adding in-person sessions

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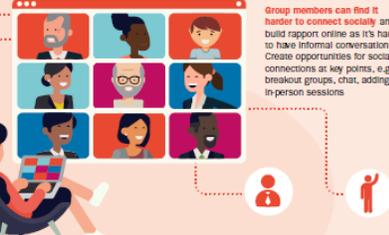
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GUIDELINES FOR GROUPS

Have clear ground rules e.g. whether cameras and mics are on or off, who can speak when

Remember it can be harder to pick up when someone wants to speak: be alert to initiatives from group members and invite them to speak if appropriate or have another person take this role

It can help to express clearly in words what you have heard or understood from the group to compensate for the restrictions of information in online communication

A skilled facilitator can add guidance and structure, e.g. to manage turn-taking, to receive or reflect back what has been said and to draw comments together

Balance use of technology to enable accessibility, provide variety and use different ways to contribute, e.g. chat boxes, break times, reactions such as putting a hand up virtually or physically, shared documents, polls

Personal connection between facilitator and peers is crucial: Consider using small break out rooms or 1:1 time with facilitator during other activities and pre- or post meeting informal chat

Consider the purposes of video and audio in group meetings: joining on mute without video can feel more comfortable for some people initially, but needs balancing with the feedback and interactivity that comes with video and audio

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These guidelines were informed by data from a survey of 72 practitioners, in-depth interviews with 13 therapists and video analysis of 51 clips of therapy in the Zoom or Room project by Nicola Yull, Deven Glass & Zubaida Dasgupta, University of Sussex UK. Updates on published work are posted on <http://www.sussex.ac.uk/psychology/chatlab/projects/zoomorroom>. The research was funded by National Institute of Health Research, Kent Surrey Sussex Applied Research Consortium. Views are those of the authors and not necessarily of the NHS, NIHR or Department of Health and Social Care.