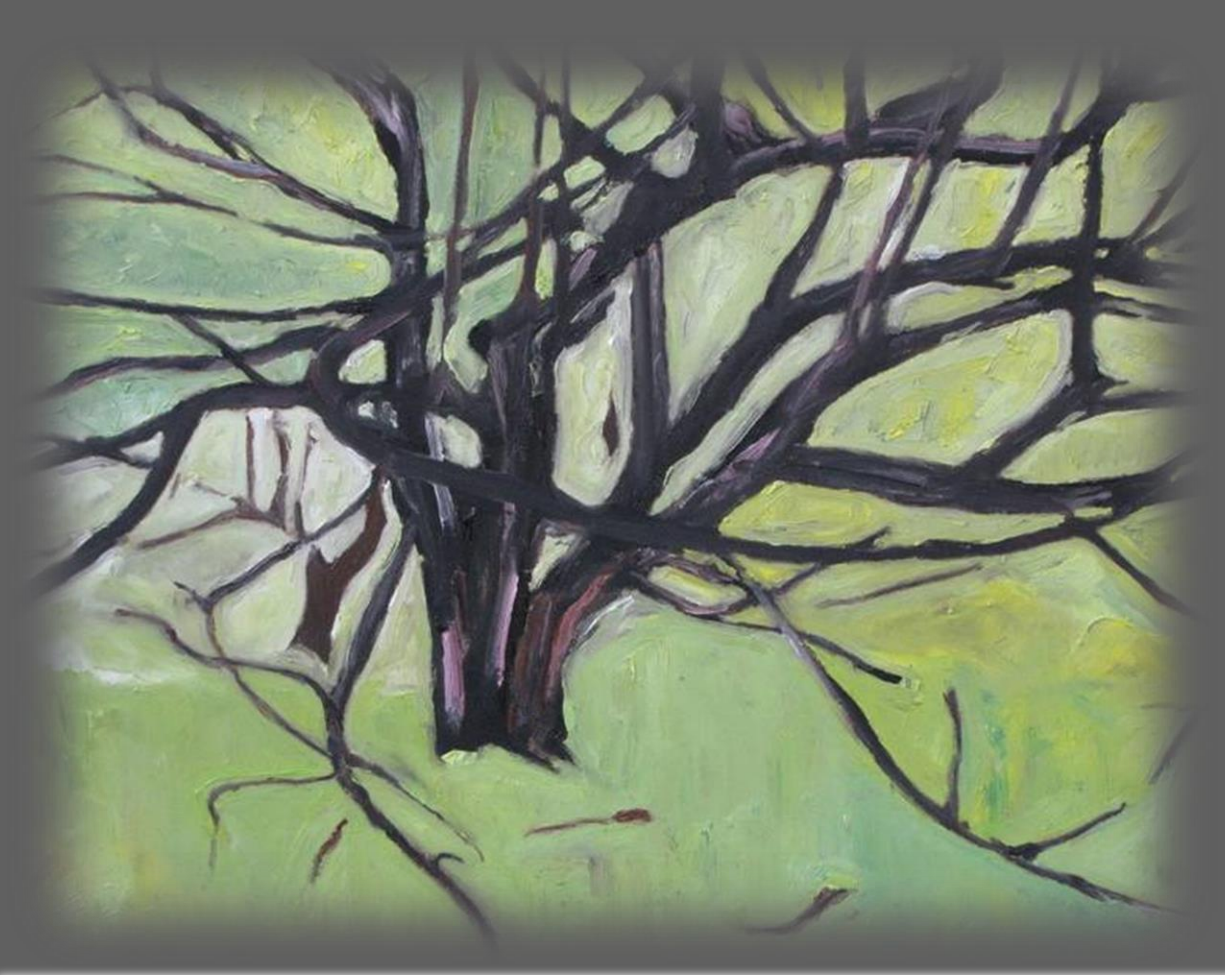

Person-Centered Telephonic Interventions: Opportunities and Challenges

CHaSCI Community webinar

August 29, 2018

Welcome to the CHaSCI Community!

What is CHaSCI?	The **Center for Health and Social Care Integration**, housed at Rush University Medical Center in Chicago
	A platform to translate and elevate learnings from care provided at Rush and by various local & national partners
What does CHaSCI do?	Develop care models that integrate social workers into health care teams: *the AIMS Model (Ambulatory Integration of Medical and Social) and Bridge Model of transitional care*
	Spread care models to health systems, managed care, accountable care and community-based organizations
	Educate and train interprofessional trainees, educators, and practitioners on best and promising practices
	Run a peer learning community open to public: ***the CHaSCI Community***
	Influence policy and reimbursement mechanisms

CHaSCI
Center for Health and Social Care Integration

Today's speakers

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Conflict of interests

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The planners, editors, faculty and reviewers of this activity have no relevant financial relationships to disclose. This presentation was created without any commercial support.

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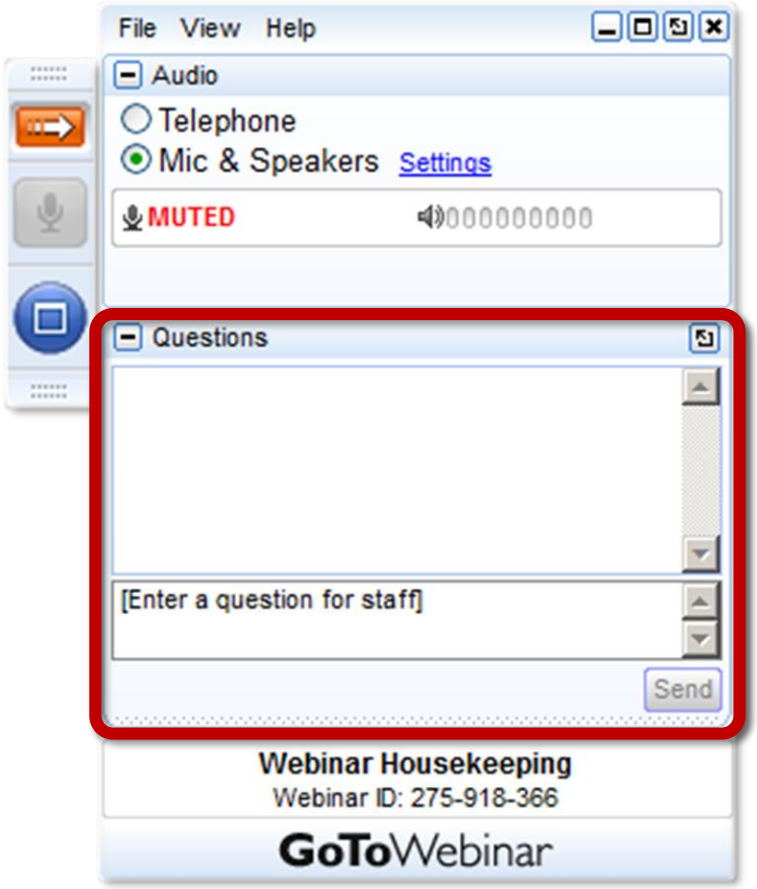
- To submit a question or comment, please type your questions into the question box (right)

- If at any point during the webinar you experience technical difficulties, please call Citrix tech support at 888-259-8414



What brings us here today?

Just because an intervention is largely telephonic doesn't mean you can't develop meaningful relationships or be rooted in the community

LEARNING OBJECTIVES:

1. Identify benefits and opportunities of psychosocial telephonic interventions
2. Enumerate best practices for developing a trusting relationship with patients and caregivers over the phone
3. Describe real-life examples and learnings from social-work-led telephonic case management

BENEFITS OF TELEPHONIC INTERVENTIONS: THE RESEARCH

Providing Psychosocial Support by Telephone: What Is Its Potential in Cancer Patients?

- Beneficial for patients with physical limitations

Intervention Costs and Cost-Effectiveness of a Successful Telephonic Intervention to Promote Diabetes Control

- Telephone based interventions for diabetes care were lower in cost than in-person and still showed improvement in glycemic control

Source:
Gotay, C. (1998). Providing psycho-social support by telephone: what is its potential in cancer patients?. *European Journal of Cancer Care*, *7*(4), 225-231.

Schechter, C. B., Cohen, H. W., Shmukler, C., & Walker, E. A. (2012). Intervention costs and cost-effectiveness of a successful telephonic intervention to promote diabetes control. *Diabetes Care*, *35*(11), 2156-2160.

BENEFITS OF TELEPHONIC INTERVENTIONS: THE RESEARCH

Psychosocial Telephone Interventions for Patients with Cancer and Survivors: A Systematic Review

- Reviews 20 studies of psychosocial telephonic interventions for patients with cancer
- "One third of patients or more decline to participate in in-person interventions; telephone interventions may be an appropriate alternative"

Source:
Okuyama, S., Jones, W., Ricklefs, C., & Tran, Z. V. (2015). Psychosocial telephone interventions for patients with cancer and survivors: a systematic review. *Psycho-Oncology*, *24*(8), 857-870.

Corry, M., Neenan, K., & Brabyn, S. E. (2017). Telephone interventions, delivered by healthcare professionals, for educating and psychosocially supporting informal caregivers of adults with diagnosed illnesses. *Cochrane Database of Systematic Reviews*, 1-21.

BENEFITS OF TELEPHONIC INTERVENTIONS: THE RESEARCH

Telephone Interventions, Delivered by Healthcare Professionals, for Educating and Psychosocially Supporting Informal Caregivers of Adults with Diagnosed Illnesses

- Cochrane Library systematic review, found that telephonic care management helped healthcare professionals reach more *caregivers* whose *busy lives* and *geographic diversity* would make it difficult to provide in-person psychosocial interventions

"As caregivers live in the community, are regionally and nationally dispersed, and are often in paid employment in addition to their unpaid caregiving role, face to face contact with people who can provide emotional support and advice is not always feasible"

Source: Corry M, Smith V, Neenan K, Brabyn S. Telephone interventions, delivered by healthcare professionals, for educating and psychosocially supporting informal caregivers of adults with diagnosed illnesses. Cochrane Database of Systematic Reviews 2017, Issue 1. Art. No.: CD012533. DOI: 10.1002/14651858.CD012533.

UNIQUE CHALLENGES OF TELEPHONIC INTERVENTIONS

- No body language cues
- Accents or language barriers
- Hard of hearing
- Bad phone connections
- Distractions
- Fatigue
- Rambling conversations

STRATEGIES FOR BUILDING RELATIONSHIPS OVER THE PHONE

Practice good phone etiquette	Ensure every call has a purpose	Leverage outside relationships
Use open-ended questions	Express empathy	Validate stressful experiences
Summarize what you're observing	Practice active, empathic, and reflective listening	Keep the call moving in the right direction

PRACTICE GOOD PHONE ETIQUETTE

- Smile and Posture
  - Seems small, but has a noticeable effect
  - Clients can detect your confidence (or lack of it!
- Proper introduction is key
  - Use client's name, in a respectful manner
  - Know what your introduction sentence will be
  - Plan ahead for unusual circumstances and know how you will handle it

PHONE ETIQUETTE AND TIPS FOR COLD CALLS

- Be prepared
  - Have all background paperwork gathered, and any necessary forms or questionnaires in front of you or easily available on computer
  - Interpreter needed?
- Introduce yourself as part of care team
  - Reference the info the client may have received from provider about your intervention
- Consider Ethical Dilemmas
  - Know your agency's policy; what is allowable?

EVERY CALL SHOULD HAVE A PURPOSE

- Important to be clear with yourself, ahead of time, the purpose of each call
- Be clear with the patient as well, at the outset
- Time reminders may be necessary during the call
- Recap what was accomplished at end of call

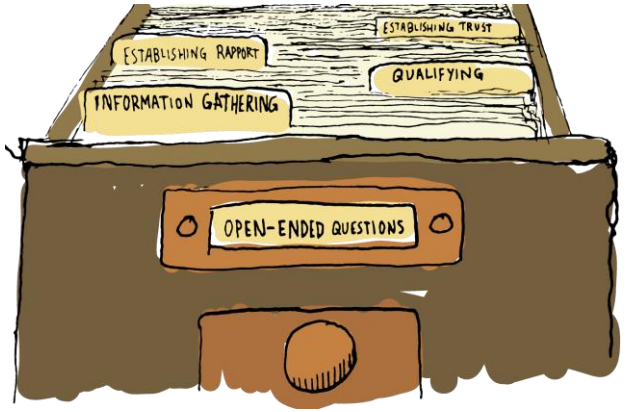
LEVERAGE OUTSIDE RELATIONSHIPS

- Since we know that phone interactions can sometimes be limiting, consider the client's relationships with other medical and community providers
  - Who might the client already have a trusting relationship with? Who visits the client in the home?
  - Use these relationships to help build understanding
- Touch base after obtaining patient's permission (following your agency's or institution's protocol)

- Consider the possibilities…
  - Medical providers at your institution
  - Home Health team members – RN, PT, OT, SLT, SW
  - Homemaker
  - Apartment building coordinator / supervisor / SW
  - Pastoral care team
  - Family and friends

USE OPEN-ENDED QUESTIONS

- Avoid closed-ended questions
  - Did the doctors' instructions make sense? Do you have all of your medications? Do you understand what you need to do to remain healthy? Do you have enough help in the home?
  - Ask questions that open door for more than a one-word response
- Plan ahead of time; write down some open-ended questions
  - How have you managed this in the past?
  - What helps you when you are feeling down?
  - Who helps you at home?
  - Tell me about your medication plan.



EXPRESS EMPATHY

- *Intentionally* & *explicitly* express empathy
  - Show that you understand and acknowledge their feelings
  - Validate their feelings
  - Describe the problem
  - Describe why you think they may be upset
  - Think about a when you've experience a similar situation

> **EMPATHY IS LIKE IF YOU'RE DOWN IN A DEEP, DARK PIT AND I CLIMB DOWN WITH YOU AND I SAY TO YOU, "IT'S REALLY DARK DOWN HERE. WOW, IT'S PRETTY COLD DOWN HERE. HOW ARE WE GOING TO GET OUT OF HERE?"**
>
> **THAT'S EMPATHY. STEPPING INTO SOMEONE'S SHOES AND FIGURING OUT WHAT IT IS THAT THEY ARE FEELING AND HOW TO SOLVE THE PROBLEM.**
>
> AMY FORTNEY PARKS, PHD-R, LPC

VALIDATE STRESSFUL EXPERIENCES

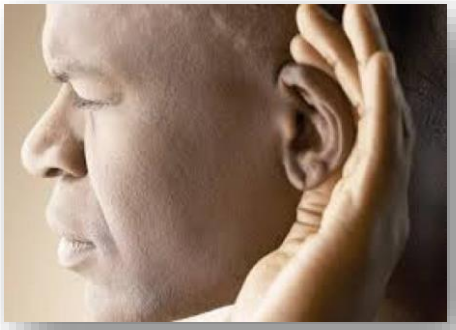
- If patient is expressing stress, start with an empathy statement that validates that the experience is stressful
  - *This must be difficult for you….*
  - *You are having a tough time….*
  - *I know understandably you're upset….*
  - *I understand this can be frustrating….*
  - *I know this process can be confusing…*
  - *I'd like to help you if I can. How does this sound for next steps?*

SUMMARIZE WHAT YOU'RE OBSERVING

- Summarize what you've heard
  - Utilize any phrases they have used
  - Helps make sure what you're hearing is what client intended
  - Keep it brief – goal to have client talking more than you
  - Important part of active, reflective, and empathic listening

PRACTICE ACTIVE, EMPATHIC, AND REFLECTIVE LISTENING

- **Active Listening**
  - Urging the caller to continue and letting her/him know you are involved in the call
  - Using vocal cues like "go on" or "tell me more"
- **Empathic Listening**
  - Hearing the emotions the caller is feeling and showing you care about what she/he is going through
  - Acknowledge concerns with statements like "that must be uncomfortable" or "that sounds stressful"
- **Reflective Listening**
  - Uses open-ended questions to guide the caller into providing more information as to what is going on in the situation
  - Ask for descriptions, "tell me more about that", "what is your understanding of the situation", "how was _____"



KEEP THE CALL MOVING IN THE RIGHT DIRECTION

- Remember – every call should have a purpose
  - Call should be succinct, efficient, and focused
- Keep the client talking more than you
  - Use the listening skills!
- Redirect the conversation when appropriate
- Don't take the bait
- Share information slowly

…BUT, WHAT IF IT'S *NOT* MOVING ALONG?

- When you have to interrupt
  - Be polite and apologize
  - "In the 10 minutes we have left together, I'd love to address the initial concern you mentioned…"
  - Strategize for future calls
- When client gives an inappropriate response or intentionally tries elicit a reaction
  - Ignore the behavior
  - Set boundaries
  - Be curious

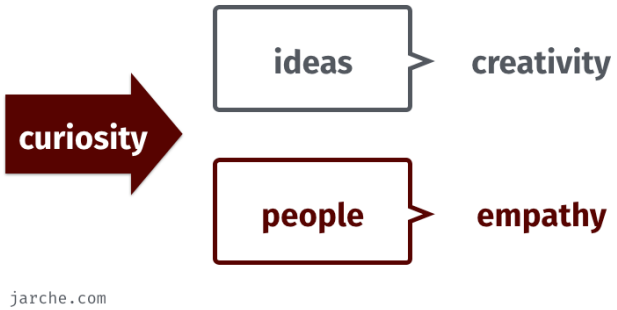


Image: https://jarche.com/2018/07/curious-and-fractal/

SOME LOGISTICS

- If a multi-call intervention, schedule your next call before hanging up
  - "Ms. K, I'd love to plan to connect on the phone later this week to check in on our progress on the steps we discussed today. How about Thursday late morning?"
- What if client doesn't answer?
  - Figure out what your agency's policy is before starting
  - How many attempts do you make? How many voicemails do you leave?
  - What if phone line is disconnected?
- Snail mailing materials or a follow-up summary can help
  - Some people like to have paper in front of them to reference

CASE EXAMPLE #1: MR. R

- 75 year old male
- Hung up on first call
- Very complex medical and mental health history
- New health change that was causing frustration and anger
  - Anger directed toward my institution
- How could I engage?

CASE EXAMPLE #2: MS. F

- 63 year old female with complex medical and mental health needs
- My strategies with telephonic intervention have included:

Sharing information slowly
- Repeat as needed

Empathic listening
- Found very positive response to this
- Still difficult for me

Careful about not taking the bait
- Crises pop up often and will come as a surprise

Setting boundaries around my role and what I am able to assist with
- Constant redirection

Being curious about behaviors she exhibits and see if she is willing to explore them with me
- Have made some behavior changes – hanging up the phone (increased stress tolerance vs. trusting relationship?)

REVISITING OUR STRATEGIES

Practice good phone etiquette	Ensure every call has a purpose	Leverage outside relationships
Use open-ended questions	Express empathy	Validate stressful experiences
Summarize what you're observing	Practice active, empathic, and reflective listening	Keep the call moving in the right direction

Please submit any questions or input into the chat box!

Thank you for joining our 2nd CHaSCI Community webinar!

QUESTIONS?
THOUGHTS TO SHARE?

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