

RECOMMENDATIONS FOR TELEPHONIC SUPPORT TO CLIENTS IN HOUSING SERVICES DURING THE CONFINEMENT DURING THE COVID-19 PANDEMIA

Telephone support is a widely used tool in psychosocial support. Technologies can be used as a complement to face-to-face services, but also as a service on its own. It is especially useful for people with depression or suffering from distress, and when there are difficulties in physically meeting with clients.

In the context of the confinement declared by the Government due to COVID-19 we can use the telephone call and technology to give the best possible support to our clients.

Here are some recommendations:

- **The call is the “visit”.** The most important feature of any communication is the quality of the relationship between the client and case manager. An active effort on the side of the case manager will have to be made to convert empathy and care over the phone. Take enough time on the phone to make the "visit". Find out how the person is managing the anxiety that the pandemic and confinement may generate, have a real conversation beyond the service's operational contingency plans.
- Just like people who are happy to open the door to see their case manager when the relationship between them is positive, they will also be happy to answer the phone /Skype / FaceTime etc. And if the client is not answering the door when the case manager knocks, they will also not likely answer the phone.
- These calls will replace the visit, they are not merely a follow-up call, so make the call last long enough.
- Schedule the next call and intensify the number of calls and interactions with your client.

- **Context of the communication.** Spend time explaining the reasons for the change in the form of care, both by phone and in writing. Use this opportunity to educate clients about how they can take care of themselves during the pandemic. Insist on the need to stay home. If the client must leave the house, explain how to minimize the risk of contagion in the community and the reasons why he or she needs to leave.
- Share sound information about the prevention of contagion (washing hands, self-isolation...) and ask to verify to know to what extent the information transmitted or is imbued by fake news are clear. Suggest avoiding being connected to social networks or television all the time watching news about the coronavirus.
- Look for opportunities to spread positive stories and images of people around the environment who have suffered from COVID-19 and have recovered, or those who have helped a loved one throughout recovery and want to share their experiences. This pandemic also provides inspiring and overcoming stories.

- **Communication channel.** Find out and agree on each client's preferred or best communication channel. It will mainly be via telephone but find out if they prefer (and have) whatsapp, Skype, facetime or other channels. There are people who prefer texts, whatsapp or even written letters.
- If other people apart from your client will be in the room during the phone or Skype call, agree it on advance with your client. In any case it is better to find spaces and moments of privacy for the call.

- **Routine.** Plan the calls with your clients. When people lose control, any sense of control and routine offers consistency and relieves anxiety.
- Invite your client to make a day planning if possible, with defined periods of time. Suggest your clients to structure the day with different activities.
- Always end the call by scheduling the next call and call at the agreed time.

- **Presence.** On the other hand, send your clients texts or whatsapp messages at unusual times (early in the morning, evening...), asking how they feel, wishing them good morning or good night, sharing quotes or a song that you like... It's all about being present and increasing the presence in the lives of clients now that we have more to combat social isolation.

- **Exploration of needs.** Talk about food, medication or hygiene products. What do your clients need, do they have enough products, etc.
- Spend time enough to identify any need. You can generate a script as a semi-structured interview that will allow you to track a series of parameters that can put you on notice about the emotional state of the client:
 - a. Schedules (sleeping time, food intake...)
 - b. Activities (cleaning, leisure, cooked meals...)
 - c. Social relationships (calls made or received, other interactions)
 - d. Mood (speech speed, use of absolutism, temporary location of speech, drawing up plans...)
 - e. Substance consumption pattern.
 - f. Amount of food and medication intake.
 - g. State of comfort, state of the home, interactions with neighbors...

Show flexibility about the economical amount you will provide so that the client can minimize the times they go out shopping, and they can access a greater variety of products.

- **Connecting with others.** This can be a good opportunity to invite clients to intensify or initiate communication with loved ones, friends, family members. Isolation states accentuate the need for connection and contact.
- Surely, we are at a time when we can take care of and care more about each other. You can ask for and suggest your clients to do this and track the evolution of that relationships.

- **Normality in exceptionality.** It's normal to have feelings of loneliness, sadness, confusion, or fear. The most important thing is to be able to express the feelings and to lean on the team, family or friends.
- The call may be useful also to identify thoughts that may cause discomfort to your clients. Constantly thinking about the disease can cause symptoms to appear or to increase emotional discomfort. Once identified (you can suggest your clients to write them), simply accept them and share them. Active listening is the first therapeutic tool.

- **Open questions.** The call is not just about making sure your clients are fine. Ask open questions where they can explain what are they doing, their fears, anecdotes, movies they've seen, books they are reading, information they received... Establishing a phone dialogue can become more intimate than a usual visit.
- **Connection with oneself.** Spending so much time at home can be an opportunity to accomplish purposes. Read a book, complete physical exercise routines, cook new dishes, draw... Invite your clients to look for spaces where they can engage with themselves in activities in which their minds can flow.
- Sensitively promote an attitude of acceptance of the situation and of engagement with the present, accepting any feeling without fighting it, returning with kindness to be in the moment. This sums up the attitude of mindfulness therapies.
- Discuss if appropriate with your clients about the recognition of the suffering they might be experiencing and about possible learnings that this unwanted period of time may have brought to the life of the person. Transform negative into positive.
- Writing can be beneficial for some people as well as exercising emotional regulation and relaxation. Journaling and then they can read it if they want to when you call.
- You can provide soft physical exercises or yoga stretches (or other exercises your client or you may know)
- **Daily life:** Encourage your clients to lead a healthy lifestyle. Suggest some exercise, regulation in the use of drugs (which may be increased by boredom), healthy food, taking the time clean, tidy up and redecorate the house... If they have dog they can go out shortly and stretch the legs, always following the official recommendations.

ACTIVITIES

This context can also be lived as an opportunity to carry out new actions.
Here are some proposals that can help you in the coming days.

- **Support groups.** This context offers us the opportunity to generate support among clients, even if it is virtual. Ask if they would like to create a whatsapp group with other clients in the same city or with other groups. It will be better if the number of participants is not very large, since the more self-conscious clients will not participate. In this group clients can share concerns, support or share entertainment resources (videos, texts...).
- They can record videos showing their homes and hobbies. You can also send messages to all your clients in a forum space and combat COVID-19 fake news, share inspiring texts, songs, open debates about such texts or films shown on TV or Youtube...
- Ask who wants to be in the group and be a support for other clients. It's easier to feel useful in a group than being merely a help receiver.
- You can launch activities each morning at a certain time to generate dialogues, regardless of everyone chatting whenever they want. This way you will generate meeting habits.
- You can generate selfie contests, house decorating contests, "from your window", photo contests recipes videos, share written stories, generate webinars to meditate together...

- If someone doesn't read or has no books, could you call and read a chapter out loud to them? Then they can look forward to the next chapter when you call again.
- **Identification of strengths.** Our clients are survivors. Experience in dealing with catastrophes or traumatic situations such as living on the street offers a valuable experience to deal with this now.
- You can explore with your clients how did they face stressful situations in the past, what did they learn and how are they currently using or can use that knowledge. Engage with them as survival experts. Using the strategies they've used in the past to handle higher stress stages can be helpful. Stress management strategies are similar, even if the scenario is different. Such strategies can also be shared in the WhatsApp group.
- **Wellness recovery action plan.** Use this opportunity to develop a wellness recovery action plan (wrap). As part of developing the plan discuss what the client would like to the team to do if the client becomes ill. Does she/he have doctor or clinic they prefer? A family member to contact? Other people? How does the client want you to manage hospitalization if needed?
- **Connection with mental health services and other emergency resources.** Our clients, especially those with increased isolation and cognitive impairment or mental illness may feel more anxious, irritable, stressed, agitated and withdrawn during this period.
- Find out the community mental health emergency services phones. Make sure the clients have them. Review that also they all have health emergency phones, phones about coronavirus information, police, etc.
- **Identification of sensitive clients.** Either through phone calls or from your knowledge of clients you can possibly identify a number of clients who are clearly going to accuse the isolation more or find themselves in more delicate situations:
 - a. People without a phone and/or with greater social isolation
 - b. People with peaks in consumption to addictions
 - c. People with suicidal idealization and natural depressive states.
 - d. People with higher emotional decompensation (unstabilized mental illness)
 - e. Women who suffered or suffer gender violence.
 - f. People suffering from serious illnesses.

It will be necessary that you explore with these people in greater detail and depth how they feel, and the support will have to be closer and more intense. In addition, you will need more personalized support, for example, ensuring with the sick that their health is not worsening or assuring the availability of medications and medical appointments. This will help you to focus the time and resources you spend with these clients, as well as to plan follow-up meetings and to develop specific strategies with the service coordinator for those clients.

We have to be especially attentive to the increase of negative comments from your clients about their life, and especially about their future in depressive clients. If they appear, discuss them with the service coordinator and apply the procedure to identify suicidal idealization.