6

COMMUNICATING: VERBAL FOLLOWING/ACTIVE LISTENING SKILLS

LEARNING OBJECTIVES

1. Identify, define, and describe the purpose and application of the seven verbal following skills.

2. Analyze the advantages and disadvantages of using closed-ended responses versus open-ended responses in two role-played client-practitioner interviews (Exercise 6.1).

3. Apply and integrate the verbal following skill of seeking concreteness, to case vignette in-class role plays (Exercise 6.2).

4. Analyze a scripted dialogue between a practitioner and a client to identify the application of the technique of blending the verbal following skills of open-ended, closed-ended, and concrete responses with empathic communication, to maintain focus (Exercise 6.3).

5. Analyze case vignettes and apply additive empathy, interpretation, and confrontation skills to the situations described in the case vignettes by using role plays (Exercise 6.4).

CHAPTER OUTLINE

- Fundamentals of Communication and Feedback
- Furthering, Paraphrasing, Closed-Ended Responses, and Open-Ended Responses
- Exercise 6.1: Closed- vs. Open-Ended Interview
- Seeking Concreteness, Summarizing, and Focusing
- Exercise 6.2: Seeking Concreteness
- Exercise 6.3: Blending Open-Ended, Closed-Ended, Empathic, and Concrete Responses to Maintain Focus
- Interpretation, Additive Empathy, and Confrontation
- Exercise 6.4: Additive Empathy, Interpretation, and Confrontation
- Engaging Clients With Mobile and Digital Technology

This chapter focuses on exercises to build and strengthen the communication skills that are essential for effective engagement, interviewing, assessment, and intervention with clients, including individuals, families, small groups, communities, or organizations. The terms *verbal communication skills, active listening skills,* and *verbal following skills* all refer to the same basic set of skills that facilitate connecting with clients, enabling clients to talk about their concerns, and establishing rapport. The umbrella term *active listening skills* includes restating, summarizing, minimal prompts or encouragers, reflecting, giving feedback, probing, validating, effective use of silence, "I" messages, and redirecting. Verbal communication skills use similar terms. In this book, the term *verbal following skills* is used, and this group of skills includes the following: furthering (minimal prompts and accent responses), paraphrasing, closed-ended responses, open-ended responses, seeking concreteness, summarizing, and providing and maintaining focus (Hepworth et al., 2017).

FUNDAMENTALS OF COMMUNICATION AND FEEDBACK

Communication in all forms, and particularly spoken communication, is the cornerstone of social work. Most social work students communicate so easily that they do not think of all its components. Before exploring the specific skills, it is good to recall the elements of communication, and, that as social workers, it is your duty to assure that you are communicating effectively with your clients, whether your client is an individual, a group, a family, or a community.

Communication involves several actions that usually occur without much conscious thought (see Diagram 6.1). The first person to begin the communication decides upon a message to send. That person has to encode the message and determine how to send it. Will it be sent via words, actions, or both? Think about when you were a child and a parent or other adult communicated with a look indicating that you had stepped out of line—no words were necessary. As another example, the authors of this book want to teach you about communication and have chosen to use English words to do it. Next, the person must choose a medium for the communication. Will it be oral or written? Will it be in person or via technology, such as telephone, video, blog, letter, books, or other options? There are pros and cons to each medium and the various ways of encoding the message. In the case of the authors, they are using written words in a book format. It is not an interactive medium (a con), but it allows the authors to communicate with many people at different times (a pro). The second person in the communication must then decode the message (i.e., try to understand what is meant by the message) using the entire context of the message and the medium through which it travels. In the case of this book, if a student does not know English or has difficulty reading, it will be difficult for that student to decode the book's messages. When the second person decodes the message, he or she responds as if he or she understood and wants to further the communication or indicates he or she wants to clarify the communication. In the case of this book, if the student does not fully understand this book, the medium does not easily allow the student to create a communication loop with the authors. The student can, however, create communication loops with fellow students and the instructor.

People's skill at encoding and decoding messages play a role in how well they communicate. Additionally, past experiences with communication may connect with emotional or behavioral responses to communication. These past responses impact the way people decode and encode information now, leading to the possibility of miscommunication. Social workers will bear more responsibility in client interactions to check on their own encoding and decoding, as well as to decipher whether clients are struggling to encode or decode messages. Social workers also need to consider what mediums of communication are preferred by clients. By understanding this feedback loop, social workers can begin to work with clients to improve aspects of the communication feedback loop that are not effective for them.

Consider this example of Edgar (person 1) texting (medium) Chris (person 2) the following message:

> Late????

What does that mean? How should Chris interpret (decode) this? Is Chris late? Is Edgar late? Is this a sincere inquiry or an irritated confrontation because there are four question marks? How should Chris

respond (encode the next message)? Should Chris text back or phone (medium)? Think about the complexity of ordinary spoken and written communication and become amazed at how well we manage to do it as often as we do.

DIAGRAM 6.1 ■ Communication Feedback Loop
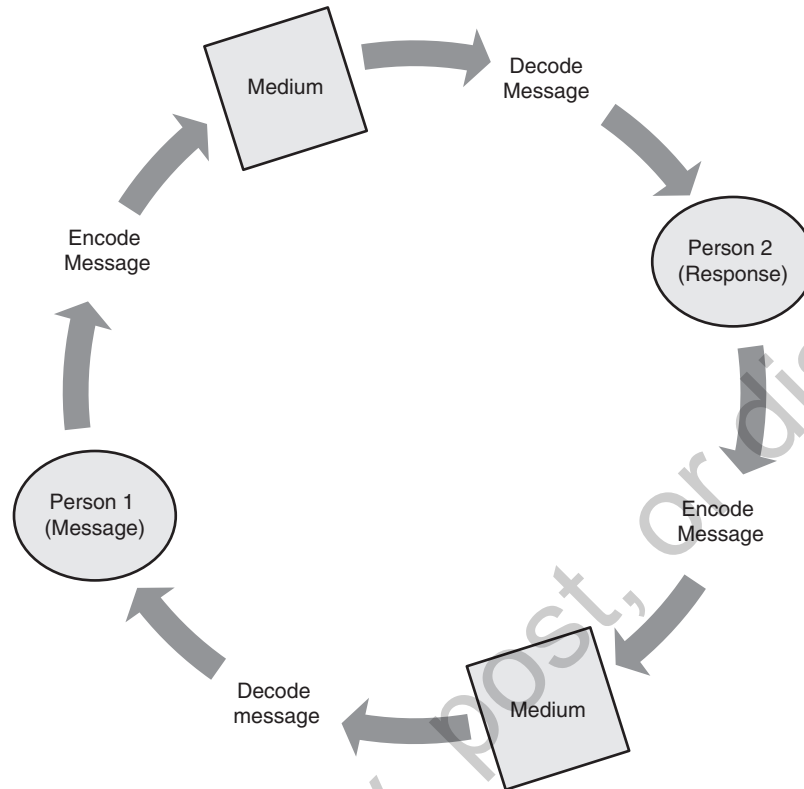
FURTHERING, PARAPHRASING, CLOSED-ENDED RESPONSES, AND OPEN-ENDED RESPONSES

Furthering responses communicate attentive listening and encourage clients to verbalize further. There are two main types of furthering responses. Minimal prompts, sometimes referred to as "encouragers," are short but encouraging responses, such as "I see," "Then what?" and "but," with the nonverbal counterparts including head nods and other gestures indicating attentiveness.

The second type of furthering response is an accent response, which involves repeating in a questioning manner a word or short phrase, to prompt further elaboration by the client. For example, the client states, "My son drives me nuts," and the practitioner responds with, "Nuts? In what way?"

Paraphrasing involves succinctly restating the client's message in fresh words to provide further clarity and convey understanding. You want to avoid repeating the client's words exactly, as that can result in a parroting impression.

Closed-ended responses are questions or responses that are used to elicit specific data or define a topic. They are effective for gathering concrete information but can block open communication and, if overused, they can result in the interview taking on the flavor of an interrogation.

Open-ended responses invite expanded expression and leave the client free to share whatever seems most relevant and important. Open-ended responses, which can be structured or unstructured, can yield rich data and enhance the flow of the interview. However, open-ended responses may be inefficient in soliciting factual data.

EXERCISE 6.1: CLOSED- VS. OPEN-ENDED INTERVIEW

This exercise illustrates how a client interview using primarily closed-ended questions differs from an interview using primarily open-ended questions.

Directions

- The instructor plays the role of the practitioner, and a student volunteer plays the role of the client. It is helpful if both players know that they will be doing the exercise ahead of time, so they can prepare by briefly reviewing the scripts.

- Role-play the closed-ended interview (Take 1) first, and then role-play the open-ended interview (Take 2). During the role play, the class should try to identify the differences between the two interviews.

- After the two role plays are completed, discuss the differences you noticed between the two interviews and answer the following questions.

Questions

1. Which interview seemed to work best? Why did it work best?

2. Which verbal following skills were employed, and where were they were used in the two role plays?

Setting: The practitioner is a clinical social worker in private practice. The client, Joe, is a 23-year-old single African American man who made an appointment with the social worker after seeing her website. This is the first interview.

Interview Take 1

The practitioner and client introduce themselves and then sit down. The practitioner sits in a chair turned toward the client and away from the desk. The client sits down across from the practitioner.

Social Worker: Okay, I need to ask you some questions.

Client: Okay.

Social Worker: How old are you?

Client: 23.

Social Worker: Ever been in counseling before?

Client: No.

Social Worker: So, what's your problem?

Client: I don't know, really. I just think I need some help.

Social Worker: For what?

Client: I don't feel so good.

Social Worker: So what's the matter? Do you have aches? Pains? What?

Client: No, none of that.

Social Worker: Then what?

Client: Look, maybe I just better go.

Social Worker: Are you sure?

Client: Yeah.

Social Worker: Okay, then. Come back anytime.

Interview Take 2

The practitioner and client introduce themselves and then sit down. The practitioner sits in a chair turned toward the client and away from the desk. The client sits down across from the practitioner.

Social Worker: Let's begin by your telling me why you are here and how you would like me to help you.

Client: Okay. I guess I'm here because I think I really need some kind of help. I probably look normal to you on the outside, but I'm just a mess inside.

Social Worker: Sounds like you're feeling pretty bad. I'm glad you came in to see me. Are you feeling kind of confused and mixed up inside—like, tied up in knots?

Client: Yes, yes—that's what it is. It's like I'm all tied up inside—like a big lump or something.

Social Worker: Could you tell me more about what that feels like?

Client: Oh, I don't know. . . . I just feel really down and blue, and I don't have any energy. . . . I just hate myself sometimes. . . . l feel like I'm a bum or something. Sometimes, I feel like I don't want to go on. My family tells me to pray more, and I do, but I still feel bad.

Social Worker: It must be terribly painful to have such feelings. I gather you're feeling pretty helpless and hopeless.

Client: I am. I just don't know what to do. I feel I'm falling into this black hole, and I just can't crawl out again. Sometimes I . . . [stops]

Social Worker: Sometimes you . . .

Client: This probably sounds to you like a crazy person . . . maybe I am crazy . . . but . . . sometimes I think that life just isn't worth it . . . that life just isn't worth living, you know?

Social Worker: Are you feeling that way now?

Client: No, I don't think so.

Social Worker: You don't think so, but sometimes you do think of it?

Client: Yes, but I wouldn't do anything. Suicide's a sin. But, I don't know how to get to feeling better.

Social Worker: How to feel better is something we can work on together. It sounds like you may have depression, and the good news is that depression is very treatable. Most people with depression get better with the right treatment, and getting the right treatment is something I can help you with.

Client: That sounds great. I feel a little hopeful now.

SEEKING CONCRETENESS, SUMMARIZING, AND FOCUSING

The next three verbal following/active listening skills are seeking concreteness, summarizing, and focusing. Below, these skills are defined and then followed by two skills development exercises. The first exercise focuses on the skill of seeking concreteness, and the second exercise illustrates a blending of the skills of seeking concreteness, summarizing, and focusing.

Seeking concreteness involves recognizing clients' general abstract messages and coaching them to express themselves in more specific terms. It also involves teaching clients to be concrete, specific, and clear in their communications with others. Seeking concreteness is an important tool in establishing clearly defined goals and selecting appropriate interventions. There are four subtypes of seeking concreteness:

1. Checking out perceptions

2. Clarifying the meaning of vague or unfamiliar terms

3. Exploring the basis of conclusions drawn by clients

4. Assisting clients to personalize their statements

Example 1

Client: My daughter never does what she's told.

Practitioner: (seeking concreteness by exploring the basis of the client's conclusion along with checking out perceptions) Joan, you seem irritated and frustrated because your daughter doesn't follow through with what you ask her to do. It sounds like you think that she doesn't respect your requests, and you're not sure what to do about that.

Example 2

Instead of saying to a client (modeling the use of concreteness in language) "You really did better in our session today," which is vague and general, you could say, "Today, I noticed that you seemed more at ease talking with me. You expressed some real insight into how you play a role in your arguments with your husband, and you succeeded in deciding on what first steps to take to work on improving your communication with him."

There is a three-fold purpose to seeking concreteness:

1. Clients become clearer about what is expected of them and how they are perceived.

2. It reduces potential misunderstandings.

3. It models clear communication.

Summarizing is a skill that involves pulling together, succinctly, large amounts of information and lengthy client messages. Summarizing can also provide focus and continuity within sessions and between sessions with clients.

Focusing is important because in today's world of brief interventions and limited resources and time, staying focused is pragmatic and employs your expertise and guidance efficiently. There are three essential functions of focusing skills:

1. To help select topics for the social worker and client to address

2. To help the social worker and client explore topics in depth

3. To help the social worker and client maintain their focus and keep on topic

EXERCISE 6.2: SEEKING CONCRETENESS

Directions

- Form groups of two or three.

- One of you plays the role of the practitioner, one plays the role of the client, and the third (if present) is an observer.

- First, the "client" reads the client statement; then the "practitioner" responds to the statement. The client statements are purposefully vague and general. The goal of the practitioner is to seek concreteness, that is, to help the client express himself or herself in more specific terms (see the Guidelines for Seeking Concreteness provided below).

- Keep role playing back and forth. In responding to each statement, try verbal following:

  ○ First, respond with the goal of seeking concreteness and specificity.

  ○ Next, try to combine seeking concreteness with the use of open-ended responses and questions.

  ○ Third, add focusing.

Guidelines for Seeking Concreteness

1. Check perceptions of client messages.

2. Clarify the meaning of vague or unfamiliar terms that the client uses.

3. Explore the basis of conclusions clients draw about themselves and their situation.

4. Assist clients to use "I" statements.

5. Elicit specific, rather than vague, feelings.

6. Help the client focus on the here and now.

7. Elicit richer details about clients' experiences and interactions with others.

Client Statements

1. Teenager: "My mother bugs me all the time. Nothing I do is right."

2. "Yesterday was the worst day of my life. Everything went wrong."

3. Client whose gender is other than the practitioner's: "I don't want to offend you, but I don't want to see a [gender identity of practitioner] therapist. [Gender identity of practitioner] don't understand me."

4. "I don't know why I came back to see you this week. I mean, you don't care about me—nobody does."

5. "I'm so depressed. My whole life's a mess."

6. "I'm not the one who should be here. My husband's the one with problems; he's a lazy, drag-ass, self-centered bastard. Oh hell, my marriage is over. I don't know why I'm wasting your time."

7. Neighborhood citizen to community organizer practitioner: "Why should I believe you can help us? You don't live here. You organizers don't know nothing about the mess this neighborhood is in."

8. Program director to assistant director: "We're just not getting the funding we need. This program's a mess—there's no hope for us anymore. Heck, I probably won't have a job a month from now."

EXERCISE 6.3: BLENDING OPEN-ENDED, CLOSED-ENDED, EMPATHIC, AND CONCRETE RESPONSES TO MAINTAIN FOCUS

The purpose of this dialogue exercise is for you to observe and be able to identify the technique of blending the skills of open-ended responses, closed-ended responses, and seeking concreteness with empathic communication to maintain focus in an interview.

Directions

- Two students can play the roles of practitioner and client, or the instructor can play one of the roles with a student playing the other role.

- After watching the performance, the rest of the class should analyze the practitioner's responses and identify where in the dialogue verbal following/active listening skills are used—and which ones—and where empathy is employed.

Case Scenario

The client, Ramon, is a 27-year-old Mexican American man with schizophrenia who was brought into the mental health clinic by Maria, his board and care operator, for evaluation because of recent problems with his behavior. Ramon and the practitioner meet to assess the situation.

Ramon: I don't know why I'm here. I know Maria wants me put in the hospital, but that's just cause she doesn't like me.

Social Worker: You say you think you're here at the clinic just because your care operator doesn't like you?

Ramon: Yeah.

Social Worker: How do you know Maria doesn't like you?

Ramon: She picks on me all the time and is real mean.

Social Worker: That must be really hard for you. It would help me to understand how best to help you if you could describe a particular situation in which she picked on you and was mean.

Ramon: Well, okay. Like this one time she yelled at me because I wanted to take a nap.

Social Worker: What were the words she used?

Ramon: Oh, she told me to get up, that this was no time to take a nap.

Social Worker: What time was it?"

Ramon: I don't know. I guess it was around 8 in the morning.

Social Worker: What else did she say?

Ramon: I can't remember. Oh, I guess she wanted me to get up and go to my partial program. The van was there, but I didn't want to go.

Social Worker: I gather that you don't like the partial hospitalization program. Am I correct in that?

Ramon: Yeah.

Social Worker: Okay. Could you tell me a little about what you don't like about it?

Ramon: They pick on me there, too.

Social Worker: Could you tell me how they have picked on you?

Ramon: They yell at me for eating stuff and doing stuff.

Social Worker: Could you be more specific?

Ramon: I don't know . . . sometimes I eat cigarette butts, paper, and stuff.

Social Worker: You know, Ramon, it doesn't seem to me as though Maria and the staff at partial don't like you. It sounds like Maria didn't want you to take a nap because she didn't want you to miss your partial program, which she thinks is helpful to you. As for the partial program staff, well, eating cigarette butts can make you awfully

sick to your stomach, and I'm sure they don't want that to happen to you because they care about your well-being. I know that having others telling you to stop doing things you want to do is a hard thing to hear, but I think it is all coming from concern for you, not to be mean to you.

Ramon: Well, maybe . . . but I don't like it sometimes.

INTERPRETATION, ADDITIVE EMPATHY, AND CONFRONTATION

Interpretation, additive empathy, and confrontation are better used once relationships are established because the social worker needs to know the client well enough to determine that they may be helpful and to sustain the relationship if they are not on target.

Interpretation involves understanding the implied patterns, goals, or hopes of clients that they are not fully expressing. Interpretation helps improve the client's insight, and its origins are in psychodynamic approaches to helping. Here, it is not being suggested in the way it is used by trained psychodynamic therapists. Instead, for the generalist social worker, interpretation is a way to make an inquiry about some idea the social worker believes to be true about the client and that is at the edge of the client's awareness, to help her to better understand her situation, see it differently, or clarify goals. It may take the form of *relabeling or reframing* something the client has said, such as "Joe, in what you are calling 'failure,' I see a lot of initiative and stick-to-it-iveness." It may also take the form of a *positive reinterpretation* of a circumstance, as in "Audrey, it sounds like you might be saying that, as awful as it was, the hardship of losing your home has really helped you build new skills to negotiate and be assertive with business owners in the community. Have you thought of it that way?" The final comments by the social worker in Exercise 6.3 above is another example of this form of interpretation and positive reframing of the client's situation.

Additive empathy is an empathic statement that goes beyond what the client has stated and obvious observable emotions to those that the social worker suspects might be present. It is a form of interpretation that is more focused on the emotional state of the person. The client may be somewhat aware of the emotions but may not be admitting them, for a wide variety of reasons. It requires some degree of inference on the part of the social worker. When such statements are made, the social worker always leaves room for the client to disagree and correct the ideas.

Example:

The client's parent has recently died, and family tasks and roles are being fulfilled by others, which troubles the client. The social worker says, "I may be wrong, but I wonder if your feelings of resentment toward your siblings and cousins aren't so much about the specific way they are doing things but about a fear that you are getting closer to death yourself and the loss of a generation? Any possibility that fear of dying is part of this?"

Confrontation asks clients to consider an aspect of their behaviors, thoughts, or feelings that is contributing to the challenges they face. The social worker asks the person to consider this aspect of self, which may be uncomfortable. For many people, hearing about a personal "negative" naturally sparks a defensive reaction, possibly anger. They key to successful confrontation is to do it from a place of concern and, like interpretation and additive empathy, to give the person a chance to disagree. Many students identify confronting as a skill that makes them feel very uncomfortable. In part that comes from having experienced or witnessed confrontation that is done in an aggressive rather than assertive manner. Hepworth et al. (2017) suggest that there are four components to an effective confrontation.

1. "I" statement

2. Concern related to the client's goal

3. Clear explanation of the incongruent behavior, thought, or emotion

4. Inclusion of probable consequences

Example:

"Elijah, we have talked a lot about your wanting to support your son and how important being a good father is to you. I am concerned that you won't be able to do that if you are staying out late four to six times per week partying with friends. You just shared that you have been late to work several times in the last month after a night out and received a verbal warning. Do you think that the partying could be jeopardizing your job and your ability to provide for your son?"

One note of caution on the use of these techniques. If people have a history of trauma, there may be thoughts or feelings that they are not ready to explore, and reflecting them using one of these techniques may not be helpful. That might be work better done in therapy than generalist work. So, think carefully about using these when trauma is present.

EXERCISE 6.4: ADDITIVE EMPATHY, INTERPRETATION, AND CONFRONTATION

Directions

- Form groups of three.

- One of you plays the role of the practitioner, one plays the role of the client, and the third (if present) is an observer. Take turns so you each play all three roles.

- Imagine that this is not the first, or even second, time you have met the client—there is some level of relationship present.

- The practitioner will work to use additive empathy, interpretation, and confrontation appropriately. Therefore, the client must disagree with, resist, and push back *a bit*.

- As you role play or observe, consider the following questions.

Questions

1. Did the relationship seem strong enough to employ additive empathy and/or confrontation? Did using the skill increase trust, create more distance, or produce some other reaction?

2. Were interpretations intermittent? Were they phrased tentatively to allow the client to disagree with them without feeling threatened?

3. Were confrontations related to the client's goal?

4. Did the practitioner acknowledge possible errors when the client disagreed?

5. Did empathic communication follow responses to confrontations?

6. Did the practitioner encourage self-exploration and self-confrontation? If so, how?

Case Vignette 1

You are a high school social worker working with a biracial, female youth from a fairly chaotic family. For the past few years, you have interacted on a variety of issues related to school attendance, relationships with peers, and poor academic performance. Dad has been imprisoned twice for drugs and theft. He recently was released from prison on parole, and the home chaos has increased. Mom has struggled with addiction, and the family has past involvement with Children, Youth and Family Services due to parental neglect. Your student has been dating a similarly aged peer who has a really "nice" family. Her boyfriend's home life is completely different from hers. Although his parents are not crazy about their dating, she "knows" that if she were to get pregnant, they would welcome her and the baby into their home. A teacher overheard her say this to a peer in the hallway and referred her to you.

Case Vignette 2

Lorraine (age 55) and Damian (age 48) are the children of Audrey (age 79) and Robert (age 85). Damian has Down Syndrome and resides with his parents. Lorraine lives about 200 miles away. You are the social worker for the employment site where Damian works daily. He has worked there for a decade, and you have known the family for some time. Both parents have had health-related challenges in the past year and a half. Recently, Robert has had to stop driving, and this impacts Damian, as his father transported him each day to and from the employment site. You have tried on multiple occasions to get the family to do some planning to ensure Damian's needs will be met should one or both of the parents become incapacitated. Lorraine dropped Damian off today and has come to your office about the transportation issue specifically.

Case Vignette 3

You are the social worker in a specialty clinic for diabetes. Anders is a 28-year-old man diagnosed with Type 2 diabetes one year ago. Since he got the diagnosis, you have been seeing him monthly as part of a lifestyle change group. Despite faithful attendance at the group, he has been reluctant to adopt most recommended diet changes and has been inconsistent in checking his blood sugar or taking his medications. He says he is trying. He, however, believes he is "doing pretty well by comparison to the other folks [he] knows." He is overweight—obese, according to his BMI. He has hypertension and is at high risk for cardiac problems. His father and grandfather both had diabetes, as do his maternal aunt and four cousins. A 34-year-old cousin just had a heart attack. All were diagnosed with diabetes as adults. His grandfather ended up with three amputations as a result of not following through on diet and lifestyle changes. His father lost his sight due to diabetic retinopathy. The physician is concerned that Anders will end up with the same complications and increased debility over time. Oral medications have not been sufficient to manage his blood sugars to date, and the MD has prescribed insulin. You were asked to do an individual session about this recent change, to explore the barriers to his embracing treatment recommendations including diet changes and medication adherence.

ENGAGING CLIENTS WITH MOBILE AND DIGITAL TECHNOLOGY

Social work is a profession that depends on communication. Developing active listening and verbal communication skills are essential in establishing a therapeutic alliance. The traditional way of helping clients has been in the office/agency via face-to-face contact or visiting clients in their community environment. With advances in technology over the past 20 years, significant changes in how we communicate as a society are rapidly emerging. Digital and mobile technology have made it possible to instantly have contact with another person practically anywhere in the world. Social workers are now able to communicate with clients using their desktop computers, laptop computers, electronic tablets, and smartphones. According to the Pew Research Center (2017), eight out of ten adults in the United States own a desktop or laptop computer. Ninety-five percent of Americans own a cell phone, while 77% own a smartphone (Pew Research Center, 2017). Social workers are embracing technology as a means to provide therapy and support to clients. The prevalence of technology has made it possible for treatment to occur anytime and anywhere. Engaging clients electronically can take place using e-mail, videoconferencing, instant text messaging, real-time chat, and internet phone (Freese, 2015). Therapy apps are available for download on smartphones and tablets. With technologies similar to Skype and FaceTime, social workers can schedule live video therapy sessions with clients. The U.S. Department of Veterans Affairs (2017) is a leader in the use of Clinical Video Telehealth. The use of this technology has allowed veterans to receive quality health care and case management throughout the country.

Legal and ethical guidelines must be followed to protect the information and privacy of the client. Training and supervision will need to be developed to ensure competence of social workers using digital and mobile technology to engage with and provide services to clients. Understanding that technology is being used to both help the client and aid the social worker in providing services

is critical to the helping process. The 2017 revision of the *Code of Ethics of the National Association of Social Workers* provides additional guidelines to address the increasing use of digital and mobile technology in the social work profession, as do the *NASW, ASWB, CSWE, & CSWA Standards for Technology in Social Work Practice* (2017). Table 6.1 shows potential risks and benefits of using digital and mobile technology.

TABLE 6.1 ■ Risks and Benefits of Digital and Mobile Technology	
Risks	**Benefits**
Internet security	Flexibility
Technical issues	Ease of use in technology
Confidentiality	No traveling
Insurance may not cover online therapy	Convenience/comfort
Limited ability to manage emergency situations	Cost
Difficult to observe and evaluate nonverbal cues	Privacy
Voice tonality/sound quality	Minimize stigma
Legal guidelines may vary from state to state	Increase access to rural communities
Complex/complicated situations	Increase access to individuals with limited mobility

Source: Freese (2015).