Understanding the cues and strategies counsellors use to develop rapport with clients through telephone counselling

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Introduction

One in five Australians experience mental illness each year, with almost one in two Australians experiencing mental illness during their lifetime (Australian Bureau of Statistics [ABS], 2019). Globally there has been an increase in mental illness, which has led to increased demand for mental health support services, and while government funding has increased substantially, many individuals struggle to access the support services they need (ABS, 2019; Department of Health, 2013; World Health Organization, 2019).

Telephone counselling continues to provide a valuable service to deliver mental health care in spite of the increases in online counselling over the past two decades (Nimbi, Rossi, & Simonelli, 2018; Sands, Elsom, Keppich-Arnold, Henderson, & Thomas, 2016). One Australian suicide prevention helpline received an average of 913,705 calls annually over the past three years (Lifeline, 2017, 2018, 2019). Its relevance is further underscored in that 13% of the Australian population (over 15 years of age) do not use the internet, and this increases to 45% for people over 65 years (ABS, 2018). While internet counselling has increased the available options for accessing counselling, the use of telephones remains a relevant model of service delivery.

Compared with face-to-face counselling, telephone counselling has many advantages. These include convenience for the client (i.e., flexibility in contacting the counsellor at a time and place that suits them), accessibility to a broader demographic group (i.e., taking into account geographic restrictions and socioeconomic disadvantage), and faster response time in accessing a counsellor (Beel, 2005; Coman, Burrows, & Evans, 2001; Ormond et al., 2000). While telephone counselling helplines may typically be used for mental health concerns, there are specific subpopulation or topic-specific helplines, including services for drug and alcohol issues, parenting concerns, or hotlines for defence personnel (Bassilios, Harris, Middleton, Gunn, & Pirkis, 2015). Indeed, telephone counselling remains an important part of delivering a range of accessible support services across Australia.

While telephone helplines provide immediate help and support to individuals who are in a crisis, they may also be used for information provision, problem-solving, or the alleviation of isolation (Coman et al., 2001). An alternative to crisis hotlines and information helplines is the provision of ongoing telephone counselling where clients have scheduled telephone counselling appointments with the same counsellor (Barnett & Scheetz, 2003; Coman et al., 2001). The telephone may be used as an adjunct to face-to-face counselling or may be the sole form of therapeutic treatment delivered to the client. In more recent times, telehealth (including online and telephone counselling) provides a way for clients to access counsellors without face-to-face contact (Rosenfield, 2003). For the purposes of this paper, the term "telephone counselling" will include the delivery of counselling via crisis and information helpline, as well as scheduled telephone counselling appointments.

While there are many benefits to telephone counselling, one noteworthy limitation is that the visual cues used in face-to-face counselling to communicate with the client are missing (Coman et al., 2001; Hines, 1994). In telephone counselling, the main means of communication is through perceiving verbal language and non-verbal cues through the voice. Telephone counsellors must be particularly attuned to paralanguage cues, including the language the client uses, tonal variations, pitch, volume, speech pace, and pauses (both short and extended) (Coman et al., 2001). Due to the lack of visual non-verbal or body language cues, misunderstandings between the client and counsellor may occur and rapport building can be more challenging, making telephone counselling more complex than face-to-face counselling.

Rapport and Telephone Counselling

The concept of rapport has historically been linked with the development and maintenance of the therapeutic relationship. The definitions of rapport vary in the therapeutic literature. Sadock, Sadock, and Ruiz (2017) defined rapport as harmonious interaction and purpose between the therapist and client that contributes to the therapeutic process. Sharpley, Fairnie, Tabary-Collins, Bates, and Lee (2000) equated rapport with Bordin's (1979) concept of bond, which focuses on the

formation and maintenance of a trusting bond and attachment between therapist and client. Elliott, Bohart, Watson, and Murphy (2019) described *empathic rapport* as a mode of empathic expression whereby therapists demonstrate compassionate understanding of clients, creating a platform for subsequent therapeutic work. This phrasing highlights bonding skills demonstrated by the therapist rather than a *process* of “building rapport”, or an *outcome* of the “development of rapport”.

Rapport is integral in establishing a therapeutic relationship. While there are several differences between telephone and face-to-face counselling, the importance of developing a therapeutic relationship with the client remains. Evidence suggests that therapists can build equivalent therapeutic alliances using telehealth (including those without visual cues) as with traditional face-to-face delivery of treatment (Irvine et al., 2020; Morgan, Patrick, & Magaletta, 2008; Pihlaja et al., 2018; Sucala et al., 2012). Rosenfield (2003) suggested that building rapport over the telephone is quicker and easier than face-to-face interventions due to relatively increased anonymity.

Webb (2014) argued that alliance development for telephone counsellors may need special conceptualisation, rather than solely relying on constructions developed from face-to-face interactions. Existing research suggests that telephone counsellors’ perceptions of the strategies required for alliance development both overlap with, and differ from, the strategies recommended to face-to-face practitioners. These strategies include: highly-focussed psychological attuning to the client; using more verbal empathic responses; using more verbal checking of understanding; focussing attention to the therapist and client vocal qualities and verbal cues; strategic use of the therapist voice, humour, silence, and self-disclosure; and lastly, adopting a proactive task focus sooner (Burgess, Carmany, & Trepanier, 2016; Davidson, 2016; Gilat & Rosenau, 2011; Webb, 2014). While telephone counsellors use many of the same generic rapport-building skills as face-to-face counselling, such as attending, minimal encouragers, paraphrases, and questions (Bobevski, Holgate, & McLennan, 1997; Ivey, Ivey, & Zalaquett, 2014), these reports include compensatory adaptations more specifically related to an audio-only telephone context.

Research Rationale

This study will be the first of its kind to focus specifically on developing an in-depth understanding of the strategies and cues telephone counsellors use to build rapport with clients over the telephone, specifically in the first few minutes of engagement. Research to date has focussed on telephone counselling using a specific modality (e.g. cognitive behavioural therapy; Stiles-Shields, Kwasny, Cai, & Mohr, 2014; Webb, 2014), service type (e.g. crisisline; Gilat & Rosenau, 2011), or population (e.g. youth; King, Bambling, Reid, & Thomas, 2006). Our research will extend existing research by interviewing counsellors with heterogenous experience and modalities, and apply a specific focus on the development of rapport.

In this study, rapport will be understood as the initial commencement of developing a harmonious working relationship. This more inclusive, broader definition is to account for variations in understandings of rapport that different interviewees may hold. The research will include counselling over the telephone rather than a more restrictive focus on helpline counselling.

Method

Recruitment and Participants

Ethics approval was obtained from the host university before recruitment occurred. Given that the aims of the research focused on telephone counselling, a purposive sample was required. Participant recruitment focused on recruiting counsellors who had experience with telephone counselling. This type of purposive sample is important so that rich information can be collected (Morrow, 2005). The first author approached prospective counsellors via professional networks by email and telephone. Participation was voluntary, with no incentives given. To reduce perceived coercion to participate, professional networks were only approached once. To obtain a variety of experiences, a broad group of counsellors were approached, and demographics such as age, qualifications, gender, and years of experience were taken into account during the recruitment process. Potential participants who expressed interest in the research were sent an information sheet, a consent form, and examples of the types of questions to be asked during the interviews. Example questions included, “Can you please explain how you develop rapport with a client over the telephone?”, or, “How long do you think it takes for you to develop rapport with a client?”

Nine counsellors (six female) aged between 40 and 77 years old took part in the research. While this sample may be considered small, sample size in qualitative research varies and is the topic of much debate (Braun & Clarke, 2006; Morrow, 2005). A widely accepted practice principle is to consider whether *data saturation* (i.e., the point where no new ideas are being identified) has been reached (Guest, Bunce, & Johnson, 2006). Data saturation was reached after nine interviews were conducted, so no additional recruiting was necessary. Details about each of the participants are listed

below in Table 1. Following recommendations by Braun and Clarke (2013), pseudonyms of two letters were used to protect participant identity. All participants were registered members of either the Psychotherapy and Counselling Federation of Australia (PACFA) or the Australian Counselling Association (ACA).

Table 1: Demographics of Participants

Pseudonym	Gender	Age	Qualifications	Years in Practice
AA	Female	52	Master of Counselling Diploma of Hypnotherapy	15
AB	Male	50	Diploma of Counselling Diploma of Hypnotherapy	3
BE	Male	77	Bachelor of Counselling Diploma of Hypnotherapy	35
BH	Female	40	Bachelor of Counselling	9
JE	Female	53	Diploma of Counselling	4
KB	Female	63	Diploma of Counselling	10
KH	Female	51	Master of Counselling	8
SA	Female	50	Bachelor of Counselling	2
WC	Male	58	Diploma of Counselling Diploma of Hypnotherapy	4

Data Collection

Data was collected via semi-structured interviews over the telephone and audio recorded. The interviews lasted between 20 and 30 minutes. The interviews were transcribed by the first author, and utterances such as “um” or “ah” removed for a more concise record of the participant’s interview (Braun & Clarke, 2013). Following recommendations of *member checking* by Braun and Clarke (2013) and Pietkiewicz and Smith (2014), participants were sent a copy of the interview to allow them to modify the content of their interview. Two participants made minor typographical changes.

Data Analysis

Thematic analysis was chosen as the data analysis method as it is a flexible approach that allows for identifying patterns or themes across a dataset without theoretical underpinnings (Braun & Clarke, 2006). An inductive approach was taken as there was no predetermined theory or framework used, and the themes were driven by the data (Braun & Clarke, 2013). The analysis was informed by Braun and Clarke’s (2006) six-stage process. The first stage focuses on becoming familiar with the data. The first author transcribed the interviews and each transcript was read several times to become familiar with the participants’ responses. NVivo (QSR International, 1999) was used to highlight any related aims or quotes of interest. The second stage involved the initial generation of codes. During this stage, the interviews and transcripts were again re-read, and any coding focused on specific words or responses that related to the main aims of the research were highlighted. The third stage involved the identification of the themes. During this stage, the coded data were organised into themes that seemed important to the research aims and had a coherent narrative. It was also evident during this stage that data saturation had been reached, and no further interviews were required. The identified themes were subsequently reviewed in the fourth stage by all authors and any disagreements about the themes resolved through discussion. It was at this stage that three themes were agreed upon, and it was determined that the themes represented the data accurately. The fifth stage involved finalising the data by finding patterned responses within the data set before defining and naming the themes identified during the interviews. The sixth stage involved the write-up of the research.

Findings

The analysis of the participant interviews identified three distinct themes in relation to the research question of understanding the cues and strategies counsellors indicate they use to develop rapport with clients over the telephone. The three main themes identified were: (a) *use of empathy*, (b) *emphasis on paralanguage cues*, and (c) *intentional harmonisation*. From examining the interviews and determining identified themes, subthemes were deduced to describe additional areas of strategies and cues counsellors used to build rapport over the telephone with clients.

Theme 1: Use of Empathy

The participants emphasised the importance of telephone counsellors gaining and expressing empathic understanding of the client's thoughts, emotions, and experiences early in the phone connection. This was metaphorically expressed as entering the client's psychological world:

…listening to their words does allow me to enter more into their world: how they process, how they think. So I do believe it's important to hear what they say and the way they do say it. (AA)

…it comes very much down to empathy, identifying the underlying feeling and being able to walk in their shoes. (SA)

The participants emphasised it was imperative they listened actively and intently to client's words, tones, and emotional disclosures, in order to be able to support them in the absence of visual body language cues. By doing this, they were better able to empathise with the clients. While participants emphasised they did not need to have experienced the exact circumstances of the client, they used their imagination to gain a cognitive and emotional understanding of what the client described and experienced:

…it's very important to be on their page, their exact same page…. I imagine what it would be like to be in their position; always imagining what they are telling me and what that would be like to be that person. How would I feel? What would I like? What would I want to hear? (SA)

Participants recommended telephone counsellors ask questions and use reflective listening to build and demonstrate empathic understanding. This could be done through paraphrasing the client's words and emotions in response to client's verbal and paralanguage communication:

I take an interest in them so that they feel cared for and do some reflective listening with them—"so you must be feeling really hurt by that, that must be tough"— and try and understand where they're coming from. (KB)

Participants believed that this reflective listening assists the client to feel heard and understood by giving them the sense that the counsellor understands what they are going through and is supporting them in the present moment.

Theme 2: Emphasis on Paralanguage Cues

The telephone counsellors emphasised the importance of observing, assessing, and intentionally utilising nonverbal communication. More specifically, they highlighted the importance of attempting to accurately identify the client's subjective emotional state through active listening to the client's voice. While they acknowledged listening to the client's verbal content, the participants emphasised noting and interpreting client paralanguage cues, such as tone, volume, pauses, and emotionality in their voice:

You listen for the emotion in their voice, and this may sometimes differ from the words they say. When you can pick up on this you can connect with them better because they feel you hear *them*, not just their words. (AA)

The participants reported intentionally moderating their own voice tones and other paralanguage cues, so clients felt comfortable to continue disclosing. Participant BE stated, "To get rapport I think the main thing is the tone of your voice… tone tells you are interested in them".

The participants tried to influence the client's emotional state by guiding them to a state of relative calm. They did this by deliberately using a low, softly-spoken vocal tone to communicate safety and acceptance, while slowing their rate of speech to decelerate the client's own pace, thus invoking a more reflective connected conversation:

I will slow right down, be very gentle and soothing in my tone … so voice is a big part of phone counselling obviously … what you're giving back to them with how you adjust your voice to speak to somebody. (BH)

When I listen to them, I usually try to slow them down if their words are racing; this gives them time to process what it is they are saying and what I am saying back to them. I deliberately slow down the speed of my voice, so hopefully I can lead them to also slow down if they are highly emotional. I allow them time for pauses without jumping in with more words. (AA)

All participants specifically emphasised the importance of voice tone as a means of understanding the client's emotional state, an instrumental strategy for the counsellor to create a sense of safety and connection for the client, and a means to enable the client to gain an impression of the telephone counsellor as caring and trustworthy. While other non-verbal concepts such as speech rate were also included, the vocal tone was emphasised as both a key emotional indicator and means of emotional influence.

Theme 3: Intentional Harmonisation

The participants also reported intentionally mirroring clients in words, phrases, language style, tone, speed, and pace. This was done to help clients experience a sense of connection and to reinforce that the telephone counsellor was psychologically "in tune" with them:

You match their tone, reflect similar words. It's very important to be on their page, their exact same page. (SA)

I really listen out for their vocal cues, words, and if they are an audio, visual, or kinaesthetic person, I use their words back to them, so they feel connected to me. (AA)

I will feed back those words, so I use [their] terminology, [their] word structure… when you've got their word structure … you are in rapport with their language structure and their modalities. It's very important. (BE)

Additionally, they recommended pacing their responses to align with where the clients are in the moment, warning against moving ahead or behind clients:

It's like dancing together, dancing in step or walking in step, not ahead of them, not behind them but walking with them… if you don't utilise their world, they will resist, and you won't connect. (BE)

Participants recommended that to quickly build rapport, telephone counsellors monitor and respond to clients' non-verbal communication as a means for assessing and influencing their emotional state in preparation for addressing the goals of the call. Participants described actively attempting to synchronise with the client, while also sometimes attempting to influence clients to harmonise with the counsellor's mood state (as highlighted in AA's final quotation in the previous theme) to help calm the client.

Discussion

This study aimed to understand the strategies and cues that telephone counsellors use to initiate the development of rapport. The participants recommended entering clients' cognitive and emotional frames of reference, and demonstrating understanding of this to clients. In addition, they recommended monitoring of clients' non-verbal paralanguage cues, with an emphasis on voice tone and utilising their own paralanguage behaviours to increase calm in clients displaying elevated emotional states. In addition, they recommended aligning the telephone counsellor's communication style and tempo for congruence with the client. The themes are presented individually, however, in practice these skills and attitudes are intertwined.

The first theme recommended counsellors emphasise developing empathic understanding, supported by attending, restating, and questioning skills. Empathy is recognised as an important therapist practice associated with better therapeutic outcomes for clients (Elliott, Bohart, Watson, & Murphy, 2018; Mishara et al., 2007), with existing evidence suggesting that telephone counsellors can achieve similar levels of empathy to face-to-face counselling, despite lacking visual cues (Antonioni, 1973; Dilley, Lee, & Verrill, 1971; Irvine et al., 2020). The participants also touched on key dimensions of empathy that have been described in research (Elliott et al., 2011). They demonstrated intentionally using empathy as a means of developing rapport, the importance of understanding clients' frames of reference (i.e., metaphorically entering client's worlds), and of maintaining moment-by-moment attunement (Elliott et al., 2011).

The findings from theme two are consistent with the literature that suggests telephone counsellors attach importance to client paralanguages to compensate for the lack of visual cues (Burgess et al., 2016; Rosenfield, 2003). The voice tone of treatment providers also plays an important role in influencing patient satisfaction, disclosure, and commitment to treatment (Griffith, Wilson, Langer, & Haist, 2003; Haskard, Williams, DiMatteo, Heritage, & Rosenthal, 2008; Shields et al., 2009). Rosenfield (2003) noted that telephone counsellors monitor these same paralanguage cues in clients to aid in gaining an empathic understanding and to help recognise emotional fluctuations. Ormond et al. (2000) wrote that the telephone counsellor's voice, tone, and pace all contribute to clients' experiences of compassion and sense of being understood. Sommers-Flanagan and Sommers-Flanagan (2009) note that "interpersonal influence is often determined not so much by what you say, but by how you say it" (p. 57).

Theme three provided recommendations that were not found in the telephone counselling literature, yet are found in psychotherapy and social science literature (e.g., Koole & Tschacher, 2016; Reich, Berman, Dale, & Levitt, 2014; Valdesolo & DeSteno, 2011; Valdesolo, Ouyang, & DeSteno, 2010). The harmonising described by participants align with the concept of *synchrony*. Synchrony is the spontaneous here-and-now synchronisation that occurs between people interacting with one another (Koole & Tschacher, 2016). It has consistently been found to be associated with rapport (Vacharkulksemsuk & Fredrickson, 2012), with higher levels of synchrony associated with higher levels of empathy in therapy (Lord, Sheng, Imel, Baer, & Atkins, 2015). Synchronising behaviour has been found to be an unconscious consequence of attempting to enter another's frame of reference (Chartrand & Bargh, 1999). When intentionally done, it increases the counsellor's own experiential sense of empathy (Imel et al., 2014) and increases the development of rapport with clients (Chartrand & Bargh, 1999).

The skill of synchrony was not described in the available telephone counselling literature. The absence may be interpreted in two ways. First, it may reflect that the present research was not restricted to counsellors working for a telephone counselling service, many of which provide their own training (e.g., Lifeline, n.d.), but included counsellors who used telephone counselling in their private practice. Most counsellors who recommended behaviourally harmonising with clients had qualifications in hypnosis (see Table 1). Hypnotherapy utilises mirroring and matching of the client's language and behaviour as an intervention that supports the building of rapport (Lankton, 2010; Voit & DeLaney, 2005). This transferring of knowledge from other contexts and specialisations shows promise in what it may offer counsellors who work over the phone.

Practice recommendations

All three themes identified in this study have scholarly support for the building of rapport in counselling, with the first two themes represented in existing telephone counselling literature. While counsellors using telephones for therapy are missing visual cues, they nonetheless compensate with increased sensitivity to the client's words and expression, and the strategic use of their own words and expression. Based in the understandings expressed by this sample of counsellors, the following recommendations are offered for building rapport over the telephone:

- Seek to develop an empathic understanding of clients' cognitive and emotional frame of references by utilising information available in the clients' stories and in the ways they express themselves. Additionally, clarify and demonstrate understanding verbally through questions and reflective responses.
- To identify clients' emotional states and their fluctuations, ensure sufficient attention is paid to clients' paralanguage cues, such as tone, pitch, pace, volume, and pauses (Coman et al., 2001; Imel et al., 2014; Rosenfield, 2003).
- Focus on the appropriateness of the words used, but also on strategically utilising voice tone, pitch, pace, and pauses to help moderate client emotion as needed (Webb, 2014).
- Intentionally and strategically mirror client tone, pace, words, and language, bearing in mind adjustments to invite highly emotive clients to harmonise with counsellor calmness.

Current telephone counselling training guidelines recognise the need of telephone counsellors to be able to demonstrate empathy and understanding for clients by voice tone and reflective listening, and to observe and infer emotional states from paralanguage cues (British Association for Counselling & Psychotherapy [BACP], 2020; Stokes, 2016). This study furthers these recommendations whereby training for telephone counselling incorporate how to behaviourally harmonise with clients through various forms of verbal and non-verbal mirroring behaviours.

Limitations and future research

There are a few limitations that apply to this research. The first is the relatively small sample size taken from the first author's professional networks, which limits the generalisability of the findings. Secondly, while the first two themes have support from existing telephone counselling literature, the last theme's scholarly support is limited to contexts other than telephone counselling. It is therefore recommended that further research might seek to evaluate whether intentional synchronising enhances rapport development of the telephone.

Conclusion

The aims of this research were to clarify how counsellors develop rapport over the telephone. The counsellor participants highlighted developing and demonstrating empathy consistent with face-to-face counselling strategies, however a greater emphasis was placed on the utilisation of counsellor and client paralanguage behaviours as part of this process, as reported in other telephone counselling literature. The unique finding of this study was with counsellors reporting intentionally behaviourally harmonising with clients, both as a means of gaining rapport and of influencing client emotional states. The practitioner-based practice recommendations developed from the themes provide guidance to counsellors planning to, or who are currently engaged in, delivering counselling over the telephone.

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