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Best Practices in Virtual Perinatal Support

EVIDENCE-BASED GUIDANCE
FOR YOUR VIRTUAL SUPPORT PRACTICE

By Carly Buxton, PhD

Introduction

In 2020, the COVID-19 pandemic sparked a surge in perinatal experts connecting with clients using virtual tools: lactation consults on Zoom, prenatal yoga classes on Facebook Live, and even doulas who coached clients through labor and birth on FaceTime. But well before the pandemic made us stay inside, many perinatal providers were already offering virtual support, even if that just meant sending a follow-up email or text. And for all of our expertise on topics related to pregnancy, birth, and babies, the majority of perinatal experts have not received evidence-based guidance on how to conduct *virtual* care in the most effective way. Talking to a person on a video call is just not the same as talking to someone in-person. Our brains process virtual interactions differently! Tele-support just feels different. We shouldn't expect to approach it the same way we approach our in-person care.

This book—*Best Practices in Virtual Perinatal Support*—will help you explore just that: how is virtual care different from in-person care? How can we make the most of its advantages, and how can we combat its disadvantages to provide the best remote support for our clients? This quick-start guide to virtual support is designed for specialists in the world of perinatal care, but the topics we'll cover can be helpful to any professional who incorporates digital tools in client relationships. It's mostly targeted toward experts who offer 1:1 remote consultations with their clients, but we'll also touch on other methods of virtual care delivery, such as online group meetings, on-demand courses, and more.

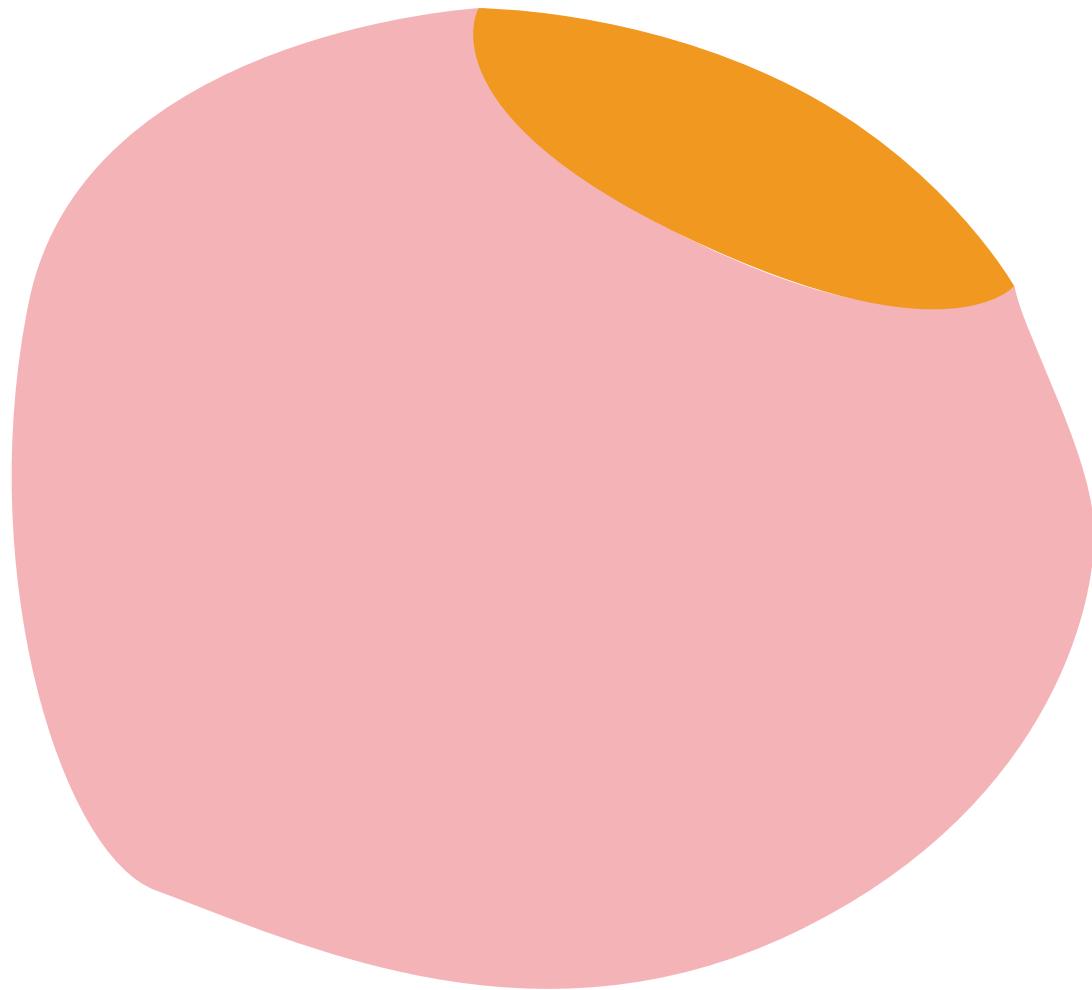
My name is Carly Buxton. I am a postpartum doula, certified lactation counselor, user research consultant, and writer who focuses on the nuances of virtual support and remote collaboration. In producing this book, I've scoured academic research from the fields of psychology, anthropology, and telemedicine, as well as survey data from perinatal experts who have delivered virtual care during the COVID-19 pandemic. The result is a 10-chapter, evidence-based overview that will help you reach your clients through digital tools in the most effective way. So let's get started.



Carly Buxton, PhD

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Topics

1. Overview
2. Types of Virtual Support
3. Setting Up for Success
4. Make the Most of Virtual Care's Advantages
5. Relationship Building and Virtual Care
6. Improving Virtual Communication
7. Structuring Your Care
8. Equity and Inclusivity
9. Customer Satisfaction and Success
10. Get Started Now!

Overview

We'll start from square one, by **defining virtual support** and building an understanding of the different types of virtual support that you might try.

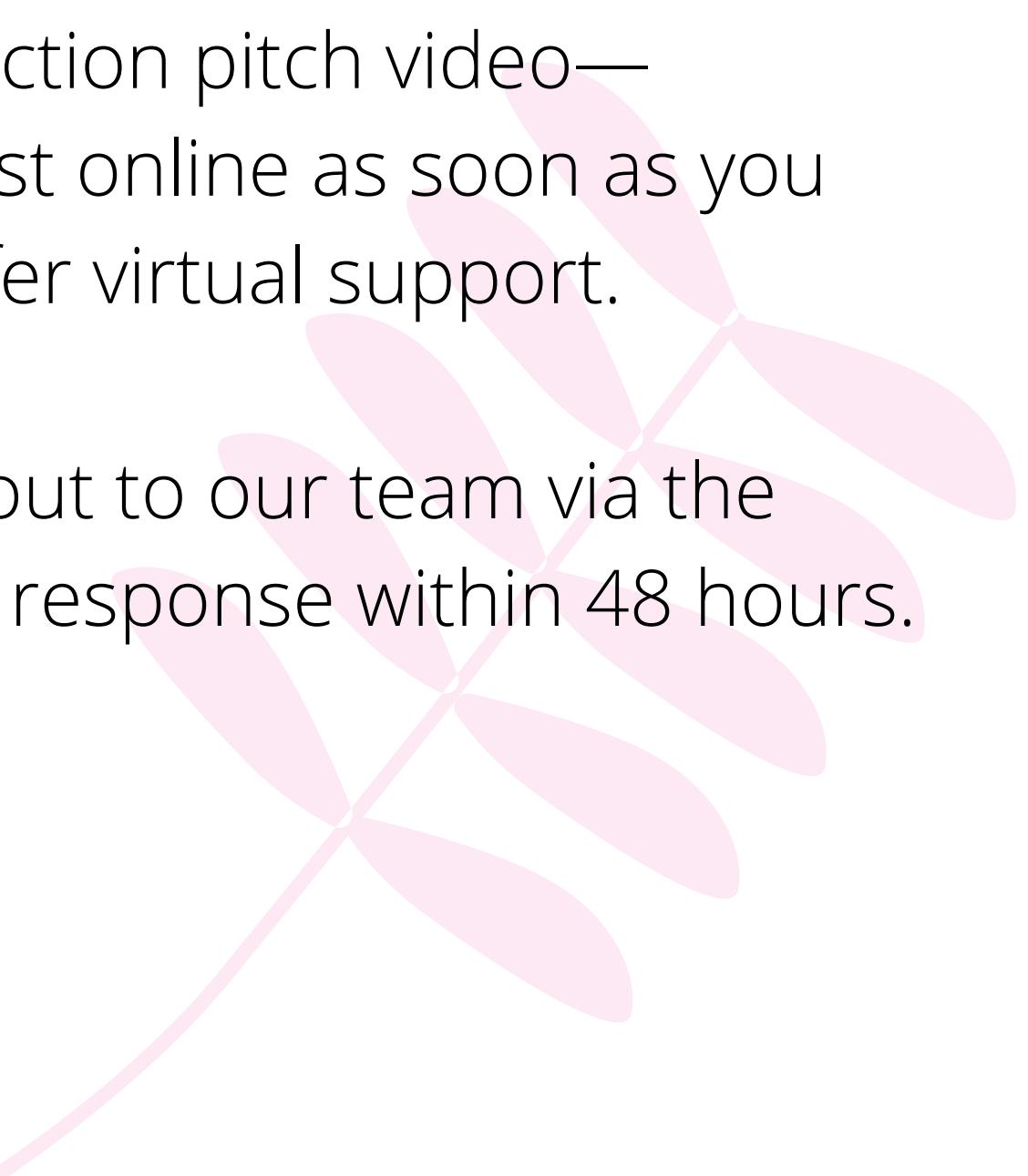
From there, we'll discuss **setting up**—from getting yourself and your clients in the right mindset to technology considerations and other important points for setting your virtual work into motion.

Then we'll move into the **advantages** of virtual support for both specialist and client, so that you can make sure you're making the most of all that virtual support has to offer.

The remaining chapters turn to the **disadvantages** of virtual care—what are researchers and clients saying about the downsides of virtual support, and what can you do to compensate for those possible pitfalls?

The final section offers **a challenge** to you—the practitioner—to sketch out your own offerings as a virtual support person and film your one-minute self-introduction pitch video—something you can write, film, and post online as soon as you like, to let the world know that you offer virtual support.

If you have questions, you can reach out to our team via the Nessle website, and you can expect a response within 48 hours.



Types of Virtual Support



To start with, let's learn a little bit about what "virtual support" means.

Virtual support is guidance, care, encouragement, or training delivered through remote tools—meaning *not* in person. This almost always includes digital tools, using technology for communication.

There are two major categories of virtual interaction: **synchronous** and **asynchronous**.

Synchronous means that the specialist and the client are connected in the same moment. Examples would include a video call, a live audio call, a live virtual workshop or webinar, or texting back and forth in a quick conversation.

The second type of virtual interaction is **asynchronous**: both the specialist and the client are accessing remote tools, but there's a time delay. This could be: a pre-recorded class on demand, an encouraging e-mail that arrives in your client's inbox each morning, or other types of support that your client is meant to engage with on their own time.

There are several key differences between these two types of virtual support approaches, but as a generalization, both client and specialist tend to be a bit more reserved in synchronous communication (like a live video call), and more uninhibited or blunt in asynchronous communication (ever sent a curt e-mail?)

We'll say a lot more in later chapters about best practices for both types of care, but it's worth mentioning now that research says the best formula for virtual support between you and a client is a **mixture of both**--some synchronous communication, and some asynchronous. In other words, some time overlap, and some information exchange on delay; for example, a 1:1 video consult, followed up by a daily e-mail of tips landing in your client's inbox each day for 7 days. Or a regular podcast *plus* a monthly live Q&A session for all of your followers.

Here are some of the most popular formats of remote support. As you expand the way you are thinking about what "virtual support" means, pause for a few minutes to circle or list the synchronous and asynchronous approaches you're already using, and the approaches you'd like to try, keeping in mind that you and your clients benefit when you mix and match from both columns throughout your relationship.

SYNCHRONOUS

- 1:1 virtual consults/coaching on video call platforms like Zoom
- Live group webinar, class on video call platform or social media platform
- Audio calls
- Live texting or voice messaging
- Live support groups (more of a facilitator than a teacher)

ASYNCHRONOUS

- SMS/Texting
- E-mails
- Voice messaging (walkie talkie apps)
- Document sharing (lists, ebooks)
- Social media posts
- Podcasts
- On-demand classes/webinars

Thought Exercise

Think of the top three services or services packages you'll be offering online. Thinking of each service as a bundle, list at least one synchronous support method and one asynchronous support method that you might use.

(EXAMPLE): BIRTH DOULA SUPPORT PACKAGE

synsynchronous

1:1 video calls (2 prenatal, labor coaching, 1 postpartum)

asynchronous

weekly support and information e-mails

share my podcast about the first 90 days

SERVICE 1:

synsynchronous

asynchronous

SERVICE 2:

synsynchronous

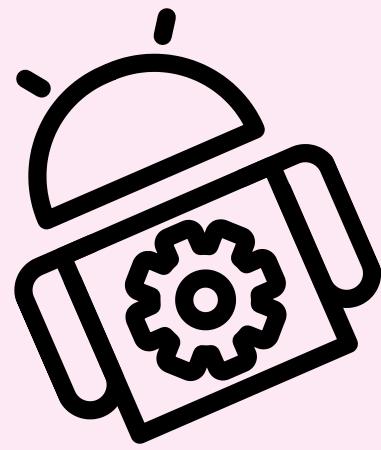
asynchronous

SERVICE 3:

synsynchronous

asynchronous

Setting up for Success



Now that you've considered the different types of virtual support, let's turn our attention to setting yourself up for success with virtual clients.

Why not start from square one: is virtual support a good fit for you and your client base? Yes, just about everyone took the leap to virtual tools during the pandemic, but when the day comes that you have a choice, will you continue with virtual tools? Does it suit you?

If you're reading this book, you've likely already decided to use virtual tools in your care delivery, but it's worth doing a bit of a self-assessment here, because **successful virtual support takes a certain type of client and a certain type of care provider.**



Virtual care is most successful with a **client** who:

- is committed to learning what you have to teach
- believes in value of online support
- is tech-savvy enough to get connected and to troubleshoot along the way
- is prepared to cope with the frustrations that sometimes come with technology

Virtual support is also most successful for a certain type of **provider**. Someone who:

- is confident in their ability to deliver virtual support
- maintains boundaries
- is patient
- has a good “antenna” and a strong sense for what others are feeling and thinking
- is tech-savvy enough to get set up and to troubleshoot along the way
- is prepared to cope with the frustrations of technology

Ask yourself: does that sound like you? If not, those are the attributes you'll want to focus on growing to achieve greater success in virtual care.

Does that sound like your client base? If not, commit to helping them **grow these skills** in particular. Here are a few suggestions for how you might do just that:

- To help clients grow in **commitment**: You could, for example, lead them in a goal journaling activity. Setting pen to paper and focusing on why they are pursuing support in the first place will grow their sense of commitment.
- To help clients **believe in value** of online support, share an article about what the research says on success rates of virtual care. Add virtual support-specific testimonials to your website. Write a blog post about your past successes with online clients.
- To help clients become **more tech-savvy**, provide short instructional videos on how to use the platforms you're engaging on. You could record these videos yourself or link to them on YouTube, where they likely already exist. Or you could offer a quick-start one-page PDF on how to get started on the platform you're using.
- To help clients be even more prepared to **cope with frustration** of technology, spell out your contingency plans clearly. What happens if your tech doesn't work? Make your backup methods clear from your first communication. Make it obvious where to reach out if your client can't seem to get things going. Acknowledge and apologize for frustration that they are feeling.



Now that you've helped your clients get in the right frame of mind for successful online support, it's time to turn to your **practical setup needs**. What will you need in terms of technology, equipment, and other physical setup elements?

First, there's **choosing your technology platform**.

- Choose a **video calling** platform. There's FaceTime (but only if both you and your client both have an Apple device). There's Zoom (be sure to set up meetings with a password and a waiting room to keep things secure). You could also use Google Hangouts or Doxy (which is commonly used by medical providers offering secure tele-visits, but it's free for non-medical providers, too).
- Settle on your **SMS** option. (SMS means "short message service," or in other words, "texting"). For this, there's the texting app on your phone or tablet, or you could use a chat app like WhatsApp or Facebook Messenger.
- Consider **voice messaging** and **video messaging**. This approach offers the same short, snippet-style communication as texting, but it works more like a walkie talkie, with a quick recorded back-and-forth. For this, you could use an app like Voxer or Marco Polo, or the "record" function in your messaging app.
- Remember that **social media** platforms also offer live-streaming services as a way to reach your audience—such as Facebook Live and Instagram Live

Take a moment to decide which will be your go-to platforms for communicating with clients. When you make your selections, consider what your clients are likely using already, so that you'll be using something they feel comfortable navigating.

VIDEO CALLS

SMS/TEXTING

VOICE MESSAGING/VIDEO MESSAGING

SOCIAL MEDIA CHANNELS

OTHER

Now let's consider your **device needs**. There are several questions to cover here.

First, decide **which devices** you and your client need for the platforms you've chosen. That's usually pretty straightforward. You'll likely each need a smartphone or tablet and/or a computer.

Next, you'll need to consider **placement logistics**. Coach your client in holding the device, thinking about about the view you need as an expert. Maybe you require a close look during a lactation consultation, or maybe you need to observe body placement during a hip squeeze or a downward dog. Dedicate time in your very first session to helping your client figure out the best device placement. You may want to recommend a tripod, or enlist another member of your client's household to help by holding the device.

Next, plan out **how many devices** you will need for each of the types of services that you offer. If most of your clients are one-on-one, talking head, coaching-style conversations or pre-recorded classes, you'll likely be set as long as you each have one working device. But maybe you also coach labor virtually. In this case, a client might need one device for connecting with you (the doula birth coach), one for playing music during labor, and one for making calls. And remember that even for 1:1 consults, you might need a backup device close at hand, in case your phone or computer decides to freeze or crash.

Further considerations for your setup include: lighting, sound, connection, physical setup, and a good backup plan.

For **lighting**, the cheapest and easiest solution is usually direct natural light, like sitting in front of a window. A step up from that would be to purchase a ring light that you could position in front of your face. Avoid going outdoors for video calls or recordings—it's usually too bright, and too noisy.

That brings us to **sound**. For the best sound in virtual support, it's ideal to have headphones with an attached microphone (such as Apple AirPods). I have heard success stories from birth doula clients who shared a pair of AirPods while being virtually coached through a birth—one detached bud for the laboring person and one bud for the support person or partner. A step up from microphone-headphones would be a lavalier microphone that can record sound more precisely or some other microphone like a snowball microphone for recording podcasts or videos.

Consider your **connection**. When connecting with a client, go to the part of your house that has the strongest, most reliable wi-fi connection. If you're having trouble with delays, you may want to ask others in your household to minimize their bandwidth use for the duration of your virtual interaction, or you may consider using a hardwire ethernet connection.

When you consider your **physical setup**, think first of your **background**. You'll want to keep it clean, neutral, and professional, yes—but let it reflect your personality as well. In our field, it's best to choose something calming and orderly as the background, avoiding distracting green screen-style "fake" backgrounds. And be sure that you have all of your physical resources and **props** close at hand.

Lastly, when it comes to setup considerations, choose a **backup plan**. For any synchronous support, whether it's a 1:1 video call or a group class on Zoom, it's important to make it clear to your clients ahead of time: what's the contingency plan in case of technical difficulties? If Zoom is down, should clients check their e-mail? If a storm comes through and knocks out power in your home, what's your plan for that appointment? If you drop the call, who calls back whom? It's important to think these things through, and be prepared for technological errors—because they happen!

We've covered a lot in this chapter, so before you move on to the next section, take some quiet time to list the setup considerations for yourself and for your clients. Once you've noted your needs and taken steps to procure them and to communicate these needs to client, you will feel more confident and prepared in your own virtual setup.



Take the Most Advantage

This section will address what the research says about the **advantages** of virtual care. As we go through these advantages, ask yourself—am I making the most of this aspect of telesupport? What could I do to take even more advantage of this proven benefit of virtual care delivery?

Virtual support offers several **benefits to the specialist**:

1. First, it can **save time and expense**. By connecting with clients virtually, you'll be saving the money you'd normally be spending on gas and parking or public transport fare. It's also time-saving; when you don't have to commute, you'll spend less time driving or taking public transport to a client's house or to your studio.
2. Benefit number two is **schedule flexibility**. Virtual support professionals enjoy more autonomy when it comes to setting their hours. Establishing your own schedule—which can often be in odd hours or in snatches here and there—can help you be available to your own family when you need to be available, or to keep other commitments for yourself.
3. Virtual support can offer you **another mode of income**. On-demand content can provide a passive income—meaning, if you produce an on-demand course to teach people about a topic you specialize in, you can record it once and post it—and move on with your life while it reaches more and more people each day.

4. With virtual support, you have the power to supplement care for clients with a full array of digital tools. Graphics in your newsletter, animation in a digital support message, video, sound, even your social media presence are all digital tools that you have at your fingertips to provide an even more comprehensive education—and sense of who you are—to your clients.

5. Virtual support can help you **reach more people**. What if you are the perfect fertility coach for a family in Anchorage, Alaska, but you live in Lynchburg, Virginia? Thanks to online tools, that client can find you and connect with you for support.

6. Related to benefit #5 above is the **ability to go niche**. If you're able to expand your base of potential clients worldwide, think of how much more specific you can get. I encourage you to consider the really *niche* things that you care most about in your field. What are the topics you would love to spend hours reading about, taking courses on, and *teaching* courses on? If you build an online business, you can spend much more time focusing on those specific topics, and connecting with clients who value your focus, rather than needing to be more of a generalist for your local community.



Virtual support offers several unique benefits to the specialist. How about **benefits to the client?**

1. First of all, the content is (usually) **recorded**. There's a text trail, or an archived e-mail, or lifetime access to a class, so your client can have something to refer back to. This means built-in record keeping for the specialist and the client. Records of past sessions can offer the chance for review and reflection. You can both look back at the e-trail and relive helpful moments. Clients will be able to see progress in black and white. One note here: as a best practice, always make it clear to the client that you're recording a video session or live call.
2. Next, I want to talk about efficacy. Researchers who have studied teletherapy have concluded that online therapy is as effective or nearly as effective as face-to-face therapy.* As trained doulas, lactation counselors, sleep specialists, and more, we're certainly not all licensed therapists, but this research is reason for us to hope, too, that we can be as effective online as we are in person.
3. Writing things down can be **reflective and cathartic** for a client, so sending a text message or an email can be a way to process and arrange their thoughts and struggles.
4. A client can truly **find her people** through virtual support. This relates to the benefit discussed earlier about the specialist who is able to go niche. How nice it is for a client to be able to find the sleep course taught by a person who specializes in, for example, sleep training for a child with certain special needs—something that may not be readily available in one's own community.

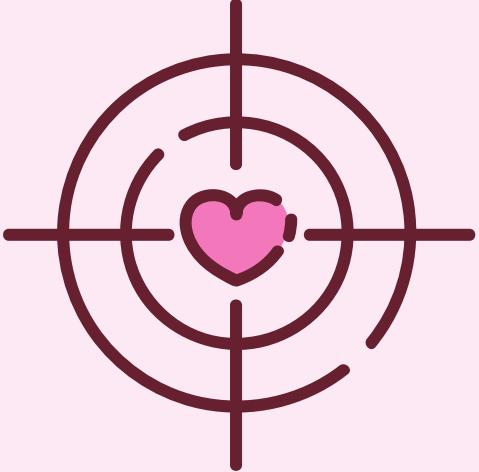
*Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. (2008). A comprehensive review and a meta-analysis of the effectiveness of Internet-based psychotherapeutic interventions. *Journal of Technology in Human Services*, 26(2-4), 109–160.

5. And of course, there's **convenience**. Virtual support:

- is at a client's fingertips. This can be especially helpful for a new parent who has enough on their plate already without having to worry about waking the baby, getting all of their stuff together, and getting to some place at the right time.
- lets clients come as they are: There's no need to change out of pajamas. No need to trek out in snow boots. Expert advice is right there, ready to meet clients where they are, how they are.

6. One last benefit worth mentioning: **privacy**, anonymity, freedom from judgment. There's a great deal of judgment out there in the world of pregnancy, birth, and parenting. Direct online connections can filter out so much of that noise, so that parents are not shamed for their parenting choices.





Relationship Building

Now that we've covered the benefits of virtual care, the next few chapters will focus on addressing some of the known **downsides** to virtual care. What does the research say about the disadvantages of virtual support, and what can we do to mitigate the negative effects of those disadvantages?

The first topic to cover here is **relationship building**. Research in telemedicine tells us that it's possible to build deeply trusting tele-support relationships, but there are barriers to trust-building that we have to confront head-on, so that we can compensate for them.

As I emphasized in the introduction to this book, it's important to approach tele-support with an understanding that building a relationship online is fundamentally different from connecting in person.

Virtual support can feel awkward, because the relationship between provider and client is just not the same. It can be more stilted. It can feel less authentic. Fortunately, there are things we can do to connect more deeply with our online customers:

- we can focus on **humanization**,
- lay a **face-to-face foundation**,
- strive for **dependability**,
- set clear **expectations** and **boundaries**, and
- manage your **online impression**.

Let's explore concrete ways to do just that.

Humanization

As a user researcher, I can speak to the benefits of adding a human touch to virtual interaction. When there's a device standing between you and your client, it's all the more necessary to find subtle ways to remind them that you, their specialist, are an actual human being--a person who can show empathy, genuine support, and connectivity, even if you're not there in the flesh. Borrowing from the world of software design, here are some tactics to try that can help you **add humanity** to your relationship with your client.

- **Use your face.** Upload a photo of your face (rather than your business logo) front and center on your website, in your e-newsletter, on the cover photo for your online course, or wherever the client is encountering your content. Get your client to store your information in their phone with your photo, too, so that every time you're texting or calling, your friendly face shines through.
- **Share your story:** who are you? Where are you? Share real aspects of your own life and personality through genuine social media and website copy. Make a list of all the aspects of your life that an in-person client would normally see—your whole body, your pets, what the weather is like outside your home... as you think about what your in-person customers see, find ways to share these elements with your virtual customers as well, perhaps through social media content, or in the background behind you on a virtual call, or by bringing these things up in conversation as you get to know each other.

- Find ways to approximate “**hall time**” before and after a meeting begins, rather than getting right down to business. It’s possible to shoot the breeze at the top of the call with your client, or as other class participants arrive while in a group meeting. Here are a few ideas:
 - Declare that you’re dedicating the first couple of minutes to catching up, before getting started on specific questions, scheduled topics, or course material.
 - Expand the humanity—hold up your dog or cat; tell a true story; ask about their family details or what brought them to their hometown. Get to know one another as human beings.
 - Icebreakers may serve us well for in-person meetings, but based on my research on virtual connections, icebreakers are pretty useless online; they just don’t translate the same way. Online, participants need a **common purpose**. So if you’re leading a group call, for example, you could ask a genuine question that’s related to the topic at hand, and make it clear what order people should go in as they answer—such as: *Ok, let’s start here, how did everyone do with their baby last night? Let’s each share for about a minute each, in the order of the names I just pasted in the chat.* Paste the warm-up question in the chat, along with the order of names, so that people who sign on a few minutes late can quickly glean the topic of conversation.

Face-to-Face Interaction

A baseline of face-to-face interaction can be extremely beneficial in getting an online relationship off to a strong start. Face-to-face communication facilitates remote collaboration, increases trust, builds common ground, and provides an opportunity to clarify goals and individual roles. So, whenever possible, make it a goal for yourself to **share a moment of face time** with your virtual clients.

Yes, this could be a **virtual meeting**. Research says that your virtual connection will be more successful if you can see one another's face for your first meeting—even if it's brief, and even if it's just once.

Even better—and this can work especially well if you tend to serve lots of local clients—is a **physical face-to-face meeting**. Brainstorm a few ways you might offer this on a larger scale, even during a time of physical distancing...

- A park meetup with your client or a group of clients
- A car parade where you drive by and wave, or deliver a physical gift

When we're all healthy and able to be together again, face-to-face interactions with virtual clients could mean an in-person **retreat** or annual celebration for past and current clients, such as a patio tea party, or even a summit with full programming offered at a park or resort.

Develop your own experiment: make a list of 5-10 different ways to let virtual clients see your face, even if it's just for a moment, and see how it mutually benefits your growing relationships.

1

2

3

4

5

— **ideas**

Dependability

Clients are able to grow trust in a virtual provider who shows up on time, with a strong wi-fi connection, good lighting, and good sound.

Even if you have been offering virtual support for some time now, consider a **test call** with a friend who will give you an honest assessment of what it feels like to hold a video call with you:

- How's the picture?
- Any delay due to bandwidth concerns?
- Any background noise that could be mitigated?

Keeping in mind that problems may also arise on your client's side, establish a reliable **backup** communication method in the case of dropped calls or bad connections. (For example: "If we get cut off, I'll call you at this number," or "If the Skype connection isn't better within the next few minutes, let's switch to phone.")



Setting Expectations

A key principle in software design is to make sure the user always knows where she is in a certain process, and where she is going.

Apply this principle to perinatal provider relationships and help your client by **laying out the process** of what it's like to work with you.

What does one session look like? What does a person learn in your class, or in each meeting? What is the flow like? What makes it go well? Describe the full scope and trajectory of your process clearly on your website, for each type of virtual interaction you market.

Other important expectations to set include:

- **Communication expectations:** In your contract or purchase description, spell it out clearly: How should a client get in touch with you? How long should they expect to wait before hearing back from you?
- Related here is **availability expectations:** Also in your contract or purchase description at check-out, let your clients know how often you check messages and when you can be expected to answer. One helpful tip here is to hold "**office hours**" with regular times for responses, or to offer regular and expected check-ins. For example, if you monitor a Facebook group for all of your prenatal yoga challenge participants, how often will you be checking in? How often will you be responding to comments and questions? Don't leave your clients in the dark about these details. Lay it all out in the first post you make for the group.

Setting Boundaries

Boundary setting as an online professional includes clearly defined office hours and availability standards, but it also includes setting boundaries between your **personal and professional** lives.

One way to do this is to establish a separate **workspace** for your virtual interactions (like an office or a certain table).

Changing costume, too, can support personal boundaries. Putting on some article of clothing or an accessory that you associate with your work--such as a jacket with your company logo or a hair bandana that says "doula"--can help establish and subliminally reiterate personal boundaries of when you are on, and when you are off.

Time boundaries, too, are of utmost importance.

- Boundaries on live events like virtual classes or calls can so often become rough estimates, so plan ahead: will you fill the time if you've promised a 1-hour long call with a client? Will you let yourselves go over time if the conversation is flowing, and if so, buy how much? Will you charge for that? Make these decisions now, and make them clear to your online clients on your website, in your contract, or in your purchase agreement description.
- Remember that each meeting sets a precedent, and it's easier to decide these things for yourself and to communicate that to your client on the front end. Several support providers I've spoken with choose to sell 1:1 video coaching sessions as "up to 30 minutes" or they offer a range, "30-45 minutes" – so that they don't feel compelled to fill empty time.

And how about the boundaries of **ending a client relationship**? This one can be particularly hard in our field, because the clients we're supporting are usually just starting out on a long journey of becoming a parent, and they are sure to have a million questions and challenges in the years ahead as their children grow.

That's why it helps to establish a definite end or final milestone in your relationship and make that clear from the start.

As you list out your service offerings, **specify how long your care lasts**. Does a virtual consult with you come with 1 month of e-mail Q&A support? If you're a lactation counselor, for example, do you include 3 weeks of text support after your last session for questions that may come up?

The key here is clarifying how long you're making yourself available. Spell this out in your contract and in your marketing material. And experiment with some of my other favorite ways to make the "end" clear:

- Offer a **parting gift**. This can be something physical or something digital, like a copy of an e-book you've written).
- Take a **screenshot**. This is my favorite way to leave a party in person ("let's get a photo before I head out!"), and it can be a fun way to put an exclamation point and mark the end of an online class or meeting as well.
- Send your client a post-service **survey** or request a **testimonial** or review.
- Offer an **invitation** to an annual or seasonal event. This idea comes from my own doula training, where I was inspired by my leader to invite postpartum clients to an annual tea party. This can be done virtually as well, with a virtual happy hour or coffee time.

Impression Management

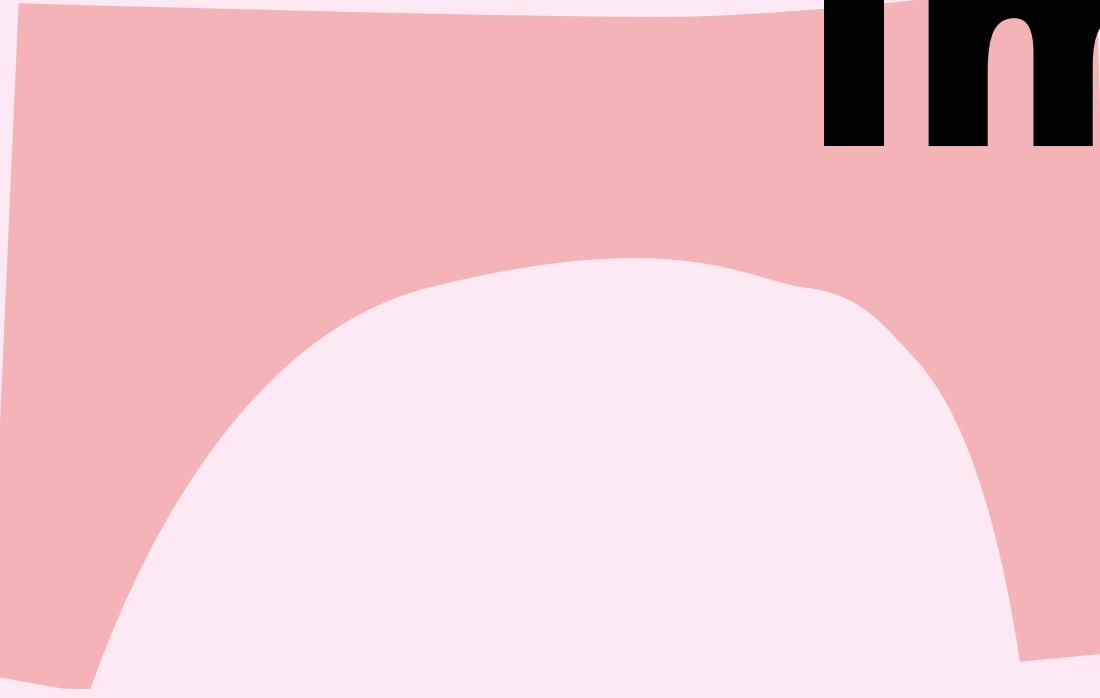
The final key topic to discuss regarding relationship building in virtual support is impression management.

Remember that a client's perception of your skill and expertise includes your knowledge of the subject matter and your ability to *deliver* that subject matter capably online. That's why an important part of online interaction is to manage the impression you make as someone who clients get to know online.

Take steps to manage your **overall online presence**. Turn a critical eye to your social media profiles, Google your name, and refresh your LinkedIn page. What does a client find when they search for you online? If you find something that doesn't support your personal or professional brand, make sure it's hidden, or just take it down.

In personal interactions with you, identity management also includes your own **appearance** and **professionalism**. Be sure to wear professional attire and use a professional background, of course.

But I do want to add something on this point: **be yourself**. When we interact online, we can be so focused on professionalism that we end up presenting a stilted, false version of ourselves. Impression management is a delicate balance, to be sure, but research shows that in building trusting relationships, you get farther faster by representing a true version of your (very human) self. So think about how you present yourself to an in-person client, and show up like that to all of your virtual interactions.



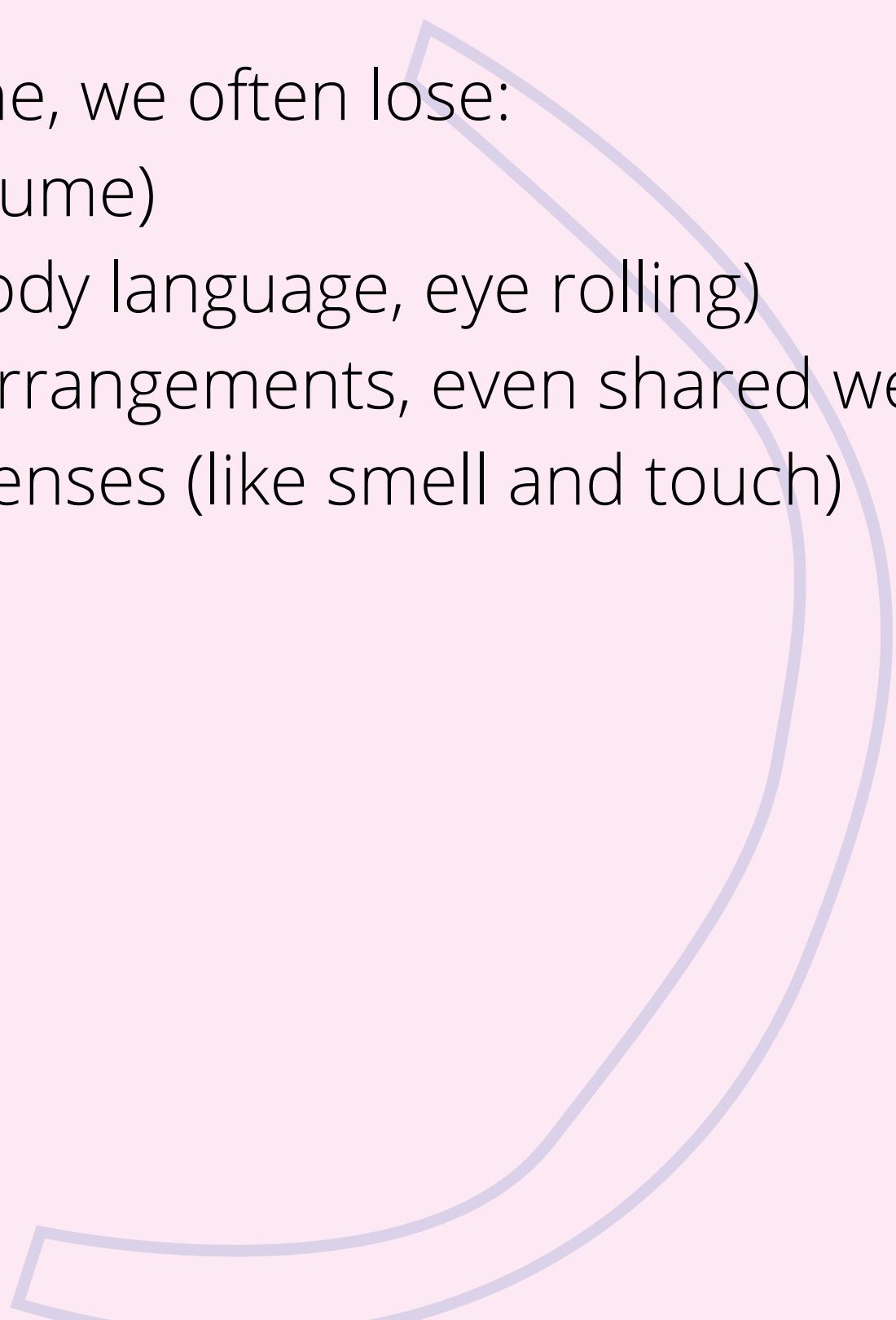
Improving Virtual Communication

As helpful as digital communication has been to the continuity of care throughout the COVID-19 pandemic, it robs us of crucial avenues for forging strong relationships and for getting our point across accurately: “real” eye contact, the nuances of tone and body language, the comfort of a reassuring touch, and more.

This chapter addresses what we can do to **compensate for the loss of in-person feedback** in virtual communication.

When we communicate online, we often lose:

- verbal nuances (tone, volume)
- non-verbal cues (gaze, body language, eye rolling)
- physical context (place, arrangements, even shared weather)
- the power of our other senses (like smell and touch)



Even if we are hearing a voice and seeing a face on the other end, our brain is **processing those cues differently** in a virtual interaction.

- Distortions and delays, a freezing picture, echoes, audio and video out of sync--these hiccups happen frequently in virtual communication, and research on telemedicine shows that these glitches can **unsettle our subconscious mind** and result in increased feelings of isolation, disconnectedness, and anxiety.
- When we speak online, even if we are face-to-face, we are unable *really* to **look one another in the eye**.
- When we're robbed of direct connection with all five senses, it's harder to **tell how we are doing** as care providers, and it's harder to tell how our clients are doing (How's the condition of their house? Are they getting those pain management positions right?)

The messages that come in the face, voice, body language, and environment are so important to a care relationship. And we know that virtual interactions present significant challenges here. So what can be done?



First of all, You have to ask more questions. **Get specific**: How did last night go? How many hours did you sleep?

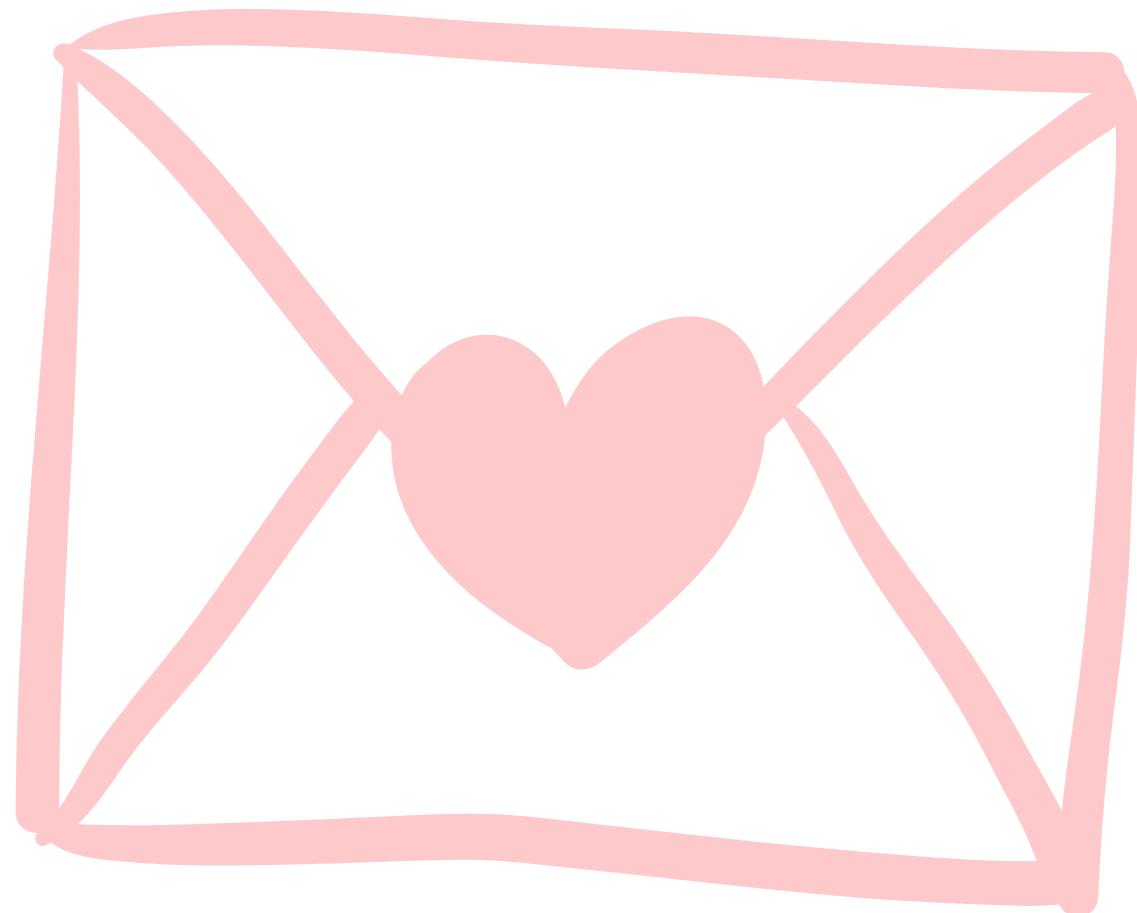
You have to push for **honest answers**. Help break down stigmas about things like tension in relationships, sadness, anger, disappointment, ability to breastfeed. Let your client know it's ok to share honestly about what they are going through.

To get at this, use a proven tactic from survey development: **acknowledge** that most people experience some stigma-laden thing, and *then* ask about it. Phrasing questions in a way that makes your client comfortable with whatever answer they give—that's what gets you moving toward honesty. For example: *Most parents I speak with around the 2-week point are starting to feel some tension with their partner getting a little higher right about now. Tell me how it's going for you guys.*

In your communication, give **rapid feedback** and **quick corrections** for any misunderstandings that you think you pick up on.

Another tactic to try is a **moment of silence**. In our industry, we have a great appreciation for the comfortable silence of in-person care. Think of the quiet moments as you help a new parent with a feeding. Or the calm in the room as your client breathes through a tense moment. When we communicate digitally, we have a tendency to fill these silences, but the silences themselves can actually be calming and comforting. To get comfortable with silence, you could call for a moment of silence at the beginning of a call or a group class, or you could give your participant(s) a brief prompt to journal about for a couple of minutes while you sit silently.

And finally, remember to focus on good call connection. If your client's connection is bad, don't just barrel through. Start the call again, or ask them to get some headphones if they have any. Ask them to move to a new room, or to switch from video to audio-only.



Now that we've dedicated some time to discussing what we see and hear online, let's turn to the nuances in what we **read and write**.

Some of my favorite work on the topic of miscommunications through digital written communication comes from Jocelyn K. Glei, author of *Unsubscribe: How to Kill Email Anxiety, Avoid Distractions, and Get Real Work Done*. Glei writes about the lack of the social feedback loop when communicating by email or text alone. Important here, as she points out, is research by Daniel Goleman on the "**negativity bias**," which says that readers of e-communication misgauge tone with a bias toward the negative; in other words, if someone writes an e-mail with what *they think* is a positive tone, the reader is more likely to absorb that as neutral, and if someone writes a neutral e-mail or text, the reader is likely to feel negative about it.

This is even more pressing in e-communication, because of the lack of feedback in online communications. In a face-to-face conversation, we might proceed in a quick back-and-forth bolstered by countless subconscious cues, adapting our responses based on the reactions we see written on the other person's face. But in e-mail, as Glei writes "I, the sender, just blurt everything out at you, the receiver, and hope for the best" (17).

So what can be done to compensate for the negativity bias in the written communication that you send your online clients?

- First of all, never write something that you would not say to their face.
- Never escalate by e-mail or text. If you are sensing tension or negativity brewing, you want to sort it out live, on a video or audio call—not in written messages.
- You could experiment with **emotional bracketing**.* Use brackets to capture the tone you are conveying in a written communication, for example:

I haven't heard from you in a few days <feeling concerned>

- A similar approach is the more generous use of **emoticons** and **punctuation marks** to convey the feelings behind what you write. For example, compare these four iterations of the same brief response:

Ok, just checking
Ok, just checking 😊
Ok, just checking!
Ok, just checking.

bland, sterile
comforting
defensive
rude

Be liberal with your exclamation points and emoticons when you send written messages to clients. If—as the negativity bias suggests—the client will always downgrade your tone, you can bolster that tone with smiley faces and winky faces, even if you aren't smiling and winking as you write the message. Think of it as an act of empathy.

- Lastly, be cognizant of the **biases** that come with written communication. Plainlanguage.gov is a good online resource for those who want to learn more about how to strengthen written communication by writing plainly and directly. Remember that writing is best understood when it is reader-centered (as in, using 2nd person pronouns like “you” and “you all”) and when it is active rather than passive voice—like “drink 8 glasses of water each day” instead of “8 glasses of water should be consumed each day.”

*Murphy, L.J., & Mitchell, D.L. (1998). When writing helps to heal: E-mail as therapy. *British Journal of Guidance & Counselling*, 26(1), 21-32.

Structuring Your Care

In this chapter, we'll discuss structuring your care: from plotting out your service **packages** to decisions about **pricing**, and finally, considering the **fine print**.

One of the potential pitfalls of virtual care is that participants are more likely to feel "directionless" than with in-person care. There's something about the ability to command a room when you're physically with someone. The ease with which you take the helm can be lacking in virtual care. To combat this, it helps to **lay out your services** the way that a teacher might lay out the objectives and curriculum for a class.

For each service that you offer, make abundantly clear:

- a **description** of what's included,
- the **objectives**: what participants can hope to accomplish or achieve through this service, and
- an **agenda**—some sort of trajectory that represents what you'll cover, in what order.

Representing these elements clearly on the front end will help to provide structure and focus, and will help participants sense a feeling of accomplishment and value when your service ends.

This three-part service overview can be extremely specific, or just a rough sketch like this example for a postpartum doula: *In meeting one, we will focus on infant care, meeting 2, on self-care, and meeting 3 on the changing family dynamics.*

There are a few more notes about best practices related to structuring care worth mentioning here:

- In virtual meetings or conversations, whether they're synchronous or asynchronous, **keep the focus narrow**. In general, virtual care tends to go deep rather than wide.
- Encourage clients to store up questions and send them in batches say, once a day, or once a week--whatever works for you and the client. **Batching questions** will help client get the most information possible, and will help them prioritize their needs and challenges. It will also help you maintain your own personal time boundaries.
- **Follow up** with goal-focused strategies. Sessions for talking or practicing are important, but clients feel the value of your service even more if you support their progress and learning with additional channels, like sending a session summary, or providing tips in a weekly newsletter that goes out to all of your clients.

Speaking of feeling value, let's turn now to a discussion of **pricing**.

As you price your online services, remember that virtual sessions include more than just the time you share with one another. There's also all of the additional work that goes into that brief amount of time shared: preparing for the meeting, following up afterward, tracking down the right additional resources for your client, preparing workshop or course material, checking in with group participants, and so on.

So when you price your time, remember to account for the hours you spend preparing for a session, workshop, or class, and the time you spend afterward, providing follow-up.

One element of my own research findings that you'll be going up against is that recipients of online perinatal support are more likely to **undervalue virtual care**. In other words, they believe that a 30-minute video call should cost less than a 30-minute in-person consultation. In light of this, I can recommend selecting from a few different pricing directions:

1. You could charge exactly the same for virtual as you do for in-person. If that's not working out in terms of getting clients or seeing satisfied clients, consider a pricing change down the road.
2. You could offer a lower price tag for virtual services, but sell shorter sessions. For example, a parenting specialist who charges \$200 for a 2-hour in-person consultation might charge \$100 for a 1-hour online consultation. The hourly rate is the same, but the virtual client is spending less overall.
3. Pump up your virtual services by offering additional support and tangible bonuses. Consider, for example, a package price that includes a week of text support after a 30-minute live session, or a deck of birth affirmation cards for everyone who purchases your online birth course. This is where you can really brainstorm about your ideal mix of synchronous and asynchronous care, as well as the physical elements that can help clients feel belonging.

Take a look at this example:

A one-hour virtual consultation includes:

- *Full review of your background information and client survey to make the most of our hour together*
- *A 60-minute 1:1 consultation on Zoom*
- *Follow-up with resources and suggestions by e-mail*
- *One additional week of text support for questions that you may have*

Total price: \$150

Lastly, I want to encourage you to offer some **free content**. This could be, for example, a 10-minute consultation to “see if we’re a good fit,” a free support group for new dads held every first Wednesday, or an infographic download available on your website. Don’t give too much of your valuable information away, but remember that free virtual elements can be great ways to market your services and get nibbles from people you may eventually win over as paying customers.

The last topic of discussion related to structuring your care is the **fine print**: legalities, insurance, privacy, and disclaimers. Let me state my own disclaimer now: just as I'm not a medical professional, I'm not a lawyer, and the suggestions below should not be construed as legal advice! You'll need to do deeper investigations on your own when it comes to legal concerns regarding the virtual services you offer. But I can share some best practices here.

- First, always obtain **consent** to record a session. It's important always to let participants know that you're recording. I find that the most natural way to do this is to say at the beginning of the session: *"Before we begin, I want to let you know that I usually record these sessions in case we need to refer to them later on. Is that ok with you?"* Or for a group meeting: *"if that's not ok with you, please sign off now, and you can watch on demand when I send out the link."*
- Next, consider how **HIPAA** (the Health Insurance Portability and accountability Act) may apply to your work. This act stipulates who can look at or view a person's individually identifiable health information, such as health status, health care received, and payments made to healthcare. HIPAA applies to healthcare providers, such as doctors, psychologists, nurses, and medical establishments like clinics, but even if you don't hold one of those job titles, I recommend that you investigate HIPAA and be certain whether you are bound by it in your own work.

- A related recommendation here is to review the **standards of practice** and **code of ethics** of your certifying bodies and licensing boards. By what organizations are you certified or licensed? Each body has its own code of ethics and standards of practice, and there's a good chance that they have updated these to address concerns specific to virtual care. The responsibility rests on you to make sure you are following all of the requirements and standards set forth by your training and certifying organizations, so take time now to re-read those policies and ensure that you and your virtual services are in line.
- While you're looking into the fine print of your certifying boards, take time also to investigate the details of any **insurance** you have and to understand if and how your coverage extends to virtual support. In my experience, the most straightforward way to accomplish this is to call your insurance provider directly. Better yet (because there will be a written trail), send an e-mail or online chat request so that you can be certain that any virtual services you offer are fully covered.
- Always provide a **disclaimer** about the information you're sharing to give yourself legal protection. Search online or consult with a lawyer to make sure that you have the properly worded disclaimer to protect yourself and your business.
- Do your utmost to keep all of your clients' **data private**. This means using secure, encrypted email, password-protected Zoom sessions, and obtaining written permission to use clients' words and likenesses in anything public that you share.

Equity and Inclusivity

As more and more people have come to understand over the months of the COVID-19 pandemic, equity and inclusivity should be major focus points to all of us who turn to digital tools to offer our services.

This means **striving** for inclusive language, access, and representation in the work that you produce.

It also means being cognizant of **what you're asking of people** in terms of devices, connectivity, and skills. Take time to consider: who might you be leaving out, and what can you do about it?



Equity issues to consider as a provider of online perinatal support:

- **Technology availability** and a person's **ability** to use that technology with ease
 - Rise to the occasion by finding ways to work with clients who don't have the necessary devices or a reliable wi-fi connection at home (for example, by offering phone calls instead of video calls).
 - Adding captions or transcripts for online video content is standard these days and can go a long way in helping your material reach clients with hearing limitations, as well as clients who are not native speakers of your language.
 - Consider also the equity challenges when it comes to the time and bandwidth a client may or may not have to devote attention to your service, or to any assignments you are requiring.
- Respect for **diverse perspectives** and **representation** in your interactions and in the content you produce
 - Share your preferred pronouns in your e-mail signature and Zoom name, and ask your client about their preferred pronouns (easily accomplished in a client intake form)
 - Use inclusive language (such as "parent" rather than "mom") and inclusive imagery to help all potential clients feel respected and connected to your work (see, for example, infographics from @theeducatedbirth).
 - Welcome suggestions for how to make your content more inclusive and accessible—and take those suggestions seriously as you move forward.
- Remember to **include support members** who may feel left out of the loop in virtual care. If a birthing person schedules a consultation, find ways to include that person's support network, for example, by inviting a partner to attend a 1:1 session, and by setting up your e-mails to go to all members of the family who are caring for the child.

To speak of belonging and inclusivity when it comes to virtual support also calls to mind another pitfall of virtual support that we must work to mitigate: **loss of community**.

That lift to morale that comes with sharing an experience. Opportunities for mentoring and career development. When you're a virtual provider, these elements of belonging can be lacking, both for you and for your client, and can result in increased feelings of isolation.

Here are some proven ways you can **boost belonging and community** for in online perinatal work:

- Offer branded swag: a water bottle, a sweatband, a burp cloth with your logo or company name... branded objects subliminally increase feelings of belonging and community for clients.
- Free online meetings or group sessions: consider holding some free events every so often, opportunities to offer spaces for your clients to feel the presence of other people, and to connect with others who are going through what they are going through.
- An annual conference or weekly coffee hour, virtually or (when it's safe) in-person and open to all virtual clients.
- Recognize your team publicly: even if you are a solo provider, give shout-outs in social media or online communications to the people who support you or have supported you along the way. When you represent yourself as connected to a broader village of support, the person you are helping feels emanations of that support, too.
- Send physical packages or letters: tangible reminders that you are thinking of your clients.
- Consider your own mentorship. No matter how far along you are in your journey as a support provider, we can all benefit from learning from our colleagues. Connect with a professional organization in your community, and reach out to start conversations with people you admire.

Customer Satisfaction and Success

Whether you offer virtual support or in-person support, it's vitally important that you check in with your customers to understand how they are feeling about you and your services. Feedback from customers will help you **grow your business** and **expand your skillset**.

If you're not sending out a **satisfaction survey** to all of your clients at the conclusion of your relationship, I want you to start today.

And if your business is the type that maintains clients for long-term relationships, don't wait until your services concluded. Send a survey **every 3-6 months**, just to check in.

Satisfaction surveys are important because they:

- provide a benchmark, helping you understand how you're doing
- give you ideas about where to improve
- provide insights about the kinds of customers you're getting, which could lead to unlocking new products and services or marketing messages that bring in more customers
- offer clients a chance to feel like their voice is being heard, and
- to share honest feedback

You can easily draft a survey yourself in Google Forms (which is free) or in Survey Monkey (which is free for up to 10 questions). Or you can reach out to someone else to deploy that survey for you, like a freelance researcher who specializes in customer feedback.*

Survey creation could be a different class entirely, because there are so many nuances to consider and so many ways to unlock information, but for the purposes of this overview, let me offer a **quick-start guide** so that you can create your own satisfaction survey today.

Start with a **baseline satisfaction question**. You could ask customers to rate their satisfaction with your services using smiley faces, or using a scale that ranges from "not at all satisfied" to "very satisfied." You could also opt for a more complex metric like Net Promoter Score ("how likely are you to recommend us to a friend or colleague?")

Immediately after the satisfaction question, provide a free text box that invites the respondent to "**please explain your answer.**"

You can ask additional questions after that, such as: *what did you find the most valuable*, or *what could we do even better*? But always finish with my favorite question: *Do you have anything else to add?* I still can't believe how many surveys leave this question out and instead just abruptly end, leaving me with a little bit more to say and nowhere to say it.

One more question that I recommend you include is *May we use your words on our website or in other company material?* offering these three answer choices:

- *No, please keep my answers private.*
- *Yes, you may use my words anonymously, or*
- *Yes, you may use my words along with my first name.*

*Someone like me! Please reach out if you'd like my research firm to deploy and/or analyze a customer survey on your behalf.

And that's your satisfaction survey.

In addition to customer satisfaction, it can be especially helpful in virtual support to ask a few questions inspired by the **global assessment of functioning** evaluation that mental health providers ask their clients. These questions will help you understand a client's needs and progress. Here are some examples:

- *My doula helps/helped me feel comfortable in our discussions*
- *My doula's suggestions and efforts are helping/helped me*
- *My doula has the skill/expertise needed to assist me*
- *My overall experience with my doula has been positive*
- *The assistance I receive from my doula has made things better*

Let clients rating wither they agree with, disagree with, or feel neutral about each statement.

These questions will help you hone in on what makes for a valuable virtual session, and what skills in particular you need to grow to be more effective.

Remember that your **confidence level** is most important to the success of virtual care. If you believe that your virtual care is valuable, you will be better at it! If you're new to virtual care, consider donating pro bono sessions as a way to build your own confidence and experience, to gather feedback, and to help people who otherwise may not have reached out.



Get Started Now!

We've covered so much ground in this book, and I hope you're excited to start implementing the learnings in your own virtual practice. But before you hit the ground running, there are a few final points to bear in mind, so that you can be on your guard.

- Remember to consider your **ergonomic health**. With virtual meetings come much more sitting down, and much more typing. Be cognizant of the toll that could be taking on your body, and compensate by stretching and taking breaks.
- Virtual care makes it harder to intervene in **emergency situations**. You receive fewer cues to help you identify pressing needs like depression and abuse. You can combat this by, for example, developing an emergency action plan with your client, and by sharing resources for abuse from the outset, before anything has come up.
- The last point here is that with virtual care, you are just not **physically there** with your client. This makes it much harder to teach positions and to correct postures or movements. And it's impossible to snuggle a baby or offer a real hug through a computer. Technology has not found ways to compensate for these major physical elements of in-person perinatal support. But we can still offer deeply meaningful support and vitally helpful guidance from behind our screens. Many of us are looking forward to balancing virtual hugs with real hugs as soon as it's possible. But until then, **have faith** in the value that you are bringing to your clients.

Now it's your turn.

Now that you've learned so much about best practices in virtual perinatal support, it's time for you to take the plunge and expand your online offerings.

Here's my **challenge** to you. *Today*, you'll be writing the **description** for your online services, and creating a **self-introduction video** to post online or on social media.

FIRST: Determine 1-3 online services/service packages you're prepared to offer. Remember to mix asynchronous offerings with synchronous offerings to achieve the ideal balance of care. Make a list of those services, complete with the elements discussed in previous chapters (what's included, goals or objectives, and a brief sketch of the curriculum or agenda of what you'll cover).

Services

NEXT: Write a one-minute script to pitch yourself and your services. You can follow this template format, or develop your own:

Hi, I'm _____ from _____.
name *company name*

I'm a _____ who specializes in
your role

_____.
your favorite aspects of your field

I'm passionate about what I do, because _____

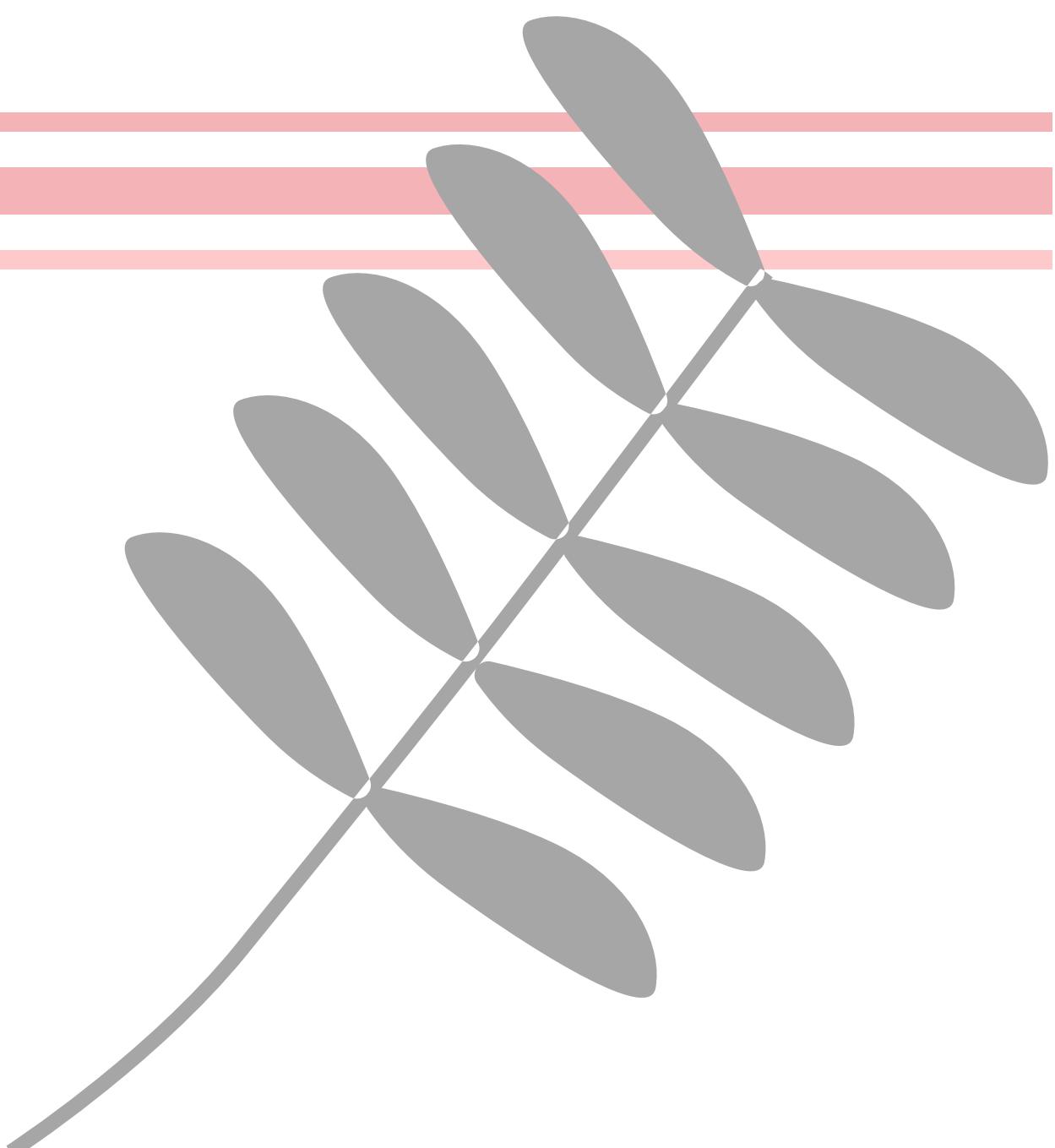
_____.
personal detail

And I'm excited to help you _____,
service(s) you're offering

because _____.
additional personal detail

FINALLY: Plant yourself in front of some natural light and a stationary phone camera, and **record**! You can edit your clip with basic video editing software like iMovie, InShot, or HD Movie-Maker Pro, or you can just try several takes until you get it “right” as-is, without the need for editing.

When you’re pleased with your self-intro video, post it on your website, your LinkedIn page, your Facebook page or other social media, and start collecting reactions.



Virtual support has been absolutely fundamental to the perinatal journeys of so many families during the pandemic, and it will undoubtedly continue to thrive in the years ahead. Thank you for taking the time to make your virtual support the best it can possibly be. I wish you the best of luck as you continue to expand your reach and make your mark.

Thanks for reading!

Bibliography

Allen, Tammy D., et al. "How Effective Is Telecommuting? Assessing the Status of Our Scientific Findings." *Psychological Science in the Public Interest*, vol. 16, no. 2, Oct. 2015, pp. 40–68. DOI.org (Crossref), doi:10.1177/1529100615593273.

Barak, Azy, et al. "A Comprehensive Review and a Meta-Analysis of the Effectiveness of Internet-Based Psychotherapeutic Interventions." *Journal of Technology in Human Services*, vol. 26, no. 2–4, July 2008, pp. 109–60. DOI.org (Crossref), doi:10.1080/15228830802094429.

Bengtsson, Jonas, et al. "Therapists' Experiences of Conducting Cognitive Behavioural Therapy Online Vis-à-Vis Face-to-Face." *Cognitive Behaviour Therapy*, vol. 44, no. 6, Nov. 2015, pp. 470–79. DOI.org (Crossref), doi:10.1080/16506073.2015.1053408.

Buxton, A. Carly. *Virtual Perinatal Support Survey*. Google Forms. <https://forms.gle/nVxux1T5rVjvjbNbA>.

Campbell, Narelle, et al. "How Do Allied Health Professionals Construe the Role of the Remote Workforce? New Insight into Their Recruitment and Retention." *PLOS ONE*, Dec. 2016, pp. 1–15.

Ekberg, Stuart, et al. "Managing Clients' Expectations at the Outset of Online Cognitive Behavioural Therapy (CBT) for Depression." *Health Expectations*, vol. 19, no. 3, June 2016, pp. 557–69. DOI.org (Crossref), doi:10.1111/hex.12227.

Finn, Jerry. "MSW Student Perceptions of the Efficacy and Ethics of Internet-Based Therapy." *Journal of Social Work Education*, vol. 38, no. 3, Oct. 2002, pp. 403–19. DOI.org (Crossref), doi:10.1080/10437797.2002.10779107.

Glei, Jocelyn K. *Unsubscribe: How to Kill Email Anxiety, Avoid Distractions and Get Real Work Done*. 2016.

Goss, S., and K. Anthony. "Developments in the Use of Technology in Counselling and Psychotherapy." *British Journal of Guidance & Counselling*, vol. 37, no. 3, Aug. 2009, pp. 223–30. DOI.org (Crossref), doi:10.1080/03069880902956967.

Grevstad, Eric. "All Signs Point to Telecommuting." *PC Magazine Digital Edition*, Jan. 2016.

Haberstroh, Shane, et al. "Facilitating Online Counseling: Perspectives From Counselors in Training." *Journal of Counseling & Development*, vol. 86, no. 4, Oct. 2008, pp. 460–70. DOI.org (Crossref), doi:10.1002/j.1556-6678.2008.tb00534.x.

---. "Strategies and Resources for Conducting Online Counseling." *Journal of Professional Counseling: Practice, Theory & Research*, vol. 37, no. 2, Sept. 2009, pp. 1–20. DOI.org (Crossref), doi:10.1080/15566382.2009.12033857.

Karis, Demetrios, et al. "Improving Remote Collaboration With Video Conferencing and Video Portals." *Human–Computer Interaction*, vol. 31, no. 1, Jan. 2016, pp. 1–58. DOI.org (Crossref), doi:10.1080/07370024.2014.921506.

McMillen, Paula S., and Dale-Elizabeth Pehrsson. "Improving a Counselor Education Web Site Through Usability Testing: The Bibliotherapy Education Project." *Counselor Education and Supervision*, vol. 49, no. 2, Dec. 2009, pp. 122–36. DOI.org (Crossref), doi:10.1002/j.1556-6978.2009.tb00092.x.

Murphy, L., et al. "Client Satisfaction and Outcome Comparisons of Online and Face-to-Face Counselling Methods." *British Journal of Social Work*, vol. 39, no. 4, June 2009, pp. 627–40. DOI.org (Crossref), doi:10.1093/bjsw/bcp041.

Murphy, Lawrence J., and Dan L. Mitchell. "When Writing Helps to Heal: E-Mail as Therapy." *British Journal of Guidance & Counselling*, vol. 26, no. 1, Feb. 1998, pp. 21–32. DOI.org (Crossref), doi:10.1080/03069889808253835.

Neufeld, Derrick J., et al. "Remote Leadership, Communication Effectiveness and Leader Performance." *Group Decision and Negotiation*, vol. 19, no. 3, May 2010, pp. 227–46. DOI.org (Crossref), doi:10.1007/s10726-008-9142-x.

Richards, Derek. "Features and Benefits of Online Counselling: Trinity College Online Mental Health Community." *British Journal of Guidance & Counselling*, vol. 37, no. 3, Aug. 2009, pp. 231–42. DOI.org (Crossref), doi:10.1080/03069880902956975.

Richards, Derek, and Noemi Viganó. "Online Counseling: A Narrative and Critical Review of the Literature: Online Counseling: A Narrative Review." *Journal of Clinical Psychology*, vol. 69, no. 9, Sept. 2013, pp. 994–1011. DOI.org (Crossref), doi:10.1002/jclp.21974.

Smith, Anne Kates. "Make Working at Home Work." *Kiplinger's Personal Finance*, Jan. 2013, pp. 61–65.

Watson, Joshua C. "Online Learning and the Development of Counseling Self-Efficacy Beliefs." *The Professional Counselor*, vol. 2, no. 2, May 2012, pp. 143–51. DOI.org (Crossref), doi:10.15241/jcw.2.2.143.

Wentzel, Jobke, et al. "Mixing Online and Face-to-Face Therapy: How to Benefit From Blended Care in Mental Health Care." *JMIR Mental Health*, vol. 3, no. 1, Feb. 2016, p. e9. DOI.org (Crossref), doi:10.2196/mental.4534.