

Does your answering machine's message speak well of you?

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Telling patients in crisis to call 911 or go to the nearest ER might imply that you are unable or unwilling to deal with emergencies

Your answering machine's outgoing message contains a wealth of information that goes beyond "I'm not here right now." Carefully consider these messages because they communicate to your patients important information about you and your treatment philosophy.

Three "C's"—callbacks, contact, and crisis—can help you think about the nuances and implications of creating an appropriate outgoing answering machine message.

Callbacks. In their messages, some psychiatrists provide a timeframe within which they will return patients' phone calls—such as within "1 business day"—whereas others intentionally omit any reference to time. What is said or omitted about callbacks speaks to your responsiveness and sets a precedent for how you will address patients' time-related concerns.

Some patients may find comfort in knowing when they can expect a return call. This reassurance, however, also might perpetuate a patient's unrealistic fantasies and expectations about you, such as that you always will immediately respond to the patient's concerns.

Contact. Patients often are unsure about how to contact their doctors after office hours or during weekends. You can handle this concern by providing alternate phone numbers such as a mobile phone, answering service, or covering physician.

After-hours contact establishes your availability. Although no doctor can be

available to every patient all the time, your patients' perception of your availability is important, particularly to personality-disordered patients who have not achieved object constancy. For some clinicians, this means their answering machines contain reference to how they can be contacted after hours. Other clinicians, however, omit this information because they may believe patients need to learn how to self-soothe, and constant availability may hamper this process.

Crisis. How you will handle a crisis can bring up feelings of uncertainty and danger in patients. Statements such as "If you are having a psychiatric emergency, please call 911 or go to your nearest emergency room" might communicate to the patient that you are unable or unwilling to deal with emergencies. Subsequently, the patient might not be comfortable discussing some topics in treatment because of anxiety about whether you can handle intense therapeutic situations.

A more neutral statement that might be preferable would be: "If you are having an emergency and are unable to communicate with me in a timely manner, you may go to the nearest emergency room." Stated in this way, you establish your willingness to deal with emergent situations and encourage rather than merely outsource or avoid contact.

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