EUROPEAN ASSOCIATION for PSYCHOTHERAPY

Interim Advice for Conducting Psychotherapy Online

In response to the Covic-19 pandemic, many therapists will consider working online with their clients – to maintain their therapeutic contact but minimising the risk to both client and therapist.

"Online therapy" usually refers to four formats: phone; video-conferencing; structured email therapy; and Instant Messing (I.M. or 'text-chat').

There is robust evidence that online psychotherapy is effective – but it is not for everyone – client or therapist. And whilst online therapy shares theoretic concepts and many practices with face-to-face therapy (F2F), there are also differences – just as there are differences between, say, individual therapy and couples therapy.

This document is provided to indicate some of the issues you will have to consider, if you have not worked online very much. It is meant as an interim measure and should not be considered the same as full training.

It has been drafted by Adrian Rhodes, former President of EAP and currently Chair of ACTO – the "Association for Counselling and Therapy Online" (U.K.). It is not a comprehensive document; further revisions will be brought to the Board of EAP for consideration and ratification.

Assessment

Assessment is difficult and needs careful attention.
Those unfamiliar with online working or without training will be more cautious when accepting online clients.
In particular, you will have to pay attention to:

- Risk – how to assess, monitor and respond to:
    - Risk of suicide and self-harm;
    - of potential harm to others;
    - of risk to the client from someone else;
    - the presence of personal support
    - and the need to gather local information to respond to any potential risk.

- The psychological profile of the client:
    - Ego strength
    - Use of drugs and alcohol
    - Depression
    - Personality disorders etc.

- You will need to think carefully about what contact details you need to have – including health-care or social-care professionals local to the patient.

Confidentiality and Security

- "Skype" is not considered to be a secure way of seeing patients.
  - See the 'Good guidance Note on Skype' at: https://acto-org.uk/faq/

- Many online therapists use Zoom.us (https://zoom.us/) as it is highly secure.
  - It meets the very high standards of "HIPAA" - the USA legal system for online security;
    - (https://www.hhs.gov/hipaa/for-professionals/index.html);
  - Zoom has a free service which allows one-to-one meetings;
  - Clients do not need to install Zoom on their computers.

- You will have to remind your clients to:
  - Find a private, secure place for sessions (not in a bar or a taxi!);
  - Ensure that others cannot overhear sound or see the screen;
  - Beware of speaking too loudly, if wearing headphones;
  - Discuss with your client whether they or you can/cannot record the session;
  - If they can keep a direct record of sessions, they must keep the recording in a secure, protected file
  - They might wish to clear their browser history or email – or texts – after a therapy session, to avoid others breaching their privacy.

- You will also need to keep recordings, computerised notes, contact details etc in secure protected files – as you would keep physical notes in a locked filing cabinet.
  - You may wish to use a secure email such as Hushmail (https://www.hushmail.com/) or ProtonMail (https://protonmail.com/).

Contracting

You may wish to re-write your contract to cover online work:

- For your client to give consent to work online – and what form of therapy;
- To specify that the work is covered by the legal system of your own country;
- And that the work is covered by your professional body for ethics and complaints (and give a link).
- You should state that you are not able to provide close 'emergency' care and confirm that they know how to access that locally;
- You will need to pay attention to having details of a 'safety contact'.
- To cover how payment will be made:
  - Payment is advance is recommended;
  - Some offer different rates or 'block booking' for working online;
  - Clients may have a right to cancel an online 'service' in a certain time.
- You may wish to put in the contract that you retain ownership of any 'recording' of the session (video, emails, texts).

"Governance" issues

- You need to ensure that your insurance (or that of an employer) covers online work – particularly if it is international;
- Check that your professional body or legal system does not have specific rules/laws governing online work;
- If working internationally, you need to check if there are laws in that country restricting the practice of psychotherapy.
- You will need to update (or create!!!) 'Privacy/GDPR' and 'Social Media' policies which cover online work.

- o [See mine: http://adrianrhodes.net/social-media-policy/ and http://adrianrhodes.net/privacy-policy/
- o **Please note:** these are copywrite!]

Technical Issues

- You (and the client) will need (depending on the media you use):
    - o Computer, tablet, smartphone (not recommended) - with:
    - o Camera, microphone;
    - o Possibly headphones.
    - o Sufficient internet 'broadband width' or 4G signal for the medium you use.

- Ensure you are able to use the technology; practice beforehand.

- Have a 'back-up plan' of the technology fails:
    - o Either another device or an email or phone number they can use.

- Pay attention to the privacy and security of the session at your end.

- If working internationally, check out the security of the internet in the client's country. Good information is available at: https://en.wikipedia.org/wiki/Internet_censorship_and_surveillance_by_country - and for Human rights, check https://en.wikipedia.org/wiki/List_of_human_rights_articles_by_country .

- Structured email therapy is '*asynchronous*' :
    - o i.e. it isn't a 'simultaneous' exchange of emails.
    - o Typically, a patient will spend a 'session' (e.g.50 minutes) writing an email and sending it to the therapist on, say Tuesday.
    - o The therapist *may* read it then – but, at a later time (say, Thursday) will read it (again) and respond in an email written in 50 minutes.

- Instant Messaging (I.M. – text-chat) is *synchronous* :
    - o the therapist and client text each other for the agreed session time (say, 50 minutes);
    - o IM if done directly on a smart-phone, computer or tablet, the client will have a copy of the session; think about whether you want that;
    - o If IM is done on a secure platform such as Zoom, you are able to control any recording;
    - o More than any other therapy, this requires a skilled use of counter-transference;

Clinical Issues

People act differently online; you may have to adapt your theoretical perspective or clinical techniques to respond. In particular:

- 'Digital Natives' who have grown up with the online world, are much more familiar with it than 'digital immigrants' who have had to learn later in life.
- You will probably lose 'presence' with some clients – yet others will flourish and seem more intimate online – especially in phone or I.M. work.
- The "online disinhibition effect means that some people open up very quickly and more intensely online. This can be startling at first. (https://www.researchgate.net/publication/8451443_The_Online_Disinhibition_Effect)

- As a result, defences and resistances can be much reduced.
- The 'power differential' is changed to a much more equal relationship:
  - You will not 'own' the therapy as much;
  - Clients are often more 'natural' than in F2F setting;
  - They act more like 'customers' than 'patients';
- Similarly, 'free association' should be seen as different online:
  - clients will be 'meeting' in their own space;
  - they can show you photos; artefacts etc.
  - they can 'arrive' seated in different rooms at home – or in the garden;
- Clients can also use pets, cushions, food etc as defences;

However, all this is *material* to be considered and incorporated – not condemned.

- Working with structured email, phone or I.M. ('text') can be very intense if done properly (and the 'counter-transference' is particularly important). However, a careless therapist can easily be distracted & lose concentration.
- Different modalities can – must - adjust their techniques – e.g. art psychotherapy, Cognitive Analytic Therapy – even psychoanalytic therapists.
- You will need to pay particular attention to sound, to lighting and to the background if using video; practice this with the eye of the client before starting to work online.

Therapists can get overly concerned about things happening in online therapy. However, there are often parallels in F2F (face-to-face) therapy.

- Patients arrive late and keep us waiting;
- They leave abruptly – walking out < >shutting the laptop lid;
- The signal drops out < > someone knocks at your door;
- They dress or act inappropriately. (I once had a patient arrive naked to a F2F session when working in a hospital!);
- They can leave us with anxiety about their safety at the end of sessions – both F2F and online – and unable to 'act'.

You will have to give particular attention to the ending of therapy – and how they will be supported.

Supervision and training

As online work is, in most ways, very similar to F2F therapy, it is easy to be complacent. Consider finding a supervisor who knows online work.

Even better, find a good training in online work.
[ACTO recommends a post-qualification Diploma of 80 hours of training.]

Finally, ACTO is formulating 'Competences' for online therapy. A first draft is available at: https://acto-org.uk/acto-recommended-competences-for-counselling-and-psychotherapy-online/

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