In response to the Covid-19 pandemic, many therapists have chosen to work online with their clients.

"Online therapy" usually refers to four formats: phone; video-conferencing; structured email therapy; and Instant Messaging (I.M. or 'text-chat').Other forms of online therapy include avatar therapy or gaming therapy.

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 some significant differences – just as there are differences between, say, individual therapy and couples' therapy.

This document is provided to indicate some of the issues that you will have to consider, if you are not familiar with working online or have not received any specific training. It is meant as an **interim measure** and should not be considered the same as a proper training. It has been prepared by Adrian Rhodes, former President of EAP and currently Chair of ACTO – the "Association for Counselling and Therapy Online" (U.K.). This is **<u>not</u>** a comprehensive document, but guidance about major issues which arise in working online.

There will probably be advice or guidelines similar to this, provided by your professional associations: National & Modality-based (if not, ask, 'Why not?').

Assessment

Assessment is difficult and needs careful attention. Those unfamiliar with online working or without any training will need to be more cautious when accepting any new clients for online therapy.

In particular, you will have to pay attention to:

Risk – how to assess, monitor and respond to:
- Risk of suicide and self-harm;
- Risk of potential harm to others;
- 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.

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

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

Confidentiality and Security

Other than purely telephonic contact – including FaceTime, there are several different communication "platforms":

- "Skype" is not considered to be a secure way of contacting patients. See the 'Good Guidance Note on Skype' at: (acto-org.uk/faq)
- Many online therapists use "**Zoom**" (zoom.us) as it is possibly more secure: it meets the very high standards of "HIPAA" - the USA legal system for online security; (www.hhs.gov/hipaa/for-professionals/index.html);
- *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 you agree that they can keep a direct record of sessions, they must keep the recording in a secure, protected file;
- After a therapy session, clients might wish to clear their browser history, emails, or texts - to avoid others breaching their privacy;
- You will also need to keep any 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 system specifically for psychotherapy work - such as Hushmail (www.hushmail.com) or ProtonMail (protonmail.com).

Contracting:
You may wish to re-write your contract between you and the client so as 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';
- You should cover how payment will be made:
  - Payment is advance is suggested;
  - Some therapists offer different rates or a 'block booking' for working online;
  - Clients may have a right to cancel an online 'service' within 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 will need to ensure that your insurance (or that of an employer) covers online work – particularly if working internationally;
- Check that your professional body or legal system does not have specific standards/laws governing online work;
- If working internationally, you will need to check if there are any laws in that country restricting your practice of psychotherapy with clients in that country.
- You will need to update (or create!!!) 'Privacy/GDPR' and 'Social Media' policies which cover online work.
  [for examples see mine: adrianrhodes.net/social-media-policy and adrianrhodes.net/privacy-policy. Please note: these are copywrite!]

Technical Issues:
- You (and the client) will need (depending on the media you use):

- Computer, tablet, smartphone (not recommended) - with:
- Camera, microphone;
- Possibly headphones.
- 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:
  - 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:
  en.wikipedia.org/wiki/Internet_censorship_and_surveillance_by_country - and for Human rights, you can check: en.wikipedia.org/wiki/List_of_human_rights_articles_by_country.

Written On-line Issues:
- Structured email therapy is '*asynchronous*':
  i.e. it isn't a 'simultaneous' exchange of emails. Typically, a patient will spend a 'session' (e.g. 50 minutes) writing an email and sending it to the therapist on, say Tuesday. The therapist may read it then – and/or, 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*':
  i.e. the therapist and client text each other for the agreed session time (say, 50 minutes);
- IM, if done directly on a smart-phone, computer or tablet, may mean that the client has a copy of the session; you may need to think about whether you want that;
- If IM is done on a secure platform (such as Zoom), you are more able to control any recording;
- More than any other type of therapy, this requires a skilled use of countertransference;

Clinical Issues:
People act differently when online; you may have to adapt your theoretical perspective or clinical techniques to respond. You may also – if videoing – want to check any mannerisms or facial expressions. In particular:
- 'Digital Natives' who have grown up with the online world, are much more familiar with it than most polder psychotherapists who are 'digital immigrants' and have had to learn later in life.
- You will probably lose a degree of 'presence' with some clients – yet others will flourish and the relationship *can* 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 quite startling at first. As a result, defences and resistances can be much reduced:
  (www.researchgate.net/publication/8451443_The_Online_Disinhibition_Effect)
- The 'power differential' is also changed to a much more equal relationship:
  - You will not 'own' the therapy as much;
  - Clients are often more 'natural' than in a normal face-to-face (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 even in the garden;
- Clients can also use pets, cushions, food, etc as defences or as comfort issues;

However, all this is 'material' that needs to be considered and incorporated into the therapeutic dynamic – and not to be criticised or judged in any way.

Therapist Self-Care:
- Working with structured email, phone or I.M. ('text') can be very intense, if done properly (and the 'counter-transference' is particularly important). However, if care is not taken, the therapist may easily be distracted &/or lose concentration.
- Working through a different medium (especially video), can cause additional strain on the eyes, but also on the brain – and the back. Make sure that you take proper breaks.
- Therapists from different modalities – can – must – should – adjust their techniques and methodologies appropriately – e.g. art psychotherapy; body-oriented psychotherapists; cognitive analytic therapy; hypno-psychotherapy – 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 differently in online therapy: i.e. there is a very different 'power' or positional (proxemic) dynamic. However, there are often parallels in face-to-face (F2F) therapy. •
- Patients sometimes arrive late and keep us waiting;
- They may leave abruptly – walking out <=> shutting the laptop lid, breaking contact;
- The signal drops out <=> someone knocks at the door;
- They can leave us with anxiety about their safety at the end of sessions – both F2F and online – and the therapist is unable to 'act'.
- There are different payment issues: the therapist doesn't have to pay room rent; the client doesn't have to travel to the session; payment cannot be done in person.
- You may also have to give particular attention to the ending of therapy – and how the client will be supported – especially if they are in self-isolation, or in a lock-down situation during this CoVid-19 pandemic.

Supervision and Training:
As online work is, in most ways, very similar to F2F therapy, it is easy to become complacent. Consider finding a supervisor who is experienced in online therapy work.

Even better, consider a good supplementary training in online therapy [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: acto-org.uk/acto-recommended-competences-for-counsellingand-psychotherapy-online/

As a last comment, to a psychotherapist who is coming to online work suddenly – and perhaps reluctantly – it can seem alien, complex, unsatisfactory. Yes – it can be! It is not for everyone. But, online psychotherapy can also be extremely stimulating – and it challenges F2F therapists to rethink their understanding of the psychotherapeutic encounter. Let's explore!

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