

Providing therapy and services online

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Recommendations for conducting successful online therapy.

These recommendations while not exhaustive, are designed to support you to move to using online platforms for both therapy and supervision. While much of the language and skill training is directed at therapy, this is equally transferable to the provision of supervision.

Choosing a platform to work on

- You need to choose a suitable platform to work with, for example, Skype, Zoom, Teams, Facetime or WhatsApp.
- Platforms should allow end to end encrypted video calling.
- COSRT does not recommend one platform above another it is the therapist's responsibility to ensure it is fit for purpose.
- You may find you need more than one, dependent on the service user's technology.
- Details of how to use platforms and amend security settings etc. can be found easily through online searches. Full instructions will be available from the providers, and numerous 'how to' videos can be found online, for example, on YouTube.
- No platform is totally secure.

Security considerations

These recommendations are not exhaustive but cover the main issues.

- Make sure settings only allow the host to share files or screen share.
- Password protect all meetings and emails.
- Ensure you use virus check and firewalls.
- Be careful about how you share links to avoid anyone external using the link.
- Lock your meetings when all participants are present.
- Use a new meeting link for each client session – do not re-use a previous meeting link as social groups often do.
- Consider using a VPN - Virtual Personal Network to increase your security.
- Keep your mic turned off unless you are speaking or use a headset.
- Use virtual backgrounds to hide your surroundings and offer neutrality.
- Clear cookies after every call.
- Make sure you are [registered with the ICO](#) (Information Commissioner's Office).
- Ensure you have suitable computer virus protection and make sure you update this. Turn your computer off when not in use and make sure it is password protected.
- Ensure only you use the computer that you use to see clients.
- Consider using an encrypted email system.
- There is no such thing as a complete security, all we can do is minimize the risks.

Practicalities

- Practice using the platform of your choice with a colleague / supervisor or family member, so that you are competent in its use and in the services that it offers e.g., white board. You must ensure you are competent before you attempt to use this means of therapy with clients or in supervision or this will detract from the therapeutic process.
- You must have a clear space where you will not be interrupted and where noise is at a minimum.
- A back up plan should be in place in case the technology fails, and you should both be clear how you will switch to this. The telephone is normally the easiest, least stressful, and most reliable.
- Some platforms allow a waiting room which supports professionalism and gives a sense of 'entering a different space', it is a more real life experience.
- You may need to have a practice with your service user before using the online platform to deliver therapeutic services. An introduction session may help alleviate stress and disruption in later clinical sessions which will detract from the therapy. It will also allow an opportunity to detail expectations and limitations of the sessions.
- You should consider where and how you sit for optimal lighting and positioning. The aim is that the service user and therapist can see one another clearly on screen with little or no visual distraction from too little or too much light.
- If you are seeing a couple, make sure they can equally share the screen or access from two separate computers or phones.
- Make sure all participants are equally represented on the screen, gallery view is often better for this.
- Session timings should be made clear in advance.
- Details of the session including any relevant links/login details and timings should be emailed well in advance and follow security guidance (see above).
- Manage the timings of the sessions carefully so that the session does not just end. Allow time for a review of the session and to plan the next session.
- Ensure your desktop is clear and nothing confidential or personal is in view.
- Turn off notifications.

Personal Practicalities

(See also Andrew Galliford Yates Chair of COSRT blog in appendix)

- The angle of the screen is very important as it can be distracting being viewed from below to up as well as causing neck ache. This can be resolved by using a laptop rise and fall stand.

- Using a headset allows for easier hearing, privacy and hands free to type and screen share. It also preserves confidentiality.
- The spectacles! These are the bane of many online therapists, varifocals and bifocals can be difficult, this is easily sorted by reading glasses.
- The chair. Make sure you have a comfortable computer compatible chair, or you may suffer backache.
- Keep your space free and uncluttered it is distracting to see a cluttered space for the service user.
- Remember to move between sessions. Ideally do not go from one session to another, take ten-minute breaks in between and move about. The health and safety executive recommends frequent shorter breaks rather than less frequent longer breaks. Stretch, walk, and take deep breaths.
- Wear comfortable clothing, ideally reasonably neutral so as not to distract the service user.
- Ensure you have water to drink and remember to drink it, talking is dehydrating tiring work.
- Where possible open a window to allow air to circulate, this will keep you fresh and alert between sessions.
- If you are working within your home put a note on the door to alert anyone not to enter. It is easy for family members to forget and barge in!
- Think self-care, diet, and exercise. Bad habits are easy to fall into at home!

Privacy and professionalism

- The therapist should be available for session promptly, it is the service user's responsibility to arrive at the online appointment.
- COSRT requires that all efforts are made to guarantee maximum confidentiality during online sessions. This can and ideally should include both therapist and service user being in a private space alone.
- Some therapists like to use headphones to minimise any confidentiality breach of being overheard at their side, even when using a suitable space.
- Ideally, the therapist and client should not conduct online sessions in personal spaces such as a bedroom.
- Some platforms enable the use of a neutral background to block the home environment out, this is very helpful. If your chosen platform does not allow this, please create a neutral background as far as possible.
- There should be no-one in the rooms being used by the service user and therapist.
- It is very important that the session is considered in the same way as a face to face session. Dress and behaviour should be appropriate, professional and timekeeping punctual.

- There should be no eating in sessions or drinking other than a beverage you might normally offer.
- There should be no recording of sessions even if the platform allows this. This is normally under the control of the host but should be specified.
- Be aware of, and check that there is no SIRI or ALEXA in the room overhearing the session as this is a security risk.

Clinical considerations

- Online management of clients is exactly as it would be in face to face work. You should take all appropriate personal details, contacts next of kin etc. and store with anonymised notes according to GDPR law. (Be aware of post Brexit changes)
- If you normally use an evaluation measurement tool e.g., CORE 34 please still use this by emailing ahead of the session for completion alongside your client agreement and conditions under which therapy is offered. This should be signed and dated.
- It is considered good practice to start the first session online with an arrival exercise and ending the session in a timely manner and leaving the therapeutic space together.
- When attending face to face the service user has time to unwind and decompress before returning to the world, this may not be the case online as they may immediately leave the room and enter family life
- Be aware that online therapy may move very fast as there is a tendency to dis-inhibit online. You may need to manage this.
- During the therapy session, the service user may experience a resemblance of a traumatic event, you should be aware of this and if the client notices any trauma, they need to notify you.
- Dissociation is easier to spot in person/face to face but may be difficult to identify online. Please note that if online therapy causes any abreaction, you will need to discuss this with the service user and your supervisor and jointly decide about future sessions for their benefit.
- Make sure you undertake an assessment to scrutinize the client's suitability for online therapy. Consider their competence with a video platform. Also, any conditions that may not make this the best choice of medium. Some service users whose presenting issues are around online compulsive behaviours may be triggered using webcams for example. As such it may be more appropriate to use the telephone. Please use your professional judgement and undertake a thorough assessment.
- If there is any risk of suicide, ensure you follow normal protocols and conduct a full assessment and if required inform key workers. Always ensure the client has backup when you are unavailable i.e. details of local services etc. Use supervision!

- If you are working with children, you must be appropriately trained.
- Be aware that international laws differ regarding same sex relationships, domestic abuse child protection etc. This could mean a greater risk and as such may contra-indicate the use of online therapy in certain regions.
- It is imperative your insurance covers any locality you are working in.
- You must check your insurance is valid.
- Your supervisor should be online trained.
- Ensure that your therapeutic executor has all your service users details up to date in the event of your illness.

Interpersonal violence

- Identify the behaviour and how it is being exhibited. Don't panic and feel pressed into immediate action.
- Remember it is hard to see who is in the room or behind the camera so be careful what you say.
- Be aware of safety factors before identifying or naming an abuse.
- Where are the children, if any?
- Listen to the language – and be aware of any power dynamics.
- Be cautious in your own language.
- Identify who is at home and how are they coping.
- Identify client's agency, choice, control during session, are they happy to have a 1:1 confidential session?
- What do they do when there is a conflict – maybe even explore conflict resolution resources from the past.
- Ask the client or the couple what they think is going on.
- Be clear yourself what you think is going on and why – evidence it, clarify, ask until you are clear.
- If a disclosure is required, speak to supervisor/organisational lead and follow guidance.
- Never let the client invite you to the session on zoom.
- The session cannot be recorded if you are the host - You need to be in control.
- Online - make sure you can see the client/couple (not just the face) – suggest own laptops.
- You can add extra information for the service user into the signature of your email as a way of information giving that the abuser will not pick up. e.g.

Fred Bloggs

Psychosexual and Relationship Therapist

Stonewall – Acceptance without exception

Child Protection and safeguarding

In UK for the purposes of safeguarding, a child is anyone who has not reached 18 (Scotland slightly different laws)

There are four types of abuse physical, emotional, neglect and sexual.

England, Scotland, Ireland, and Wales each have their own systems and laws in place to protect children.

Each has a framework in place to identify those at risk and protect children from further harm.

Remember **everyone** who has contact with children and families, has a responsibility to work to protect children. It is advisable to:

- Undertake safeguarding training.
- Keep up to date with different types of abuse e.g., online social media.
- Ensure you know the policies of any organisation you are working within.
- Ensure suitable supervision to support you in the event you are faced with such an issue.
- Be aware safeguarding may also apply to vulnerable adults.

The service user contract and online therapy

The following suggestions offer ideas that you may want to attend to and make explicit within your agreement when working online. Some may not be applicable due to the constraints of the environment or professional requirements (such as NHS bodies). However, they should be considered good practice and read in conjunction with the COSRT Code of Ethics and Practice, and Code of Ethics and Practice for Supervisors.

- Online management of clients is exactly as it would be in face-to-face work. You should take all appropriate personal details, contacts next of kin etc. and store with anonymised notes according to GDPR law.
- If you normally use an evaluation measurement tool e.g. CORE 34 please still use this by emailing ahead of the session for completion alongside your client agreement and conditions under which therapy is offered. This should be signed and dated.
- Your agreement should take account of the important aspects of online work that you both will need to make adjustments for. Similarly, some therapists use a “permission to contact” form re key stakeholders such as GP, Social Worker, or Probation Officer. Again, such permissions should be emailed and signed.
- Be clear about the payment method, how and when you will expect to be paid. Normally BACS transfer is the easiest. In these times when we may have service users who are unknown to us it may be a consideration to take the first fee ahead of the session for safety. This is so you know that the person is attached to a bank account, address etc.

- You can use online booking apps such as Fresha which take a deposit to avoid wrangling over cancellation fees.
- For overseas use IBAN or Stripe.
- Make clear that the session should take place in a private secure room where there will be no interruption or presence of other household members, children, or pets. Ideally it should not be a bedroom. Many platforms enable the use of a neutral background to block the home environment out, this is very helpful.
- It is very important that the session is considered in the same way as a face to face session. Dress and behaviour should be appropriate, professional and timekeeping punctual.
- There should be no eating in sessions or drinking other than a beverage you might normally offer e.g. water.
- You should make sure all parties understand the technology and have a backup plan if the technology malfunctions e.g. moving to telephone.
- If you intend to use techniques like a white board this may need practice together so make allowance for this prior to a full session.
- If you are seeing a couple, make sure they can equally share the screen or access from two separate computers. Screen sharing should be equally represented for all parties.
- The session timing should be clear and how you will notify the service user regarding the start of the session. You may have to email a login link so give specific instructions as to how you will interact. Some platforms do not allow others to join and provide a waiting room for use until you are in your seat and this may be helpful.
- There should be no recording of sessions even if the platform allows this.
- Confidentiality and Safeguarding should be explicit.
- The limits of interaction on social media etc. should be clear.
- Ensure that the client understands that in the event of your illness a professional executor may contact them.

Issues with telephone therapy

- They cannot see your cues e.g. empathy.
- You cannot pick up cues e.g. are they listening?
- You need to be sure no recording.
- Hard to complete interactive exercises.
- Can be a useful backup if technology fails.
- All the issues previously discussed ethics of practice apply.

Issues with email / text therapy

- Cannot see the client so no physical cues picked up.
- Remember what you write is concrete, you should be happy for anyone to read and assess your competence.
- Email can be unforgiving.
- Cheap for service user.
- Often there is no assessment.
- Clarification is more complex.
- You should password protect all emails.
- Easy to become informal and boundary break.
- Avoid over friendliness – never ever use emoji or kisses.
- <https://www.theguardian.com/science/2016/jul/09/text-therapy-actually-work-talkspace-emoji>
- All previous issues discussed apply to text and email therapy.

Working with Service Users from other countries

The law differs between countries regarding the delivery of therapy. When working face to face the applicable law is determined by the location where the therapy takes place. Online it is possible for the therapist and service user, to be located in different legal systems and subject to different laws. To avoid confusion, it is sensible to state explicitly in the service user agreement that the work is taking place in line within the law of the country that the therapists resides, and that any dispute will be subject to UK law. (See the service user contract and online therapy).

However, any allegations of civil wrongs or crime by the practitioner could still be considered in the legal system that applies to the service users location. It is therefore sensible, and good practice, when working in other territories to familiarise yourself with the law and legal system of the country that the service user resides in. In particular, but not exclusively, regarding civil wrongs including negligence and breach of confidentiality or privacy. You should also be aware for example, that the law in some countries and most states in the USA restricts the right to practice as a counsellor or psychologist. To be able to practice you need to be legally compliant with local requirements. You should also understand the laws around protected titles in any country in which you work. Offering services as counsellor, psychologist or psychotherapist in these locations without the appropriate local licence or legal authorisation may be a civil wrong and/or criminal offence. While at present there is a reciprocal license with the European Union, please be aware that post Brexit this may change. Please contact your insurer for more information.

Further resources

Therapists and the law

Privacy 4 Therapist Standard

<https://privacy4.mykaiabi.com/>

For professionals working online with children or safeguarding issues

<https://swgfl.org.uk/services/professionals-online-safety-helpline/>

<https://www.childprotectionprofessionals.org.uk/>

<https://learning.nspcc.org.uk/>

Interpersonal Violence

Female

<https://www.nationaldahelpline.org.uk/>

<https://www.womensaid.org.uk/>

Male

<https://www.mankind.org.uk/>

<https://mensadviceline.org.uk/>

Non-binary/trans

<https://www.gendergp.com/advice-trans-victims-of-domestic-abuse-during-lockdown/>

<https://www.stonewall.org.uk/domestic-violence-and-abuse-resources-lgbt-people>

Association for counselling and therapy online

<https://acto-org.uk/>

The Observations of a technology luddite and the road to (semi) enlightenment!



Andrew Yates Chair of COSRT

Like many people I have been reformatting my life in the light of Covid-19 and discovering the benefits and challenges of home working and particularly the perils of the home office. Over the past few months, I came to realise that my home office was just not configured well enough to work remotely. Although the technology was good and the many remote platforms a revelation, the failing was how my “desk” was set up. How did I realise this key element of my “new normal” life required attention? It was back ache, neck ache, becoming cross-eyed and the numerous trips to the computer shop plus orders from Amazon (carefully filing the receipts for the delight of the accountant). If I may, let me share with you what I learnt, although I recognise that I’m probably the last to find out about this stuff.

Double chin and flaring nostrils.

I soon came to realise that the angle of the screen and its camera was vital not just to eradicate the double chin and flaring nostril view but prevented neck and shoulder ache. Propping the laptop on a pile of books and making sure that the camera was at eye level with a slight tilt resolved both issues. Ordering an inexpensive rise and fall laptop stand made video conferencing look less like a B-movie horror film. However, that led to the next issue which was peering into the camera in a strange myopic way while talking to the microphone as if I was being interviewed by the BBC.

Headset

Quite apart from easily being mistaken for Madonna, the computer headset with microphone removed the need to lean into the computer and shout. The microphone has noise cancelling capability which filters out the dog barking at the postman and picks up nuance of voice avoiding the need to speak loudly and very particularly. It also leaves both hands free to type, handle documents and drink coffee.

A man of a certain age

Being of a certain vintage, glasses were the next challenge. I soon came to realise that varifocals (and bifocals) just didn't work. Having realised that squinting at the screen through the reading segment meant looking down my nose thus providing a perfect shot up each nostril. This just wasn't comfortable and is certainly not a good look. Good old fixed distance reading specs resolved this perfectly, thus eradicating the imperious nostril view. I have heard it said that tinted computer glasses which come with a bluelight filter remove harmful back light and reduce eye strain and allegedly macular degeneration. Not sure if I'm ready for the Ozzy Osbourn look quite yet.

Swivel or Static?

My next challenge was the chair (to sit on that is). In my office I have three beautiful Victorian balloon back chairs set around a circular tripod table. Although this both looks attractive and is fine for most work, long stints of remote working just caused this ancient technology to fail. So, an adjustable office chair was the next updating of my working space. Having looked at one of the many online DSE (Display Screen Equipment) assessment, I settled on something that resembles a fairground ride. The back goes up and down, it tilts and rakes, the arms are adjustable, and it swivels plus the arms go under the table. What a blessed improvement on the Victorian technology. Now being all comfortable in my new cossetting chair, I had to remember to move. It's bizarre trying to make yourself as comfortable as possible only having to then remember to get up and move about.

Being comfortable enough to remember to move.

Yes, I forgot all those moving and handling mandatory training events from the last thirty-five years of NHS employment which encourages us to get up from the desk at regular intervals to stretch and pace. I fell into the trap of working at my desk until the endurance of the human bladder dictated otherwise. The guidance is to move every 30 mins, however in the therapy world of 50 minute to one-hour sessions, this is not always possible. Saying that, I now move about every hour or between appointments. The HSE (Health and Safety Executive) say that frequent short breaks are better than less frequent long breaks. It may seem a luxury, but they recommend having a 5-10-minute break every 50-60 minutes. I like this clinician self-care and have decided to take my own medicine, go and make a cup of coffee and help it down with a chocolate Hobnob!

So, apart from working out where the mouse goes, a pen pot and a place for paper clips I'm all set for the world of online working. If anything has come out of this dreadful pandemic it has been learning more about virtual technology and how to get the most out of it while becoming comfortable with working in cyberspace. Plus, getting my office sorted out and being fit for the "new normal" has been a revelation as it is just too easy to make do. Take care colleagues and didn't someone say, "we will all meet again"?

Resources

Are you sitting comfortably?

UNISON'S Display Screen Equipment (DSE) Guide for members and staff

<https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue172943.pdf>