What do we know about online therapy?

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What is online therapy?

Includes:

- Video-conferencing based

- Audio-only/telephone

- Text-based
    - Synchronous = instant messaging
    - Asynchronous = email

+ all types of counselling e.g. couple, family, group and one-to-one

Also includes: computer programmes/apps

Key questions

- Does online therapy work?

- Do clients and practitioners experience online therapy?

- What happens to the therapeutic relationship in online therapy?

- What about ethics and risk in online therapy?

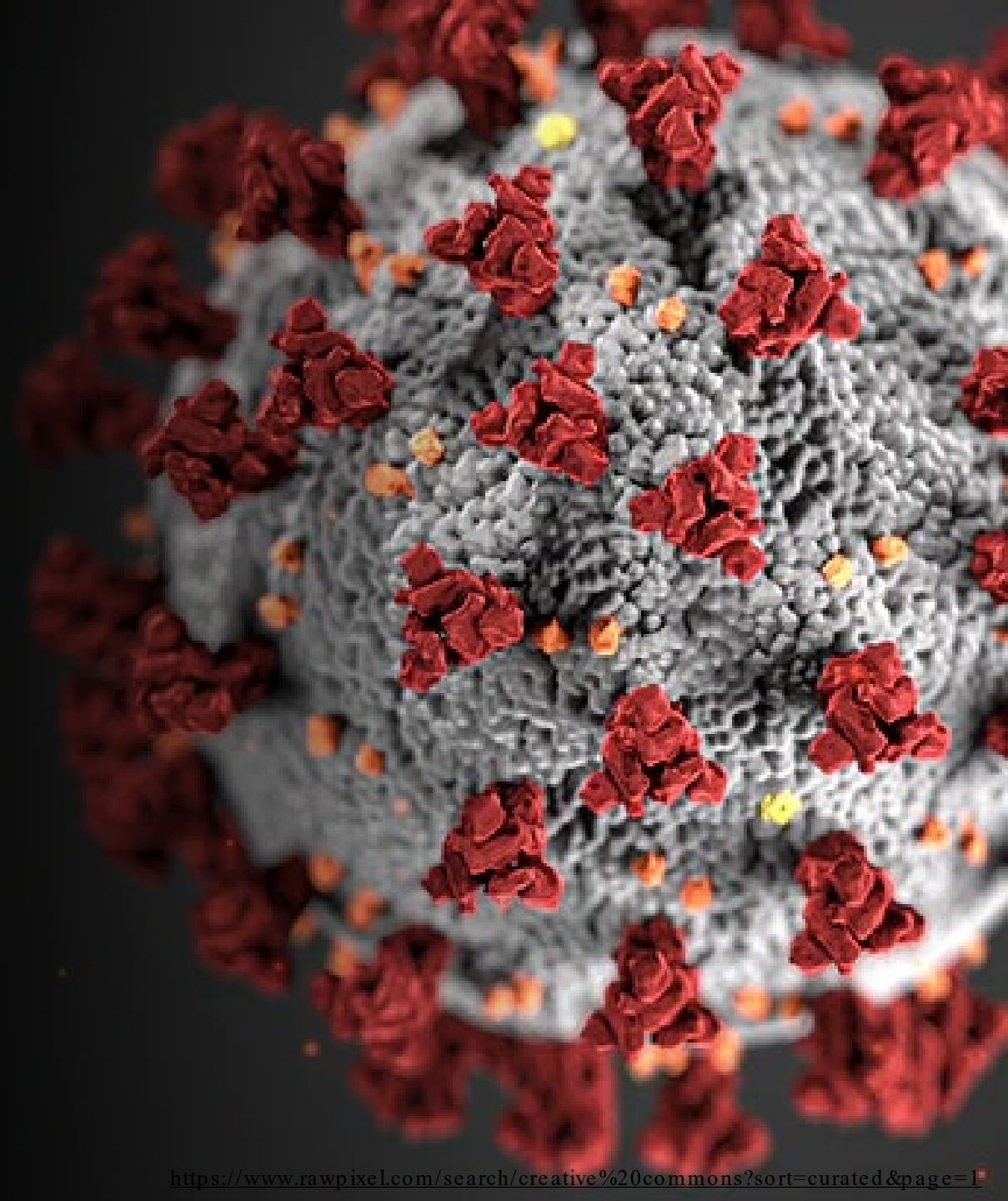- How should online therapists be trained?

Context of talk

COVID-19

➡️ Current and future, significant mental health burden

- COVID-19 has created huge shift in counselling practice

- Mass migration to online/distance technologies

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- Evidence of long-standing distrust about online therapy

Does online therapy work?

Some introductory comments:

- (Of course) much less research than on face-to-face therapies

- Lots of RCTs and meta-analytic studies BUT biggest focus is on computer programmes/apps
  - Evidence on therapist-guided interventions = comparable outcomes as face2face – note this evidence is strong/credible- difficult to dismiss (Andersson, Topooco, Havik, & Nordgreen, 2016; Karyotaki et al., 2018)
  - A growing literature suggests promise of 'blended' approaches where F2F therapy is combined with computerised (Erbe et al., 2017)

Won't be talking further about these today but worth thinking about?

Current literature

- Focus on online therapy for specific populations for whom F2F therapy = harder
  - e.g. populations with illness or disabilities; rural populations; young people

- Majority of research = CBT

(de Bitencourt Machado et al., 2016)

Overall as effective as face-to-face

Video-conferencing – two recent meta-analytic studies

- Berryhill et al., 2019 - focus on depression, included 33 studies; 24/33 were CBT/behavioural activation or CBT/BA with exposure therapy. Two thirds of studies reported statistically significant reductions in depression (e.g. found to be effective).

- Norwood, Moghaddam, Malins and Sabin-Farrell, 2018 – focus on outcomes and therapy alliance; 12 studies, all CBT 'family'. Found that although alliance was high in video counselling, it was still lower than that reported in face-to-face counselling. There was no different in outcome of counselling as both therapy types were equally effective.

Note: in many of the studies video-conferencing therapy provided 'in clinic'.

What about phone or text-based?

- Phone - Evidence of equivalent outcomes (Castro et al, 2020; Coughtrey & Pistrang, 2018) and process e.g. therapeutic alliance and empathy (Irvine et al., 2020).

- Chat/instant messaging – Evidence of equivalent outcomes (Hoermann et al., 2017; Ersahin & Hanley, 2017)

- Email - Lack of recent research but evidence of equivalent outcomes for synchronous/ asynchronous methods (Barak et al., 2008)

Counsellor perceptions & experience

Many practitioners guarded or suspicious about online therapies (e.g. Evans, 2014); see as best for 'milder' presentations (Topocco et al., 2018)

Many practitioners identify challenges and risks of online therapy practice (e.g. Schuster et al, 2018; Connolly et al., 2020)

Practitioners prefer face-to-face to online even though they recognise benefits of online therapy (Connolly et al., 2020)

If going to use prefer 'blended' online and face-to-face provision (Topocco et al., 2018)

Client experiences and perceptions

Actual experience

- Systematic review (14 studies identified) comparing treatment satisfaction F2F vs. phone/video therapy = equivalent outcomes (Jenkins-Guarnieri et al., 2015)
  - similar in qualitative study with couples (Kysely et al., 2019); and quantitative studies with veterans (Egede et al., 2016; Whealin et al., 2017)

Perception

- 72% of adolescents (N = 217) would try online therapy; 32% would choose an online therapy over F2F (Sweeney et al., 2019) BUT

- Only 25-40% of US students (N=662) prepared to try online mental health inc. online therapy (Toscos et al., 2018)

- Study of > 2000 German adults found that almost 80% would not want to participate in video psychotherapy (Paslakis et al., 2019)

Therapy relationship online

- Differences dependent on type of online therapy

- Generally less contextual/non-verbal cues available for relating (from no smell to no video/auditory) - less 'real' and emotionally attuned relationship (e.g. Scharff, 2012) ?

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- Signs that clients rate the quality and ingredients of the relationship as positive as f2f therapy (e.g.; Mishna et al., 2015), independent of delivery modes and communication modality (Berger, 2016; Reese et al., 2016; Shepler at al., 2016).

- Practitioners often have more concerns about alliance than clients and need to make adjustments to feel comfortable (Lopez et al. 2019)

Building online therapeutic relationships

- Adjustments might be needed, but possible to establish/maintain an alliance sufficient to facilitate psychological change (Berger, 2016' Hanley & Reynolds, 2009).

- Clients are reported to quickly developed good and trusting relationship with their online therapist (Ersahin & Hanley, 2017).

- Online work potentially less arousing/ threatening (at least for some client groups; D'Arcey et al, 2015).

- Ways to compensate lack of cues can (e.g. with words, acronyms and emoticons) and create mental representations of each other which help to build the therapeutic alliance (Suler, 2010).

Online disinhibition

- Online disinhibition effect: People do/say things online they would not in person (less restriction & greater willingness oneself openly; Suler, 2004).

- Anonymity & the lack of visual, auditory and contextual cues (e.g. social status or ethnic background) = people feel both less vulnerable to judgment / less responsible for actions.

Effects on clients:

- fewer inhibitions in disclosing intimate information, which is often brought up at a much faster pace online (e.g. Mishna et al., 2015)

- more open/willing to talk about difficult/stigmatised topics.

- more prepared to openly disagree with the counsellor (less concerned how they are perceived by counsellor).

Power and control online

- Clients report shift of control over counselling processes and interventions (e.g. how much clients want to disclose; Gibson & Cartwright, 2014).

- Videoconferencing: clients report that 'the enhanced control and personal space that they feel in video therapy can enhance the therapeutic alliance' (Simpson & Reid, 2014, p. 295).

- Increased degree of autonomy and more control for clients (e.g. can choose where/how to appear on camera; terminate the session with a mouse click; Drum & Littleton, 2014)

- Might feel uncomfortable for counsellors new to online therapy and needs adjustment.

Relationship ambiguities and challenges online

- Lack of cues/information = leap of faith required from clients/therapists (Fletcher-Tomenius & Vossler, 2009, Ersahin & Hanley, 2017)

- Self-consciousness, exacerbated by being presented with an image of oneself on screen - Potential for more narcissistic/solipsistic encounters (Balick, 2014)

- Enhanced scope for clients to present idealised and different selves (Vincent et al., 2017)

- Virtual meetings blur boundaries in ways that are meaningful for counselling (e.g. video: prolonged eye-to-eye gaze and insight into client's private space)

- Challenge to provide secure environment and deal with technological breakdowns and crisis situations (Chipoletta et al., 2018)

Risk and ethics in online therapy

- Perception that assessment and especially risk assessment is problematic or less possible online.

- Literature refers to practitioners concerns around topics like confidentiality and security online (Hertlein et al., 2015; Russel, 2018)

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- 'Absolute security in the digital world does not exist' (BACP Good Practice Guideline 047, p6) – task for practitioners to maximise security/confidentiality online.

- Lack of empirical research on risks/ethics and how these issues are negotiated online (e.g. ethics complaints or safeguarding concerns)

Risks and challenges in therapy online

Challenge	Risk
Security of client data	Physical or electronic data breech – breech of confidentiality – either at counsellor's or client's end
Contracting / agreeing boundaries	- Unclear boundaries (e.g. re availability/response times) and consent issues - misunderstandings/miscommunication - communication breakdown if no 'Plan B' for technology failure
Risk assessment	Client not suitable for online work (e.g. lack of technical skills, lack of privacy for online work, psychological state not suitable)
Risk management	Risks (e.g. self-injury/suicidal ideations) remain undetected, lack of arrangement for emergency/crisis situation

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Working online in the counselling professions

Challenge	Good practice
Security of client data	Taking reasonable, proactive steps to ensure adequate levels of security for the type of service being provided (e.g. password protection, encryption, adequate software). Taking immediate action to prevent or limit any harm of breech of data.
Contracting / agreeing boundaries	Agreeing alternative way of providing services if the primary method of communication fails.
Risk assessment	Adapt assessment of client suitability, including suitability for working online (technical, practical, psychological suitability).
Risk management	Having discussed/agreed with client how they might be assisted if a crisis situation arises (e.g. with additional, local support).

Online therapy training

- Currently standards are not well defined, and there are few training or education programs for online therapy (Stoll et al, 2020).

- Skills for online provision are not included in most traditional training curricula (Harris & Birnbaum, 2015) - although this will probably change in future (Anthony, 2015; Blackmore et al, 2015)

Specific additional training required:

- to ensure appropriate technology-related competences and therapeutic competences specific to online therapy (f2f therapy skills do not automatically translate into online provision; Mallen et al., 2005)

- specific knowledge of ethical guidelines and legal requirements and policies (Johnson, 2014)

Challenges for online therapy training

Courses need to be updated constantly:

- Keeping abreast of digital culture/type of online environments that clients inhabit (Anthony, 2015).

- Keeping up with the speed at which technology and online mental health services evolve.

- Teaching ethical and legal considerations for online work in the UK but also in an international context (for cross-border services).

Professional bodies:

- Need to monitor new developments in technology-based counselling and keep guidelines/standards for online therapeutic work updated.

Research needed:

- Quality / appropriateness of training

- Studies comparing types of training (e.g. online/f2f) in terms of client outcomes

Free CPD online course:

How to do counselling online: a conoravirus primer

- Produced by the Open University in partnership with BACP

- On OpenLearn Create, the Open University's free learning platform – course takes about 6 hours (depending on the individual learner).

- Aim to offer a primer on working online as a counsellor or psychotherapist at a time when face-to-face therapy is neither possible nor safe.

- Provides key skills and knowledge for providing therapy online.

- Contains 9 topic blocks covering technological, ethical and practical issues and the work with different forms of online therapy (video, audio, text-based, apps).

- Quiz at the end, with certificate of completion and electronic badge (if pass).

https://www.open.edu/openlearncreate/counselling-online
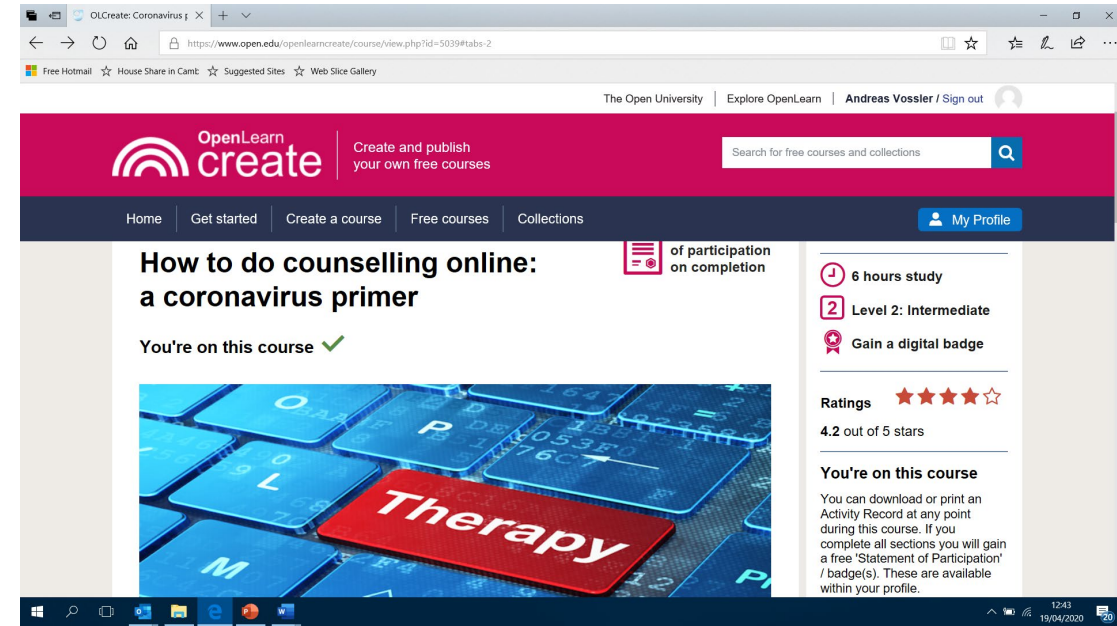
How to do counselling online: a conoravirus primer

Practitioner feedback

'This is really helpful!!! Developing my knowledge about how to safely provide empirically based and informed therapy is imperative at this time'

'Fantastic online course on how to do counselling online. I've made my way through (I earned a badge to prove it!) and can heartily recommend'

'I had already informed students and colleagues to attend this course. I thought I'd give it a go too - and I love it.'

https://www.open.edu/openlearncreate/counselling-online
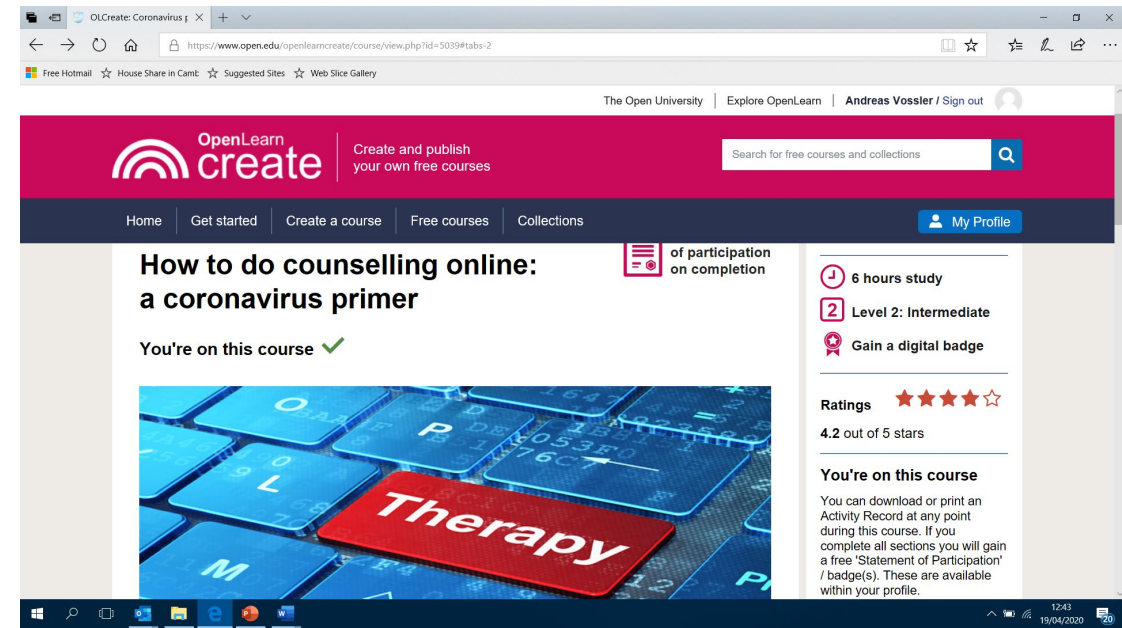
Numbers after less than one week live (21 April 2020):

- Participants: 2643

- Badges: 500

Conclusions = More research needed

Quality/quantity of research

Does online therapy work?	Research suggests that online therapies can be as effective as face-to-face psychological therapies but more research is needed.
How do clients and therapists experience online therapy?	Both clients and therapists often seem to prefer face2face therapy to online but clients who have engaged in online therapies express similar satisfaction as those experiencing face-to-face.
What happens to the therapy relationship in online therapy?	Research suggests it is possible to establish/maintain an alliance of an appropriate standard online. Signs that clients rate quality of relationship as positive as in f2f therapy.
What about ethics and risk in online therapy?	Limited research base on ethics and risks in online therapy. More research needed to explore concerns around risk assessment and ethically sound online therapy.
What makes for effective training in online therapy?	Specific knowledge and skills required for online therapy – skills can not just be transferred from f2f therapy – research is needed.

Resources

BACP

The BACP Telephone and E-Counselling Training Curriculum provides a consistent minimum standard to which practitioners should be trained.

https://www.bacp.co.uk/media/2046/bacp-telephone-ecounselling-training-curriculum.pdf

Association for Counselling & Therapy Online (ACTO)

Umbrella organisation in the UK for therapists who practice online.

- Directory of trained online practitioners (minimum length 80 hours of online therapy training): https://acto-org.uk/therapists/
- List of training courses which are only open to trained and experienced therapists: https://acto-org.uk/online-training-providers/

International Society for Mental Health Online (ISMHO)

No endorsement for specific training but supports the importance of competence.

Website lists some training organisations, though recommends independent search.

https://ismho.org/