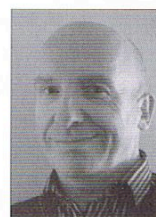


Technology

in Counselling and Psychotherapy



John Dodds

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While face-to-face counselling and psychotherapy are still the predominant modes for the therapeutic relationship, the Internet and other forms of electronic communication, have ushered in a new era for therapists and their clients. On the one hand a range of new tools and options have become available. On the other a new set of challenges and opportunities present themselves.

In 2003 an excellent book was published on the subject, *Technology in Counselling and Psychotherapy: A Practitioners Guide* (Palgrave MacMillan), edited by Stephen Goss and Kate Anthony.



Kate Anthony

prompt them to explore the fascinating subject of virtual counselling further.

On the eve of the publication of her latest book *Therapy Online: A Practical Guide*, I took the opportunity to interview Kate, who now lives and works in Scotland, and runs www.onlinecounsellors.co.uk. Hopefully the interview will give COSCA members an insight into the issues and

Kate, can you briefly describe what you mean by the term technology in counselling and psychotherapy?

Technology in counselling and psychotherapy covers all use of electronic means of imparting therapeutic services. Therefore it can cover basic communication like email, through videoconferencing, podcasts, blogging, etc right through to computerised cognitive behaviourist therapy programmes by download or on CD-ROM.

What are the benefits of remote counselling as opposed to face-to-face counselling?

The main ones are convenience (no need to be physically present at a specific location), flexibility

(no need to be physically present at a specific time) and disinhibition (the ability to talk without feeling inhibited by another person being physically present).

Unlike face-to-face counselling there are elements missing: body language, tone of voice, use of silences (if you are not using a webcam, for example). What does a counsellor need to consider while working in this way, and does the approach need to be radically different, or are there real world techniques which can be applied in the virtual world?

Training in how online communication works will give a therapist the tools to compensate for any missing elements – even silences. It doesn't need to be radically different than face-to-face communication – people still smile

:) or <<smiling>>

or cry

:o(or [[crying]]

and hugging can be positively encouraged (((((Kate))))). Silences can be used in chatroom sessions – the point is to be clear for the reasons for the silence – a good use of acronyms (such as pft, k? – 'pause for thought, ok?') indicates where the client needs to use silence rather than there having been a technological breakdown, for example.

Changes in tone of voice is also perfectly possible, using changes in fonts, emphasis, and other enhanced keyboarding.

The book stresses that technology should be embraced, not purely for its own sake, but as an additional practitioner's tool. Can you say more about what you mean here?

We stress that technology should not be used for technology's sake but that it can be embraced and used where appropriate as a useful tool, either in addition to other services or as the only way of offering services. For example, sometimes it is the case that the therapist has a physical disability and finds face-to-face work impossible. BACP is now addressing accreditation in light of this at the moment. It should be said, though, that therapists who practice online usually have a face-to-face or telephone service as well.

There seem to be two main types of technology in use: time delayed, such as email; and immediate, like online chat. What are the pros and cons of each, and which is the most commonly used at the moment?

Email is more commonly used because of the convenience of being able to time-shift around other commitments (albeit in a boundaried way). However, the possibility of experiencing the "black hole" of not getting an expected reply can be uncomfortable. Chatrooms still suffer from lag – it's still more stilted than a verbal conversation. But many therapists prefer this because it is more dynamic, and organisations such as Relate use nice features in their software that brings up mental health websites in half the screen while the chat is going on.

Is email, for example, a potentially richer experience because the client and counsellor have time to think through what they want to say?

I don't think it makes it necessarily richer, it's just a different way of working. You gain the chance to reflect and rewrite, but you lose the spontaneity of chat discussions. Emails tend to be kept and reread by the client – more so than chat – which is another reason why clients choose asynchronous platforms.

Can technology be used equally well for couple and group therapy?

Yes. I have a chapter specifically on couple and group therapy in the new book published at the end of the year. It can be harder work – particularly facilitating asynchronous group forums – because of the speed at which flame wars flare up due to misunderstandings. A good case example of this is in Yvette Colon's chapter in my 2003 edited book.

What assurances can counsellors and clients be given about confidentiality, given the security risks of the internet?

At the Online Therapy Institute, we have a list of stipulations around confidentiality and encryption that our members have to meet before we will list them in our annotated directory. We stipulate that the services offered must be encrypted services for email, chat and web conferencing. We ensure that members are using the best encryption services possible, and make sure they are not just offering services via Yahoo, MSN or similar. Our OTI Ethical Framework – available free of charge at <http://www.onlinetherapyinstitute.com/id50.html> – also offers more information on the levels of security needed to ensure clients are protected.

The question of identity may arise with internet counselling. Some people may go to lengths to conceal not only their name, their age, and even their gender. What issues does this present for Internet counselling?

It's difficult to know how often this actually happens. Clients play with identities in Virtual Reality environments before entering therapy (and during it as well sometimes – I have a colleague in Scotland who has an e-clinic in *Second Life*, and one of his clients changes Avatar mid-session to convey to the therapist his mood). Many therapists have an

intake procedure designed to establish identity via credit cards or insurance provider information.

Personally, I take the view that I have to work with what the clients present to me. If that is part of the psyche that isn't necessarily the reality of the client's identity, it must be coming from somewhere and so I have to work with it. It can be very powerful stuff. If the underage client is presenting as an adult, is that because they are going through something that made them grow up very quickly? If the male client is posing as female, is it because they want to explore their gender identity?

Can you tell us something about online supervision, and how it works?

This works in much the same way as online therapy, a contracted professional relationship that is being offered and received using technological means. The content is much the same as face-to-face supervision, of course. The BACP *Guidelines for Online Counselling and Psychotherapy* 3rd Edition (Anthony and Goss 2009) include Guidelines for Online Supervision, and I believe they remain the only available ones worldwide.

Computer software is sometimes used in psychotherapeutic practice. The systems seem to be clients-centre, simulating the therapist-patient dialogue (often with a cognitive behavioural model). How well do these work, and have there been advances in the software since the book was published?

I have two new chapters on CCBT coming out on this in my 2010 book *Technology in Mental Health*, and the evidence for their success remains stable. The NHS trials of *Beating the Blues* consistently get good reports, and *FearFighter* is also widely used. More exciting developments are taking place with gaming software developments for mental health, particularly in enticing adolescents into therapy.

Clients play a game, designed by the therapist individually using very simple point-and-click software development tools, which leads them through winning key stages of the game which focus on solution focused techniques.

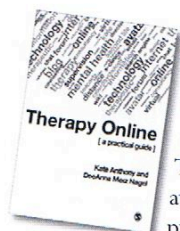
Finally, there have been lots of dissenting voices from the counselling community (much as people criticised TV when it first appeared). Have things changed now that technology in counselling and psychotherapy has become more common?

It has taken ten years for the profession to recognise that technology isn't going to go away and is likely to grow as clients not only consider it but actually expect it as their first point of call for therapeutic help. Although there will always be dissenters, with training and appropriate knowledge of the issues as well as the benefits it can be a very successful and invigorating environment for client work.

Anything you'd like to add?

What the profession now needs to address is the advent of 2.0 – the next incarnation of the Internet. I already offer training on this. Web 2.0 is an attitude, rather than being about technology itself; it is the collaboration of people for the greater good of society. Applying it to our profession means that services will be designed by being client-led. For example, if the client wants to work via SMS text, we need to ask them what security we need to be able to offer them rather than saying that we need to wait 10 years for the research base to come out to be able to ethically offer these services.

Web 2.0 also applies to social and professional networking sites, blogging and commenting on blogs, tweeting resources regularly, maintaining a Wiki edited by all... the collaboration of mental health professionals for the greater good of the profession and its service users.



'*Therapy Online: A Practical Guide*' will be out this year.

The plethora of online services now available has led to a growing demand for practitioners to look beyond traditional face-to-face therapy and take advantage of the flexibility which email and the internet can offer them and their clients. The guide gives up-to-the minute information and research, ethical and legal advice, on the practicalities of setting up or joining a service, and the essential therapeutic skills needed to be an effective online therapist.

Writing for an international audience, the authors discuss the issues for practitioners using the internet today, as well as in the future. Basing their study on published empirical research, they address:

- text-based therapeutic interventions such as email, Internet Relay Chat, forums and mobile phone texting, from the perspective of different theoretical orientations, illustrated with case studies
- supervision and online research
- other therapeutic uses of technology including use of video therapy, telephone therapy, Virtual Reality environments, gaming and computerised CBT.

The authoritative guide to all aspects of being an online therapist, this practical text is a vital addition to any therapist's library. It will also be valuable reading for anyone training to be a counsellor or psychotherapist in our increasingly 'electronic' world.

http://www.onlinetherapydirectory.net/view/Therapy_Online_A_Practical_Guide

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