## IRWC WORLD ONLINE Conference

'Bringing Coaching into Recovery, Wellness and Healthcare'

Working Online to Bring Coaching, Counselling and Psychotherapy into Recovery, Wellness & Healthcare

**Pip Weitz** 

## Psychotherapy 2.0: a voyage of exploration

Working Online to Bring Coaching, Counselling and Psychotherapy into Recovery, Wellness & Healthcare Demonstrating the importance of the online therapeutic relationship

Pip Weitz





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# **Introducing Myself**

- Standards & Ethics Officer, ACTO, Association for Counselling and Therapy Online <u>http://www.acto-uk.org/</u>
- Director, PWT @CADEMY for Training & Psychotherapy Online and UKCounsellingOnline.net <u>http://PWTAcademy.Online</u>
- Diploma in Online Counselling, Member of ACTO & ISMHO
- Currently completing OLT's Diploma in Online Supervision
- Specialist in risk management, privacy, security, confidentiality & jurisdiction for counselling & psychotherapy online <u>http://PWTAcademyOnline.flipsnackedu.com/browse/fumqvss9</u>
- Co-opted advisor for the United Kingdom Counselling of Psychotherapy committees for 1) Online Guidelines 2) Review of pre-qualification training standards to ensure an understanding of the digital world within the minimum curriculum <u>http://www.ukcp.org.uk/news/standards-of-education-and-trainingconsultation</u> (especially 4.10)
- Volunteer online counsellor with Tasha Foundation, <u>http://www.haveigotaproblem.com/</u> - a live chat based service

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# **Presentation Outline**

- Some of the potential and possibilities for different modalities for working online
- Collaboration and power shifts when working online
- Diversity and access opening the window of therapy to new groups



# Working online – a truly exciting challenge

 "Dare I (or we) let go of the things I hold sacred, the things I know (or think I know), in order to allow something new, something more integrated and holistic to flourish in myself and in the world?"

House, R, Kalisch, D, Maidman, J. (2014) Forty Years on from Carl Rogers... and the only Constant is Still Change, in Self & Society, Volume 41, No 2 Winter 2014 p.4



# Could your modality work well online?

Hypno-psychotherapy Multi-modality Transactional Analysis Dramatherapy Online practitioner Psychodynamic Family constellation CBT

..... And what is yours?



# Case Study: Sapna, the client

Sapna, of Indian origins had lived in Uganda until coming to the UK as a child. She is 52 years old, married to a Scottish man Alec. They live in the Orkneys. She does not work. She has presented at the GP requesting help for her depression and panic attacks. Sapna has been more or less a weekly attender at the GP practice for the last 10 years, since she moved to the area, with a wide variety of symptoms, none of them life threatening. The GP has exhausted all physical tests.

What the GP doesn't know or discover is that Sapna has been physically and sexually abused throughout her childhood by her mother who wanted only a boy. She has struggled throughout her life with night terrors and depression and has made several suicide attempts. She is not suicidal at the moment, just very distressed. She also has had some NHS based in-person psychoanalytic psychotherapy which she found interesting but it did not move her forward in any meaningful way. She has a very supportive husband who is perplexed by her problems, and three young children whom she adores but finds difficult to look after when in her blackest moments. She has been on Paroxetine for 6 months which she has found helpful, but she is keen not to stay on it for ever. It has enabled her to be stable enough to look at the underlying issues.

The GP is at a loss as to what to do with her and has referred her on to your locally contracted counselling service which has spaces for working online. The online service can offer 6 sessions initially, but this can be renewed in an ongoing way where needed. She was given a choice of formats - **video conferencing, email or instant messaging**. She chose IM but was open to other formats. The service is flexible enough to be able to allow clients to change between formats if they wish.



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# Your way of working 1

### As an online therapist how might you want to work with Sapna?

I am specifically interested in what *your modality* might have to offer Sapna in an online setting, and the theoretical underpinning to your choice of how to work, and if necessary, what you may have done to adapt to working online.

### How you might approach working with Sapna online in a general way?

TASK: Create part of a text-based session to demonstrate this. (see note 2 on hand out)

### How might you work specifically with Sapna?

Think about *strategies* (such an uncomfortable word for some psychotherapists!), *tools* (apps, support materials etc), *length* and *timing* of the work.

Is it *relational* based or *problem* focused?

For *you*, what is the most important element it terms of how a client might find the therapy useful?



# Your way of working 2

### What do you think might be the best format for Sapna?

Sapna has chosen IM. Do you think she might benefit from a *different format*, eg email or video-conferencing, rather than instant messaging?

Who chooses how you work?

Do you know the *research* around this? (e.g. Simpson et al, University of South Australia)

### What are your contractual arrangements with her?

How did you sort these out? How did you answer all her questions? How did you give her all the information she needed? Would you have done a written contract? How much did you need to know about her "therapeutically" before starting the work? How did you think about assessment? Be blunt, do you think you can help her online or would it be "better" face to face? What happens if the technology doesn't work?

#### What about you?

Are you the right person for her? Have you got the right supervision in place? Can you deal with complex cases like this?



# Working cross modality

- More and more practitioners are working cross modality (eg. The Psychotherapist, UKCP, Issue 59, Spring 2015 which covered trauma from the perspective of different modalities)
- Recent Jungian / Rogerian conference
- Mick Cooper interview with Colin Feltham talks about how he finds using both existential approaches "bringing in more assumptions about freedom, death, meaning etc" and the person-centered approaches bringing in "more assumptions around growth, actualisation and emotional processing. I tend to find both sets of assumptions fairly helpful in developing a deeper understanding and acceptance of clients' experiences".



# Where is the client?

- At the heart of any choice for a way of working what the client would prefer is crucial
- What would the client / patient want?





## What would your client / patient want?



The answer to this question is in part related to client expectation to the service they fpr help to, and partly to the goals of the organisation. **But there may be a huge unanswered part to this question.** 



The client's unmet need The unasked question?

> Client expectation based on the service they have applied to

The therapeutic space

Goals and chosen delivery method of the organisation



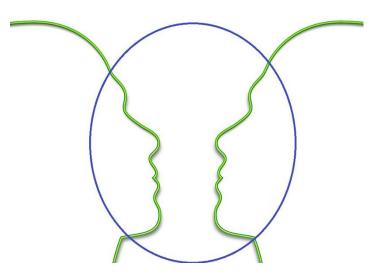
# Do you know what your client / patient wants? (*Of course you may know!*)





# And where is the therapy?

- Is the therapy where the client is?
- Is the therapy where the therapist is?
- Is the therapy somewhere in the middle space?
- And online therapy, where is that?





# Where is the therapist?

"I believe that **working online** needs to be **embedded in all psychotherapy and counselling training** as **we need to meet the client where he or she is**, not staying in the ivory towers of our consulting rooms. If we do we may find our consulting rooms empty. There is plenty of evidence to demonstrate how interested clients are in receiving help online (e.g. Susan Simpson's work, but there are many other examples". (Weitz, 2015)



# Where is the therapy?

As a working example, in **September 2015**, **The Tasha Foundation**, a London based online counselling service provided through the medium of **live chat**, had **13,851 visitors** to the website seeking help or information, their videos were viewed 10,743 times and they delivered **509** instant messaging emotional support sessions."

http://www.haveigotaproblem.com/

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# A curious contradiction

Clients	Psychotherapists
Clients prefer email or instant messaging	Psychotherapists prefer VC
Clients very happy with working online (1)	Therapists prefer F2F and are more resistant to working online(1)

(1) Tele-Mental Health Research & Practice for Psychology & Psychiatry Conference http://www.unisa.edu.au/Calendar/Tele-mental-Health-Research-and-Practice-in-Videoconferencing-for-Psychology-and-Psychiatry-Conference-20141/ Organised by Susan Simpson and Lisa Richardson, University of South Australia 21<sup>st</sup> February, Adelaide, South Australia

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# "The longest journey was in my mind"

- I know that this is true for my professional growth in the last 3 years (video vs live chat)
- Freud used the telephone and letter writing for therapeutic purposes— so it's not new!
- Ethical guidelines for working online (BACP, UKCP, ACTO) and Working at a Distance Competences (BACP) have existed for a considerable time
- The digital impact on psychotherapy and counselling pervades everything clinical whether we work online or not.
- Working online is NOT second best it is different and at least as effective as face-to-face



# **Online Counselling & Psychotherapy**

Another specialist modality or does it underpin all psychotherapy and counselling? Or both? What are the benefits either way? Why does this matter? (see slide 8)





# The digital impact on psychotherapy

- We are in a transitional period of migration from digital immigrant to digital native
- The client is likely to be digitally aware
- UKCP has taken the digital impact very seriously in its professional qualification minimum core curriculum (currently draft) (UKCP, 2015)



# UKCP's Minimum Curriculum – a draft extract

4.10. Security and confidentiality

Trainings should equip students to assess risk and to develop their own policy and practice which is compliant with legislation and the UKCP Code of Ethics and Practice, and regarding the following areas:

- 4.10.1. social media
- 4.10.2. phone and messaging technology
- 4.10.3. data protection regulations and principles, including data management and retention, and protocols for sharing of data
- 4.10.4. email protocols
- 4.10.5. innovative technology including apps and web-based tools in clinical practice
- 4.10.6. payment processes
- 4.10.7. practice management
- 4.10.8. implication of local jurisdiction and working internationally.



# Assumptions

## "Assumptions are the termites of relationships" Henry Winkler

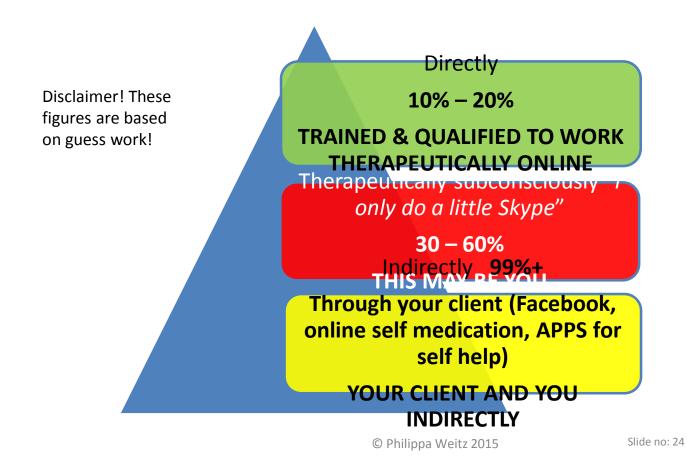
- "I only work a little bit online" A senior practitioner
- "I don't care about what you say about Skype, I'm still going to use it." A senior practitioner

Complacency and ignorance are preventing the psychotherapy profession from advancing digitally.

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# **Digital Psychotherapy and Training**





# The psychotherapist's career

- Ronnestad and Skovholt (1992 & 2003) propose a developmental model for the psychotherapist's career
- Unique because its sample spans a whole career most research focuses on students ands probationers.
- They found that therapists in training experience high levels of anxiety
- Experienced therapists become self-directed learners, there is a 'growth towards professional individuation' and congruence
- Points of transition in their career can return the therapist to an anxiety state 'recycling loops' (Ronnestad and Skovholt, 2003)
- This currently has implications for the transition to working therapeutically online where there is so much to master



# What do we mean by digital?

- Telephone traditionally, and more recently
- Creative use of the computer through the use of photos, music, film, art, literature, avatars etc
- The internet for the provision of psychotherapy and counselling services
- The internet to provide additional support for our clients through APPS and other software
- The ubiquitous mobile
- Social media





## What do we mean by digital?





# What do we mean by "The internet for the provision of psychotherapy and counselling services"?

- Online platforms (PCCR has its own platform)
- Plus Guidance, Skype and VSee, and many other similar software applications that may provide live chat, video, audio.
- Email
- Etc ....



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# The current situation and TRAINING

#### Trained Online Counsellors and Psychotherapists

We are trained to think about

- Working ethically and safely online
- To work in different ways, instant messaging, email and videoconferencing
- To look at a wide variety of interventions, modalities & APPs available
- To consider how working F2F differs to working online
- To establish a Client Information Pack and Contract
- ..... and so much more

## Counsellors and Psychotherapists who work without training

Most frequently Counsellors and Psychotherapists work using Skype for some of their clients some of the time. In doing this they are ignoring and usually unaware of

- the national and international guidelines regarding security and confidentiality
- The riches of working online in a wide range of ways



# What the Professional Bodies say about training to work online

BACP	UKCP	ΑСΤΟ
<ul> <li>"BACP now strongly recommends that practitioners undergo further specialist training in text-based online therapy" Including st least email, forums and Internet Relay Chat."</li> </ul>	<ul> <li>"It is important to be aware that online work is not the same as face-to-face work and that you should be aware of your limitations and competence.</li> <li>Further training might include the following components</li> <li>Understanding the technology</li> <li>The basic skills for working online</li> <li>Developing the practical tools for setting up an online service</li> <li>Adapting modalities for working online</li> <li>An in-depth understanding of the online therapeutic alliance</li> <li>Online supervision</li> <li>Further information about specific trainings can be found at ACTO, The Association for Counselling and Therapy Online http://www.acto-uk.org/</li> </ul>	<ul> <li>"All ACTO members hold an appropriate qualification, work within a professional <u>code of ethics</u> and uphold the highest ethical principles in their online practice"</li> </ul>
• Anthony, K., and Goss, S., 2009	Education Training & Standards Committee, UKCP draft (subject to modification)	<ul> <li>http://www.acto-uk.org/professional- conduct-code-of-ethics/</li> </ul>



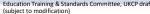
Training is highly recommended by all the professional bodies listed here

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# What the Professional Bodies say about supervision for working online

BACP
• "Supervisors who wish to supply such a service (online supervision) should ensure they are experienced and trained in the online therapeutic work itself and have a full understanding of the issues and ethical concerns inherent in it"





Training is highly recommended by all the professional bodies listed here

 http://www.acto-uk.org/professional-conduct-code-ofethics/

Anthony, K., and Goss, S., 2009

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# What might the training include?

- Boundaries
- Working with what you can't see
- Working with the online therapeutic relationship
- Contracting
- The role and use of language
- Assumptions
- Concerns that the online relationship isn't as good as F2F
- Safeguarding
- Risk assessment and management
- The development of a social policy
- A information pack and agreement <u>http://www.ukcounsellingonline.net/faqs/</u>

..... And much more



# What is the future for modalities?

- **Psychotherapy in 2022 The Delphi Poll**, Norcross et all, 2013, APA
- Polls conducted over the last 30 years to forecast trends in psychotherapy
- 70 psychotherapy experts
- Until now economics has been the main driver



# What is the future for modalities?

- And the good and bad news for you ....
- Mindfulness, cognitive—behavioral, integrative, and multicultural theories were predicted to increase the most
- Jungian therapy, classical psychoanalysis, and transactional analysis were expected to decline the most



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# What is the future for modalities?

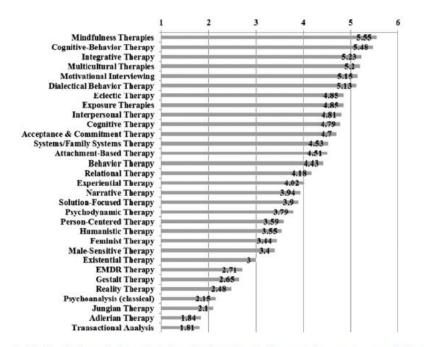


Figure 1. Predicted changes in theoretical orientations in rank order.  $1 = great \ decrease$ ,  $4 = remain \ the \ same$ ,  $7 = great \ increase$ . EMDR = eye movement desensitization and reprocessing.

#### Psychotherapy in 2022 – The Delphi Poll, Norcross et all, 2013, APA

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# What is the future of Psychotherapy?

"This is our first Delphi poll where predictions make a clear break with traditions. In previous polls, the economy was seen as the primary driver of change; in the present poll, new technologies are the highest rated drivers of change. The top five predicted changes in therapy interventions are online therapies, smart phone applications, self-help resources beyond books, virtual realities, and social networking interventions..... In all probability, psychotherapy faces a period of disruptive, technological innovation (Kazdin & Blasé, 2011)."

Psychotherapy in 2022 – The Delphi Poll (Norcross et all, 2013, APA

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# A change of power structure

- Working online to some extent requires us to rethink our work, and to look at new ways of working
- Many clients will "self medicate" by using online resources
- Most client will be living online
- Most clients will seek their help online
- Most clients will Google you
- Some modalities may feel uncomfortable about a "toolkit" – resources for your client





# The Online Therapeutic Relationship

• The research question is no longer "does it work?", or indeed, "for whom does it work?"

We know that one of the most important determinants of a successful outcome in therapy is the therapeutic relationship.

• The research question guiding us in to the future is "how do we make it work best?"

Simpson & Reid's literature review (in press) on the online therapeutic relationship:

23 major studies (9915 total available)

Of these 23 studies all rated high levels of satisfaction concerning the therapeutic alliance, by both clients and therapists

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# The healing power of the therapeutic relationship

Mick Cooper talks to Colin Feltham about the healing power of the therapeutic relationship

- **Relational depth** correlates with positive therapeutic outcomes
- "A major theme that comes out is the importance for clients of **feeling genuinely cared for by the therapist**. This is more than just nonjudgemental acceptance; its about clients feeling that they really matter to their therapists."

Drawn from An interview in Therapy Today October 2014 and *Relational Depth: new perspectives and developments*, Knox et al, 2102, Palgrave

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# The advantages for us as therapists and clients needing support

- Carers stuck at home
- The elderly, eg EngAgeingOnline (Chalfont, A.)
- Children and young people eg COAP, Kooth / xenzone
- Those with disabilities including those on the autistic spectrum (see Liane Collins slides on the next page) and with ADHD, PTSD and other traumas
- Those without transport or the means to travel
- Those for whom the F2F encounter might be too difficult, eg. domestic violence
- LGBT both internationally
- Those struggling with issues of shame
- Those with Those working far away from home
- Those recovering from serious illnesses and operations .....



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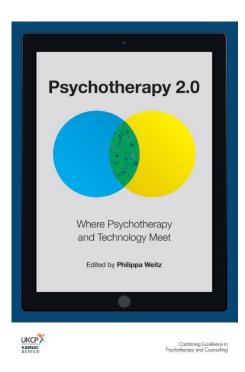
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