Practitioner Perspective

Online therapy: A business opportunity for the private practitioner; a Person-Centred perspective

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Introduction

We live in a culture where the entrepreneurial spirit is admired and encouraged. Counsellors and psychotherapists must learn how to harness this spirit without losing the compassion and the deep respect for the individual that lie at the heart of their profession. – Brian Thorne

Over the past 20 years, the mental health community has gradually come to view online therapy as a promising adjunct to traditional therapeutic methods (Monk, 2018; Oravec, 2000; Fletcher-Tomenius & Vossler, 2009).

Online therapy is defined broadly as conducting counselling services over the Internet. In order to distinguish the various types of online therapeutic modalities, Evans (2009) defines online communications conducted in real time as synchronous, and online communication conducted where there is a delayed reaction, as asynchronous. The term "online" covers a number of methods including e-mail, chat-rooms, video and other forms of web-based applications (APPS). Although acceptance of online therapy is not universal, enough practitioners have begun using computer-mediated communication to warrant the IACP to introduce guidelines for an online approach (IACP, 2017), as have their UK (BACP, 2009) and USA (APA, 2013) counterparts. This article focuses primarily on specific issues relating to generic video applications,

since many of the difficulties and challenges first associated with online therapy have been eliminated by the pace of change with the evolving technologies.

This article critically evaluates a review of literature on online therapy from a business perspective and considers the legal, ethical and professional practice requirements from a person-centred perspective.

As the pervasiveness of technology in people's lives continues to grow, especially for younger generations, it is reasonable for clients to expect online counselling to be available in line with other healthcare services (Baker & Ray, 2011). It is now incumbent on all practitioners to at least be aware of the impact of online services for their clients and the options available for online counselling provision (Anthony, Jung, Rosenaurer, Nagel and Goss, 2010).

In order to distinguish between online therapeutic modalities, Evans (2009) separates online communication into synchronous, which is conducted in real time, and asynchronous, where there is a delayed reaction. This article will primarily focus on the synchronous modality of generic video applications. However, due to the dearth of research in this area, some of the 'online therapy' research articles reviewed refer to asynchronous modalities, such as e-mail; instant messaging, andother web-based applications.

The Business of Therapy

As with most businesses, setting up in private practice as a therapist has substantial advantages, including freedom to be the primary decision-maker, choice in work location, hours, fees and projects. These advantages need to be weighed against the disadvantages that include taking full responsibility for financial matters, inconsistent revenue streams and isolation (Fay, 2014; Harrington, 2013; McMahon, 1994 in Hunt, 1995).

While there may be some discomfort in discussing human distress in terms of a 'profitable business', the discussion is a necessary one as lack of a business plan can lead to a risky practice for clients and leave clinicians in a vulnerable position (Starr & Ciclitira, 2014). According to Reeves (2017) financial issues are an important challenge for private practitioners as "…too many counsellors still have to work for low salaries or no payment at all" (p.45).

From a business perspective, online therapy offers a number of attractions for private practitioners by broadening exponentially the potential client base and overcomes barriers that otherwise may prevent people seeking face-to-face (FTF) therapy (Anthony et.al., 2010; Griffiths & Cooper, 2003; Oravec, 2000). The service can be considered particularly advantageous for young people (Prescott, Hanley & Ujhelyi, 2017) and clients suffering from agoraphobia or PTSD (Thompson, 2016) and other mental health issues, (IACP, 2017; Woodward, O'Brien-Malone, Diamond & Schuz, 2017). Online therapy also reduces costs, optimises marketing expenditure and reduces time wasted on dropouts and no shows (Monk, 2018; Griffiths & Cooper, 2003).

One of the fundamental tenets of business is to meet the demand of the market (Starr & Ciclitira, 2014) and there appears to be overwhelming support for online

therapy from a consumer perspective (Thompson, 2016; Monk, 2018; and Richards & Vigano, 2013). Monk (2018), a practising online therapist offers a mix of traditional FTF therapy alongside her online work as a complement to traditional FTF services.

Current trends indicate online therapy will overtake FTF therapy in volume in the near future (Jackson, 2013; Richards & Vigano, 2013). This supports the business argument for including online services as part of a portfolio of options. Therefore, the challenge for practitioners is to find an offering that is legal, ethical, within their competency and suitable for their theoretical orientation.

Practitioner Competence and Training

Since modes of communication in relation to online therapy are continuously evolving, it can be argued that traditional core trainings are out of date as they fail to highlight the distinct nature of online therapy, its defining features, culture, dynamics, and issues, which could be achieved effectively in pre-qualification training (Richards & Vigano, 2013; Anthony, 2015). The IACP recognises this aspect and the importance for specialist training for practitioners for online work, suggesting that post-qualification training is increasingly available (IACP, 2017).

Effective work online necessitates proficiency in IT skills (Gamble, Boyle & Morris, 2015), which include awareness of hosting platforms, an understanding of how electronic data is stored and secured, competence in the maintenance of electronic records and the encryption of the platform supporting the service (IACP, 2017; APA, 2013). Of note, the recent General Data Protection Regulation (GDPR) (DPC, 2018) cover some of these as they also apply to FTF practices. The onus of responsibility is firmly on the therapist to ensure

the chosen platform complies with current regulations (Dear, 2015; Gamble et.al., 2015).

IACP guidelines outline practitioners should be proficient in the skills to ensure clients' security and confidentiality are never compromised, (IACP, 2017), yet this level of guarantee has proven to be beyond even the most prestigious institutions, such as banks, and Facebook. In a study of 93 therapists practising online, Finn & Barak (2010) expressed surprise that one-third of participants continued practising when confidentiality was known to be in doubt. This report notes an absence in any of the literature reviewed of the consequences for the therapeutic relationship in the event sessions are recorded and posted online.

Contracts and client suitability

While Monk (2018) believes clients are more empowered when they can choose a therapist based on an assessment of their online profile, consideration needs to be made as to how to achieve a legally-binding contract where original signatures are not readily transmitted. When offering online services, key aspects require additional information to be presented in advance for clients, such as the additional risks and limits to confidentiality (Corey, 2013; IACP, 2017), a crisis management plan, and a communications strategy in case of network failure (Gamble et.al., 2015). Obtaining important client details, including age and capacity to give informed consent, may prove a challenge using an online medium (Gamble et.al., 2015), for example, a client considered a minor in one jurisdiction may be considered an adult in another (IACP, 2017).

Another important discussion to be held at the outset concerns the client's remote environment (APA, 2013; Gamble, 2015). Practitioners are encouraged to assess the suitability of the client's location

to ensure it is comfortable and conducive for effective delivery of online therapy (APA, 2013; Gamble et.al., 2015).

Unlike conventional FTF therapy, it is reported that certain mental health issues, including self-harm, psychosis, trauma or severe personality disorders, may prove intractable to online therapy (Anthony et.al., 2010; IACP, 2017; APA, 2013; Gamble et.al., 2015, p.295; BACP, 2009). Additionally, clients who present with ongoing problems of addiction or alcoholism, or those who seem reluctant to comply with the contractual requirements of online therapy, may be encouraged to access alternative mediums of support (IACP, 2017).

The Therapeutic Alliance

A major consideration for practitioners before making a decision to work online is to establish if their theoretical orientation is suitable or effective using the method. While it has been reported that Cognitive Behavioural Therapy (CBT) appears to have transferred seamlessly to the Internet (Hadjistavropoulos, et al, 2017; Richards & Timulak, 2012; Thompson, 2016; IACP, 2017; Button, et.al., 2012), Bengtsson, Nordin & Carlbring (2015) have suggested that CBT therapists viewed FTF as a stronger experience than online. It must be noted that most of the studies reviewed in which CBT was conducted online used email as the asynchronous methodology.

From a Person-Centred perspective, the therapeutic relationship or alliance is a key aspect affecting the process and outcome of therapeutic intervention (Rogers, 1967) and has been identified as a major concern with online offering (Richards & Vigano, 2013; Baker & Ray, 2011; Hedges, 2014; Hadjistavropoulos, Pugh, Hesser & Anderson, 2017; and Thompson, 2016). Where the therapeutic relationship is considered

to be the largest significant single factor affecting the outcome in FTF therapy (Lambert & Ogles, 2004; Fletcher-Tomenius & Vossler, 2009), clients in receipt of online therapy are generally unaware that this relationship is key and are oblivious to it, yet still appear to be satisfied with the online offering (Richards & Vigano, 2013). Some research suggests online therapy creates the 'working alliance' and is similar to FTF therapy (Anthony 2015; Cohen & Kerrand, Cook & Doyle 2002, Reynolds et. al., 2013; Wright, 2002; and Thompson, 2016), although most of these studies used asynchronous approaches. The suggestion that complex aspects of relational cues with interpersonal communication may be limited in online therapy is disputed by some online studies (Balick, 2013; Hedges, 2013), which report online services as a legitimate means of conducting psychotherapy (Reynolds, Stiles, Bailer & Hughes, 2013; Jackson, 2013; Button, et.al., 2012; Finn & Barak, 2010). While these studies provide evidence that support the effectiveness of online services based on outcomes, only a few are related to synchronous modalities. In these cases, the sample sizes were small and there were no longitudinal studies undertaken in the literature reviewed. Other studies were non-committal, preferring to suggest online therapy is different and is useful as an adjunct to conventional FTF therapy (Monk, 2018; Oravec, 2000; Fletcher-Tomenius & Vossler, 2009).

In one study on video therapy, clients felt a low level of connection with the clinician, and clinicians felt it difficult to gain the "relational capital" needed for effective treatment (Neimeyer & Noppe-Brandon, 2012, in Kingsley & Henning, 2015). The ability of "working with people in the very close and intimate relationship" that Rogers called psychotherapy (Rogers, 1967, p.184) can be viewed

by practitioners as a limitation with online synchronous therapy. With FTF therapy, relating and responding to physical impingements is recognised as a significant factor in the therapeutic process (Hedges, 2013, p.56), yet this interpersonal dynamic that is different in an online context does not appear to have been addressed in the literature reviewed.

Given the paucity of empirical research comparing FTF versus synchronous (online video therapy), perhaps it is sufficient to accept online therapy is effective for certain individuals in emotional distress and await the outcome of more up-to-date research before concluding the former to be superior to the latter (Griffiths & Cooper, 2003).

Client Safety

According to Rogers (1967) it is the personal attitude of the therapist that creates safety in the therapeutic relationship and makes communication possible, and this is also true with online therapy. The setting of a secure environment, a staple in conventional FTF encounters, becomes an 'unknown' factor when transferred to the online medium. As therapists have no input in the remote environment from which their clients engage, this introduces a level of risk not normally associated with FTF therapy. Therapists will have to assess if the online environment poses any potential risks for the client and for the therapy, and if any are identified, then the Therapist is expected to take appropriate steps to mitigate any potential risks or reassess if online therapy is a suitable approach. Most of the studies reviewed related to asynchronous communications, which lacked evidence to suggest the remote environment was even a consideration or that it may have any impact on the effectiveness of the service provided. Further research to establish the impact the remote environment may have with

synchronous communication would be beneficial.

The American Psychology Association (APA) also indicate some initial in-person contact for introductory assessment to facilitate an active discussion on issues such as the client's appropriateness for online therapy, the remote environment, crisis management and back-up communication strategies in case of network failure (APA, 2013).

Legal and Ethical Considerations

Practitioners must be aware of a number of additional legal and ethical considerations before considering delivering online services for clients (Gamble, et. al., 2015). The practitioner must be cognisant of any limitations the chosen theoretical orientation may have compared to the conventional FTF therapy and provide clients with explicit and relevant detail of any limitations in advance (IACP, 2017). Due to the paucity of research in relation to synchronous services this poses a challenge, as the extent of limitations of specific online therapeutic approaches are not yet known or fully understood (Richards & Vigano, 2013; IACP, 2017).

Confidentiality, an ethical imperative in psychotherapy, could be compromised with an online offering and practitioners are obliged to inform clients of the possible risks not normally associated with FTF therapy, i.e. potential risks from the client's own remote environment, and unauthorised access by third parties to the digital platform, deliberate or accidental, during an online session (IACP, 2017; APA, 2013). This review suggests there are additional risks to confidentiality and client safety, stemming from the client's remote environment that require focused research in order to develop safety protocols and procedures. In addition there was no mention of, or any consideration shown, to protect either client or practitioner

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from any unauthorised recording/posting of sessions in the literature reviewed. It is the view of the author that this is of critical importance, not only for safeguarding clients, but for protecting the integrity of the profession itself.

Being able to work with a client in a different country does not necessarily mean that it is legal or ethical. For instance, in Austria there is a clear distinction between counselling and psychotherapy and psychotherapists working online must be trained by an online trainer that is also a qualified psychotherapist (Anthony et al., 2010). In the US, mental health licences apply state by state and geographical borders prevent crossing state lines to practise (Anthony, 2015) and therapy via Skype is a violation of law as it is not HIPAA compliant (Health Insurance Portability and Accountability Act, 1996). Thus, the onus is on practitioner to be aware of, and be compliant with, the regulatory issues within all of the jurisdictions where their services are being delivered (IACP, 2017).

Conclusion

There appears to be a consensus that we will see an expansion of online services in the future, providing unprecedented access to psychotherapeutic services and development of new models of practice (Finn & Barak, 2010; Gamble et.al., 2015; Anthony, 2015; and Richards & Vigano, 2013). The challenge for private practitioners is to decide if online therapy is suitable for them, their theoretical orientation and whether or not the

challenges online therapy present can be overcome. While the business case for an online therapy may be attractive, it presents additional legal and ethical considerations not normally associated with FTF therapy. Similarly, from a Person-Centred perspective, online therapy presents professional considerations including relational dilemmas and the therapeutic alliance not encountered in conventional FTF settings. What emerges from reviewing the literature is the need to establish an evidence base to ensure client safety and the integrity of the theoretical approach adopted to deliver online therapy. While further research is needed to fully explore the process of online therapy and the impact on outcomes from a therapeutic perspective, this article supports the research that online therapy is a viable therapy offering in certain circumstances for certain types of clients and further, when regulated and facilitated by trained professionals can be a valuable adjunct to traditional FTF therapies.

Yalom cautions in relation to online therapies and technological advances: "if successful, it would be a pleasant and rare instance of technology increasing rather than decreasing human engagement" (Yalom & Leszcz, 2005, p.524). Only time will resolve this question. ☽

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Amazon Business : For business-only pricing, quantity discounts and FREE Shipping. Register a free business account. Editorial Reviews. About the Author. Carl Rogers is probably the greatest therapist of all time and his client centered therapy approach will help any therapist to better serve their clients. Read more. Helpful. Great book to understand fundamental perspective of CCT, directly from its original source. Read more. One person found this helpful. I read "On becoming a person" and "A way of being" first and was steeling myself up to read this giant of a book after already being on a bit of a carl rogers overload But this is THE TEXT for person centred counselling.. so I had to tackle it sooner or later. Can I just say that this is soooooooooooooo goooooooooooood. Person-centred therapy: A pluralistic perspective. Mick Cooper. Professor of Counselling, University of. Therefore, it is necessary for person-centered therapists to be appreciative and open to many different ways that clients may benefit from therapy. Unnecessary and incompatible: a critical response to Cooper and McLeod's conceptualization of a pluralistic framework for person-centered therapy. Article. Full-text available. Online therapy, sometimes referred to as e-therapy, distance therapy/counselling or tele-therapy, has become an increasingly popular choice for individuals seeking care. Clients and therapists alike are embracing this new modality because it fits with today's electronic, on-the-go lifestyle. For many practitioners, climbing the steep learning curve can make online therapy seem daunting. We've developed this guide for therapists, counsellors, and coaches who are considering delivering therapy online, to answer all your questions in one place. Here's what this guide contains This site has good information about the provision of services and offers opportunities to apply to become one of their providers. www.betterhelp.com. Talkspace â€" provider of online therapy services. Person-centered Therapy: A Revolutionary Paradign - Bozarth, J - PCCS Books. Person-Centred Approaches in Schools - Hill, J. Person-centred Communication: Theory and Practice - Du Toit, D., Grobler, H., Schenk, R. - OUP Southern Africa. The introduction provides a brief overview of a person-centred perspective on trauma and its theoretical application to victims of warfare. The scenarios described are working with a woman refugee from Bosnia, who was a witness to, and victim of, atrocity including rape; and a male ex-member of the military coming to terms with his traumatic experiences on conflict situations.