Psychotherapy 2.0:

Working Online Therapeutically
The power of the relational

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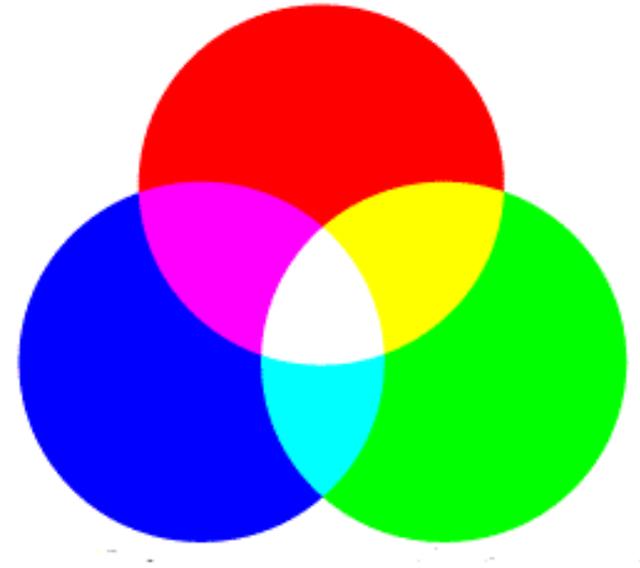Diploma in Online Counselling, Member of ACTO & ISMHO

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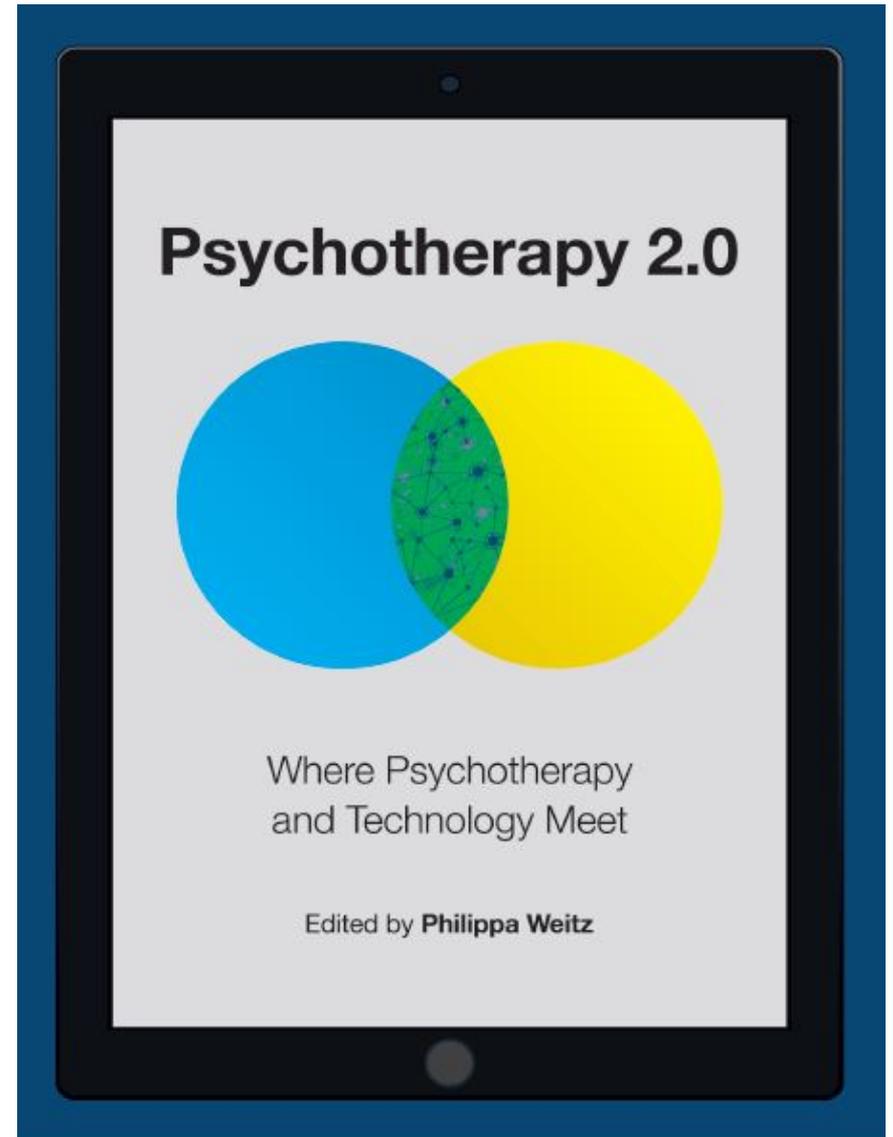
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What is **Psychotherapy 2.0**?

- Counselling, psychotherapy, psychology, psychiatry, etc
  It can be all online support and care
- The difference between web 1.0 and 2.0
  Web 2.0 is **relational**

Psychotherapy 2.0

Where Psychotherapy and Technology Meet

Edited by **Philippa Weitz**

UKCP
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Combining Excellence in
Psychotherapy and Counselling

New client groups

- 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

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

  You can read 4 articles on research into the online therapeutic alliance, authored by Susan Simpson et al at http://pwtraining.com/resources-for-working-online/the-online-relationship/

The Online Therapeutic Relationship

The "*How do we make it work best?*" combines the basics of ensuring we get the practical relationship right initially so that we can move on quickly to concentrate on the relational aspect of the therapeutic relationship – the central part of therapy and its potential success

The Online Therapeutic Relationship

- Kate Dunn talks eloquently about how the online relationship flourishes in chapter 4 of Psychotherapy 2.0:

  http://pwtraining.com/resources-for-working-online/the-online-relationship/

- Kate will be talking to you today also about the important role and use of language online

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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 non-judgemental 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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How might the relational work online in different modalities?

What do we mean by modality in English within psychotherapy and counselling?

This is usually understood as the therapeutic school that we as professionals adhere to as part of our initial training such as Jungian, Freudian, Rogerian, Transactional Analysis, CBT etc.

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How might the relational work online in different modalities?

I am preparing a new publication on the relational online asking different modalities to reflect on the "Sapna" case study. These will include:

– Fiona Biddle	*Hypno-psychotherapy*
– Kate Dunn	*Multi-modality*
– Sally Evans	*Transactional Analysis*
– Mary Smail	*Dramatherapy*
– Anne Stokes	*Online practitioner*
– Gladeana McMahon	*CBT*

These authors have already produced short preliminary papers reflecting their view, all of which can be found at http://pwtraining.com/resources-for-working-online/working-online-using-different-modalities/.

Roger's Core Conditions

- Unconditional positive regard
- Empathic understanding
- Congruence

These are extremely useful within the online context, whatever one's initial modality

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Reflecting on working therapeutically online

- Working online does have its challenges
- Using empathy, unconditional positive regard and genuineness, the Rogerian principles are very helpful
- My recent studying led me to regard Rogers in a new light, 30 years on

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My development as an online therapist

"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 et al 2014). (in AHP, A summary of the questions Rogers raised in his 1972 address to the APA)

I found that recently reading Roger's 1972 address to the APA in Honolulu one of those critical moments in my career, in that it challenged me to think again about all I had been trained in.

An example of a final IM session extract, demonstrating success with an online client

Me: OK .... well we're coming towards the end of our time together .... and I was wonder how you'd found working together?

Client: ive found it helpful

Me: Whether you'd found it helpful .... and more or less helpful than F2F ...

Client : much more helpful ...... i could say so many things here i don't think i would have been able to face to face

An example an email session demonstrating the rapid progress

Therapist: ….. Gosh you have come a long way in little over a month! I went back this morning to re-read your first transcript where you seemed so helpless, like a little ship being tossed on the high seas.

Reading that and your most recent so positive email led me to think of something I learned on a Byron Katie course:

The question is a very simple question. "*Whose business is it?*" and whatever reply you give, the "counsellor" then says "*Is that really true?*" and following from there, using this line of questioning there are there are three possible questions or answers:

Is it god's business? Eg earthquake, flooding etc

Is it someone else's business?

Is it my business?

It always falls within one of these. It's really that simple.

My experience when things go wrong is that actually we are often in **number two, someone else's business**. This is the work you have been doing for the last 6 weeks, moving from your ex-wife's business, and that of your kids, and your step-kids, to your business. And how well you have achieved this you show in this email. It's a remarkable journey in a short time. And your dignity is in the process of being restored and strengthened.

Client reply:

"….. Yes, you are exactly right. -Whose business is it anyway?

I believe in free choice and owning the consequences there-of too. I realize that it was a mistake not I honour my ex-wife's choice to act as she did. In a way, I was imposing my beliefs and standards of " being civil" on her.

 Of course, that was wrong in that it went against my own core beliefs.

Consequently, once I realised this and decided to mind my own business , I was liberated from the constant trying, the rejection and the pain there-of ."

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, a Scottish island. 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.*

Case Study: your role as the online counsellor 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?

Case Study: your role as the online counsellor 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*".

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Avatar

"In computing, an avatar (usually translated from Sanskrit as incarnation) is the graphical representation of the user or the user's alter ego or character. It may take either a three-dimensional form, as in games or virtual worlds, or a two-dimensional form as an icon in Internet forums and other online communities." (http://en.wikipedia.org/wiki/Avatar_(computing) Accessed 2 November 2014)

Avatars and avatar tools provide a great opportunity to explore new roles in areas some of us we might be afraid to tackle head on, for example, those from different diversities to explore different ways of being, have a different world, role, though their avatar. Here are two very different avatar formats:

- http://www.proreal.co.uk/
- http://secondlife.com

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The use of avatars in therapy

- Working therapeutically directly in second life is fraught with challenges, Steve Johnson MD of Oxygen Insurance recently wrote to me:

  "The question should probably be: Is what goes on in Second Life 'therapy' and if it is, who regulates it? Presumably is it not only real therapists who could assume the role of a therapist in Second Life and how would any potential client be able to judge whether the therapist was real or not?

  If a real therapist is working in Second Life, what code of ethics is he or she working to and would BACP or UKCP for example have jurisdiction to hear any complaint. Also on the question of jurisdiction, which countries legal system would apply. Is the client presenting with fictitious symptoms or is the avatar just a means of expression of real life problems? I would have thought there are huge problems for the therapist in trying to unravel that one?

  There is also the question of ownership of the data which, I believe, is claimed by Second Life 'to use for any purpose they chose'."

References

Author	Year	Title	Publishing Details
American Psychological Association	2013	*Guidelines for the practice of telepsychology.*	*http://www.apapracticecentral.org/ce/guidelines/telepsychology-guidelines.pdf* [accessed 14th August 2014]
Anthony, K., and Goss, S.,	2009	*Guidelines for online counselling and psychotherapy including Guidelines for online supervision*	3rd edition, Lutterworth: British Association for Counselling & Psychotherapy
Cooper, M. talks to Feltham, C.	2014	*The quality in connection Mick Cooper talks to Colin Feltham about his kaleidoscopic interests and fundamental belief in the healing power of the therapeutic relationship*	The Interview, therapy Today, October 2014, Vol. 25 / Issue 8. www.therapytoday.net, BACP.
House, R, Kalisch, D, Maidman, J.	2014	*Forty Years on from Carl Rogers... and the only Constant is Still Change,*	Editorial, *Self & Society*, Volume 41, No 2 Winter 2014 p.4
Rosanne Knox, David Murphy, Susan Wiggins, Mick Cooper	2012	*Relational Depth New Perspectives and Developments*	Palgrave 2012
Norcross, J.C., Hedges, M., & Prochaska, J.O.	2002	The face of 2010: A Delphi poll on the future of psychotherapy	*Professional Psychology: Research and Practice*, Vol 33(3), Jun 2002, 316-322
Weitz, P	2014	*Psychotherapy 2.0: Where Psychotherapy and Technology Meet*	Karnac Books (London) and < *http://pwtraining.com/resources-for-working-online/setting-up-an-online-practice/*> [Accessed 31st August 2014]

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