Online and phone therapy (OPT) competence framework

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Online and phone therapy (OPT) framework

Competence

Knowledge	1 Knowledge of the different ways of offering OPT and of the associated technologies
	2 Knowledge of the benefits and constraints of OPT

Professional competences	3 Knowledge of, and ability to operate within, legal, professional and ethical guidelines when offering OPT
	4 Knowledge of, and ability to work with, issues of confidentiality and consent, including data protection, GDPR and ability to monitor own digital footprint and that of the clinical work
	5 Ability to negotiate a contract for OPT
	6 Ability to recognise, acknowledge and respond to issues of equality, diversity, and inclusion pertinent to OPT
	7 Ability to make use of appropriate supervision for OPT
	8 Ability to work internationally

Competence

Therapeutic competences	9 Ability to use effective language and communication processes specific to OPT
	10 Ability to work remotely with psychological processes
	11 Ability to manage endings for OPT
	12 Knowledge of and response to practitioner self-care and well-being related to OPT

Assessment, planning and referral	13 Ability to assess suitability for OPT
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Knowledge

1 Knowledge of the different ways of offering OPT and the associated technologies

i. Knowledge of and ability to assess current technology appropriate for the practitioners' modality /theoretical orientation and the client's needs.

ii. Knowledge of how different technologies are set up and managed.

iii. Ability to reflect on own skills in using technology and devices; drawing on the knowledge that adequate technological knowledge and understanding of levels of security is needed before engaging in OPT.

iv. Ability to reflect on own attitudes and preferences related to OPT.

v. Ability to offer appropriate interventions and techniques specific to **online video therapy** e.g.:

- In the context of reduced visual cues (e.g. view of head/shoulders only), paying increased attention to posture / gesture / tone of voice / silences

- In recognition of different communication medium:

  – Checking out any uncertainty in communication

  – Negotiating ways to come in without talking over client

  – Using more frequent non-verbal encouragers to ensure the client knows you are there and listening

  – Being mindful of the impact of any time lags in communication

- Being aware of how challenge might be received at a distance

vi. Ability to offer appropriate interventions and techniques specific to **phone therapy** e.g.:

- Acknowledging the impact of the lack of visual cues

- In absence of visual cues, paying increased attention to what is suggested by tone of voice and silences

- Offering more frequent encouragers to let the client know you are there and listening

- Acknowledging and normalising that without visual contact, talking over each other occurs occasionally

- Checking understanding with reflective responses and keeping them brief

- Being aware of how challenge is received without visual contact and at a distance

vii. Ability to offer appropriate interventions and techniques specific to **text based therapy (synchronous and asynchronous)** e.g.:

- Acknowledging that the written word can differ from the spoken word e.g. the meaning cannot be moderated by contextual features (such as non-verbal communication), it can have a sense of permanence

- Adapting the style of communication to best fit different mediums (e.g. email versus instant messaging)

- Writing in a manner that is professional but informal enough to engage the client, acknowledging that the use of certain informal styles may undermine the client's confidence in the practitioner

- Promoting a sense of consistency and trust by maintaining a consistent style of writing

- Drawing on knowledge of norms commonly associated with written communication specific to the medium used (netiquette, e.g. norms of texts differ from email)

- Understanding that shifts in the client's style of written communication could be indicative of psychological and emotional changes

- Recognising the additional challenges presented by the fact that that synchronous written communication requires instant and spontaneous responses and the capacity to infer a client's emotional state from their style and pace of responding

- Responding to and managing "crossed communications" in instant messaging

viii. Acknowledgement of the role of **text-based communication** in all forms of OPT by:

- Maintaining professionalism and boundaries in all correspondence; this includes administrative correspondence that sits outside of the actual OPT session

- Acknowledging that administrative text-based communication may be the first contact with any client, regardless of the method of communication going forward e.g. an email may be the first contact for audio and visual therapy sessions

ix. Ability to offer a blended approach to therapy by:

- Being flexible to any changing needs of the client where possible and when working in a different medium is within the practitioner's competence

- Assessing client suitability for a blend of therapy (e.g. moving from one medium to another, online and phone / online and in the room / phone and in the room)

- Ascertaining the reasons which will determine a move from one medium to another

- Ensuring the blend of therapy remains in the client's best interest

2   Knowledge of the benefits and limitations of OPT

i. Knowledge of and ability to discuss with the client the potential benefits of OPT e.g.:

- Accessibility e.g. for those with certain disabilities, limited transport options, or distance, the client can stay at home

- Flexibility e.g., can fit around client's life choices

- Being in separate locations may feel less inhibiting

- The remote nature of the work has the potential for alleviating client circumstance e.g. isolation

- Asynchronous communication can allow time for reflection and consideration and is not constrained within a more structured session

ii. Knowledge of and ability to discuss with the client the potential limitations of OPT e.g.:

- Potential technical issues

- Data security

- Lack of visual contact in some approaches may reduce non-verbal communication which might impact on mutual understanding

- Written communication might be experienced as lacking spontaneity

- Ability to consider whether the remote nature of the work has the potential for exacerbating client circumstance (e.g. isolation)

- Uncontracted gaps between text based messages could be challenging for some clients

- The written word can sometimes be misunderstood

iii. Ability to acknowledge and incorporate into practice, knowledge of the ways OPT differs from face to face work e.g.:

- How to manage not being physically present to assist in times of emergency

- Assessment and contracting processes might be different (questionnaires, assessment questions, how a contract is agreed, payment for sessions)

- Managing time boundaries and the lack of transition for clients at the start and end of a session

Professional competences

3 Knowledge of, and ability to operate within, legal, professional and ethical guidelines when offering OPT

i. Knowledge of and ability to identify, respond to and resolve legal and ethical challenges.

ii. Ability to assess and monitor own level of competence in relation to OPT.

iii. Ability to commit to identifying gaps in own competence and engage with appropriate training and CPD to ensure knowledge and practice is up to date and relevant for safe and effective OPT.

iv. Knowledge of and ability to set up an OPT therapeutic frame and conduct therapeutic work appropriately, e.g.:

- Facilitating the client's establishment of a consistent, secure and confidential location and context and appropriate boundaries for OPT sessions

- Offering an appropriate visual environment for working on digital platforms, being mindful of what the client can see (e.g. inappropriate self-revelation)

- Guiding clients to manage effectively their own technological security and privacy

- Exploring any changes in location with the client

v. An ability to draw on knowledge that legal and ethical issues differ between working with adults and children and therefore take reasonable steps to confirm the legal age and legal identity of the client.

4 Knowledge of, and ability to work with, issues of confidentiality and consent, including data protection (GDPR) and ability to monitor own digital footprint and that of the clinical work

i. Knowledge of GDPR legislation and how data applies to different mediums for OPT e.g.:

- ICO requirements

- Reporting data breaches

- Using own technology when working for organisations and agencies

- Ensuring there is a legal basis to process personal data

- Working within agency policies regarding data security for OPT

ii.   Knowledge of and ability to discuss issues of confidentiality and data protection related to OPT, including:

- Limits to confidentiality when working remotely

- Being able to inform the client of how to achieve safety in relation to data protection, platforms and equipment

- Knowledge of up to date digital platforms and technology and the related limitations of security in relation to OPT

- Maintaining client safety and confidentiality in relation to data protection and technology

- Understanding and implementing the practitioner's responsibility to manage and monitor their own digital footprint and that of the clinical work

- Negotiating careful agreement concerning any recording of sessions by either practitioner or client and being able to communicate the implications of any such recording being made

- Discussing data security and privacy in relation to OPT and the client's circumstances and possible vulnerabilities

5 Ability to negotiate a contract for OPT

i.   Ability to negotiate and agree a contract appropriate to the media being offered e.g. online, video, phone, blended.

ii.   Ability to provide a rationale for the media agreed.

iii.   Ability to establish and maintain boundaries when offering OPT, by:

- Deciding who will be responsible for initiating the call/session?

- Ensuring that both the practitioner's and the client's immediate environments are free from auditory and visual distractions as much as possible (e.g. intrusive background noise or 'pop ups')

- An ability to draw on knowledge of and respond to potential data threats to security and to inform the client of these

- Informing the client about practitioner's levels of skill and training in relation to OPT

- Agreeing to limit communication between practitioner and client to the agreed therapeutic frame (e.g. not on social network, text messages etc.)

- Establishing a contingency plan in case of technology failure (e.g. phone if internet fails)

6 Ability to recognise, acknowledge and respond to issues of equality, diversity and inclusion pertinent to OPT

i. Knowledge of cultural differences in relation to OPT work and the associated technology, alongside the ability to respond appropriately.

ii. Knowledge of implications of OPT and ways in which it may be facilitative for clients with disabilities e.g. hearing impairment, by using a video platform (with subtitles or live text facility) rather than phone; visual impairment, by using the phone or voice only or by having a third person present e.g. support worker/carer/interpreter (where confidentiality is explicitly agreed).

iii. Knowledge of technological aids and/or appropriate support software that widen accessibility to OPT for those with mobility problems and/or speech and language difficulties/ learning and processing difficulties etc.

iv. Acknowledging and addressing issues of digital exclusion.

v. Ability, when working without visual contact, to be curious about issues of difference and diversity, to clarify meaning and understanding and to avoid assumptions and fantasies between practitioner and client.

7 Ability to source and make use of appropriate supervision for OPT

i.   An understanding of how to source a supervisor with knowledge and experience of OPT.

ii.   An ability to make use of online/phone supervision, e.g. by:

- Engaging with supervision that parallels the type of therapy offered e.g. phone, online platform, email

- Acknowledging in supervision the particular phenomena raised in blended therapy e.g. phone and in the room, online and in the room, phone and online

- Using supervision to reflect on and discuss the impact OPT may be having on the client and/or practitioner using supervision to support and develop own OPT practice

8 Working internationally

i.   Knowledge of professional and legal requirements, and limitations around working internationally and across borders and for any country where OPT is being provided.

ii.   Knowledge of and ability to respond to ethical responsibilities and risk management if working with a client in a different country.

iii. Ensuring appropriate insurance is valid in the country/ies where OPT clients are located.

Therapeutic competences

9 Ability to use effective language and communication processes specific to OPT

i. Ability to work within a core theoretical model when providing OPT.

ii. Ability to form and maintain an effective therapeutic alliance within OPT.

iii. Ability to work with an awareness of and mitigating against the increased risk of misunderstanding when communicating in OPT.

iv. Ability to work creatively using OPT technology (e.g. whiteboards, links, music etc.).

10 Ability to work remotely with psychological processes

i. Knowledge of the particular impact within OPT of certain phenomena affecting self-presentation relating to identity and telepresence.

ii. Ability to recognise, acknowledge and respond to existing and emerging mental health issues when working remotely; alongside the ability to liaise with other medical professionals where relevant.

iii. Knowledge of and ability to manage the impact of disinhibition by drawing on knowledge that people may behave differently remotely to the ways in which they might interact when in the room, and that these differences have important implications for the therapeutic process.

iv. Knowledge of how disinhibition can be a common feature of OPT, alongside an ability to help clients who may be disinhibited to pace their communications in a manner that makes it more likely that they are able to process material they are disclosing.

v. An ability to work with disinhibition by responding to and managing rapid disclosure of sensitive information and/or uninhibited expression of emotion that risks leaving the client feeling vulnerable and/or overwhelmed.

vi. Knowledge of and ability to work with specific issues relating to attachment that may arise in OPT.

vii. An understanding of and ability to work with heightened issues of fantasy and speculation that may arise in OPT, especially when client and therapist are 'unseen'. This may require additional attention to be paid to boundary-setting, meta communication, assumption-checking etc.

viii. Knowledge and understanding of how the practitioners own social networking activity and behaviour may impact on their public and professional image. Practitioners should draw up appropriate digital policies.

ix. An ability to recognise the impact of delays in asynchronous text-based communication on understanding, meaning-making, relational dynamics and the potential for heightened degrees of fantasy within the work.

11 Ability to manage endings for OPT

i. Knowledge of specific issues that can impact on endings in OPT and an ability to work with them professionally, sensitively and appropriately.

ii. An ability to negotiate effective and appropriate endings in asynchronous text-based therapy where the ending also occurs asynchronously e.g. the practitioner sends the final message.

iii. An ability, where appropriate, to inform the client of further sources of support that can be accessed after therapy has concluded.

12 Knowledge of and response to practitioner self-care and wellbeing related to OPT

i. Ability to recognise and address challenges to practitioner wellbeing that can arise as a result of OPT, such as:

- Screen fatigue and strain on eyesight from excessive screen work
- Physiological consequences of significantly increased sedentary behaviour
- The need to attend closely to ergonomic positioning of furniture and devices/equipment
- The necessity of more regular breaks
- The additional impact on the practitioner of responding to and containing issues of risk when working alone in OPT

Assessment, planning and referral

13 Ability to assess suitability for OPT

i. An ability to draw on knowledge that a client's ability to make safe and effective use of OPT needs to be assessed prior to starting therapy and periodically throughout the process.

ii. An ability to draw on factors that influence whether OPT is appropriate e.g.:
- The client's access to and ability to use the type of technology available
- Their ability to communicate remotely, either in writing or by spoken communication
- Their likely ability to engage in a therapeutic relationship and express their feelings, situation and experience remotely
- Their pre-existing experience of and ability to communicate with others using digital technology
- Their ability to "troubleshoot" practical issues that may limit their ability to make effective use of the technology (e.g. firewalls, phone signal, internet connection)

iii. An ability to assess clients for psychological suitability for OPT, considering if they:

- Need a high level of care and support

- Are struggling to function

- Present a high level of risk (e.g. suicide, self-harm)

- Evidence poor reality testing

- Are resistant to the imposition of appropriate boundaries

- Exhibit or describe relational difficulties which may possibly be heightened by the environment of OPT

- Present in a fragmented and inconsistent manner online or on the phone

14 Ability to identify, assess, acknowledge and respond to existing and/or emerging risk during OPT

i. Knowledge of and ability to work with a clear understanding of risk and liability for OPT by:

- Collaborating and contracting with the client to negotiate an agreement/procedure on how to assess and respond to presenting or emerging risk when working remotely e.g. obtaining emergency contact (s) from the beginning of therapy, requesting GP/family/friend details who can be contacted in times of crisis

ii. Ability to draw on knowledge that appraising risk for OPT can be more challenging than in-the-room therapy, because:

- Non-verbal cues that help signal increasing distress or vulnerability can be hindered, especially when working without visual contact e.g. phone, written text

- Limited information can make it harder to judge the severity of risk

- Of the limit to how far a practitioner can intervene in cases where risk issues emerge

15 Knowledge of referral and signposting pathways

i. An ability to suggest alternative sources of support where clients are assessed as not suitable for OPT.

ii. An ability to direct clients to supplementary therapeutic OPT resources by identifying when clients may benefit from using additional online resources to supplement OPT therapy e.g. When a client expresses:

• An interest in further information relating to their difficulties

• A need for additional support

• An interest in being put in touch with others who experience similar problems

iii. An ability to:

• Draw on appropriate OPT resources for a range of difficulties and problems e.g. Apps, websites, helplines, forums, chatrooms, self-help groups, message boards etc.

• Evaluate the integrity, security, utility and effectiveness of the resources before recommending them to clients

• Draw on knowledge that some OPT resources may be harmful (e.g. those that promote or encourage self-harming behaviours)

Meta-competences

16 Assessment

i. An ability to establish the identity of the client.

17 Risk

i. An ability to judge the level of information required in an assessment, based on the level of risk being presented and levels of support available to the client.

ii. An ability to judge when the need to maintain contracted boundaries should be balanced against the need for flexibility (e.g. where additional contact may be required in response to clear indications of risk).

iii. The ability to balance the need for an appropriately thorough assessment against the need to rapidly build a good therapeutic relationship.

18 Adjusting the intervention to the individual when providing OPT

i. An ability to adjust the content, style and level of OPT communication to match the client's capacity to understand and assimilate this information.