FACULTY OF MEDICAL PSYCHOTHERAPY

REMOTE THERAPY GUIDELINES

Remote Therapy Guidelines

Contents

Introduction

These general guidelines are created to offer the best practice for remote working by reviewing existing recommendations from different professional organizations, clinicians and service users working in this area (reference 1-13), clinical experience and discussions by the working group. We will be describing guidelines for telephone and video consultations. This document will be updated as the situation unfolds to reflect changes in social distancing and to incorporate new learning from remote working.

Due to the COVID 19 pandemic and the risk of infection, psychological services are being encouraged to move to remote working. Many psychological services have already implemented remote working for group and individual therapy as well as assessments. This way of working can present with significant challenges as well as opportunities. At present, remote work is seen as a necessary step to maintaining therapeutic work during this crisis and should not be seen as replacing the role of face to face therapy.

Psychotherapists should make a careful assessment of the patient's ability to engage in remote therapy, which includes the nature of the clinical presentation, type of therapy, capacity for the patient to utilise the technology, potential risks, physical and cognitive abilities, and available resources of the patient. Special consideration needs to be given to the level of risk and disturbance the patient presents with and whether remote working is likely to increase rather than contain their risks.

Remote therapy may pose additional risks to confidentiality and information security; therefore patients need to be fully informed of the potential risks. Organisations need to develop policies and procedures in consultation with clinicians about use of various platforms and technologies.

Group therapy and family therapy will have additional needs (for example ability to see 10-12 participants and co therapists) and not all the platforms can accommodate this. In such situations, clinicians' preference must be sought in selecting the right platform for work. Given the rapidly changing field and differing needs of therapy modalities, we cannot prescribe specific actions in all cases.

Below we describe some important aspects of remote working.

1. Update protocols and processes

- Remote working necessitates changes to policies and protocols, as considerations will have to be given due to changing clinical practice, on the potential implications to data security and information governance as well as the ways in which data is stored and retrieved.

- Choose an appropriate platform if you are making video calls. Things to look out for include:

  Whether the platform is end-to-end encrypted, whether video sessions are recorded, where they are stored if so and who owns any recordings made? Some video platforms record sessions and use them in an anonymised form for big data collection. This may not worry patients but it is important to discuss openly so patients are aware of the limitations of whatever software is being used.

  For greater security, video links that are part of a paid for service are usually better. Some specialist healthcare services have higher levels of security. We don't endorse any particular platform, what is important is optimum security (including compliance with GDPR) and workability.

2. Training, support, and clinical supervision

- Remote working means a fundamental change to the frame and container for therapy. Safeguarding of the secure setting for the work to take place, is a key aspect of the work requiring careful consideration**.** The nature and management of therapeutic boundaries in the context of remote working is very different to that in a contained clinical space. A thorough understanding of the impact of this is needed in the transition to remote working. For example, seeing a patient within their own home and from the clinician's own home presents potential boundary issues which need explicit recognition and attention, especially when working with patients for whom issues of intrusion and boundary transgressions are a feature of their presentation.

- Develop operating instructions and guidance on using the chosen technologies and offer training to staff in the different modes of delivery.

- Delivery of therapy using methods other than face to face will require whole service 'buy-in' via strong clinical leadership. Alongside a realistic recognition of the challenges, when framed as a positive adjustment, therapists will respond accordingly.

- Staff will need ongoing supervision to familiarise themselves with the technology and changes to practice and to address technical and clinical issues as they arise.

- All transition to remote working must be made with necessary supervisory support.

- It is important to live test home working and technology before staff start using it. Allow extra time for preparation of the sessions.

- Look for training sessions on managing clinical scenarios relating to online therapy and if possible, seek supervision from peers who are already working online.

3. Patient engagement, consent and therapeutic contract

- An initial telephone contact is often the right first step in arranging subsequent remote interactions. It offers a way to explore the potential value and suitability of video interactions from the perspective of both the patient and the clinician.

- Telephone consultations can have advantages over more technology-requiring forms of remote interaction, especially for older people, those without internet access or a permanent home.

- Provide patients entering the care of the service with clear, reasonably adjusted information on treatment delivered remotely.

- Outline the potential communication options which can include sessions by telephone or use of video so that clinicians and patients can see each other. Enquire into patient preference as part of the decision making (you may suggest an alternative to the initial patient preference).

- Full informed consent should be sought after discussing advantages and disadvantages of remote therapy.

- A new contract for remote therapy is required due to the change of setting, delivery of therapy and changes in therapeutic interventions.

- The session length may be less than face to face sessions, especially if it involves remote video platforms which can be tiring for clinicians and patients.

- There should be an agreed way to contact patient if there are problems with video call e.g. alternate telephone numbers or email.

- Ensure that patients have a safe and secure space to ensure confidential therapeutic conversations free from distractions.

- It is useful to have a prearranged word or phrase they can say if they are interrupted and want to end the call without having to provide details.

- Services are encouraged to support these discussions with written information to the patient as in the example below. This can be sent along with the new contract for remote therapy.

PREPARING FOR ONLINE WORK   NOTES FOR CLIENTS (reference 1)

WHERE WILL YOU SIT? Think about where in your home you could sit comfortably and uninterrupted for the time of the session. Sitting in a chair can help you concentrate better on what we will be doing together. During video therapy sessions attention must be given to maintain the same setting and camera position whenever possible.

SECURE YOUR DEVICE by propping it up. If you hold your device in your hand or on your lap it can wobble which can be disturbing for other participants in the call.

AVOID DISTRACTIONS OR INTERRUPTIONS. Look around you and see if you can rearrange anything not to distract you.

NEGOTIATE THE UNINTERRUPTED TIME. Wherever possible, you need to get the agreement from other people you live with that they do not interrupt you whilst in the session. Closing the door if possible can make you feel more secure, even if you are on your own. Put a sign on the door. Ask others to look after children and pets during the session.

ADJUST LIGHT. When light changes in your room it is important to think about lighting up your face e.g. sit with your back against a wall rather than a window. Having a light in front of you rather than behind you will help. It is preferable if you can arrange this in advance as leaving the online session to turn on the light can be distracting.

TURN OFF MOBILE PHONES as you would usually in the session. Also turn off or minimise notifications on your devices wherever possible. Devices vary. Turn the volume down on landlines.

WEAR HEADPHONES OR EARPHONES. This improves sound quality and ensures that other people are unable to hear what is being said by the therapist.

WHAT DO I SHOW OTHERS OF MY HOME? You need to reflect on the "background" you will show is important e.g. background with few distractions.

ARRANGE YOURSELF as you would in a usual consultation. Get dressed as if you were coming to the clinic for the session, sit in a comfortable chair and don't smoke, eat or walk around.

AFTER THE SESSION: Online therapy can be tiring so before and after the session take a bit of time on your own to stretch or get some air to provide a space between activities before or after the session. Remember that you do not have your regular journey to and from the department, so it is important to prepare yourself before the session and to take time to reflect on the session afterwards.

4. Adaptations to therapy

- Therapists should have a private, confidential therapeutic space, without distractions or interruptions.

- Rules of face to face appointment apply, being available on time, being attentive and professional.

- Dress as if you are at work and maintain your scheduled appointment time.

- Position your laptop so that your eyes are ¾ of the way up the screen and your shoulders and ideally arms are in view.

- Avoid having a light source behind you – or you may be in silhouette.

- If video is used, use background that is free of private and confidential information. You should be visible in an 'ordinary' room without a virtual background. Use the same setting each week like you would use your consulting room.

- Use headphones with an attached microphone – this will make the call more confidential and will improve sound quality.

- At the start of each session check where the patient is, who else is in the room, presence of children, pets etc and whether it is an appropriate setting to have the session.

- Ask where the patient is calling from and get Next of Kin details in case you have to act on an emergency that might arise during the consultation.

- More frequent reflection and clarification of understanding is important when using remote therapy.

- As in face to face sessions, ongoing risk assessment should continue and risks should be managed as agreed.

- The experience of holding the session over the phone or through video sessions may introduce inevitable delays and distortions and

these should be acknowledged openly throughout the work with the patients, depending on the modality of therapy.

4a. Assessment for psychotherapy

- As therapists gain experience and confidence, they may wish to start assessment of a patient they have not seen in person.

- The assessment needs to be discussed in supervision, and there may be a need to extend the assessment to get comprehensive information, particularly if there are risk factors.

- Remote assessments can present a challenge and there might be features of a patient's history or clinical presentation where remote assessment is not indicated. It might be appropriate that a face to face assessment is necessary and needs to wait until the restrictive conditions are lifted. If this means there will be a considerable delay before a patient referred to the service is seen, they should be given advice about sources of support and crisis services in the meantime.

4b. Starting new cases

- Similarly to assessment, starting therapy with a patient you have not met before depends on the patient's suitability for remote therapy, their clinical presentation and their risk. It also depends on the therapist's level of experience with the mode of therapy offered. Careful consideration needs to be given to new cases where clinical features include regular self–harm, flashbacks and dissociation which may be difficult to manage remotely.

- Starting new cases whom you have not met in person before may present particular challenges in psychodynamic psychotherapy as it is more difficult to establish use of transference and countertransference as the main tools for the work.

- We would advise that, where possible, therapists introduce themselves via video or face to face and continue either with video or phone, following discussions with the patient and taking the patient's preference into account.

4c. Termination of therapy

- Consider a face to face session for people who started with face to face session, or arrange a future follow up appointment. It is important that planned endings continue to be thought about and worked towards despite therapy moving onto a remote platform.

4d. Special considerations for group therapy

- The online platform needs to offer the ability to see everyone on screen.

- Consider issues of personal identification if full names are used.

- Ensure clients understand the importance of privacy in their own home e.g. other family members walking in which allows them to see other group members on the screen and is therefore a serious breach of group confidentiality.

- Remote therapy might increase the risk of intrusion into people's space and it is important to set out the boundaries and expectations to reduce the risk of acting out.

- In a group setting there are additional challenges on picking up on body language (important to have a ground rule for leaving the meeting or taking time off the group).

5. Clinical risks

- Although there are challenges to remote work, exploratory work - which may involve challenging some of the patient's defences and beliefs - is not discouraged and may be necessary for managing and containing the patient's risk. Exploratory work is also important for maintaining hope of improvement and change and should not be stopped because of reluctance and fear about remote working.

- Special consideration needs to be given for patients where remote therapy may hinder the clinician's ability to make informed decisions in the best interests of the patient.

- Consider if remote therapy consistently increases risk to self and others.

- Consider availability of other services to support the patient out of therapy sessions.

- Balance the tension between exploratory – supportive work.

- Remote therapy might increase acting out and boundary crossings – it is important to have a contract to try and maintain the frame as much as possible.

- Full use of electronic records in keeping with usual policies is important to facilitate supervision and communication with other clinicians.

- There is risk of disengagement with remote therapy and risk of disadvantaging people who don't have access to remote technology.

6. Therapist self-care

- You are not "working from home". You are "at your work, during a crisis, trying to work".

- You may need more time and support to acclimatise to the technology. This may mean you may be unable to work at the same pace as previously, at least while you are adapting to these new ways of working.

- You may feel you need longer gaps between sessions to get a break from concentrating on the screen.

- Try to keep to as much of a work schedule as possible. You should not try to compensate for lost productivity by working longer hours.

- Working alone can feel isolating. Be sure to schedule time for lunch, permissible social interaction, and short periods of rest.

- You will be kind to yourself and not judge how you are coping based on how you see others coping. Similarly, you will be kind to others and not judge how they are coping based on how you are coping.

7. Therapy for special groups
7a. Extra considerations for working with younger clients

- Assess the suitability of the child/young person to engage in online working.

- When working with young people online it is extra important to set clear boundaries and expectations. Young people might struggle more than adults to understand the boundaries of the session.

- It is necessary to define parental involvement when working with children and young people online.

- If individual online therapy isn't indicated, consider working with parents or working with the parents and the child together or having regular reviews to support the child until face to face work can resume.

- Consider how risk and safeguarding concerns will be managed.

7b. Working with those who may have a learning disability, autism or communication impairment

- Identify any alternative or augmentative means of communication that help the patient understand or express themselves. This may require additional preparation with the patient or their family/carers to identify the best means of communication and to ensure both you and they have access to it during interactions. Consider how therapeutic language or specific vocabulary can be simplified, paraphrased or be represented by symbols or pictures, to best support individuals understand and respond.

7c. Working with older adults

- Do not assume that digital modes of delivery will be unsuitable for older adults.

- In 2019 internet use increased in the 65 to 74-year age group from 52% in 2011 to 83% in 2019, the largest increase across all age groups and closing the gap on younger ones. Many older adults are using digital applications.

8. Trainees delivering therapy

- The supervisor has the responsibility to train and assess the competency of the trainee to offer telephone or video-based therapy.

- Training may be through online courses, reading materials and discussions with the supervisor.

- In most cases, the patient would be someone the trainee has seen face to face (i.e. ongoing therapy).

- New contract for remote therapy will be discussed with the patient.

- The ongoing clinical supervision is likely to be remotely based and a trainee supervision contract should also reflect the change. Remote therapy and remote supervision are new challenges to the trainee who may need additional support and guidance.

- It is recognised that not every supervisor will have experience of remote therapy and the specific challenges it poses.

- When trainees are taking their remote case for the first time, consideration needs to be given to structured problem-solving therapies such as CBT, which focuses on a specific problem.

- When difficulties arise, the supervisor should carefully assess what the reasons for difficulties are and decide on the appropriate level of intervention.

9. Legal and professional obligations

The GMC's core good medical practice principles apply as much to remote consultations as to any other consultation. Doctors must:

- obtain adequate patient consent.

- ensure patient confidentiality.

- keep contemporaneous notes.

- make an appropriate assessment of the patient's symptoms.

- communicate with other doctors to ensure continuity of care, especially when seeing people who may be registered with another GP.

In addition
- Always work within your organisation's policies and procedures.
- Participate in Peer groups and select appropriate training experience for remote therapy and supervision as continuing professional development.

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May 2020

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