


Online and phone therapy (OPT) competence framework

User guide



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Overview

This user guide provides background information and guidance for the BACP online and phone therapy competence framework. The framework identifies the competences required for practitioners to practise safely and effectively within these media.

Online and phone therapy (OPT) has been in existence for many years and this term encompasses a wide range of approaches and applications. The incorporation of information technology into counselling and psychotherapy practice has evolved to reflect its presence and position in society more broadly. The number of practitioners delivering therapy in ways that are mediated by technology has been growing for some time. More recently the Covid-19 pandemic has precipitated a revolution in the use of distance-based applications within therapeutic practice. It is likely that during the Covid-19 pandemic of 2020 and beyond, most practitioners will have considered and used some form of distance-based mediated approach to their work.

The aims of this user guide are to clarify the conditions that should be established and the factors that need to be considered in order to facilitate safe and ethical delivery of OPT. It describes how the framework can and should be utilised flexibly to optimise the delivery and experience of OPT for both practitioners and clients across a wide range of situations and contexts.

Practitioners should maintain awareness, knowledge and understanding of current guidance and ongoing changes and developments within OPT.

It is important to recognise that, due to the speed of evolution of information technology, any published guidance in this area can and will reflect only a specific moment in time. Practitioners will need to engage in regular exploration of and assessment of technological innovations and their potential impact as the world of information technology evolves. It is therefore the responsibility of the practitioner to continually update their practice alongside and in connection with the competences in the framework and the information in this user guide.

This guide suggests ways in which the framework can provide a basis for decision-making about practice requirements, development of necessary skills and identification of training needs for practitioners. It offers an overview of working safely and ethically using information technology to practitioners and those who support and work alongside them.

The framework identifies the following core areas of competence:

- Knowledge
- Professional competences
- Therapeutic competences
- Assessment, planning and referral
- Meta-competences.

This guide details the rationales, principles and processes that have informed the development of this competence framework. It includes definitions, a glossary of key concepts and terms, and further information related to each area of competence.

It is intended that the competences support and extend the BACP *Ethical Framework for the Counselling Professions* (EFfCP) and expand upon the first iteration of the framework i.e. the Telephone and e-counselling competence framework (2016) to promote and maintain vigorous professional standards whatever the medium of communication and/or setting in which practitioners and clients meet.

Part One

Background for this framework

The previous competence framework entitled BACP Competences for telephone and *e-counselling* was published in February 2016. This informed the *BACP Training curriculum* for telephone and e-counselling (2016) which has, in turn, formed a basis for the development and delivery of many training courses, workshops and guidelines relating to working online or by phone. Information technology and associated developments progress and evolve constantly. Since publication of the original framework, the number of practitioners and organisations offering therapeutic support incorporating phone and digital technologies, and using associated media applications has increased greatly. The exponential growth in the use of digital devices has changed the face of mobile communication. In particular, the growth and availability of video-based communications have significantly impacted on both practitioners' skills and their attitudes to the delivery of OPT.

Since the development of the original framework, there has also been a rapid growth in practitioners' engagement with social media and similar platforms in both their private and professional lives. As well as offering a space for networking, these platforms are being used increasingly often by professionals for marketing and advertising their practices. This has driven a need for additional guidance for practitioners operating in these spaces.

The COVID-19 pandemic brought about what may have seemed like an overnight change in practice for many practitioners, requiring them to adapt to working 'virtually' either from home or from a 'safe and secure' socially isolated office space, with limited knowledge and understanding of what this might entail. There was little or no time for experiential training (as would be usual in counselling and psychotherapy); distance-based approaches had to be implemented quickly due to the sudden restrictions regarding close contact services and social distancing. Practitioners responded to this challenge with amazing courage, creativity, and diligence, and many have discovered rich and unexpected new opportunities for deep therapeutic connection and engagement, but at the same time they have also encountered challenges and pitfalls. The framework offers a place where they can reorientate themselves and find a structure within which to pause and reflect on practice, knowledge and understanding.

Going forward, the choices for individual practitioners and organisations concern the extent to which they decide to incorporate technologically mediated communication approaches within their practice, and how they may now resolve to maintain and develop these. A number of practitioners are choosing OPT as a setting for their work across many different therapeutic specialties. For some, OPT will be central to their practice, whereas for others it will form only a small part. The extent to which OPT is taken up will impact on the therapeutic decisions made around which strategies and approaches are most effective in any given situation.

Information technology is transforming not only the ways in which therapeutic interventions are offered and delivered, but also the management of therapeutic practice. Services and practitioners can choose whether to develop online practice management tools of their own or to subscribe to a platform where marketing, referrals, appointments and contracting systems may be built into the software; the service or practitioner is able to access some of or all these facilities for the payment of either a flat-rate fee or a percentage of earnings. It is important for practitioners who subscribe to these platforms to be able to apply critical judgment when assessing their suitability for the services they offer. The framework and user guide can help in making these judgments. They also offer guidance and information for those developing such platforms and similar software, ensuring that safe and ethical delivery of therapy remains at the heart of the work.

The 2016 framework was based on the findings of a systematic scoping review, completed in 2013, of existing research into telephone and e-counselling carried out by Dr Alison Brettell, which was analysed using a qualitative method (Roth and Pilling, 2008) to identify the core themes. Many of the valuable findings from the first review continue to guide and inform practitioners today and these will be substantially supplemented with more contemporary material. This framework is informed by the original review; however, the material has been re-examined, reflected on and developed by an independent/external Expert Reference Group (ERG) recruited by BACP to bring expertise and experience in more current and contemporary practice and wider related areas to this task.

This framework aims to provide practitioners across the full spectrum of experience, knowledge and understanding with a revised and updated framework to guide, support and direct them in their practice of therapy online and on the phone.

Methodology

The ERG consisted of representatives from BACP and a group of external experts with significant knowledge, working understanding and experience of OPT applications and training contexts. Members of the group spent time initially reviewing and considering the content, format and language of the 2016 framework, feeding back their responses and making suggestions for its development. The group then met several times over a period of four months, continuing to refine and develop these ideas both in discussion as a group and individually; reflecting on the framework and proposing and developing amendments and additions.

This iterative process prompted a wide range of responses as the ERG's membership reflected many different theoretical and experiential backgrounds in OPT. These responses led to a significant reordering of the original material to reflect changes and developments that have evolved within working practice since 2016. Many of these relate to the growth, widening availability and reliability of video-based technologies since the publication of the previous framework. Within the new framework some additional sections have been developed and others extended to take account of these and other developments. Care has also been taken to ensure that audio and text-based technologies, which are still widely used, continue to be recognised as highly relevant and important.

Following discussion and considerable redrafting, the ERG signed off the competences and passed on the new documentation to BACP.

About the competence framework

The current framework aims to re-establish the fundamental and basic competences, which specify the knowledge, abilities and skills needed to practise safely and effectively in OPT. It seeks to build on the earlier work described above and to present this in an updated and accessible format.

“Competence can be described as **the combination of training, skills, experience and knowledge that a person has and their ability to apply them to perform a task safely**. Other factors, such as attitude and physical ability, can also affect someone’s competence”.

www.hse.gov.uk/competence/what-is-competence.htm

The wide-ranging scope of the setting means that it is important for practitioners to assess and orientate themselves within OPT, thus identifying their individual requirements and the level of skills’ development that they may need. Only a proportion of practitioners require an extensive understanding of all areas and levels. For example, a practitioner working in a text-based synchronous ‘chat-line’ service setting will have different needs from one working independently in private practice, who may wish to offer a range of video, phone and text-based interventions, both synchronously and asynchronously.

The framework sets out the competences considered by the ERG as essential for practitioners to achieve and maintain for the benefit and protection of their clients, themselves, their practice as a whole and the reputation both of services and the overall profession itself.

This framework and the individual competences detailed within it relate to working with adults. Whilst many of these are also applicable to OPT with children and young people, some important distinctions and refinements need to be additionally considered that are beyond the scope of this framework.

It must be stressed that the competence framework and this user guide do not, in themselves, provide a basis for competence; they exist to guide the reader in assessing their own, or their service’s level of need. It is essential, where such need is identified, for practitioners to seek appropriate training and support, to fully identify and understand the phenomena that arise within OPT, and to apply their learning safely and ethically within their practice. The competences will inform trainers at all levels and provide guidance for supervisors and consultants whose work brings them into contact with those using OPT in their practice.

Definitions

- **OPT – online and phone therapy**

Counselling or psychotherapy practice that relies on technologically mediated applications and processes for some or all its delivery. This may involve the use of phones (traditional or smart), tablets or any kind of computer (desktop, laptop etc.) with an internet connection.

These enable interactions to take place remotely, implying that practitioner and client will not share the same physical space. Some or all of the communication between the two parties may also be asynchronous. Technologically mediated communication may be the foundation for either a part or all of the therapeutic work.

OPT settings range from those involving large organisations to those where sole practitioners are working independently.

- **OPT practitioner**

A practitioner who offers and delivers some or all aspects of their counselling or psychotherapy remotely, mediated by technology. The practitioner may work from a dedicated office space within an organisation or clinic or they may work from home, again within a dedicated space. They may practise in more than one physical location and/or setting. An OPT practitioner may work solely online or via the phone. Some practitioners will offer both media.

- **OPT client**

A client who receives some or all aspects of their counselling or psychotherapy remotely, mediated by technology. By the very nature of OPT, clients can determine for themselves the physical location where counselling will take place.

- **OPT technology and context**

This refers to the device(s) and/or application(s) used to mediate communication and interaction in counselling and psychotherapy which usually function remotely, with practitioner and client based in different physical locations (see above). The context for the work refers to the location of each party, to the origin and nature of the referral or referrals and the environment within which the application is delivered (i.e. via telecommunications, computer and/or internet provider).

- **Working knowledge**

The level of knowledge required to enable a practitioner to work safely and effectively in a context or setting that requires the use of a particular technology or technologies or media. The practitioner is not expected or required to be an expert in all areas or to know every aspect of each area at an in-depth level. It does, however, require the practitioner to have a working awareness of the phenomena described.

To maintain safe practice, it is essential that everyone involved in OPT at all levels should carry out a regular audit of their practice and review their needs, responding appropriately through accessing training, making onward referrals, signposting etc.

The extent of application of OPT within working practice is wide, as illustrated below:

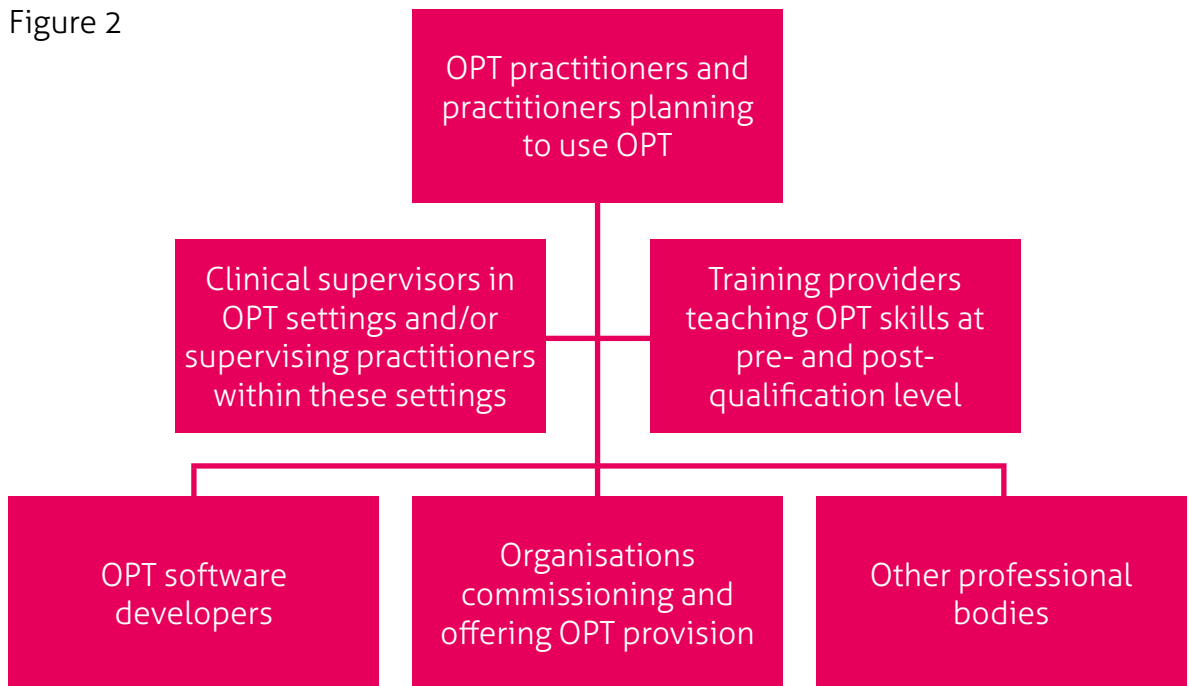


Figure 1

Who will find the framework helpful?

The intended audience for this framework includes, but is not exclusive to:

Figure 2



How to use the competence framework

The framework can be used to:

- Set standards in OPT
- Identify and clarify the activities and responsibilities of OPT practitioners and their supervisors and/or managers
- Acknowledge the unique nature and value of OPT approaches
- Design and develop qualifications and training
- Encourage and support clear communication (both spoken and written) about specific factors within OPT which differ from face-to-face counselling
- Encourage and support reflection on personal and professional needs and development, including the identification of necessary CPD activities
- Inform person specifications and job descriptions in recruitment processes
- Commission services.

Professional standards

The framework sets out OPT-specific professional standards relating to legal requirements, professional and ethical guidelines, issues of confidentiality and consent, data collection and management, contracting and assessment, risk assessment, equality, diversity and inclusion, and the provision and use of appropriate supervision.

This information may be helpful for those establishing and implementing service policies and procedures where OPT constitutes all or part of service delivery. It may also help guide service development as the use of digital technology expands and provide a checkpoint for the ethical and legal decision-making that will be needed as part of this evolving process.

The framework offers clarification in areas where additional or alternative factors impact specifically on the maintaining of professional standards due to the unique nature of OPT interactions.

The framework will help inform both managers and practitioners in services considering staff development needs, and can assist in the identification of opportunities for safe and appropriate service development through the use of OPT applications.

Training and qualifications

Because of the wide array of OPT applications, and the extensive range of technological experience that both practitioners and clients bring to new situations, the establishment of a clear training route for the delivery of OPT presents many challenges. One practitioner may primarily be seeking practical help in using equipment, devices and software etc., whilst another may be very competent technologically, but less aware of the psychological implications for their clients of moving their therapy into a technologically mediated space.

Clients sometimes hold strong feelings in relation to proposed settings which they need help in managing and addressing, and this requires skilful intervention and judgment. In some situations, clients may be more familiar and competent in their use of equipment, devices and software than practitioners, altering the more usual dynamic between the two parties. This may impact on the therapeutic relationship in unusual and unexpected ways, which practitioners may not have foreseen or expected.

It is important to emphasise the need for effective training at all stages of practitioner development. Increasingly this setting is being included and reflected on within initial training programmes, as well as being explored through post-qualification training either via CPD workshops or through more structured certificate and diploma trainings. The level of training that individual practitioners need will be influenced by many factors, not least the extent to which they intend to use OPT in their work (see figure 1).

Counselling and psychotherapy training programmes place a high value on experiential and reflective training experiences that offer opportunities for skills practice, peer-to-peer discussion, and supervised and supported interaction with clients alongside theoretical study, wherever possible. This is equally important in the context of training in OPT.

Continuous professional development

One purpose of the framework is to support training providers, who are responsible for the development of a wide range of resources to help support practitioners at all stages of development in their familiarity with and experience of OPT. Engagement with these resources should encourage practitioners to work safely and ethically, and facilitate self-appraisal, leading to the establishment of further developmental pathways for both individuals and teams. The framework encourages reflective practice.

Individual practitioners can also use the framework to map their existing knowledge and understanding alongside their current practice or proposed practice development and to identify their training needs.

Professional recognition

For those seeking professional recognition, the Association for Counsellors and Therapists Online (ACTO) provides membership to practitioners who have undertaken courses meeting several different levels of training and experience recognised by ACTO.

Employment

The complete framework offers a summary of the knowledge, understanding and abilities needed to practise safely and ethically as an OPT practitioner in all areas. This can inform those responsible for recruitment of staff, and can help in the development of person specifications, job descriptions and interview strategies.

Applying the competence framework

The competence framework is intended to be utilised in conjunction with the following, as appropriate:

- BACP's *Ethical Framework for the Counselling Professions* (EFfCP) or another ethical code/framework to which the practitioner is affiliated
- Guidance from other relevant professional bodies
- Internal policies of organisations offering OPT (where applicable)
- Relevant legislation.

The competences should be applied with the aim of preserving and enhancing effective practice within OPT, keeping the client experience at the heart of the work and ensuring that safety is paramount.

Practitioner wellbeing and self-care

The competence framework stresses the importance of paying attention to practitioner wellbeing and self-care. OPT practitioners may operate in isolated circumstances, which could heighten the possibility of practitioner overload and burnout. Frequent and extensive use of technological devices can add to the physiological and psychological challenges and pressures faced by practitioners and require that attention is paid differently to a number of aspects of service delivery.

The competences emphasise the need for practitioners to self-monitor for any signs of negative impact and to take steps to address these.

Supervision

To increase the effective implementation of the framework and to monitor overall performance and support individual casework appropriately, it is important for OPT practitioners to receive supervision from practitioners who are themselves qualified and/or experienced in OPT.

Where an existing supervisor is unable to meet these criteria and the practitioner wishes to maintain their existing supervisory relationship, additional supervision and/or consultancy should be sought from an experienced OPT practitioner and supervisor. Some training organisations offer specific training in OPT supervision as well as practice. The competences for OPT supervision can be found in BACP's *supervision competence framework*: www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula.

Part Two

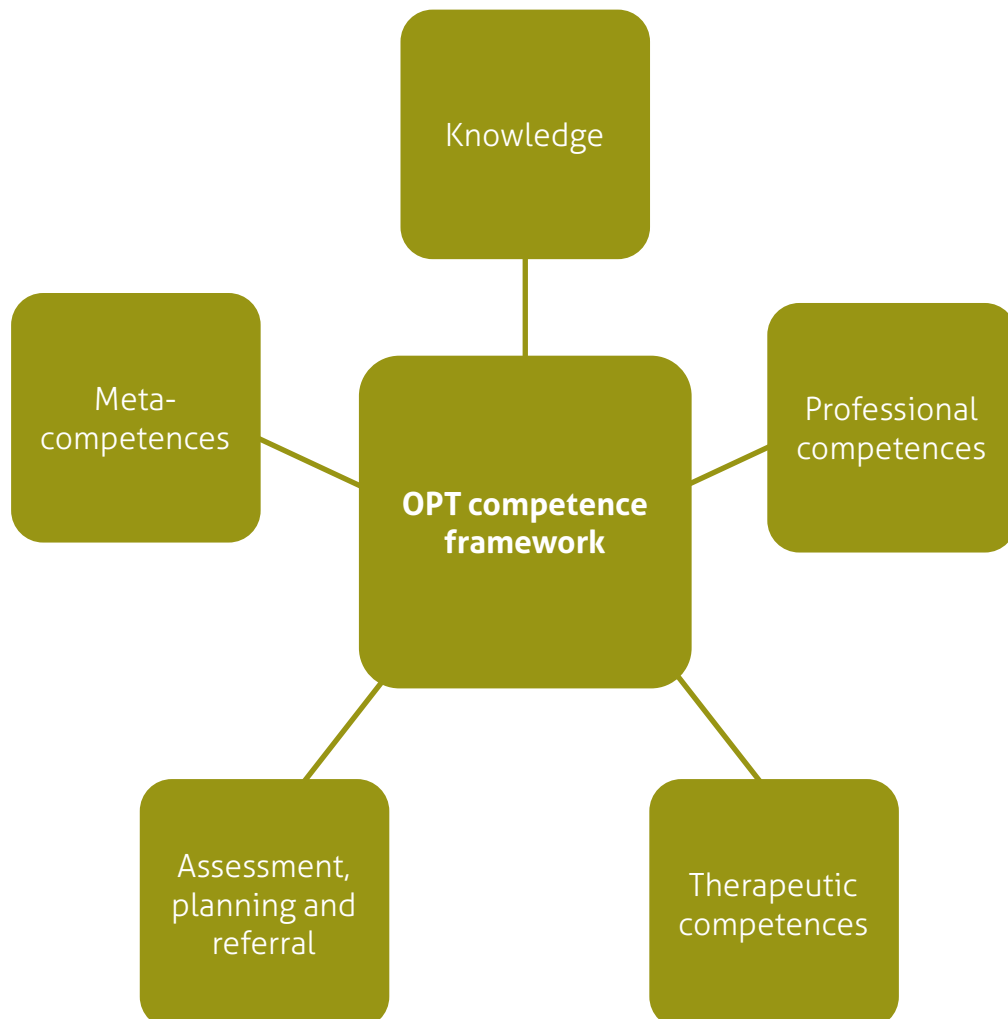
Overview of the competence framework

The structure and content of the framework has been designed to be as straightforward and simple as possible, without compromising on essential detail that identifies the unique features of OPT and the specific areas of consideration that arise within these settings.

This structure also aims to support practitioners and others in identifying the relevant and important sections that apply to their individual working practice and/or to any changes they plan to make within this.

The framework has been divided into five core areas (see below), each containing several sub-sections.

Figure 3



Knowledge

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

OPT can be offered and delivered in a variety of ways involving the use of a wide range of technology. Services and individual practitioners should become familiar with the technology before applying it within their work and should also be able to troubleshoot any common difficulties that may arise.

Not only does the technology need to work smoothly and effectively to facilitate the therapeutic relationship and interactions but it should also be fully and appropriately protected to maintain client confidentiality and safety. Practitioners need not only to be able to manage and maintain their own devices and software but also to be able to advise clients appropriately in these matters. Practitioners and services should ensure that appropriate training has been undertaken to ensure their understanding, knowledge and competence.

The theoretical orientation of the practitioner is likely to impact on their choice of technological medium and approach. It is important for all practitioners to reflect on their therapeutic modality and practice and to consider the impact that any OPT approach may have on these. Practitioners should also reflect on their personal attitudes to the use of different technologies and software and their preferences for some over others. Supervision plays a significant and valuable role in this reflective process, and can help ensure that practitioners are clear and authentic when they communicate about their chosen approach with their clients.

OPT presents unique and specific challenges relating to the chosen approach, which may impact on the focus and attention of the practitioner. The framework describes some of the challenges that are specific to video-based approaches, phone therapy, text-based therapy (synchronous and asynchronous) and blended approaches.

As the technology develops, it is likely that new applications and approaches will develop alongside those already being used. The competences described in detail in the framework take account of complexities that can impact significantly on the resulting therapeutic relationship and connection. Practitioners are strongly encouraged to seek additional training to familiarise themselves with these phenomena within a safe and supportive environment before including them as part of their practice. This section of the framework can assist practitioners in identifying appropriate training for their chosen application of OPT.

Most practitioners, whatever their setting, communicate using text-based approaches with clients (e.g. through emails/phone text messages etc) when receiving referrals, establishing arrangements, and contracting etc. They should be mindful of the impact that the style and timing of this communication may have on client responses and attitudes both outside of and within therapy sessions.

The availability of blended approaches may present valuable new opportunities for some clients and help to overcome practical challenges in certain situations. However, change of any kind can be unsettling, and each individual situation should be very carefully explored and assessed before any variation in approach is offered. Wherever possible, changes should be made for the therapeutic benefit of the client and not simply for the convenience of either practitioner or client.

Practitioners should ensure that they have received training in all the approaches that they offer and in assessing and managing the psychological impact of making changes in delivery.

Knowledge of the benefits and constraints of OPT

Clearly there are benefits for both clients and practitioners in being able to offer distance-based therapy which are identified in this section. Some of these apply to all approaches in OPT whilst others may be specific to an individual approach. Both the context and the application may impact in surprising ways on the therapy.

The removal of physical and geographical constraints can often be facilitative; nonetheless this will also have a dynamic impact on the work that should always be considered and monitored carefully for unexpected consequences.

Video-based approaches may appear to replicate quite closely the experience of being face-to-face in the room with clients, however there are also significant differences between the settings that immediately emerge. The impact of these differences on the interaction and resulting therapeutic alliance should not be underestimated.

In a similar way, there are factors unique to the dynamics of phone therapy that go far beyond the simple fact that practitioner and client are unable to see each other.

Text-based therapy can be offered in a number of different ways (both synchronously and asynchronously). These approaches demand a very different skill set from the practitioner. For example, there are significant factors that impact on the dynamics of communication and relationship in asynchronous text-based work that can prove immensely helpful for some clients, but that create psychological discomfort for others. Not all clients will feel at ease with text-based communication and this needs careful assessment, application and delivery in all cases.

Whilst offering many new opportunities and possibilities, there will also be limitations that need to be considered and discussed with clients, relating both to specific approaches and OPT generally. It is important always to remember that the context for the therapeutic intervention will impact on the work at multiple levels, often in both positive and negative ways. Practitioners should be prepared to explore this actively and explicitly with their clients at all stages. Whether a particular aspect of the work creates benefits or limitations will depend upon individual circumstances.

Professional competences

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

There are many additional legal, professional, and ethical challenges that are particular to OPT in addition to those regularly considered in all therapeutic work.

As has been stressed already, it is essential for the practitioner to self-assess and monitor their level of competence and understanding and to identify areas where further training and consultancy may be needed.

Within face-to-face work, the practitioner has responsibility for and control over the physical environment within which the therapy takes place. Within OPT, the client is located in their own physical space, often alone; it is important that the practitioner not only engages with them about how to optimise this space to promote effective and secure communication, but also that they acknowledge the impact on their work together of being in separate environments.

Establishment of effective boundaries requires that particular attention and skill be paid to communication processes, strategies and agreed practices at all stages of the work. This will sometimes necessitate the provision of more extensive, clear verbal and written information and confirmation of explicit areas of agreement in the absence of other cues.

Practitioners may engage with clients in some situations where there is little or no visual contact between the two parties; it is important to take reasonable steps to confirm the age and identity of the client which may differ from those taken in other settings. This should be addressed in training and supervision when establishing general practice procedures.

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

All practitioners need to be familiar with legal requirements relating to confidentiality, consent and data protection. When working within OPT there will be additional requirements, associated with the setting, context and method of delivery of the therapy. It is essential that these are not only considered and implemented by the practitioner but that clients are fully informed of their existence and implementation. One example is the need for explicit agreement between practitioner and client about any recording of sessions by either party.

It is important for informed consent for all suggested procedures within the therapy to be requested and recorded in writing before proceeding with OPT. There should be a written record of the information that has been given to the client prior to requesting their consent to proceed.

Practitioners should ensure that all practices are General Data Protection Regulation (GDPR) compliant and that they are registered with the ICO (Information Commissioner's Office <https://ico.org.uk>).

The ICO can be contacted for all advice and guidance in relation to all data protection issues.

Further information can also be found in BACP good practice guidelines.

Every practitioner who engages with any technologically mediated communication processes, whether personally or professionally (or both) will have a digital footprint and is responsible for both acknowledging this and for managing it appropriately and as safely as possible, always having their clients' best interests in mind.

Ability to negotiate a contract for OPT

Contracting within OPT should ensure that all necessary details are included to reflect the media which are being used for the therapy. It is important to be more explicit when contracting. In the absence of some physical cues, increased detail may be necessary in forms, questionnaires and information sheets. This should relate specifically to the medium and take into account the individual circumstances of the client.

Contracting should take into account the need for contingency plans to ensure that a failure of the technology does not result in a breakdown in the therapeutic connection and alliance; it is important for both parties that a back-up plan is in place.

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

Practitioners in all settings should take account of issues of equality, diversity and inclusion and be able to identify and address inequalities that arise in the delivery of therapy.

OPT is no different. Inequalities may arise for additional or different reasons from those seen in face-to-face settings. The provision of technologically mediated therapy may exclude certain sectors of the community due to limited or no access to devices, the internet etc. Digital exclusion should always be considered and addressed (in some situations phone therapy can provide a good alternative).

OPT can sometimes be used to help mitigate some forms of exclusion. For example, technology can be used to facilitate communication for those with specific disabilities. Accessibility to therapy may be increased by OPT for those with mobility problems who are unable to travel to a practitioner's place of work. When working with text only, it is important to be able to clarify meaning and understanding that may be constrained by language and impacted by assumption or fantasy. Training should be undertaken to help identify and work with potential misunderstandings in this context.

It is acknowledged that a unique culture has evolved within the world of online interaction, often referred to as cyberculture. This term refers not only to a culture arising out of computer use, but also to one that is directly mediated by the computer and those who populate it, interacting via computerised devices. It can be informative and enriching for those working in OPT to spend time exploring cyberculture and to consider their own position and possible assumptions and prejudices, both within and concerning this space.

Ability to make use of appropriate supervision for OPT

As already mentioned, it is important, when working with OPT, to have access to a supervisor who is themselves trained and experienced in this area. When the supervisor is able to offer supervision that parallels the practitioner/client interaction and experience, this will offer a rich and authentic reflective space for the resulting supervision.

Experienced OPT supervisors will also be able to support and develop the practitioner's work in appropriate, safe and informed ways. The competences expected of an OPT supervisor can be found in BACP's supervision competence framework: www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula.

Ability to work internationally

If engaging in international work, practitioners need to be aware of and familiar with the many additional factors that may impact on the legality of the work. There are complex legal and ethical constraints to the cross-border delivery of counselling and psychotherapy in certain parts of the world. It is important to acknowledge that currently BACP has no jurisdiction outside of the United Kingdom.

There are always additional complexities relating to risk assessment when working remotely; these are compounded when working across international borders and require additional understanding and expertise.

Because of these and other factors involved in working internationally, practitioners may find that their existing insurance cover is inadequate or that it does not cover them for work with clients in certain geographic locations. It is important to verify that any work undertaken internationally is covered by the practitioner's insurance, or that of their employer, before agreeing to take this on.

Therapeutic competences

Ability to use effective language and communication processes specific to OPT

Language always plays a significant role in therapy and is critical to the development of a shared understanding and therapeutic alliance. When working in OPT it can take on even greater significance in the absence of other cues (particularly when working solely with text). Indeed, a language that is unique to the setting may evolve that is either specific to individual clients or that relates to the context of OPT work more generally. It is essential that OPT practitioners are sensitive to the language and vocabulary used. They should also pay significant additional attention to other aspects of the communication process which may relate specifically to the medium used.

The potential for misunderstanding can be greater in the absence of visual and other cues, and it is important for the practitioner to acquire expertise in checking for, identifying and rectifying misunderstandings. OPT requires therapists to be more active in their verbal engagement with their clients and this may present additional challenges for practitioners trained in certain core theoretical models. It can be immensely helpful for such practitioners to engage in training situations with others both to reflect on these challenges and to engage in experiential exercises where they can be experienced and explored.

The use of technology within therapy brings many creative opportunities for practitioners and their clients. Using technology creatively together can encourage the development of a strong therapeutic alliance.

The therapeutic alliance may develop at a different pace and in different ways within OPT, and all modes of communication play a role in this.

Ability to work remotely with psychological processes

It has been widely recognised that there are certain psychological phenomena that arise uniquely or emerge in unique ways within technologically mediated interaction. People may present themselves and experience others differently in online spaces or when they are 'unseen'; this is sometimes referred to as 'telepresence'. Specific skills are involved in identifying and working with these processes which require understanding and development.

These phenomena may add to the complexities of assessment and intervention. It is important to recognise that OPT can present significant psychological challenges for some clients. It is important to be able to liaise with other medical professionals should such challenges arise. OPT can create fertile ground for the increased development of fantasy and although for some this may bring new therapeutic opportunities, for others it may carry significant additional risks. As with all therapeutic work, practitioners have a responsibility to acknowledge their limitations and to work within their capabilities and to refer on where appropriate.

Another phenomenon of self-presentation in online spaces is that of online disinhibition (Suler, 2004). This increases the pace and nature of self-disclosure, which can have a significant impact on therapy in both positive and negative ways. Online disinhibition may also impact on the practitioner and it is important that all OPT practitioners have a good working understanding of this concept, in order to monitor its impact on the therapeutic relationship and subsequent dynamics.

In some situations, OPT may impact on or be affected by individual attachment patterns and styles which may trigger unexpected responses within the work. These may arise out of experiences relating to the context and delivery of sessions as much as the material in the sessions themselves. This is another area that it is important to explore at more length within training; in some situations, this can provide valuable material for use within the therapeutic work but in others it may create a contraindication for OPT.

Practitioners increasingly use social networking and other online spaces for personal and professional communication, marketing and information-sharing. This creates a complex digital footprint for individual practitioners which is in the public domain and may be accessed by clients as well as colleagues. It is the practitioner's responsibility to monitor and maintain their own digital profile and footprint through the careful application of privacy settings and the development of appropriate digital policies to be shared with clients, in which they clarify how they will (or will not) respond to any client intervention in online spaces outside the counselling frame. Practitioners should be aware of and adhere to online netiquette when posting any information online to maintain professional standards and personal reputation.

Ability to manage endings in OPT

As with all forms of therapy, it is especially important to pay particular attention to the nature and experience of endings in OPT. Because of the potential for fantasy and speculation, endings may heighten a sense of anxiety and/or abandonment. The 'reality' of the therapy may be diminished. Additional strategies and processes may be required in OPT to safely manage the impact of ending. This is particularly impactful in asynchronous text-based therapy where there is no single moment of saying 'goodbye'. Clients may need to be directed elsewhere or encouraged to engage in other activities that extend support and ease transition after the therapy has ended.

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

As described, there are specific challenges for the practitioner working in OPT that impact on self-care and wellbeing. BACP EFfCP Section 91 refers to the responsibility practitioners have for self-care to maintain professional competence. It is critical that OPT practitioners recognise the impact that this kind of work may have on them both physically and emotionally. It is likely that those carrying a significant OPT caseload will need to structure their working day differently to address the toll that this work can take. This should be considered by service managers particularly when there is a shift to distance-based working within pre-existing settings.

It is important for the OPT practitioner to carry out a regular audit of their wellbeing and the impact of their work as part of supervision, and to make changes either to their working environment or overall workload or working pattern where necessary.

Assessment, planning and referral

Ability to assess for suitability for OPT

Many additional factors need to be considered when assessing for suitability for OPT. It is important for the assessing practitioner to engage in an extensive exploration of a potential client's accessibility to the technology and their existing experience, familiarity with and understanding of devices and software.

Although many clients will learn and adapt quickly, for others the context may impede the development of a therapeutic alliance.

Some assessment and evaluation tools that are used in face-to-face work can also be applied in OPT; practitioners will need to explore specific tools further in supervision and training.

As mentioned earlier, OPT may be unsuitable for some clients due to psychological complexities that arise within the setting and there are some indicators that may arise during contracting and assessment that help draw practitioners' attention to this possibility (these are just examples):

- Some of the cues that impact on assessment in face-to-face settings may not be available, making it more difficult to assess suitability and to establish agreement with the client. An example of this can be in substance-abuse services or situations where limited cues make it harder for the practitioner to identify aspects of presentation
- It has already been mentioned that particular attention needs to be paid to boundaries in OPT; struggling to maintain boundaries may be a challenge here
- The setting itself may prove unhelpful to clients who already have experienced difficulties with fantasy and reality-testing, who present with significant risk or who need a high level of support (as detailed in the section about working with psychological processes)

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

The identification and assessment of risk can be a more complex challenge within OPT. It is important from the outset to be explicit about risk as part of assessment and contracting, and for clients to understand clearly what is and is not available in the event of a crisis arising. As with many other aspects of client work in OPT, it may be necessary to use a more active communication style than in face-to-face interactions when requesting and recording information in order to be able to respond effectively to risk. It is generally considered essential for the practitioner to request emergency contact details for someone who can be available in times of crisis, as well as detailing an agreed procedure for such an eventuality. Geographical distance can complicate this situation considerably.

Practitioners should always acknowledge their own limitations and those presented by the setting and where necessary, refer on rather than agreeing to work with a client when they are concerned about risk.

Knowledge of referral and signposting pathways

OPT practitioners often make use of supplementary resources within their client work and when referring on or managing endings.

Where possible, when OPT is assessed as being unsuitable for a particular client, they should be referred to alternative sources of support. It is essential never to identify clients or potential clients when seeking general referral advice from colleagues or organisations.

Practitioners may direct clients to appropriate additional reading, websites, online resources and phone helplines. The OPT practitioner has a responsibility to help clients identify suitable and appropriate sources of information. Sites are available where the practitioner can become familiar with apps and software that have already been assessed by reputable health professionals for their suitability. These can be invaluable both for the practitioner and for direct reference by clients.

Clients will frequently ask for advice concerning apps and platforms; it is important for the OPT practitioner to know how to make simple assessments of these and to be able to respond helpfully and safely in such situations.

Meta-competences

Assessment

As mentioned, it is important in many situations for the practitioner to be able to establish the identity of their client before taking them on. This is particularly important in services where there is no visual contact between practitioner and client and where it may be difficult to verify the age of the client.

However, some services offer anonymity as part of the therapeutic process (for example in some drop-in services). In these situations, assessment is handled differently.

This is a matter to explore in more depth in training where different approaches to this challenge can be examined.

Risk

Practitioners need to develop their own informed strategies for making specific judgments related to risk. Training and supervision have a vital role to play in this process. The disinhibition effect may impact on the speed of the establishment of the therapeutic relationship, and this needs to be held in mind alongside the need for increased vigilance concerning risk assessment.

Adjusting the intervention to the individual when providing OPT

This is a meta-competence in all therapeutic interventions; it applies in quite specific ways in OPT as detailed throughout the framework. It is always important to recognise the impact that the setting has on both process and relationship and that each individual client will react uniquely to both. This should not be underestimated.

The balance of written communication and spoken word will be different in all applications of OPT and particularly when the therapy is text-based. It is of paramount importance that the impact of this is carefully assessed, monitored and addressed individually in each case throughout the therapy.

Conclusion

This competence framework has been developed for the guidance and protection of clients, services, and practitioners. It seeks to offer an overview, clarification and support at a significant point of change in attitudes to and engagement with OPT provision as a result of the Covid-19 pandemic. Those involved in the development of the current framework look forward to the next stage in this review process and to further development of this framework in the future. As OPT services continue to grow and evolve, further evidence will emerge about the efficacy of these approaches.

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Information Commissioner's Office <https://ico.org.uk>

Glossary

Age Appropriate Design Code (Sept 2020)

A Statutory Code of Practice under the Data Protection Act 2018, which sets 15 standards and explains how GDPR will apply in the context of children using digital services. The Code sets out 15 headline standards of age-appropriate design that companies need to implement to ensure their services appropriately safeguard children's personal data and process children's personal data fairly. This is expected to come into full effect in the autumn of 2021. For further information see: <https://ico.org.uk/for-organisations/guide-to-data-protection/key-data-protection-themes/age-appropriate-design-a-code-of-practice-for-online-services>.

Blended approaches

This term can be applied to the delivery of counselling or psychotherapy that is sometimes delivered in person, face to face, and at other times is implemented using technologically mediated approaches. It can also be applied to some interventions that employ some wholly automated computer techniques (for example as seen in Computerised Cognitive Behaviour Therapy (CCBT) applications) interspersed with some direct personal contact between a practitioner and client, which may still take place remotely.

Crossed communications

When practitioner and client communicate solely by text, whether in synchronous or asynchronous situations, messages may be sent by both parties and arrive simultaneously rather than occurring in sequence. This may lead to temporary confusion or misunderstanding within the communication process.

Cyberculture

The culture that has emerged from the use of computer networks for communication, entertainment and business. It is also the study of various social phenomena associated with the internet and other new forms of network communication, such as online communities, online multi-player gaming, social gaming, social media and texting.

It is not just the culture that results from computer use, but culture that is directly mediated by the computer.

Digital exclusion

Anyone who does not have access to the internet for any reason could be described as digitally excluded. Some of the factors related to digital exclusion include choice or preference, fears about security, age, lack of skills, financial hardship, homelessness, illness disability, vulnerability, isolation. It is a growing concern as participation in society becomes increasingly dependent upon internet communication.

Digital footprint

This refers to an individual's or group's unique set of traceable digital activities, actions, contributions and communications as composed, transmitted and stored online, whether or not this is by choice. Much of the information contained in a digital footprint is created passively, i.e., through web browsing activity, histories, cookies etc. It may be machine-specific but is increasingly less so as more online activity is stored in cloud locations. Active creation of a digital footprint involves the user taking more responsibility for their actions online and making choices about what is posted etc.

Digital policy

A statement (usually made in writing) about how a practitioner engages with others online and what to expect and not to expect from the practitioner within this context. It may be expressed in the form of documentation that can be shared with clients and colleagues to establish a professional code of practice in all matters relating to computerised communication, especially concerned in this context with the delivery of counselling and psychotherapy.

Disinhibition

A recognised phenomenon in online communication that leads to diminishing of restraint in comparison to face-to-face, in person communication. People are more likely to say things online which they would not say face to face because of feelings of anonymity and invisibility behind the computer screen.

It can have positive or negative results – being otherwise described as 'benign' or 'toxic' disinhibition. This was originally identified and described by John Suler in 2004.

Encryption

The process of encoding a message so that it can be read only by the sender and the intended recipient. Encryption systems often use two keys, a public key, available to anyone, and a private key that allows only the recipient to decode the message.

Ergonomics

The study of the relationship between people and their working environment, especially the equipment they use.

Firewall

An integrated collection of security measures designed to prevent unauthorised electronic access to a networked computer system.

GDPR

The General Data Protection Regulation (2018) – sets out the main principles of data protection and the responsibilities organisations have when handling personal data. It protects individuals' personal information and improves their control over how it is collected, stored, shared, and used.

Instant Messaging (IM)

Instant messaging (IM) is a form of text-based communication in which two persons participate in a single conversation over their computers or mobile devices within an internet-based chatroom. IM differs from 'Chat' in which the user participates in a more public real-time conversation within a chatroom where everyone on the channel sees everything being said by all other users.

Metacommunication

All the nonverbal cues (tone of voice, body language, gestures, facial expression, etc.) that carry meaning that either enhance or disconfirm what we say in words.

Netiquette

An overview of rules of etiquette that apply when communicating over computer networks, especially the internet.

Platform

A major piece of software, as an operating system, an operating environment, or a database, under which various smaller application programs can be designed to run.

Pop-up

A new window or its content appearing suddenly and temporarily within or in front of an open window on the screen of a computer or mobile device.

Screen fatigue

Eye strain, tiredness, headaches and other physical symptoms that can arise after prolonged periods of looking at and working on computer screens.

Social networking

The use of internet-based social media sites to stay connected with friends, family, colleagues, customers, or clients. Social networking can have a social purpose, a business purpose, or both, through sites such as Facebook, Twitter, LinkedIn, and Instagram, among others.

Synchronous/asynchronous

In the context of text communication, synchronous is the exchange of text messages to form a conversation in real-time as in IM exchanges. Asynchronous refers to the exchange of messages or longer communications which are sent at one time, received and then picked up and read later, such as in the exchange of emails or some text messages.

Telepresence

“The feeling (or illusion) of being in someone’s presence without sharing any immediate physical space”. (Fink, 1999)

Text-based therapy

Any form of therapeutic intervention that involves the practitioner and client engaging in a text-based interaction rather than meeting either online or in a room together and engaging in the spoken word. Text-based therapy may be synchronous or asynchronous.

Video therapy

Any form of therapeutic intervention that uses a video platform to facilitate the meeting of practitioner and client online. The platform provides the shared space whilst both practitioner and client remain in separate locations. The platform will be accessed via separated devices at either end of the interaction, but will involve the use of the same software, which should provide the necessary security and privacy required for the meeting environment.

VOIP

Voice Over Internet Protocol – an alternative technology for providing phone services over the internet rather than via traditional telephone technology. This can provide a free alternative – the cost is included in your broadband subscription.