Supervision Guidelines: online supervision and supervision online – what's the difference?

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Who is this chapter written for? A clarification on roles and contexts

Who might need to read this chapter? The short answer psychological therapists, which amounts to around 100,000 practitioners in the UK alone. In this figure I include anyone working as a counsellor, psychotherapist, psychologist, psychiatrist or other qualified person using counselling or psychotherapy methods for therapeutic purposes.

Are we talking about face to face therapists who receive their supervision online? Or are we talking about supervision of therapists who work therapeutically online? Actually the answer is both, as summarised in Figure 1.

We can see from this chart that the common denominator in all four quadrants is the possibility of online work, often with some cross-over them. Which quadrant(s) do you fit in?

I find it easier to grasp these groupings in a visual way. The outcome of this chart detailing possible supervisory groups using online supervision mean that this chapter actually is relevant to a far larger readership than might originally be expected and that any supervisor or supervisee using an online method for delivering or receiving their supervision should read on! Jones and Stokes (2009) identify the same possible uses of supervision online (A and C in Figure 1), and online supervision (B and D in Figure 1).

This first group (C), **face to face therapists (supervisees)**, who may currently be the majority (no figures available for this), receive their supervision online. There is an additional sub-set in this group where this might involve supervision of face to face and online work. I wonder how many face to face therapists and their supervisors have ever thought through the requirements and consequences of this choice of supervision online, and read the relevant ethical framework documents?

The second group (D) are **therapists working therapeutically online**. It is likely that they are already receiving their supervision online as demonstrated in Figure 1.

SUPERVISION ONLINE	ONLINE SUPERVISION
A: Face to Face Supervisors (A supervisor who supervises the work of supervisees working face to face with clients)	**B: Online Supervisors** (A supervisor who is qualified to supervise online the work of online therapists)
Possible methods of delivering supervision to supervisees working with FACE TO FACE clients	**Possible methods of delivering supervision to supervisees working with ONLINE clients**
FACE TO FACE / *ONLINE*	/ *ONLINE*
C: Face to Face Supervisees (A therapist who works face to face with clients)	**D: Online Supervisees** (A therapist who works online with clients)
Possible methods of receiving supervision for those therapists working with FACE TO FACE clients	**Possible methods of receiving supervision for those therapists working with ONLINE clients**
FACE TO FACE / *ONLINE*	/ *ONLINE*

Figure 1 Possible methods of delivering and receiving supervision : supervision online and online supervision

The consequence of these opening points is that this chapter is relevant to all those who identify in any of the four quadrants in Figure 1, and that *the online context is the unifying factor in all four quadrants*. This may constitute quite a large number of psychotherapists and counsellors, many of whom will not have trained to work therapeutically online, and may have never seen the **BACP 2009 Online Guidelines** (Anthony

and Goss) which include a substantial and useful section on online supervision, or the more recent **BACP 2015 Working Online** (Bond 2015b).

What's the different between ethical guidelines and rules? It's the difference optional and mandatory. For example a cricket rule (my favourite game) might be "the player must always wear a hard hat if fielding close to the batsman". As an ethical guideline this might be written as "the player should think through the issues of safety and ensure that he / she protects himself ". This second version leaves the player with no alternative but to wear a hat having worked it out for himself. The profession has moved from a 1990s more prescriptive rule based approach, to ethical guidelines which are based around a consensus of good practice and leave the practitioner with autonomy about how to implement them. Whilst this is a good thing as it returns decision making and power to the therapist, many may not have read the **BACP 2015 Ethical Framework** (Bond 2015a) as often as they should. They are required by the Good Practice section (paragraph 59, Supervision) to review this **Framework** and its application to our work with clients at least once a year in supervision.

Chapter Outline

To give some texture to the chapter I will begin Part One with a brief **case study**. John will pop up regularly throughout the chapter. Of course he is a fictionalised character and precisely because it is this we'll all recognise elements of ourselves and our clients in this case study. Part Two sets out the **definitions, purposes and role of online supervision**. Part Three covers the **organisational point of view**, Part Four the **individual's point of view** as either supervisor or supervisee and in Part Five, I shall look at the **specific guidelines for online supervision** and set out what I believe to be the important elements to include in any guidelines for online supervision. The mechanics of online supervision, or its benefits and weaknesses, are covered by other chapter authors.

Part One: John, a case study

Recently, working as an online supervisor, Mary, received an email from a psychotherapist, John, who was looking for some online supervision. He had undergone some training (not with Mary) to work online in which he said the following, attempting to address the robustness of his thinking about security and confidentiality and justifying why he didn't need any further training:

"Of course with clinical work I think of the email provider - so my clinical email account is through fastmail in Australia because of its privacy policies. Clients of course are happy to email from google or Microsoft products with all the dangers entailed there. I do make clear that I don't discuss clinical material over email just to avoid them sending long one sided messages."

And part of Mary's reply included:

> *"You might want to check whether an Ozzie email account is acceptable in Europe under principle 7 of the DPA principles or whether there is a privacy shield arrangement between Australia and the EU.*
>
> *Secondly, to be honest there is little point in worrying about securing your email unless you can secure your client's email. It would be like having Bank of England security, but leaving the safe door open. You can't control what your client does so I never use email for anything confidential at all, instead I give (via a separate method preferably) the client a password and then send all correspondence as a password protected file. The alternative is to use an asynchronous messaging system via a secure platform which is fully compliant for therapeutic work in the UK …... but not all clients are prepared to make any changes".*

Topics you may wish to think about regarding this email exchange:

1) In your opinion, had John read any online guidelines?
2) Was John demonstrating with Good Practice as described by the BACP Ethical Framework (Bond, 2015, p.5 - 17)?
3) Had John checked the requirements of the Data Protection Act 1998 and in particular principles 7 (security) and 8 (international)?
4) What issues might John wish to approach differently?
5) Do you think he has a supervisor who is qualified to work online?
6) Do you think he had undergone any training to work online therapeutically?

Part Two: Definitions, purposes and role of online supervision and supervision online

What guidelines for online supervision and supervision online exist?

Both Jones and Stokes (2009) and Anthony and Merz Nagel (2010) highlighted the lack research, literature and guidelines concerning online supervision. Not enough has changed regarding this despite six years passing since these comments were made**.** This chapter addresses this issue.

There are already at least two guidelines, in the UK, which refer to online supervision, both produced by the British Association for Counselling and Psychotherapy:

1. **BACP 2015 Ethical Framework** (Bond 2015a). For the purposes of online supervision you will need to be read this ethical framework together with a stack of other supporting documents within the Good Practice in Action suite. I shall quote from some of these in this chapter, but it is not easy to follow the guidelines related to working online as it requires darting between different supplementary papers. And herein, I believe, lies the first difficulty.

2. **BACP 2009 Online Guidelines** (Anthony & Goss 2009) have everything gathered in one place, and without being dogmatic or regulatory in tone. It is written in plain English which is easy to follow and understand, and leads us to understanding how to implement these guidelines. This guideline has the most comprehensive section on online supervision of all the guidelines, and for this reason alone remains an important tool for onliners. Because it is now seven years old there are inevitably some items that need updating. I don't believe it contradicts the **BACP 2015 Ethical Framework** (Bond 2015a**)** in any way, though it is not used within the current suite of online guidelines. Currently UKCP has no guidelines published although there has been a lot of work behind the scenes.

What is online supervision and what does it involve?

Until this publication, there has been frustratingly little material to draw on to create an all-encompassing definition for online supervision (and supervision online), although a number of publications mention in passing online supervision, Anthony and Merz Nagal (2010), (Jones and Stokes (2009) and Weitz (2014). The **BACP 2015 Ethical Framework** (Bond 2015) sets to tone and pace in paragraph 20 of Good Practice, Working to Professional Standards, stating that:

> *"We will fulfil the ethical principles and values set out in this Ethical Framework regardless of whether working online, face to face or using any other methods of communication. The technical and practical knowledge may vary according to how services are delivered but all our services will be delivered to at least fundamental professional standards or better."*

Whilst it doesn't say this explicitly, I understand that implicitly supervision is included within this statement's requirements.

Within the Good Practice section (p. 5), it sets out that members and registrants of BACP are expected to commit themselves to the Ethical Framework, including supervision and training. The inherent words "online" or / and "face to face", are implicit, it is the commitment to the Ethical Framework that is important, and then within the ethical speak of the Ethical Framework it is down to us to work out how to implement this within the setting / context we find ourselves.

How might we distinguish online supervision from supervision online?

In Figure one I demonstrated the difference between online supervision and supervision online. Although there is a BACP "Working Online" Guideline (Bond, 2015b), in fact the **BACP 2015 Ethical Framework** covers supervision in a great deal, especially within its Good Practice and Working to Professional Standards sections. The therapist is asked and expected to apply these principles to the individual requirements of the supervision setting, be it online, face to face, as stated above.

The requirements for supervision are set out in the **BACP 2015 Ethical Framework** (Bond 2015a) AND in addition, as online supervisors, we are required to underlay and overlay additional aspects that relate to digital and cyberspace, such as:

- Additional security and confidentiality issues
- Digital issues
- Jurisdictional issues
- Therapeutic issues
- Relational aspects to supervision online.

Had our rather hapless John read and implemented the Good Practice section, he might not have written the email that he wrote to his supervisor. Had his supervisor read the relevant documents she might not have been supervising him without getting some training. In the **BACP Online Guidelines**, (Anthony and Goss 2009) section on online supervision, the authors are very clear about the need for training to work as an online supervisor:

> *"Supervisors who wish to supply such a service should ensure they are experienced and trained to support their online work. Supervisors who wish to supply such a service should ensure they are experienced and trained in online therapeutic work itself and have a full understanding of the issues and ethical concerns inherent in it. Supervisors must also consider the issues surrounding client consent, confidentiality and data protection/storage when offering online supervision." (p. 10).*

I wonder how many supervisors delivering their supervision online to the face to face supervisees are even aware of this excellent document, despite the fact it has been available to BACP members via its website for seven years. The consequences are far reaching as many supervisors are unwittingly providing online supervision in one way or another; they may be working via Skype (not advised) to deliver supervision for supervisees who are working face to face, or the supervisor may be seeing face to face supervisees who are working online, all as identified in Figure 1.

The relevant current document, **BACP 2015 Working Online** (Bond 2015a) states in paragraph 12:

> *"It is considered ethically desirable to receive at least some elements of regular supervision by the same method of communication that is used with clients, in order to gain direct experience of the strengths and limitations of the chosen way of working."*

Those 42 words are the only comment on online supervision within this document. For me that is a rather an oversight, even if they might be supplemented by looking at other documents within the Ethical Framework. For example Bamber (2015) in the BACP document on how to choose a supervisor, covers online work in point 6.9, but for me is far too vague regarding the actually training to work as a supervisor online or online supervisor, despite pointing the reader in a number of directions.

The **BACP Online Guidelines** (Anthony and Goss 2009)stands out with its 2.5 pages of densely typed print and for the moment I would urge online supervisors and supervisors working online to continuing using

these guidelines until there is a newer version specifically for online supervision and supervision delivered online.

In paragraph 12 of the **BACP 2015 Working Online** guidelines state on the subject of training:

> *"…. Changing the method of communication with clients introduces new challenges and opportunities that can be greatly assisted by appropriate training. Good practice requires that anyone making significant differences in their practice should give careful consideration to what will be involved and have taken adequate steps to be competent in the new ways of working before offering services to clients."*

Whilst the language of these two documents is quite different, the two BACP online guidelines (2009, 2015) do seem to both recommend some training before working or supervising online.

Our case study John seems to have overlooked some important guidance, but actually his supervisor, Mary, is the one who really needs to give thought to this. When I last checked the ACTO register for supervisors qualified to work online there were only 24 listed, which means that most supervisors are not trained to deliver supervision online (A and C, Figure 1) or Online Supervision (B and D Figure 1) and have probably never read these guidelines. (I accept there may be some supervisors working online who are not on the ACTO register but who have developed the required competencies and skills to supervise online. Equally there may be some trained online supervisors who for one reason or another have chosen not to go on the ACTO register – but either way, the numbers are small). This includes the regular jobbing supervisor who might often or occasionally see his or her supervisees online: they all need to be aware they have liabilities and responsibilities with their supervisory role.

Fleshing these liabilities and responsibilities out, in order to avoid a situation where the therapist or supervisor finds themselves faced with a complaint about a breach of confidentiality, Steve Johnson of Oxygen Insurance advises:

> *"For all remote work, whether on-line or telephone, it is important that client recognises and accepts the limitations in terms of confidentiality and security of the media before agreeing to proceed. There are also some potential issues under the Data Protection Act where servers for on-line services might be based outside the European Economic Area (EEA). The client would need to give consent if data is to be transmitted outside the EEA unless the servers are located in a 'safe haven'. Microsoft, the owners of Skype, for example, won't confirm their servers are a safe haven."*
> (Johnson, 2016)

This is not about therapists and supervisors possibly finding themselves uninsured; it is more about making sure that the limitations of confidentiality are understood and accepted by all parties thereby avoiding a complaint in the event of a breach or at least being in a position to respond to any complaint with 'you knew the risks and agreed to proceed anyway'.

So rule number one is always to check your working practices with your insurer – they are there to help and guide you, and would much rather do so than have to deal with a complaint which is costly for everyone. Rule number two would be to check with ACTO and your professional membership body.

Part Three   Organisations - professional membership organisations and their role

Finally, in 2016, The Association for Counselling and Therapy Online (ACTO)[i] is in discussion with BACP and UKCP, aiming to put together one unified online guideline for online therapists, and, as part of that, include guidelines for online supervision. There is little substantive difference between the different guidelines that are around, so this seems an area which could easily unify different organisations. However this chapter has come a bit early for all this and so all I can say is this is work in progress. Perhaps by the time you are reading this, the full consultation process will have taken place and we'll be getting these online guidelines together. Achieving this would send an important signal to everyone, that working online therapeutically is not just a matter of turning on your webcam and working with clients. The resulting guidelines will be excellent for both the profession and provide clarity for the general public, our clients.

In addition, my work in Europe has shown us just how much we're all working in a silo, and we need to start working far more closely with other European and international associations – we're in danger of reinventing the wheel. This work is critical to take into account jurisdictional issues. These are the type of knotty issues that come up in online supervision, when the supervisee has a client in say, Ecuador, Zimbabwe, India or Italy. Of course we currently have no idea how Brexit will affect this, but it certainly won't help, for example the EU / US data privacy shield is a fine example of the EU's important role in enabling what we do.

In 2015 the **United Kingdom Council for Psychotherapy** (UKCP) through its Education, Training and Practice Committee, started to think about the digital impact on psychotherapy, both within its minimum curriculum for psychotherapists and specialist online guidelines. The UKCP online guidelines, including for online supervision, are now written but as yet not published.

Where does the **Association for Counselling and Therapy Online** (ACTO-UK.org) fit into the picture? It is "the place to go" for online therapists and online supervisors wishing to be listed within the ACTO registers, and for clients to find an online therapist. This is not an automatic listing and listing is dependent on having successfully completed a training through an ACTO recognised training provider.

ACTO requires all its members to be a member of a professional membership body that recognises the registrant's face to face qualification, such as BACP, UKCP, BCP or BPS. It is these organisations that would deal with any complaint, not ACTO.

Together with the **British Psychological Society** (BPS, around 50,000 members of whom around 3500 are in the counselling psychology division and 480 in the psychotherapy section) and the **Royal College of Psychiatrists** (RCPSYCH, around 3,000 members), there are around 100,000 clinicians working in

psychological services in the UK. (BACP 45,000 members, UKCP 7,800, ACTO 120 of whom 24 are also listed as online supervisors), many of whom are working therapeutically online in some way.

So far the professional membership organisations have been slow in leading the way from the front regarding working online. Many still feel it is a specialism that most therapists that face to face therapists do not need to engage with. Words like "digital" and "online" have an impact on the work of every therapist (hence why the UKCP have included digital issues in their minimum curriculum for adult training).

Whist I appreciate the autonomy of thought and decision making provided by the **BACP 2015 Ethical Framework**, it has too many supplementary parts. We all under such huge pressures that such detailed investigation so often gets overlooked. For me, a guideline should be straightforward and complete, and easy to read, even if it might refer to other guidelines that buttress onto it. The BACP ones need too much unpacking, with each point requiring a huge amount of thinking because of the way it is written in ethical language, and I am sure I have read more of them than most! No professional membership organisation has asked for mandatory items, preferring to couch the items in "Good Practice", which for many practising counsellors and psychotherapists translates as that they don't have to do anything about upgrading their knowledge of working online. (I hear this all the time). Whilst this is counter-intuitive to "Our commitment to clients" in the opening sections of the **BACP 2015 Ethical Framework,** most of us are just trying to do our best and have many conflicting demands on our time, so many may take the line of least resistance. I am wondering how much training our case study John might have had returning to the list of questions within the case study.

Part Four   The individual: Supervisors, supervisees and clients

Now I have another chart for you, Figure 2 below. Who's "working online"? This chart breaks the mental health profession in the UK into three groups. **Group C** covers all the approximately 100,000 professionals working in psychological therapies in the UK. These clinicians will be working together with patient and clients running into hundreds of thousands, maybe higher.

A very high proportion of patients and clients will have some online life (92.6% or 60,273,385 UK residents are identified as internet users, individual who can access the Internet at home, via any device type and connection. (Internet Live Stats, 2016).
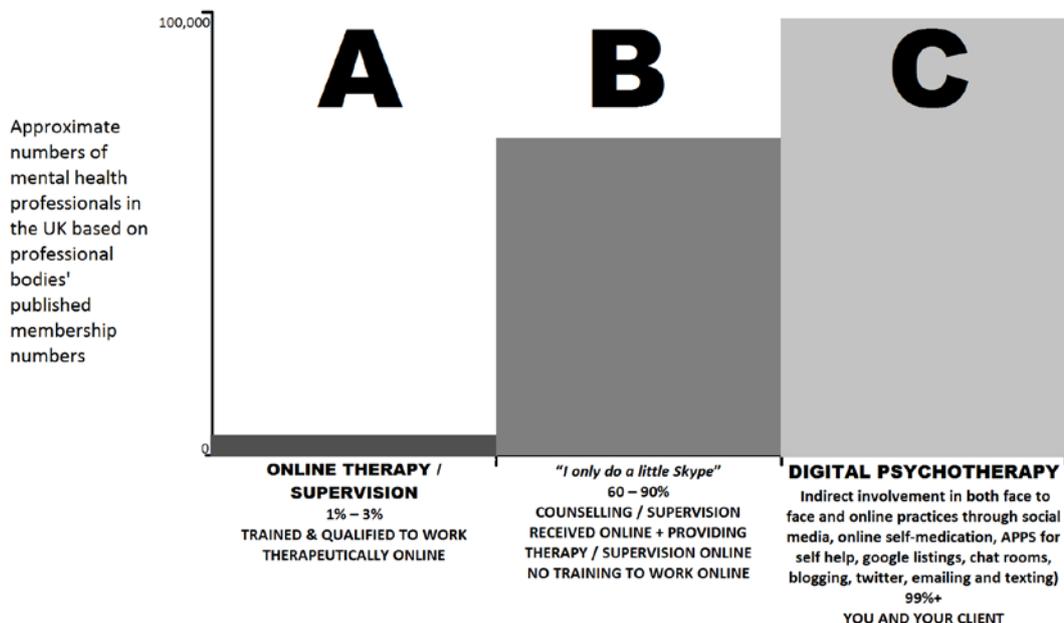
Figure 2: Digital Psychotherapy and Supervision, Online Psychotherapy and Supervision, (not drawn to scale and numbers only approximate)

The impact of these high numbers in Group C, mean that both supervisors online and online supervisors need to be fully aware and regularly updating their legal and practitioner knowledge and skills adapting to the ever changing digital and legal environment, as asked of us by the Supervision paragraphs (50 – 61) in the **BACP Ethical Framework** (Bond 2015a**)**. Group C, is the largest group by far, and has led me to the view that we need to address the non-therapeutic role of the internet and social media within any guidelines, what I call "digital psychotherapy" because of the way digital matters interface with the therapeutic relationship in all contexts. Social media is now a way of life for many of our clients, crossing boundaries and borders seamlessly. This inevitably impinges on our practice, face to face or online, such as how they research you before signing up for therapy, or it may be how they play out their therapy online, how they see the internet to self-medicate, how you and your clients email each other, the role and use of texting, emailing, as beautifully illustrated in Chalfont's (2014) "Penny and Liam" case study, all of which point to the need for each therapist, face to face or online and their supervisor to regularly undertake training and continuing professional development in order not to fail the client.

To summarise, Group C's involvement in this aspect of guidelines regarding digital psychotherapy is paramount because they involve nearly every therapist working in the UK (let alone overseas). Even if you don't use social media yourself, you can be sure that the majority of your supervisees and their clients will. It's a fact of life for 2016 and beyond.

Turning to **Group B**, in Figure 2. In some ways this is the most worrying group as they don't know they don't know and blindly use Skype, unsecured emails, send texts to clients, and have had no training or thought given to confidentiality and security in the digital age for psychological services. This applies to both supervisors and therapists. Whenever I run a workshop, one of my first questions is "Are you working online at all?" Usually very few hands go up. Second question, "Do you ever send your clients emails?" Usually 50%

- 75% of hands go up. And then I leave a silence and then they all go "ah!", and that's the first stage of understanding of their digital involvement in their therapeutic work, whatever the context.

The opening scenario, John, is just one example that people in that middle band, Group B on Figure 2, who may have little, if any, training but are very well meaning.

What really concerns me with this group B is that their supervisors appear to have little knowledge of the various guidelines or what they mean in practice for both them and their supervisees. I have already discussed in detail above the various frameworks and guidelines that each require practitioners to consider carefully how they may best receive supervision for their practice and ensure that the supervisor is experienced and trained in online work and has a full understanding of the legal and security issues, the ethical concerns and the impact for the therapeutic alliance, however this might be worded.

To summarise this section, we need to migrate to a consensus agreement amongst the online profession. I liken the many therapists' attitudes to working online as believing it is simply a matter of turning on their webcam, despite the widespread requests for counsellors and supervisors to undertake training before taking on these new media, to the change in drink driving attitudes – no laws have changed but what has changed is that there is now a public consensus that drink-driving is now anti-social and beyond what is acceptable.

The third group, **Group A** on Figure 2, are well trained, adhere to either BACP / UKCP/ BPS / other, members of ACTO and adhere to the ACTO online guidelines and are trained to be reflective about all matters relating to working professionally therapeutically online, and are likely to have in place online supervision arrangements. But they are probably around 1% - 3% of mental health professionals in the UK, and I'm probably being generous here!

As a conclusion, there is a huge mismatch between the long available online guidelines (BACP and other organisations), and the actual practice of therapists and supervisors. Equally there is a huge mismatch between the level of training and those who have no training – probably around 97% of therapists and supervisors have no training to work online, despite BACP guidelines encouraging everyone one of us to get this training and it being available through ACTO listed training organisations.

BACP has recently, as part of its Ethical Framework, put together a whole suite of documents that are really helpful, but somehow many are not engaging with these or "hearing" what they advise. As therapists we need to provide care that is fit for 2016, where digital natives are now old enough to be training as therapists. The NHS has a major strategy to digitalise much of its care; we need to be thinking this way too. The UKCP minimum curriculum has included important requirements for every pre-qualification trainee about digital matters, security and confidentiality, which is an excellent example and really refreshing.

Part Five: Supervision Guidelines: online supervision and supervision online fit for the future

In Figure 1, I distinguished between online supervision and supervision online. In figure 2, I set out a breakdown of how therapists are involved digitally in psychological therapies. The outcome of both these charts is that any online supervision and supervision online guidelines need to apply to virtually everyone working therapeutically in mental health in a psychotherapeutic setting.

Any guidelines that we develop in the future need to take digital issues and formats into account, be a joint collaboration of professional membership bodies working together, and a consensus amongst online therapists and supervisors.

There will need to be a more overt presentation of these guidelines rather than finding them quietly embedded in other paperwork. We currently have a situation where only 24 online supervisors are listed by ACTO as qualified to do the work required within the guidelines, whilst over 90% of our clients are likely to be active digitally and more and more drawn to receive at least some of their therapy online, with the consequence that supervision will need to be delivered online. This is a terrible mismatch by any standards.

We urgently need clear online guidelines, buttressed by a career path provided by, for example but not only, ACTO, for the training of online therapists and supervision (this is currently being worked on), to send the right message both to the profession and the general public about the effectiveness of online therapy, the robustness of training for both online therapists and supervisors and a general public who know where to go when they need to seek out psychological help.

A lot changes in five years, and this means that we need guidelines for both online therapy and online supervision / supervision online that guide us and are fit for at least the next five years, taking us say to 2022.

What needs to be in guidelines for online supervision and supervision online? This is, of course, relevant equally to supervisors and supervisees. Here's a list of what could be included in any future negotiated guidelines for online supervision and supervision online:

1) **Definitions**
   A definition of **"**online supervision and supervision online**"**.

2) **Formats**
   What formats might we as online supervisors use, and what a supervisee and their clients might need do and know about these formats.

3) **Technological competence, digital and technology provision**

These issues include practitioners' competence with the technology, and the importance of having appropriate software, internet connectivity and knowledge.

4) **Security and confidentiality**
These issues include the Information Commissioner's Office and the Data Protection Act 1998 (and its various amendments), EU (and post Brexit) regulations, the transfer of data, having sufficient safeguards on your computer including firewalls and virus checkers, encryption, privacy, password protection, the use of technology which complies for use in the UK, choice of online platform, as well as the many aspects of confidentiality and security as they relate to therapeutic work, including the implantation of a social media policy, information pack and contract for online clients / patients.

5) **The law**
Any online supervision or supervisor working online will need to update regularly their legal knowledge pertaining to digital matters, including EU/UK and international law about jurisdiction, but also about safeguarding, distance selling laws, etc.

6) **Responding to any breach of security or privacy**
This includes setting out how to identify breaches of security or privacy and what to do if something goes wrong and how it might be remedied.

7) **Working with vulnerable clients and arrangements for emergencies**
Guidance for working with vulnerable clients, working out clients groups that therapists might not wish to work with, and setting out arrangement for emergencies and death.

8) **The rules around jurisdiction and working cross border**
This covers both where the practitioner is professionally "resident" and also the client, and need to reference the Data Protection Act 1998 Schedule 1 The Data Protection Principles. (ICO, 2016), which under Principle 8 considers jurisdiction issues. Both Brexit and the more recent EU/US Privacy Shield (effective from 12/07/16) will need to be taken into account. Other issues will require checking than an insurer will cover you to work abroad (and check exceptions). Other considerations include diversity, culture and language.

9) **The role of social forums for clients**
As already covered in point 3 above, a social media policy will need to consider the role and usage of such forums, and consider how many online support services are operating, such as Big White Wall. I would expect these to grow over the next few years – we already see many example of free or cheap online support available, and perhaps this is one of the strongest growth areas.

10) **Insurance**
The requirement to be insured to work online AND cross border and to be aware and understand the exclusions.

11) **Training as both an online therapist and online supervisor, and supervisor online.**

    In addition to considered the trainings that are suitable, currently working therapeutically and online supervision are viewed as a post graduate training specialisms, but I can see this eroding over the next few years with the arrival of digital natives into the final stages of counselling and psychotherapy trainings.

12) **Supervision**

    Clarity on the distinction between online supervision and supervision online, together with what constitutes a qualified online supervisor and how this might be qualitatively different rom face to face supervision.

13) **The role of social media**

    Clarity on the definition of social media and guidance about what social media is and is not suitable to be used by therapists, and how they may delineate their private and professional lives.

14) **A list of useful resources**

    Guidelines can never cover every eventuality, but provide a framework. Buttressing resources would be a useful appendix to a future guideline.

15) **Verification of both therapist and practitioner**

    Verification of both clients and therapists is a topic which divides the therapeutic online community. The decision on verification will no doubt depend on your organisation and the type of clients you are working with. How might this fit with services providing anonymous support?

16) **Informed consent and contractual arrangements**

    Both an information pack (providing the informed consent to the client) and having a written contract are "de rigueur" online, where in face to face work there is less common as a written contract.

17) **Delivery of supervision**

    It is high desirable for supervision to be delivered online for those supervisees working therapeutically online. If supervision is to be delivered online for those therapists working face to face they'll need to have resolved their understanding of **BACP2015 Working Online**, paragraph 12 where it states that "*It is considered ethically desirable to receive at least some elements of regular supervision by the same method of communication that is used with clients*".

18) **Choosing a model for supervision**

    Supervisors and supervisees are encouraged to think through their model for online supervision. For example, a possible model might be Inskipp and Proctor's (2001) process model, these summarising as **Normative** (managerial aspects), **Formative** (training and learning aspects) and **Restorative** (emotional

support aspects). To these we need to add the **Digital** aspect to create an adapted online model for supervision.

19) Online payments

Security issues require us to think of robust payment systems and how we set about our accounting whilst maintaining confidentiality.

20) Consideration of a number of competing aspects

We need to consider in any supervisory relationship the legal, ethical, practical, digital and clinical / relational aspects both within the relationship and within the client work that is discussed.

21) Online platforms

A difficult topic with many sticking to Skype as the platform of choice, although this seems entirely unnecessary as it does not fully comply with the ICO's server storage regulations for the EU, and other complying platforms are easily and cheaply available (e.g. zoom.us, iCam). In all cases you should ensure that any online platform for therapeutic work online is secure and from a reputable company and complies with the DPA Data Principles (ICO, 2016).

Part Six   Discussion and Conclusion

Before I started writing this chapter, I thought I was writing a chapter on guidelines for online supervision. In the writing, my ideas developed and actually, I realised that while such guidelines are very important, they account for a currently very small group. In fact the majority of psychological therapists and their supervisors (approximately 60 – 90%) are working face to face but having some digital impact on their work; even if not working online, they may be receiving supervision online for face to face work, or have clients acting out on Facebook, just as examples.

So the chapter title got a rewrite and actually I think this is where we as a profession need to put our energies over the next five years or so as the world, our clients, our supervisees and everyone else becomes more and more digitalised. We need to encourage through training, continuing professional development and publishing the benefits of becoming upskilled in online therapy and supervision. Just as drink-driving has now become socially unacceptable, I hope that those working and supervising online will be moved to become excited about the potential and growth through training to work and supervise online – I am speaking as one who has done just that, and it's the best money I ever spent!

Web Resources

Information Commissioner's Office. *Data Protection Act 1998, Schedule 1 The Data Protection Principles*. www.legislation.gov.uk/ukpga/1998/29/schedule/1 [last accessed 8th October 2016]

Internet Live Stats. www.internetlivestats.com/internet-users/uk/ [last accessed 8th October 2016]

Wigmore,I. *Social media*. http://whatis.techtarget.com/definition/social-media [last accessed 8th October 2016]

References

Anthony, K., & Goss, S. (2009). *Guidelines for Online Counselling and Psychotherapy including Guidelines for Online Supervision* (3rd edition). Lutterworth: British Association for Counselling & Psychotherapy

Anthony, K., & Merz Nagel, D. (2010). *Therapy Online: A Practical Guide*. London: Sage Publications Ltd.

Bamber, J. (2015). *How to Choose a Supervisor.* British Association for Counselling and Psychotherapy, Good Practice in Action 008, Commonly Asked Questions Resource. Lutterworth: British Association for Counselling & Psychotherapy

Bond, T. (2015a). *Ethical Framework for the Counselling Professions*. Lutterworth: British Association for Counselling & Psychotherapy

Bond, T. (2015b). *Working Online.* Good Practice in Action 047, Ethical Framework for the Counselling Professions, Supplementary Guidance. Lutterworth: British Association for Counselling Psychotherapy

Chalfont, A. & Pollecoff, M. (2014). Challenges and dilemmas in the online consulting room. In: Weitz, P. (Ed.), *Psychotherapy 2.0: Where Psychotherapy and Technology Meet*. (pp. 96- 97) London: Karnac, 2014.

Davies, N. (2015). *Social Media (Audio and Video) and the Counselling Professions*, Commonly Asked Questions Resource, Good Practice in Action 040. Lutterworth: British Association for Counselling & Psychotherapy

Johnson, S. (2016) unpublished email correspondence between Steve Johnson and Philippa Weitz

Jones, G., & Stokes, A. (2009). *Online Counselling: A Handbook for Practitioners. Basingstoke: Palgrave MacMillan.*

Inskipp, F., & Proctor, B. (2001). *Making the Most of Supervision, Part 1*. Twickenham: Cascade Publications

Weitz, P. (Ed.) (2014). *Psychotherapy 2.0: Where Psychotherapy and Technology Meet*. London: Karnac.