

THERAPY 2.0

A red stylized human figure icon, resembling a person with arms and legs outstretched, positioned between the letters 'R' and 'A' in the word 'THERAPY'.

COUNSELLING AND THERAPEUTIC INTERACTIONS WITH DIGITAL NATIVES

Guidelines

for Advisors, Counsellors and Therapists on
the Utilization of Online Interventions

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Guidelines for Advisors, Counsellors and Therapists on the Utilization of Online Interventions

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To advisors, counsellors, therapists and all other interested readers

The partners in the **Therapy 2.0** project have developed guidelines explaining different ways of using technology in counselling and therapeutic work. The guidelines are intended for those who are interested in learning about the use of online interventions in counselling and therapy. They were developed during the lifespan of the project, mainly 2017–2018. During that period, a needs analysis was conducted, good practices and articles about online interventions were collected and guidelines were developed.

The guidelines are like a manual and are structured as follows. After a brief introduction to the technologically advanced everyday communication behaviour of the “Digital Natives” and their now also expanded communication needs and demands for counselling and therapy, you will be introduced to the currently most important technology-supported communication scenarios in client/patient communication. This is followed by a discussion on the benefits perceived by clients/patients of technology-based communication. The use of technology-supported communication scenarios in counselling and therapy is embedded in legal framework conditions. A description of the legislative approach at EU level is followed by a sketch of the legal situation in the partner countries of the **Therapy 2.0** consortium. In addition to the legal framework, advisors, counsellors and therapists should also consider ethical aspects of online interventions. Selected questions are discussed in this manual.

After all these theoretical considerations from perspectives of technology, user needs, legal situation and ethics, explanations on the implementation of online interactions follow: Firstly, the economic design offering of online intervention with a focus on payment terms and opening hours. Thereafter, the emphasis is put on the requirements of online interventions for the person of the advisor, counsellor or therapist first with a view to the required technological know-how and then to the psychological characteristics of computer-assisted communication. Finally, there is a chapter on how online communication by mobile devices can alleviate or facilitate work with asylum seekers, refugees and unaccompanied minors.

It shall be noted here that the guidelines may serve to provide an initial, comprehensive insight into the subject matter of online interventions, but they do not replace thorough education and training in this field.



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1: Introduction

Author:

Karin Drda-Kühn (media k GmbH, Germany)

The integration of Information and Communication Technologies (ICT) in counselling and therapy is yet an incomplete process, specifically when it comes to online services. Counsellors and therapists in many European countries still rely almost exclusively on traditional talking and interaction with their clients (“the couch”).¹

While the traditional “couch”- approach may still lead to satisfactory results with adults, especially older persons, there is a growing danger that the young generation, especially juveniles and young adults, the “digital natives”, may not be reached to the full extent. They have a fundamentally different communication behaviour that renders the various Web 2.0 communication tools (Facebook, Twitter, WhatsApp, Skype, etc.) into a daily extension, or complement, of their oral communication².

Therefore, any counselling and therapy for the younger population that seeks to be successful should eventually include ICT based activities between the expert and the client/patient.

So far, the approaches all over Europe are significantly different: In some countries, counsellors and therapists refrain from online services and meet them with resistance and suspiciousness for different reasons. In other European countries, they are already used as valuable instruments for reaching clients, broadly accepted by therapists and clients (see Module 4).

Following the results of recent research in the **Therapy 2.0** project³, advisors, counsellors, therapists, teachers and people active in refugee care institutions

- wish for a stronger exchange with colleagues who are already working with online tools,
- want better information on data protection, ethics, and communication-specific aspects of different instruments,
- express their interest for an online collection of tried and tested instruments on an electronic platform and
- express great interest in professional qualification.

In the case of adolescents, there are – according to our survey mainly eight problem areas that seem to play the most important roles in counselling and therapy: family problems, anxiety disorders, depression, lack of conflict resolution skills, communication, learning difficulties, alcohol or drug abuse and bullying.

ICT in counselling and therapy – state of play

Digital natives and their attitudes towards new technologies

Counselling and therapy in EU member states

Needs in online services

Problem areas for adolescents – challenges for counsellors and therapists

Counsellors and therapists, particularly those working in the mental health sector, are partly aware of the potential benefits of digital interventions. However, on European level there are huge differences in the level of knowledge about preconditions and use of online services. Their possible applications and feasibility within every-day services need careful consideration. According to research done in the European research project “e-COMPARED”⁴ blended treatments indicate a gradual integration of technology into clinical practice: “The potential of the blended treatment approach, in terms of enhancing acceptance of digital treatment while retaining the benefit of cost-effectiveness in delivery, should be further explored”.

For clients, the benefits of online services are obvious:

- online booking of appointments is quick, easy and flexible
- a referral might not be required
- counselling and therapy take place at the client’s chosen location rather than going to face-to-face sessions
- Housebound clients/patients have access to counselling/therapy.
- online counselling and therapy can complement traditional face-to-face sessions.
- there are no mobility issues, which is specifically important in remote areas where access to public transport might be a barrier
- the low-threshold service is a convenient way of seeing whether counselling or therapy is right for the client/patient
- Discreet – no waiting rooms
- E-counselling or therapy can be a first step in therapy for reluctant face-to-face target groups; such as men and adolescents.

However, online counselling or therapy is not for everyone. It might not suit clients/patients who are not comfortable with technology. And it might not suit clients/patients who are in severe crisis. However, in some cases where there is a severe crisis, an initial e-counselling session could be useful to analyse the situation and decide on next steps.

The **Therapy 2.0** project raises the awareness of the potentials of ICT based approaches in counselling and therapeutic processes. The project’s results can be incorporated immediately into counselling and therapeutic practice, and support practitioners to make sure that the lack of full visual or verbal communication that occurs by the usage of online media does not negatively affect how the client/patient receives the message.

Therapy 2.0 provides a practical guide to the different ways how technology can be used in counselling and therapeutic work. It gives best practice examples that go beyond e-mail and internet chat, video-link and stand-alone software packages, and includes mobile applications for smartphones. In addition, **Therapy 2.0** does not miss to discuss vital ethical, theoretical and practical considerations for practitioners that include safety issues.

With **Therapy 2.0** tools, counsellors and therapists are able to reach completely new target groups, i.e. young and unaccompanied refugee minors⁵. Most of them, specifically young women, had been exposed to traumatic experiences and many of them suffer from post-traumatic stress disorder in various degrees. Their most

Benefits for counsellors and therapists

Benefits for clients

Disadvantages

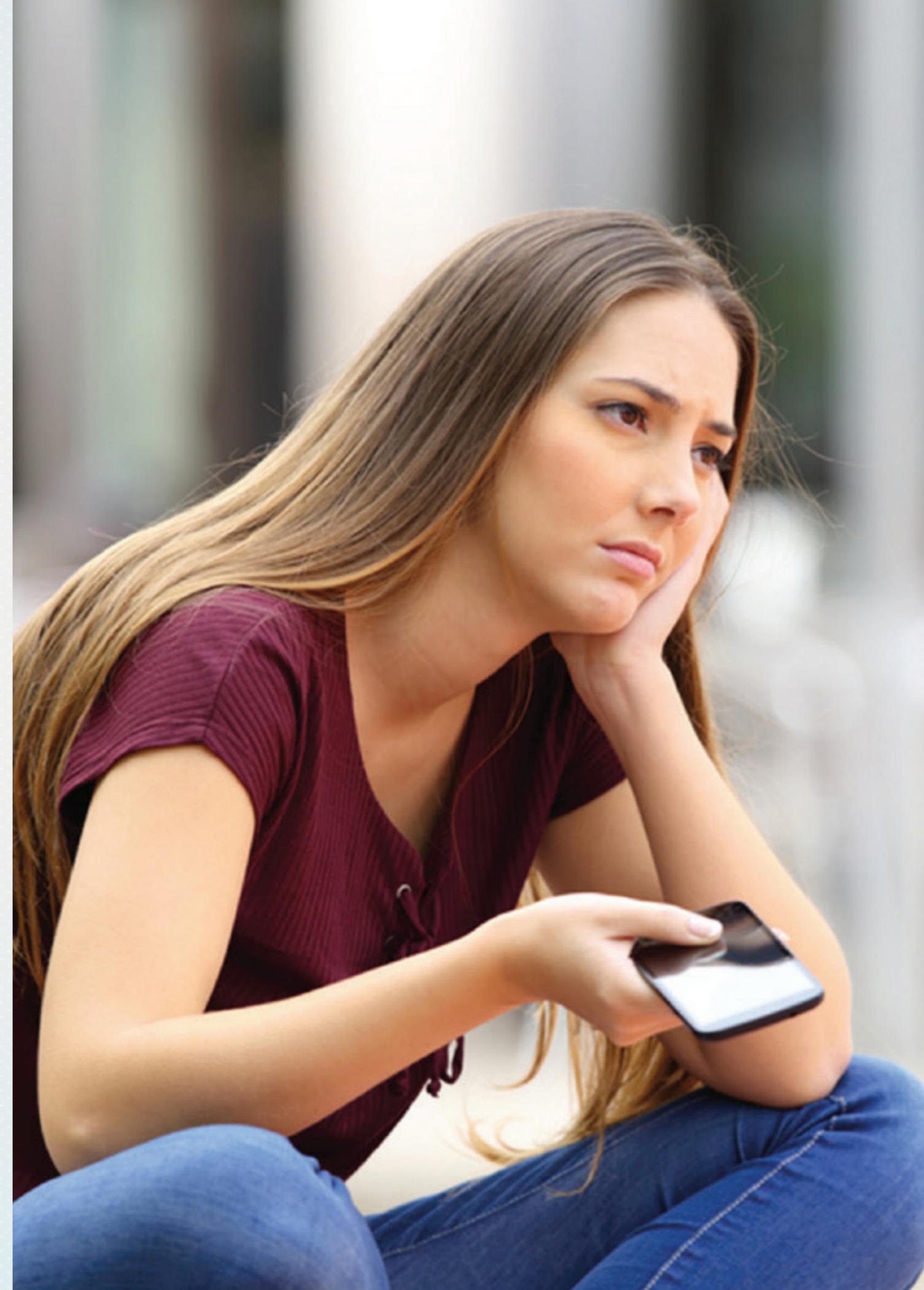
Making use of modern communication tools in counselling and therapy

Refugees: access to the world via mobile devices, habits in using these devices

important communication tools are smartphones. Given the fact that their language levels of the host country language needs time to develop, conventional “speech counselling / therapy” needs a complementary approach that uses the media where these young people are at home.

Literature

- ¹ Topooco, Naira e.a.: “Internet Interventions- Attitudes towards digital treatment for depression: A European stakeholder survey”, results of the e-COMPARED project, see <https://www.e-compared.eu/>, Linköping 2016
 - ² Medienpädagogischer Forschungsverbund Südwest: JIM-Studie 2016 (Jugend, Information, (Multi-Media))
 - ³ European-wide survey on “Relevance of online tools in counselling and therapeutic interaction with digital natives”, carried out by eight European institutions with 252 respondents in the “Therapy 2.0” project 2017, see <https://www.ecounselling4youth.eu/needs/>
 - ⁴ <https://www.e-compared.eu/>
 - ⁵ “Forschung für die Integration von Flüchtlingen“, Deutsches Ärzteblatt 12, 2016
- Polityka Insight: “Transforming eHealth into a political and economic advantage”, 2017



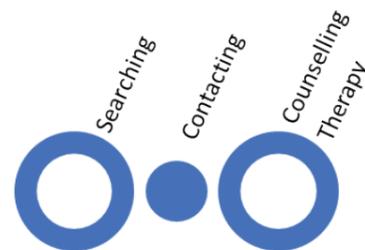
2: The spectrum of Technology-Enhanced Information & Communication Tools and Implications for Advisors, Counsellors and Therapists

Author: Pantelis Balaouras (GUnet, Greece)

Introduction

e-Counselling or online counselling is considered, in the context of the **Therapy 2.0** project, as an extension to the traditional interaction of counsellors and therapists with their clients, in order to facilitate reaching, the “digital natives” and especially the younger generation.

Let us describe the **communication between a client and an advisor, counsellor or therapist** in a sequence of phases and the tools that are used in each phase.



1. Searching phase

Potential clients are searching to find answers to their problems/symptoms and/or locate an advisor/counsellor/therapist for a treatment. Nowadays, this searching phase may also be conducted online via the Internet websites as a basic tool, advisors, counsellors and therapists (professionals) are using websites as a basic tool for reaching their potential clients. On their websites, professionals are describing the services they provide, their location, the languages they use, contact information, their availability regarding schedule, the use of technology for communication, the cost of treatment, ways of payment (online payment is usually included) and other helpful information. Professionals also use blogs for publishing introductory articles on the topics of their expertise.

 **Tools:**
Website, Blogs

2. Contacting phase

The potential client communicates with the advisor/counsellor/therapist to state the problem and/or arrange an appointment.

 **Tools:** Phone, e-mail, online forms, online calendar, Social Media, Mobile Voice Apps

Introduction: e-Counselling, online counselling, online therapy, digital natives

Communication with a client

3. Counselling / therapy phase

The client “meets” the advisor/counsellor/therapist and the counselling/therapeutic intervention is taking place by exploiting technology enhanced communication.

 **Tools:**
Phone, Video conference tools, Mobile Video/Voice Apps, chatting

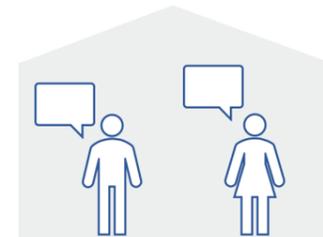
The Internet has affected the **communication among advisors/counsellors/therapists**. The latter has been enhanced by using moderated electronic forums – a previous generation (Web 1.0) Internet tool – to exchange opinions or experience and initiate collaborations. Forums that are moderated and provided by an official association should be preferred by the advisors, counsellors and therapists. Web 2.0 tools and mobile apps, may be used to enhance the direct communication with other colleagues.

Communication among Advisors/Counsellors/Therapists, electronic forums

Technology-enhanced communication with clients

The technology-enhanced interaction with a client falls into two categories: traditional communication in the **physical world** and communication in **virtual reality worlds**.

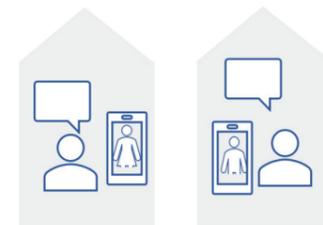
The **traditional interaction** is based on **oral communication in a face to face meeting**, meaning that both parts (advisor/counsellor/therapist and client(s)) are physically at the same place, at the same time and have visual and verbal communication.



Technology-enhanced communication with clients

*Communication in physical world
The traditional interaction in face to face meetings*

The emerged Information and Communication Technologies (ICT), based mainly on the Internet (Web 2.0) and mobile technologies, have changed the landscape of communications, eliminating the need of advisor/counsellor/therapist and client(s) to be at the same place and enabling **remote communication** in a more attractive (visual) way. This means that the client is more engaged, compared to the traditional telephony, since smartphones have features that allow mobility, internet access, calls and messaging (in case a person is not available), stickers and pictures exchange etc.



*Communication in physical world
Remote communication: Synchronous and asynchronous*

Remote communication can be performed either at the same time (**synchronous communication**) or with a lag in time (**asynchronous communication**). The latter is made realizable in two steps: the message (in text, audio, video etc. form) is stored and later accessed by the remote peer. “Synchronous” is a compound word based on the Greek words “syn”, meaning together, and “chronos”, meaning time. So “synchronous” means occurring at the same time, whereas “asynchronous” has the opposite meaning, not occurring at the same time.

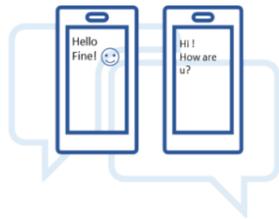
Synchronous communication allows for **conversations in real-time** (with strict time constraints), by exchanging media in the form of text, audio (voice), video (visual), images, other types of files, in any combination of them. Text chatting, voice and video call (chatting) and teleconference are examples of synchronous (real-time) communication.

*Communication in physical world
Synchronous communication*

Asynchronous communication allows for **conversations with relaxed time constraints**, meaning the exchange of media (text, audio, video, etc.) without the need of any immediate response. Typical examples are e-mails, on line forums, messaging services, and on demand services such as browsing web sites or video on demand. The user of asynchronous communication can follow his/her own pace and may access the media in a time convenient for him/her.



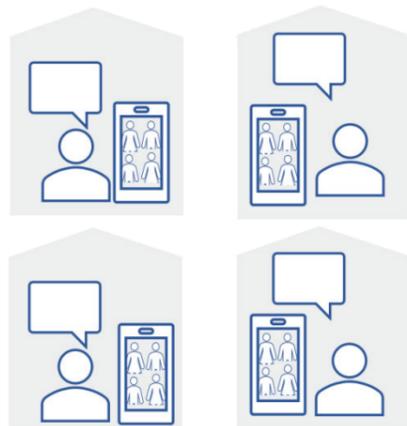
Chatting and messaging mobile applications (apps), are the main applications used by the younger generation for communication. Mobile messaging apps are very popular and compete against each other adding social networking features, improving security and providing free mobile calling and texting services. The users exploit mobile apps features to communicate synchronously in real time by exchanging text (text chatting feature), voice, video (video chatting) or asynchronously, if remote peer is not online or available, to leave messages in the forms of text, voice, video or photos (messaging features).



Well known **mobile apps** like Facebook Messenger, Apple Messages and internet calling service Skype still dominate, but promising competitors, such as WhatsApp, Viber, Google Hangouts, SnapChat, and others, have appeared in the mobile applications' arena. Most of these applications are also available for installing on desktop computers, either Windows based or MAC.



Video calls (chat) have also become popular, and many messaging apps now offer the ability to chat via video without any cost over cellular or WIFI networks. Built-in camera and microphone on mobile devices or laptops, or external ones connected to a desktop computer, are used for video/voice chatting. Table 1 (see at the end of this module) presents the main features of popular mobile apps. Most apps (Snapchat excluded) extend the **one to one** person video communication to **many to many** communication by allowing for video **group calls**, that is more than two persons – up to five or six – may participate in a video call as a group, talking to each other. For larger groups of participants in a single video call, software, such as ooVoo, Skype Business, or commercial web based video conference services may be used.



Hint: Staying compliant with privacy standards (GDPR, HIPAA) is very important when using third-party platforms to communicate with clients. To comply with

Communication in physical world
Asynchronous communication

Communication in physical world
Chatting and messaging mobile applications

Communication in physical world
Well known mobile apps

Communication in physical world
Video calls
One to one
Many to many

Hint

standards, it is important only to use platforms that abide by their rules. See Chapter 7 for more information.

For more information, conduct an Internet search with the following keywords: “Mobile Messaging Applications”, “Video chat”, “Voice chat”, “Video conferencing software”.

Virtual Reality Worlds/Environments

Second Life is an online virtual world, similar to the environments created for massively multiplayer online role-playing games (MMORPGs). Second Life users, called **residents**, create virtual representations of themselves, called **avatars**, and are able to interact with places, objects, and other avatars. They can explore the world, meet other residents, socialize, participate in individual and group activities, build, create, shop, and trade virtual property and services with one another.



Avatars may take any form the users choose (from human to animal, vegetable, mineral, or a combination thereof) or residents may simply choose to resemble themselves as they are in real life. Avatars can travel via walking, running, vehicular access, flying, or teleportation.



Second Life incorporates both synchronous and asynchronous modes of communication. Avatars can communicate via local chat, group chat, global instant messaging (known as IM), and voice (public, private and group). Chatting is used for localized public conversations between two or more avatars, and is visible to any avatar within a given distance. IMs are used for private conversations, either between two avatars, or among the members of a group, or even between objects and avatars. Unlike chatting, IM communication does not depend on the participants being within a certain distance of each other.

There is no charge for creating a Second Life account or for making use of the world for any period of time.

Source: Wikipedia

For audio and video communication the proper software must be downloaded and installed either on a computer or mobile device. Mobile devices, such as tablets, smartphones, laptops are equipped with video camera, microphone and loudspeaker. However, in case of a desktop computer, a web camera and a headset with a microphone are required (do not use speakers and other types of microphone) in order to avoid audio problems such as echo and feedback.

What is encryption and why it is important

Being online exposes Internet users to threats regarding **online safety**. Once a user sends data over the Internet (packets of video or voice call, chat, e-mail or credit card number, websites) s/he has no control over who may access the data. The data pass through many servers, routers, and devices where any hacker, service provider or state agent may access and read them. Therefore, it is of paramount

Find more information

Communication in virtual reality worlds
Example of Second Life

Software and hardware requirements

What is encryption

importance for advisors, counsellors and therapists to take measures towards the directions of i) protecting their sensitive data, ii) using online tools and services that ensure the privacy and security of their clients' data during the online communication with them.

End to end encryption (e2ee) is used to prevent anyone, except the communication parties, to read the transferred data, thus securing them and providing online safety. The data is encrypted, that is, converted into a secret code by using a key provided by the receiver of the data, called public key. This public key is sent to the sender. Only the receiver can decrypt, and read, the data by using another key called private key. The private key shall never be shared with anyone.



Secure Socket Layer (SSL) and Transport Layer Security (TLS) are the technical encryption standards for the web. Websites with links that starts with <https://> instead of <http://> – the additional s stands for secure – should be trusted. Video/Voice calls and other media apps are also protected using end-to-end encryption with many apps and services. The user may benefit from the privacy of encryption just by using these apps for communication. So, each user should choose apps and services that provide e2ee. To find applications that provide provide e2ee, users should read their website attentively and search for articles in the Internet to find the security features of the specific apps/services. This should be done regularly because apps and services may change their security/privacy features and options.

<https://>

Conclusion: With regard to safety issues online advisors, counsellors and therapists should be very sensitive in the usage of tools such as Facebook and What'sApp etc. Those media could be useful to inform about the services, but not at all for discussing private/intimate topics.

Even if Digital Natives carelessly use unsafe software solutions / apps asking for help and telling about their problems, advisors, counsellors and therapists are obliged to guide them to safe communication settings – even if clients definitely agree with using the unsafe form of communication.

There are technical solutions for advisors, counsellors and therapists that include all types of communication AND are safe. Often associations divice their own systems (which is expensive), but there are also safe commercial software / platform solutions.

For more information, conduct an Internet search with the following keywords: "End to end encryption" along with "Messaging Applications", "Video chat", "Voice chat", and the name of apps or service planned to be used, e.g., "SKYPE encryption".

End to end encryption

Conclusion: Sensitivity in the usage of media

Find more information

						
Apps	Facebook Messenger	Google Hangouts	Whatsapp	Viber	Skype	Snapchat
Support						
Synchronous communication						
Text chatting, Voice and video calls (chatting)	✓	✓	✓	✓	✓	✓
Max video group call	6	10	not clear	5	10	2
Asynchronous Communication						
Text, Voice, Video, photo messaging	✓	✓	✓	✓	✓	✓
Desktop						
Windows	✓	✓	✓	✓	✓	✓
MAC	✓	✓	✓	✓	✓	✓
Mobile devices						
Android	✓	✓	✓	✓	✓	✓
iOS	✓	✓	✓	✓	✓	✓
Windows	✓		✓	✓	✓	

Table 1: Summary of popular mobile apps' features

Pictures by Pantelis Balaouras, 2017, based on icons available by the Microsoft PowerPoint Office 365

3: Characteristics of Computer-Mediated Communication in Counselling and Therapy

Author: Evelyn Schlenk
(Innovation in Learning Institute, FAU, Germany)

Classically, psychological counselling and/or therapy takes place in a face-to-face communication setting: the person seeking advice or help goes to a practice or consulting room at a firmly agreed time and discusses his or her concerns with a counsellor or therapist.

This type of communication requires a client to adapt to the given local and temporal offer of the counsellor or therapist. If the client does not have the required mobility and/or time resources, he or she does not have access to a professional consulting and therapy offer.

Through the use of modern information and communication technologies in the context of counselling, coaching and therapy, conventional spatial and temporal limitations can be bridged quickly. With an internet-enabled computer or mobile device, clients can make inquiries and receive answers from virtually any location, even outside the opening hours of the practice.

A practice, which is permanently available on the Internet and therefore also accessible around the clock, already lowers the first external barriers to accessibility. New user groups are addressed, like

- Persons who are professionally full-time bound and limited in their flexibility in terms of the usual opening hours of a practice,
- Persons who live in sparsely populated regions and/or areas that are underserved with help centres and practices,
- Persons whose mobility is restricted due to physical handicaps; or
- People who are abroad and prefer to have counselling or therapy in their mother tongue.

Such clients generally perceive the time-dependent and locally unrelated ad-hoc accessibility of an online counselling and/or therapy offer as a considerable relief and evaluate it as advantageous.

In addition to this, the “generation internet” is used to an everyday consultation of the World Wide Web as a valuable source of information for questions of all kinds. With just a few search queries and clicks, consultants find thematically matching information websites or can get in contact with people with similar interests in relevant communities. Explanations on the internet or viewpoints shared by others are used for the purpose of information, orientation, decision-making, and as directives.

Temporal and local flexibility of the client needed to use face-to-face counselling and therapy

Bridging of temporal and spatial limitations by means of modern information and communication technologies

Development of new target groups

Digital natives also use the Internet for psychological/psychotherapeutic questions

It is obvious that digital natives embrace these opportunities not only with general topics such as music, recipes, DIY (DIY = Do it yourself) or travel plans but also with emotional, family, school or professional worries and difficulties. They search or have a look “at the Internet” (they “google”) to get information and advice.

While the willingness to use easy-to-access psychological and psychotherapeutic online offers can be considered high among the consultants, counsellors and therapists are still quite sceptical about the expansion of their professional practice to computer-assisted forms of communication.

They appreciate the immediacy and richness of the information they receive in the consultation room through various sensory channels from the client. Thus, parallel to the words of the client, they gain an impression which goes beyond the verbalized content by the precise perception of his or her vocal tone, facial expressions, gestures, breathing, posture, clothing, jewellery and possibly smell. Consistencies and inconsistencies between wording, nonverbal language and appearance can thus be directly perceived and discussed. In addition, by direct observation of the client’s condition during the session, a counsellor or therapist can respond sensitively and adequately to any acute crises at the moment of the incident. The direct and multimodal approach to the client thus is a particular strength of the face-to-face setting.

However, this does not seem to be equally appropriate for all clients: Many potential clients can feel intimidated by the fact of his or her direct and seemingly undisguised visibility for the practiced look of the counsellor or therapist. This can be a major reason to refrain from professional help.

In such cases, the interposition of a medium in computer-mediated communication can help to bring about a greater distance between client and counsellor/therapist, thereby expanding the density and intensity of counselling/therapy.

Depending on the chosen communication medium, consultants receive different degrees of freedom. Due to the greater potential to contribute to the counselling/therapeutic contact, the clients’ thresholds are frequently reduced.

One of the most appreciated benefits for clients is that they can determine the degree of anonymity themselves in online contact. Depending on the counselling or therapy offer it is possible either to stay completely anonymous or to assign a pseudonym (nickname).

In addition, in online communication, advice seekers feel much more autonomous in controlling the counselling process than in a face-to-face setting. Particularly in the case of asynchronous consultation (e-mail or forum), they have a high degree of freedom in choosing the appropriate contact time. They determine the time they will spend on formulating an issue, sending it and reading the response, they rework their texts, regulate the advisory intervals by their own response frequency, and, if necessary, can be more uninhibited than in a face-to-face situation to break up the measure.

Furthermore, the reduction of communication to selected communication channels contributes to a more relaxed attitude of the client. Particularly in the case of fear- and shame-filled topics, it can be easier for advice seekers to choose a text-based form of online communication (e-mail or chat). Thus, the problem described is in the foreground and not the person in their overall appearance.

Face-to-face counselling and therapy is rich in verbal and non-verbal information regarding the client

Inhibitions of the client to direct, immediate contact with the counsellor or therapist

Distancing by computer-mediated communication leads to the reduction of threshold anxiety

Contact time

Channel reduction

The extension of the client's scope of action by freedom degrees as anonymity, sovereignty over the contact frequency / duration, and channel reduction leaves counsellors and therapists wondering to what extent a close, honest, binding and coherent counselling and therapy relationship can evolve within these loosened conditions.

Paradoxically, the following phenomenon occurs in computer-mediated communications: An increased spatial distance, with possibly even different contact times between the client and the counsellor/therapist (for example in the case of asynchronous consultations via e-mail, forums), is not equivalent with a detachment in the feeling of mutual proximity.

Döring (2003, p. 367) explains that computer-mediated communication produces a "dialectic of physical absence and sensory presence, physical distance and psychological proximity" [Annotation: own translation of the quote]. In other words, computer-mediated distance keeps the proximity of a face-to-face contact away, but it makes it easier for the client to let the absent and often unknown consultant/therapist participate in his or her personal experience especially close.

Experiences from practice confirm that, contrary to the initially often opposite expectations of counsellors/therapists, online contacts can be emotionally very intense. Clients explain that it is easier for them especially in asynchronous, text-based consultations to explain problems they would not even talk about on the phone.

These findings are also supported by a survey by the communications scientist Jeffrey Hancock (2004), who investigated the connection between the type of the communication medium and honesty. His results indicate that the least untruths are told in a communication via e-mail (only about 14%) and thus this medium is still clearly ahead of face-to-face communication (about 27% untruths) or communication via telephone (about 37% untruths).

Especially in the case of text-based counselling and/or therapy offers, it can be assumed that clients, through the constellation of anonymity, distance, contact control, channel reduction and the high sovereignty over their degree of openness, feel a sufficiently high sense of security, that allows them to address and elaborate anxious or shame-filled concerns openly and relatively early in the process.

The text-based form of counselling/therapy also contains further effects: the description of the inner world of experience requires concentration, intensive thinking and self-reflection of the client for a distant and probably even unknown counsellor/therapist. Thus a writer not only performs the act of writing, but also repeatedly reflects the written. He or she finds words, conceptions, sentences for his or her problem situation, and at the same time considers what information a counsellor/therapist needs in order to understand his or her situation and the state of his or her mood. Often, a client reworks his or her text while writing, finds a more appropriate word for one or the other, deletes sentences, works out important aspects more clearly, or rewrites text passages.

A high consistency of the text with the inner thinking and feeling is particularly important for the client: Written words are, once they have been sent to the counsellor or therapist, no longer retractable. They remain, can be read several times, and thus have a higher binding character than spoken words.

How close, honest, coherent and binding is a computer-mediated relationship between client and counsellor/therapist?

Distance-proximity-paradox:

Computer-mediated distance allows for psychological proximity

Honesty depending on the communication medium

Self-reflection in writing

Concerns put into written form have a higher binding character than those just talked about

A valuable effect in the act of writing is that a client, through his or her high cognitive performance, often reaches new, more advanced ideas and insights when he or she elaborates on his or her concerns. The resulting increase in clarity often leads to a first emotional relief even before the counsellor/therapist is contacted.

Since online counselling and therapy predominantly takes place in written form, e.g. in the form of e-mail, chat or forum advice, the entire counselling or therapy process can be documented. Not only the counsellor or therapist has the possibility to read the client's text several times and from different angles, but also clients can repeatedly read the written answers of the counsellor or therapist.

It is often found that, when reading a text again, different aspects come to the fore as compared to the previous reading. Re-reading helps to gradually understand an answer in its complexity. Thus, it can still be a rich source of inspiration even after days or weeks.

Likewise, a look back at the entire consulting process can lead to meaningful insights about the implemented development steps so far.

Although in the previous explanations a special focus was put on the advantageous effects of online communication formats for therapy and counselling, no Either-Or position should be represented for or against one or the other procedure. Both face-to-face and online formats have their own peculiarities, which can be both beneficial and challenging to clients and consultants. Instead, the above explanations intended to promote awareness that the online formats, which are often still considered with scepticism, can also be effective and healing for the client. It is regarded ideal, if a counsellor or therapist is able to offer a variety of low-threshold access paths to counselling and therapy, and, in the knowledge of the respective peculiarities of the different communication formats, flexibly works together with the client to develop viable paths for personal development.

Clarity and relief by reflection

Permanent documentation of the consultation process

Development of a new reflective level

Blended Counselling and Therapy

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4: Legal Aspects

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(media k GmbH)

Information and Communication Technologies (ICT) applied to health and healthcare systems can increase their efficiency, improve quality of life and unlock innovation in health markets. According to the European Commission definition “eHealth is the use of ICT in health products, services and processes combined with organisational change in healthcare systems and new skills, in order to improve health of citizens, efficiency and productivity in healthcare delivery, and the economic and social value of health. eHealth covers the interaction between patients and health-service providers, institution-to-institution transmission of data, or peer-to-peer communication between patients and/or health professionals.”¹

The European eHealth Action Plan 2020 aims at addressing and removing barriers, in order to unlock the full potential and the benefits of a fully mature and interoperable eHealth system in Europe. It clarifies the policy domain and outlines the vision for eHealth in Europe, in line with the objectives of the Europe 2020 Strategy and the Digital Agenda for Europe. It presents and consolidates actions to deliver the opportunities that eHealth can offer, describes the EU’s role and encourages Member States and stakeholders to work together.²

The European Action Plan e-Health 2020

The action plan clearly identifies the barriers, which hamper the wider uptake of eHealth2020:

- lack of awareness of, and confidence in eHealth solutions among patients, citizens and healthcare professionals;
- lack of interoperability between eHealth solutions;
- limited large-scale evidence of the cost-effectiveness of eHealth tools and services;
- lack of legal clarity for health and wellbeing mobile applications and the lack of transparency regarding the use of data collected by such applications;
- inadequate or fragmented legal frameworks including the lack of reimbursement schemes for eHealth services;
- high start-up costs involved in setting up eHealth systems;
- regional differences in accessing ICT services, limited access in deprived areas.

State of play in Europe

eHealth Action Plan 2020

Barriers to deployment of eHealth

Addressing legal barriers is one of the core issues of the eHealth Action Plan, as bringing down legal barriers is vital for deploying eHealth in Europe. The directive on the application of patients’ rights in cross-border healthcare contributes to achieving such an objective as it clarifies patients’ rights to receive cross-border healthcare, including remotely via telemedicine.

The growth in the online health market has been accompanied by an increase in software applications for mobile devices (‘apps’). Such applications potentially offer information, diagnostic tools, possibilities to ‘self-quantify’ as well as new modalities of care. They are blurring the distinction between the traditional provision of clinical care by physicians, and the self-administration of care.

Accordingly, network operators, equipment suppliers, software developers and healthcare professionals are all seeking clarity on the role they could play in the value chain for mobile health. However, the markets in the European member states are developing differently due to national data security legislation, professional secrecy and (legal) differences between providing information, counselling and therapy³. The situation in seven European member states may act as an indicator for the different national conditions.

The General Data Protection Regulation (GDPR)

The „Regulation (EU) 2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data“ is a Europe-wide regulation that will be implemented in all EU member states on 25 May 2018. It is seen as an important step to strengthen citizens’ fundamental rights in the digital age and to facilitate business activities by simplifying the rules for businesses in the digital single market. A uniform law should put an end to the current fragmentation and the high administrative burden.

Not only private individuals are affected, but also companies (including medical practices and practices of therapists and counsellors) and public administration. Failure to comply could result in significant financial risks and fines of up to EUR 20 Mio or 4% of a company’s global sales. This forces a far-reaching reorientation of the previous data protection concepts and a fundamental legal rethinking.

The most important innovation in EU law is the strengthening of the rights of private individuals. According to the Deutsche Ärztezeitung (a professional journal for medical practitioners), there are four key points that doctors’ practices should take into account in their organisational processes (this also applies to public and private counsellors and therapists offering online interventions):

- **“The consent:** Before any data processing, consent must be obtained from the data subject. This also applies to patients. The easiest way to do this is to use the anamnesis form. However, if consent is obtained, as here, in connection with other statements/issues, it must be clearly distinguished from these so that the patient recognizes what he or she is consenting to. It must also be written in clear, simple language. Anyone who also wants to remind patients of appointments - for example by letter, e-mail or SMS - should list this again separately from the consent to normal processing of the data in the practice EDP.
- **Earmarking of the data:** The practice may only ever collect the data collected from the patient, including the diagnoses, for the purpose of service

Legal barriers

Online health market – development

GDPR

GDPR affects also practices

Focus on four areas

provision and billing. If you bill privately insured patients via an external service provider, you should obtain a separate declaration of consent from the patient. Caution should be exercised when disclosing data for study purposes. Doctors are only on the safe side if they ask the patient for his/her consent beforehand. ...

Physicians should also be careful when exchanging data in medical networks or cooperation: Here too, the patient should explicitly agree before any data is passed on.

- **The right to delete:** Mainly driven by developments on the Internet and in the social media with quick claims of untruth at the push of a button, the right of private individuals to delete their data was strengthened in the EU regulation. This is relevant for physicians in that they have to look when and which data is to be deleted if a patient wishes to do so, especially when linking data with other departments – for example in cooperations or when storing practice data in secure clouds. However, this does not affect data that physicians are required to keep in order to prove the provision of services or for liability reasons. However, this data backup may then only be limited and in certain cases accessible.
- **Portability of data:** Here, practice IT providers will be asked to provide suitable formats, and a telematics infrastructure could also make its contribution in the future. According to paragraph 20 of the EU GDPR, patients have the right to „receive data concerning them in a structured, common and machine-readable format“ and to transmit this data to third parties without media discontinuity. (see *Ärztezeitung* online November 17th, 2017: https://www.aerztezeitung.de/praxis_economy/data_protection/article/947661/changed-eu-law-data_protection-practices-new-clothes.html in German only)

In future, practices will be obliged to report violations of the protection of personal data – e.g. through phishing attacks - to the Federal Data Protection Commissioner within 72 hours of becoming known. This makes the technical precautions for the protection of practice data even more important (see Module 7 of this manual).

It is highly recommended that the detailed information and interpretations provided by professional associations and lawyers be obtained. Even though many experts are still uncertain about how strict the new regulation will ultimately be interpreted in everyday life, experts expect a plethora of proceedings up to the European Court of Justice. However, all data-sensitive areas are likely to be subject to special supervision by data protection authorities in the future and infringements will certainly not be treated as trivialities.

Germany

There are no valid guidelines for online counselling, but there are recommendations and demands from professional associations. Still missing is a common agreement on national level on one of them. According to the occupational regulations for psychotherapists of the Chamber of Federal Psychotherapists (Bundespsychotherapeutenkammer) online therapy is possible under certain conditions. There are quality criteria for patient selection, patient safety, efficacy

evidence, cost-benefit ratio, data security and integration into clinical care. A face-to-face contact at the beginning of the therapy is a prerequisite. At the internet platform of the Chamber of Federal Psychotherapists the guidelines for therapy and online therapy are published as well as the data protection regulations.

The Association of German Professional Psychologists (Berufsverband Deutscher Psychologinnen und Psychologen e. V.) calls for online counselling to be carried out only by trained psychologists. Few institutions, including the Institute for E-Counselling at the Nuremberg University of Technology (Institut für E-Beratung der Technischen Hochschule Nürnberg), offer well-founded, certified further education in online consulting.

Austria

Difference between counselling and therapy in Austria

“Life and social counselling” is the professional advice and support of people in problem solving and decision-making situations. They are intended to help, ease, change, and bring a solution closer to onerous and difficult to cope situations.

Graduated life and social counsellors are entitled to psychological counselling with the exception of psychotherapy.

Life and social counsellors (psychosocial counsellors) may only work with healthy persons. They may provide advice and accompany only clients with no mental illness. These persons get treatment by psychotherapy.

In psychotherapeutic treatment and counselling, treatment measures can be performed as single, pair or group therapy interventions and require specific professional qualifications. They require an appropriate treatment setting (treatment contract, fixed treatment duration, etc.). As a rule, treatment can be subdivided into the patient’s history, diagnosis and indication, promotion of change motivation, development of common goals, treatment planning, therapeutic treatment, completion of the therapeutic process and evaluation of the treatment outcome.

Portugal

According to Opinion 21/CEOPP/2015 of the Portuguese Psychologists’ Association (OPP – Order of Portuguese Psychologists) on distance intervention, psychological intervention always implies the same obligations and responsibilities (ethical principles and deontological and legal norms), regardless of the format of the intervention, as defined in the OPP Code of Ethics.

While acknowledging the potential benefits of this format, it warns of the need to better understand the effects of different modalities of the remote intervention compared to face-to-face intervention (e.g., written, audio or audio-visual support).

This document identifies challenges to professional practice in new intervention formats, particularly client identification and process privacy. Alert to the specificities of cyber space may surpass the means of control available to psychologists, which may jeopardize privacy and confidentiality.

Violations of the protection of personal data

Recommendations!

*Data security
Professional secrecy
(Legal) difference between providing information, counselling and therapy*

*Data security
Professional secrecy
(Legal) difference between providing information, counselling and therapy*

As for recommendations, the opinion suggests, wherever possible, a face-to-face interview. Also, that the psychologist must obtain an informed consent, where the privacy limits in the remote intervention are presented; the need to respect the client's anonymity; and to have a physical address, as well as to facilitate the means of identification, in particular with the OPP.

Slovenia

The General Regulation sets uniform rules for the protection of personal data in the EU, but certain substantive and procedural issues can be specifically regulated by each of the Member States. In Slovenia this regulations will be defined in ZVOP-2. More detail, ZVOP-2 can regulate certain areas of content such as the use of health, biometric and genetic data, some procedural aspects (e.g.: sanctions and legal remedies) and a relation to other areas and rights (e.g.: access to public information, use of personal data for scientific and statistical purposes), but cannot change the provisions of the General Regulation, since the regulation must be directly applicable. The ZVOP-2 proposal is currently in the legislative process. Procedure can be followed [here](#), the text of the draft law can be seen [here](#).

Professional secrecy

The duty of professional secrecy is described in the Patient Rights Act, the Penal Code, in the General Practitioner Services Act and in the Code of Medical Deontology of Slovenia. They are valid for doctors as well as for all other medical staff. Professional secrecy includes protections of all kind of information including information about medical condition, personal, family and social situation and the information relating to the identification, treatment and monitoring of diseases and injuries.

In psychological clinics and dispensaries for mental health in public healthcare system, only clinical psychologists and psychiatrists are allowed to work who have completed the Faculty of Medicine and specialize in psychiatry or clinical psychopathology. In Slovenia, a psychotherapist as a profession is not regulated and officially does not exist. Therefore, psychotherapists can register themselves as self-employed persons and open a private practice.

They are members of European and national societies or umbrella associations of foreign organizations from where therapeutic schools come from. Rules about ethics acts and secrecy are defined in their internal documents titled »Code of Ethics«, which are valid for all members and are confirmed by highest representative bodies, such as umbrella associations, chambers or regional representations. The Code of Ethics is a collection of principles and rules that the members of a particular profession need to follow. In Slovenia exist:

- Code of Ethical Principles for Social Security Services, adopted by the Assembly of the Social Chamber of Slovenia from 2000;
- Code of Ethics of civil servants, including counsellors in kindergartens, elementary, secondary schools;
- Code of Ethics of the Slovenian Association of Marriage and Family Therapists from 2011, which relies on the Code of Ethics of the American Association for Legal and Family Therapy and is aligned with the applicable national legislation.

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- Code of Ethics of the Society of Psychologists of Slovenia
- Code of Ethics of Integrative Psychotherapists in Slovenia

Counselling practice in Slovenia is carried out in educational institutions on primary and secondary level, in regional employment offices and in the centers of social work.

Difference between:

Providing information:

Include general data or description and answer to the questions: who, where, what, how long, how many, how much. They can be available in a written form (websites, brochures, leaflets, blog, letters, e-mail) or in the form of oral communication (telephone call, personal conversation in information office).

Counselling:

In the counselling process psychological problems are dealt within a relationship between a professionally qualified counsellor and a client with specific counselling methods in order to improve the client's psychological state, inner experience, self-image, and behavior and help him/her achieve positive personality development and improve the quality of life.

Therapy: Counselling

- (Psycho)therapeutic education requires more professional training from experts than counselling.
- (Psycho)therapeutic treatment is usually longer and more in-depth than counselling. Some forms of psychotherapy focus on more serious forms of psychological disorders and the discovery of deep and unconscious effects on the individual 's way of functioning.
- Psychological counselling deals with adaptation problems and focuses on current problems in the individual 's life. The goals of psychological counselling are focused on making conscious decisions about change and personal growth.
- Psychotherapy is more often associated with the activity of specialists working within the health system (clinical psychologists, psychiatrists), while counselling is related to areas outside health (counselling services in schools, social work centers, companies, etc.)

Croatia

The Croatian Personal Data Protection Agency is managing a range of activities, such as educational sessions and events that have an aim to raise and strengthen public awareness on the importance of personal data and privacy protection. Thus, there were ten educational campaigns for data controllers and personal data protection officials, as well as 59 educational sessions for primary school pupils realized by the Agency in the period between January and June 2016.

Professional secrecy is regulated by the Act on the Protection of Data Secrecy (Official gazette 108/96; <https://www.zakon.hr/z/748/Zakon-o-zaštiti-tajnosti-podataka>). Professional secret is considered to be all information about personal and family life of an individual which an attorney, a defence attorney, a notary public,

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a doctor of medicine, a dentist, a midwife or another healthcare professional, a psychologist, a guardian, a religious confessor or any other professional is acquainted with while doing his professional job.

Legal difference between providing information, counselling and therapy in Croatia should be regulated by the Psychotherapy Act. Contrary to the seventeen EU countries, which legally regulated psychotherapy, in Croatia, there have been strivings during almost decades to deliver legal framework for regulating training, practice and exercise of the professionals. The resistance is probably a consequence of the necessity to achieve high professional standards stipulated by the European Association for Psychotherapy.

Iceland

Data security

The Icelandic Data Protection Authority (DPA) strives to ensure that information supplied on the website (see below) and references to laws, regulations and information databases are accurate and right.

The Data Protection Authority has published information under „*Ný persónuverndarlöggjöf 2018*“. Monitoring data and ensuring that they take appropriate security measures, in accordance with law, is an important part of the DPA's work on law-enforcement.

Professional security

Professional security is regulated by Act no 41/2007 for Public Health Services and is being grounded in the best knowledge and experience.

The Ministry of Welfare and Ministry of Education, Science and Culture regulate the legal aspects of education, working environment and welfare for guidance and health professionals.

To obtain a license from the Ministry of Health to work as a psychologist in Iceland, a Cand Psych or PhD degree in psychology is necessary. It is a legally protected profession but people with other backgrounds in psychology can sometimes work as consultants. In those cases, they work in hospitals and other institutions alongside social workers and psychologists who have a legally approved work license.

Educational and vocational counsellors complete their studies with a MA degree in counselling and after that apply for permission to work as legalized counsellors to the Ministry of Education, Science and Culture.

Guidance professionals, i.e. counsellors and psychologists work in accordance with a code of ethics. The Code of Ethics is intended to promote the professionalism among guidance professionals counsellors and to work in the interests of the counselee in the first place. Furthermore, they are required to demonstrate respect and concern for every individual. Guidance professionals respect the right of the individual for confidentiality.

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(Legal) difference between providing information, counselling and therapy

A clear legal framework exists for counsellors and psychologists. Psychologists and counsellors work in harmony with privacy act and respect the right of individuals. Within the legal framework they provide correct information to the best of their knowledge.

Online counselling and therapy has yet no legal framework of regulations and code of ethics, but it is in preparation.

Greece

Data security

The Hellenic Data Protection Authority (HDPA) is a constitutionally consolidated independent Authority with the mission of protection of the personal data and the privacy of individuals in Greece, in accordance with the provisions of Law 2472/97, which incorporates into the Greek law European Directive 95/46/EC, and 3471/2006 with respect to the electronic communications sector, which incorporates into the Greek law European Directive 58/2002.

The primary goal of the HDPA is the protection of citizens from the unlawful processing of their personal data and their assistance in case it is established that their rights have been violated in any sector (financial, health, insurance, education, public administration, transport, mass media, etc).

(Legal) difference between providing information, counselling and therapy

Psychological therapies in Greece are exercised exclusively by psychologists, psychiatrists, child psychiatrists (Law 991/1979, Law 3418/2005, presidential decree 38/2010). The so-called “psychotherapists” are illegal. The use of the title “psychotherapist” from the psychologists and psychiatrists is also illegal.

Professional secrecy

The professional secrecy of the psychologist is a socially, morally and legally regulated institution. The Greek psychologist is referred to the Code of Ethics of the Greek Psychologists Association (1997). The Code of Ethics is a matter of moral commitment and professional habits and has no legal force.

The professional secrecy of the psychologist is protected by a set of provisions in various pieces of legislation. A person that receives therapy can turn against the psychologist both in the criminal courts, seeking a conviction for imprisonment or a fine, as well as in the civil courts, claiming damages. The need for protecting (not publishing) the content of the therapist-therapist discussions is entrenched by procedural provisions, so that the psychologist cannot file a trial on what s/he is told by the client, with the exception of specific, explicitly envisaged cases.

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Professional secrecy

(Legal) difference between providing information, counselling and therapy

Links with relevant information on legal aspects

On European level:

http://ec.europa.eu/health/sites/health/files/ehealth/docs/com_2012_736_en.pdf

The eHealth action plan is the main European document, which sets the goals to reach the European eHealth targets.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0689:FIN:EN:PDF>

The Commission Staff Working Paper on the applicability of the existing EU legal framework to telemedicine services clarifies the EU legislation applicable to issues such as reimbursement, liability, licensing of healthcare professionals and data protection encountered when providing telemedicine across borders.

The “Regulation (EU) 2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data” is published here: https://ec.europa.eu/info/law/law-topic/data-protection/data-protection-eu_en

For Germany

Chamber of Federal Psychotherapists www.bptk.de (on the website professional guidelines are published as well as access to the data protection law)

Association of German Professional Psychologists (Berufsverband Deutscher Psychologinnen und Psychologen e. V.): <http://www.bdp-verband.org/bdp-verband/englisch.shtml>

Bühring, Petra in „Deutsches Ärzteblatt für Psychologische Psychotherapeuten und Kinder- und Jugendlichenpsychotherapeuten“ (PP), edition 15/2016, p. 488

For Portugal:

Regarding e-Health, namely e-Therapy, according to the Portuguese Psychologists' Association (OPP) at this moment the working groups in OPP in the e-Health theme are:

<https://www.ordemospsicologos.pt/en/comissoes> (Task force on e-Health). An OPP working group is expected to be set up in the near future.

There are guiding documents of the OPP Ethics Committee on Intervention at Distance, available at:

https://www.ordemospsicologos.pt/ficheiros/documentos/p_21_intervena_aao_aa_disntancia.pdf

<https://www.ordemospsicologos.pt/pt/pesquisa?q=pareceres+comiss%C3%A3o+de+%C3%A9tica>

A video about “online consultations”, with the former President of OPP, Telmo Mourinho Baptista, gives information in Portuguese: <https://www.youtube.com/watch?v=iqtpcfmsC6s>

For Greece

Data protection: <http://www.dpa.gr>, (in Greek and English)

“The present status and future prospects of the profession of psychologists in Europe - EU Directive and the EuroPsy”, see <http://www.psy.gr/first.php?mid=11&subid=20&ssid=0&id=13763>

Vlahopoulos, Stergios / Dimitri A. Christidis : “The legal aspects of psychotherapeutic confidentiality in Greece”, see http://www.psy.gr/gfiles/6373067282011.02.15_EPAGGELMATIKO_APORRITO_Vlachopoulos-Xristidis.pdf, (in Greek)

For Slovenia

- Information commissioner (online): An informed consumer – who is allowed to process my personal data and why? Ljubljana, 2009 (access date: 10th of July 2017): https://www.ip-rs.si/fileadmin/user_upload/Pdf/smernice/Informed_consumers_eng_05.02.2012_.pdf

- The Code of Professional Ethics of the Slovene Psychologist

Link: <http://www.iupsys.net/images/resources/ethics/slovenia-code.slovenian.pdf>

- Code of ethics for civil servants in state bodies and local communities

Link: http://www.mpju.gov.si/fileadmin/mpju.gov.si/pageuploads/Uradniski_svet/Code_of_ethics.pdf

For Iceland

The Icelandic Data Protection Authority (DPA) provides information about data security on the website <https://www.personuvernd.is/information-in-english/>

Further Reading:

Communication from the Commission to the European Parliament, the Council, the European

Economic and Social Committee and the Committee of the Regions: “eHealth Action Plan 2012-2020 - Innovative healthcare for the 21st century”, 2012

http://ec.europa.eu/health/sites/health/files/ehealth/docs/com_2012_736_en.pdf

An overview is given in Polityka Insight: “Transforming eHealth into a political and economic advantage”, 2017

Footnotes:

¹ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: “eHealth Action Plan 2012-2020- Innovative healthcare for the 21st century”, 2012

² http://ec.europa.eu/health/sites/health/files/ehealth/docs/com_2012_736_en.pdf

³ An overview is given in Polityka Insight: “Transforming eHealth into a political and economic advantage”, 2017

5. Ethical Aspects of the E-Tools / E-consulting with Focus on Differences from Classic Settings

Authors: Artemisa R Dores and Regina A Silva (ESS – P.Porto) / and Marina Letica Crepulja, Tanja Franciskovic & Aleksandra Stevanovic (MEDRI)

The literature identifies ethical issues regarding the use of communication technologies for therapeutic purposes, i.e., the intentional exchange of information that occurs among clients and counsellors or therapists to remedy a problem using technology, such as videoconference, e-mail or chat, instant messaging, web message boards, bulletin boards or forums, audio (voice only exchanges); and webcams.

Examples of the identified ethical issues are: confidentiality, licensing for practice, validity of the data delivered via digital networks, client's and counsellor's identification, credentialing, crisis interventions and risky clinical situations, adequacy of counsellor interventions, potential misuse of software applications, identified jurisdiction, a lack of awareness of location-specific factors, privacy concerns, impact on the therapeutic relationship, and issues concerning the development of a therapeutic relationship. Considering this, it seems important to establish guidelines for best practices.

Some of the questions that may arise during this process are:

“For example, if client and treatment provider reside in a different or state, in which jurisdiction must the counsellor or therapist be licensed?; What if the client resides in one country, but checks her e-mail while travelling in another altogether?; If problems or violations in the course of treatment occur, which regulatory body has jurisdiction?; Even if a clinician uses encrypted e-mail, how can s/he be assured that nobody else can access the client's e-mail account?” (Baker & Ray, 2011, p. 343).

The particular characteristics of the cyberspace may exceed the means of control available to Counsellors and therapists at this moment and may jeopardize the privacy and confidentiality of their clients.

We present some recommendations identified in the literature to deal with the limitations and challenges of the cyberspace. Among these, professionals should obtain informed consent, when the limits of privacy and confidentiality in the intervention are at risk (to access the main dimensions of the informed consent in this situation see Loue, 2016).

Introduction/Contextualization

Confidentiality, issues of privacy, identification of client(s) and therapist(s)

Other recommendations are: the first interview face-to-face; the need to respect the client's anonymity; to have a physical address; to facilitate the identification of the professional.

A review of the literature on the application of these and other measures in professional practice can be found in Richards and Viganó (2013).

Various professional counselling and therapy accrediting associations have produced guidelines for online clinical practice that are regularly revised with the growing body of evidence from practice and research. Two important ethical frameworks providing principles for the regulation and standardization of online practice that can be identified are:

1995, the American Psychology Association Ethics Board described the ethics code applicable to therapists using telephone, teleconferencing, and Internet services; the National Board for Certified Counsellors (NBCC) developed standards for online practice;

1997, the International Society for Mental Health Online (ISMHO) produced guiding principles for the ethical practice of online counselling (for a review see Richards & Viganó, 2013; see also <http://www.apa.org/ethics/education/telephone-statement.aspx>).

However, professional associations in many countries still have very little to say about regulating this activity, in order to safeguard compliance with ethical principles. Although there might be a legal void on at-distance intervention, intervention must always comply with the ethical principles and deontological and legal norms enshrined in the code of ethics of the Professional Association of each country or of more general associations (e.g., American Psychological Association – APA, or the National Association of Social Workers).

Even if online intervention with fictional names allows anonymity, it may be more difficult to establish the therapeutic alliance under these conditions. Different reasons may move a professional to seek information on the identity of their clients, such as: 1) client's safety, 2) to avoid dual relationships, or 3) to protect other people who face a real risk of being harmed by the client.

Although there are many practitioners of online counselling and therapy, there are just a few studies assessing the efficacy or effectiveness of interventions or counselling based on communication technologies. The impact of the various types of technology-based communication for therapeutic or counselling has been studied through systematic reviews and meta-analyses.

Some of these studies are:

- Andrews, Cuijpers, Craske, McEvoy, & Titov (2010);
- Barak et al. (2008);
- Chester & Glass (2006);
- Dowling & Rickwood (2013);
- Gainsbury & Blaszczynski (2011);
- Griffiths & Christensen (2006);
- Hanley & Reynolds (2009);
- Heinlen, Welfel, Richmond, & Rak (2003);
- Kaltenthaler et al. (2004);

Quality assurance

- Machado et al. (2016);
- Manzoni, Pagnini, Corti, Molinari, & Castelnuovo (2011);
- Newman et al. (2011);
- Postel, de Haan, & De Jong (2008);
- Richards & Viganó (2013);
- Shaw & Shaw (2006).

Although the results of the different studies are not consistent, the more recent studies reveal that online counselling can be as effective as face-to-face sessions. In another study Richards and Viganó (2013, p. 994) argue that “A growing body of knowledge to date is positive in showing that online counselling can have a similar impact and is capable of replicating the facilitative conditions as face-to-face encounters” but “a need remains for stronger empirical evidence to establish efficacy and effectiveness and to understand better the unique mediating and facilitative variables”.

As therapists and counsellors are licensed by a governing agency or professional association, that agency or association could be contacted by the clients in case of a problem about the quality of service, treatment procedure, billing practice, or another issue that cannot be solved directly between both and need a resolution.

Licensed therapists and counsellors should follow the professional association’s (e.g., local, state, national or international) ethics and bylaws and rules/regulations that regulate their profession. Considering that online therapy and counselling is a new field, state boards, federal institutions, and professional associations still are evaluating their policies, and regulations are still forming. Despite that, professionals need to understand and to observe the latest version of the policies and regulations.

As in the traditional setting, it is always possible to be contacted online by the person who is currently in crisis. Even though there are numerous telephone hotlines especially created for crisis intervention that have proven efficient, it is preferable to be able to make real contact with the person or to refer the person in crisis to available mental health services. Therefore it is essential that the therapist knows the real identity and location of the client. Knowing this not only is the therapist’s ethical duty but also a legal obligation in a crisis, as well to intervene in situations when the client is a threat to her/himself or others. Therefore, it is important that the therapist and client agree on crisis procedures. The client should provide an emergency contact, and the therapist should investigate community resources in the client’s area.

Unlike the traditional f2f therapy, e-therapy has a different medium that enables the communication: the technology. Although today’s technology is rather reliable, malfunctions are possible. The malfunction of technology usually refers to failure in internet connection or failure in the platform supporting the communication, but it can refer to software malfunctions as well. Synchronous forms of online therapy are especially sensitive to malfunction. If the internet connection fails, the therapeutic conversation is abruptly interrupted. Such an experience can be confusing and upsetting for both, the client and the therapist. Has the client ended the conversation on purpose because of something being said? Is s/he in some kind of crisis? Similar questions can be raised by the client, and the therapeutic relationship can subsequently be damaged. The available literature

Licensing

Issues related to crisis interventions

Technology in on-line-therapy.

Malfunctions in technology are possible, the therapist and the client should have an agreed-upon procedure in such cases.

suggests that therapists and clients, that are using technology-based communication set up an agreed-upon procedure in the event of technology failure. The procedure should include who is responsible for reinitiating contact, within which time frame, and what medium should be used as an additional channel of contact (e-mail, messaging, phone call).

In general, therapists using technology-based communication should have an additional set of skills and competencies compared to traditional therapists. A therapist using technology-based communication must be skilled in the technology that supports the communication, skills such as typing skill, speed, and accuracy, and additionally be familiarized with computer and web-based technologies. Security and confidentiality are key issues of online therapy and it is the therapist’s duty to understand and educate the client on software/techniques that provide data security and clinical record confidentiality.

Asynchronous interventions are being criticized for their lack of non-verbal cues. Even though there is scientific evidence that lack of non-verbal communication can have its benefits (such as in cases when nonverbal communication is used to manipulate the therapist), it is recommended that online therapists receive training in the use of emoticons, widely used internet acronyms as well as to learn how to explicitly state their emotions in words.

Technology issues are in a way related to the boundaries of online therapy. Technology, Internet, and social media are easily accessible thus allowing for the misconception that the therapist/counsellor is available at any time. The therapist should communicate with the client on the specific boundaries of their relationship and inform the clients on them, i.e. the frequency of the contact, duration of session(s), availability of the therapist outside of agreed time, limits regarding interaction through social media and cost/payment.

The cost of online therapy should be transparent and in accordance with the regulation of executive/normative bodies, whenever they exist. Since online therapy is a relatively new form of therapy it is seldom covered by insurance policies. In the majority of cases online therapy is privately paid and agreement on payment should be reached in order to protect both the client and the therapist.

Online therapists should have computer skills and competencies

In asynchronous interventions (e-mail, chat, forums) it is useful for the therapist to familiarize her/himself with emoticons and acronyms that are routinely used in online communication. Boundaries

Technology and Internet accessibility create the illusion of unrealistic around the clock availability of the therapist. Therapists should set clear boundaries on time-frame

Cost/payment

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6. Economic and Financial Aspects

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E-Counselling and E-Therapy as new working fields

This chapter discusses the economic and financial aspects of online counselling and online therapy. The following information is of a general nature, as national differences cannot be discussed here but will be considered in the translated versions of these Guidelines.

In this publication E-Counselling and E-Therapy are described as new ways to better serve specific client groups and meet the needs of an increasingly mobile society. For counsellors and doctors, it is even more; it is indeed a way to expand the existing professional field and to unlock new business opportunities. For freelancers, online services offer flexibility of their working hours, broaden their field of work and can be an attractive economic expansion of their business activities.

However, to be able to take advantage of these new opportunities qualification is required in terms of billing for services, designing the external presentation and communicating basic requirements (such as data protection) in contact with clients. It also means dealing with the question of how to handle clients that you may not know or never meet again, but who are liable to pay your invoice.

Health care insurances and online services

In most European countries, online consulting and online therapy are not on the list of healthcare services, which are covered by health insurance. However, healthcare legislation covers exceptions, where a patient can ask for reimbursement of costs for certain treatments that were urgent to protect her/his life, even if they are not on a list.

In private practices all services, including online services, are payable in most cases, except when therapists work as concessionaires and provide certain health services as part of a public health network or for free in a non-profit context. Therapists or counsellors therefore need to inform potential patients and clients, which services are for free and which need to be paid. Clients on the other hand need to inform themselves, which online services can be (partially) reimbursed by health insurance companies, where s/he is insured.

Economic and financial aspects

Expanding the business field

New opportunities have different requirements

Healthcare legislation

Usually, health insurance companies require that clients first schedule an appointment with a doctor before they will approve costs for therapy as therapy has to come with diagnosis.

Recommendations for therapists and counsellors: payment rules

Online services need a lot more communication on those devices that are meant to be used for counselling. Specifically, the payment rules have to be communicated clearly in order to avoid misunderstanding.

Payment policy, where rules are communicated in clear terms, has proven to be very effective. Clients need to understand what is expected of them and when. Payment policy needs to include answers to:

- What types of payment will the counsellor or doctor accept?
- Does s/he offer a sliding scale? Under what circumstances?
- Does s/he offer payment plans? Under what circumstances?
- What is considered late payment? Five days? 30 days?
- Will the counsellor or doctor charge interest on late payments?
- What will the counsellor or doctor do if a client does not pay?
- How does the counsellor or doctor invoice? Via e-mail or print?

Payment policies need to be transparent for the client either on the website or sent by mail before the first session. For clients, who cannot pay all at once, solutions that include weekly payments can be offered. A well-established way to activate pre-pay are discounts. A small discount (of 5% or less) may persuade to early payments. Some therapists and counsellors charge deposit before the appointment. This deposit can be taken as a fee attached with late cancellations or no-shows. Deposits can also discourage clients from skipping sessions.

Therapists/counsellors can decide to offer different payment options: from online transactions, credit or debit cards to payments made by online payment system. These systems offer also payment tracking, free business accounts and international banking. It is advised to learn more about options that are available. All these payment systems have secured procedures that are published on their respective sites.

For counsellors and therapists, who are working with anonymous clients it is beneficial to work with advance payments.

Calculation of payments

As a doctor, therapist or counsellor, you have to be aware, that defining a price for your online services might be different as what you are used to. The guidelines of the health insurance companies and your professional associations may give a useful indication, but the price for each consultation or therapy needs to cover all the costs that come with it.

Payment rules

Payment policy

Invoicing practice

Dealing with anonymous clients

Defining costs

Therefore, your calculation has to include

- the costs for the doctor's/counsellor's services including social security costs,
- the annual costs for overhead (rent, electricity, use of internet, maintenance of devices, tax accountancy etc.)
- a calculated surplus in order to prepare for investments in hardware and software.

Other factors may be the size of market you are acting in and your individual reputation.

Different ways for payment

Doctors, therapists and sometimes counsellors have two options for billing: via the national health insurance or privately, with a prescription or without. The billing on the health insurance systems should not be discussed here, because these are established and proven procedures for doctors and therapists. The following will be about private accounting, as about invoicing practices. This type of billing can be done through specialized firms, but also online payment systems are suited for invoicing online consultation.

There are many different ways of paying online services and in terms of service orientation, it is recommended to offer different options.

Be aware that all types of money transfer beside Bitcoin involve personal information about the client.

Online banking

Meanwhile, this is the usual way of payments and the most convenient one if you know the client and trust him/her to pay the bill. You send your client an invoice and are paid within a pre-defined time span.

Credit card payment

Credit cards represent a fast and reliable payment method. There are different providers of credit card payment systems and you can include this service in your website. Credit card payment is also possible in advance, which may be an advantage if you do not know your client. However, the credit card companies charge their services. This charge is usually a certain percentage of the cost and is covered by the doctor or counsellor.

Online payments system offered by companies

Payments through online systems are one of the most secure methods of payment for the clients, as they are also protected against fraud to a certain amount. They all charge fees. They enable clients to provide payments of online interventions before delivery.

Online payment systems are differently accepted in different countries. These are the most known payment systems:

PayPal: When counsellor or therapist and client have a PayPal account, money transfer can be arranged from the client's PayPal account to the PayPal account

Realistic calculations

Options for billing

Offering clients different options

Data protection

Online banking

Credit cards

Online payment systems

National acceptance of payment systems

PayPal

of the counsellor/therapist. The counsellor/therapist is notified about the money transfer and can – for example – deliver the online intervention (in the case it is advance payment).

Authorize.net: is the Internet's most widely used payment gateway. With a user base of over 300,000 merchants, Authorize.net has been the go-to method for e-commerce sites that need a gateway to accepting payments.

2Checkout is another payment processor that combines merchant accounts and payment gateways, allowing customers to receive credit card payments as well as PayPal payments. The company offers international payments, shopping cart stores as well as a recurring billing feature.

Bitcoin

Bitcoin is a worldwide "cryptocurrency" and digital payment system and is called the first decentralized digital currency, as the system works without a central repository or single administrator. Transactions take place between users directly, without an intermediary. These transactions are verified by network nodes and recorded in a public distributed ledger called a block chain. Bitcoin can be done anonymously that might be an advantage for certain groups of clients.

Payments by Mobile Devices

Square and Intuit's GoPayment services allow merchants to accept credit card payments directly through mobile devices, such as the iPhone, the iPad and Android smartphones and to act as a mobile point of sale (POS). There are five primary models for mobile payments:

- mobile wallets,
- card-based payments,
- carrier billing (Premium SMS or direct carrier billing),
- contactless payments NFC (Near Field Communication),
- direct transfers between payer and payee bank accounts in near real-time (bank-led model, intra/inter-bank transfers/payments that are both bank and mobile operator agnostic).

There can be combinations:

- direct carrier/bank co-operation
- both bank account and card, like Vipps and MobilePay (users with an account at the right bank can debit their account, while other users can debit their card)

Smart payment cards

They can be bought in the value of 10, 20, 50 and 100 Euros. Clients can reactivate it with a 16-digit PIN code and use it to pay online services.

You will have noticed that you are not familiar with some of these payment options, as not all might be widespread in your country. Therefore, discuss the payment issue with colleagues or your professional representation that should be able to recommend the most suitable payment systems for the purpose of online services.

Authorize.net

2Checkout

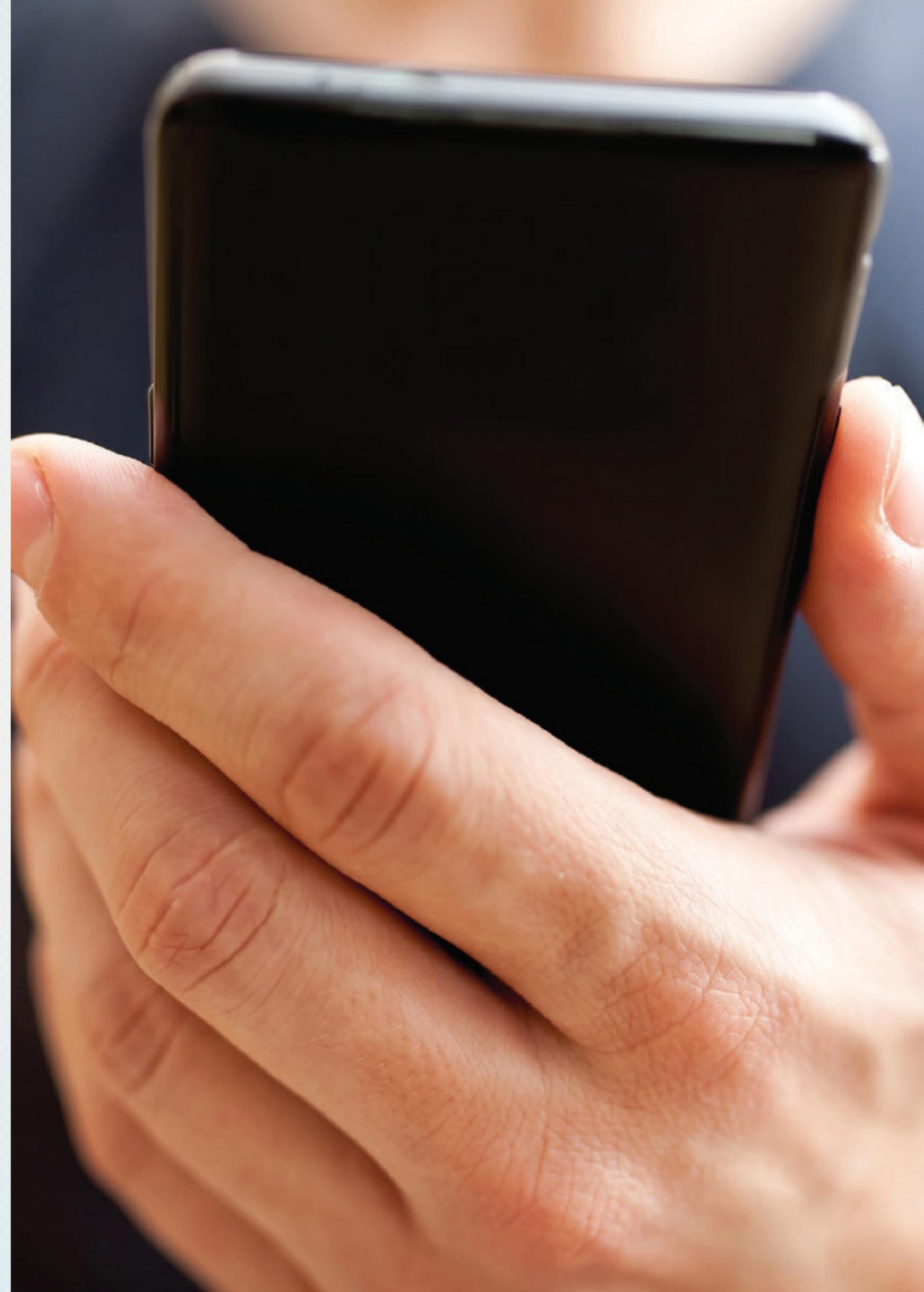
Bitcoin

Mobile Devices

Smart payment cards

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7. Technical Competences for an Online Advisor, Counsellor or Therapist

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Technical competence requirements

The requirements regarding technical competence may be classified in the following categories:

- i) Website content requirements: what should be included in a professional website.
- ii) General technical requirements regarding the hardware and software equipment.
- iii) General online safety practices and precautions, that is how an Internet user can protect him/herself from online criminals.
- iv) Specific Requirements for advisors, counsellors and therapists (professionals) for protecting personal and health information data regarding their clients.

Website/portal

Advisors, counsellors and therapists are using websites to present the services they provide as a basic tool for reaching their potential clients; therefore, websites are of great importance. Professional web designers should assist in designing the website and proposing the hosting options. In addition to information on the provided services, a website should include a presentation of the professional (advisor, counsellor, therapist), the location, their availability, contact information, the language the professional uses, the technological tools for communication, the cost of treatment and ways of payment, as well as other information that may be of interest to the client. Special attention should be paid on the legal text, such as Imprint, Disclaimer and General Terms and Conditions, that should be included in the website/portal.

The website should be aesthetically attractive, look professional and provide Web 2.0 features, such as the following:

- ✓ Online calendars for viewing the availability
- ✓ Online forms requesting appointments,
- ✓ Online tools for remote communication
- ✓ Online payment methods

Technical competence requirements

Website/portal

- ✓ Blogging functionality for publishing introductory articles on topics of their expertise.
- ✓ Online maps

The website should be safe for its users, provide data security and fulfil the privacy standards.

Software and hardware requirements

For audio and video communication the proper software must be downloaded and installed either on the computer or mobile device. Mobile devices, such as tablets, smartphones, laptops are equipped with a video camera, microphone and loud-speakers. However, in case of a desktop computer, a web camera and a headset with a microphone are required. It is important not to use speakers or other type of microphone since they usually come up with audio problems such as echo and feedback.

What are online safety, information privacy, data security and privacy standards

Online safety, or Internet Safety, is the knowledge of the [self-protection practices and precautions](#), that should be applied for ensuring that i) personal and sensitive data (e.g., health information) remain private (information privacy), and, ii) the computer itself and the data stored on it remain safe (data security).

Information privacy, or data privacy (or data protection), is the relationship among the collection and dissemination of data, technology, the public expectation of privacy, and the legal and political issues on them. Privacy concerns exist wherever personally identifiable information or other sensitive information is collected, stored, used, and finally destroyed or deleted – in digital form or otherwise. Improper or non-existent disclosure control can be the root cause for privacy issues.

Data security means protecting data, such as those in a database, from destructive forces and from the unwanted actions of unauthorized users.

Privacy standards are regulations that protect citizens' data privacy. Typical standards are the EU General Data Protection Regulation (GDPR) that replaces the Data Protection Directive 95/46/EC, and the US Health Insurance Portability and Accountability Act (HIPAA) privacy rule.

General guidelines for Internet users

Protecting computer and data

Precautions need to be taken for [protecting a computer or mobile device and data from being accessed](#) by online criminals. Specifically, use the latest versions of an operating system, install state of the art antivirus and firewall software and check for updates regularly. Avoid downloading free software from sites that are not known or trusted. Download software only from well-known and trusted companies. Many free programs (applications) are delivering adware and spyware to a computers or mobile devices. It is necessary to perform a backup (create a copy)

Software and hardware requirements

What is online safety, information privacy, data security and privacy standards

General guidelines for Internet users

Protecting computer and data

of the data to one or more external storage devices. Use password protected backups if the device supports it.

Protecting Personal Information

Online safety means **protecting professional's and the client's personal information** (information privacy) while online, that is, while interacting with websites, exchanging e-mails, video/voice and text chats, etc. Details such as address, full name, telephone number, birth date and/or social security number can be potentially used by online criminals. In case the professional or the client need to provide personal information, ensure that the website is trusted (by reputable companies or governmental agencies) and secured (see below). Always read the site's privacy policy. In case of on-line payment, only provide information necessary for the purchase, such as a shipping address and credit card number. Never give out passwords, pin numbers or bank account details.

While sharing information is a key issue in social networking, setting boundaries, such as limiting who can view account's profile and photographs, has become a common safety practice. This method aims to protect the social network users not just from identity thieves, but also from stalkers and sex offenders, who have, in rare cases, used sites to target victims.

Be careful with e-mails

Online safety also applies to e-mail use. Phishing is common type of online scam where criminals send official-looking e-mails attempting to make the user reveal details that may be used for identity theft. E-mails can also contain viruses.

Hints

- **About devices:** Use a device dedicated for communicating with the clients, solely, that differs from the one used as an Internet user.
- **About passwords:** Create strong (not simple) passwords for the used devices, apps and services. Do not share the passwords to anyone. Change the passwords regularly.
- **About antivirus and firewall:** Install antivirus and firewall software on the devices. Update the definition files often. Upgrade the software as soon as a new version is available.
- **About e-mails:** Avoid opening attachments unless they have been checked by an anti-virus program, remember to log off, especially when using a shared public computer, delete all e-mails from unknown persons and never reply to spam.
- **About apps and services:** Update apps regularly, be sure to use the latest version. Ask the remote parties (clients or collaborators) to upgrade apps to the latest version. Check the privacy/security options of the apps and services used.
- **About websites:** Do not provide personal and sensitive information on sites starting with "http://". Instead, make sure that is "https://". Read the sites' privacy policy.

General guidelines for Internet users:

Protecting Personal Information

General guidelines for Internet users:

Be careful with e-mails

Hints

Specific guidelines for advisors/counsellors/therapists

Before providing specific guidelines for advisors, counsellors and therapists, the privacy standards of General Data Protection Regulation (GDPR) and Health Insurance Portability and Accountability Act (HIPAA) that apply for the European Union (EU) and the United States (US) are presented respectively.

EU privacy standard: GDPR

The EU General Data Protection Regulation (GDPR) replaces the Data Protection Directive 95/46/EC and was designed to harmonize data privacy laws across Europe, to protect and empower all EU citizens' data privacy and to reshape the way organizations across the region approach data privacy. GDPR was approved by the EU Parliament on 14 April 2016. The enforcement date is 25 May 2018 – at which time those organizations in non-compliance will face heavy fines.

According to Article 4 (1) the term "personal data" means "any information relating to an identified or identifiable natural person; an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person."

According to Article 4 (15) "Data concerning health" are defined as "personal data related to the physical or mental health of a natural person, including the provision of health care services, which reveal information about his or her health status."

Advisors, counsellors and therapists should ensure to collect and store confidential data, client contact (personal) and health data in accordance with GDPR. Some requirements are presented below:

- Consent is required for collecting personal data. The withdraw consent capability must be given to the individuals. If data has not been gathered with a GDPR compliant process, the individual has to be contacted again so as to provide the appropriate consent.
- Personal and health data should be kept secure. This obligation is expressed in general terms but does indicate some enhanced measures, such as encryption.

Source: GDPR official website <http://www.eugdpr.org/>

US privacy rule: HIPAA

The HIPAA Privacy Rule establishes national standards for the United States to protect **individuals' medical records** and other **personal health information** (PHI) and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections. HIPAA compliance is required only when there is interaction with U.S. based health services and client.

Source: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

Specific guidelines for counsellors/therapists

The EU General Data Protection Regulation (GDPR)

US privacy rule: HIPAA

Guidelines for privacy standards

Staying compliant with privacy standards (GDPR, HIPAA) is very important when using third-party platforms to communicate with clients. To comply with standards, it is important to only use platforms that abide by their rules.

Hint: Use services that are GDPR compliant for EU practitioners or HIPAA for U.S. practitioners and that provide Business Associate Agreement with the user regarding the whole set of tools being used (e-mail, video / voice calls, text based chatting).

Specific Guidelines for e-mail

E-mail is an important tool for advisors, counsellors and therapists but it is secured only if both sides (therapist/counsellor and client) use the same encrypted e-mail service. It would be impractical to require all clients to use the particular e-mail provider used by the advisor/counsellor/therapist.

Hint: Use e-mail only for initial communication. In the reply of an e-mail do not include the original communication sent by the client or any health information or reference to it.

Is Gmail secured?

If the advisor/counsellor/therapist is using an encrypted e-mail service for sending a message to a client who uses the free version of Gmail or other provider (which is the vast majority, then, by the time this message arrives on Google's servers, it is scanned and harvested in order to provide contextual and target advertisements – not just within the Gmail application, but among the entire Google advertisement network (Google has announced in June 2017 that the e-mail scanning will stop from 2018). For example, if a professional sends an e-mail to a client reminding him/her to take lamotrigine or send an e-mail mentioning hospitalization options, then “suddenly” as the client is surfing the web, targeted advertising will appear about hospitals, depression, bipolar disorder and treatment facilities. Imagine the precautions in case their spouse or friends use this same computer.

This all happens regardless of how “secure” the particular e-mail account appears to be.

Guidelines for Video calls and Skype

Video therapy is one of the most important technological innovations in therapy. The benefits are well researched and documented, however the privacy and security implications are muddled.

Video therapy is generally very secure. Nearly all platforms use encrypted connections and the video stream itself is encrypted during transmission via the Internet. However, there are still some significant concerns, not with the video itself, but with the platform.

Skype has been an advisor/counsellor/therapist favourite for several years. Cheap, nearly ubiquitous and generally reliable. However, Skype is not HIPAA or GDPR compliant.

Guidelines for privacy standards

Specific Guidelines for e-mail

Specific Guidelines for e-mail

Is Gmail secured?

Guidelines for Video calls and Skype

The first indicator is that Microsoft (the owner of Skype) although provides BAA for its cloud services, does not include Skype within its BAA. Since there is no way to obtain a Microsoft BAA (Business Associate Agreement) for Skype, it is not compliant to the privacy standards.

Another problem with Skype is that, despite claimed encryption, chat transcripts are stored on Skype servers. By looking at the Skype conversations, the user can see months of chat history – all stored on a platform that isn't GDPR or HIPAA compliant. There are records of the participants in a conversation and its duration – all egregious violations of patient privacy since that information is not guaranteed secure, nor a BAA is protecting the user from legal exposure in the event of a Skype data breach.

Source

- Brian Dear. A Therapist and Coach Guide to Encryption.

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- Accelerate GDPR compliance with the Microsoft Cloud <https://www.microsoft.com/en-us/trustcentre/Privacy/GDPR>

Hint: Search and find video therapy platforms compliant to privacy standards with the provider willing to provide a BAA and the platform being easy to use and ensuring the widest accessibility for the clients.

For more information, conduct an Internet search with the following keywords: “Online safety”, “GDPR compliance”, HIPAA compliance”, along with “Messaging Applications”, “Video chat”, “Voice chat”, and the name of apps or service planned to be used, e.g., “SKYPE encryption” or “SKYPE GDPR compliance”, “SKYPE HIPAA compliance”.

Hint

Find more information

8. Psychological Aspects and Skills in Online Interventions

Author: Evelyn Schlenk
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For online-counselling, no independent counselling approach has yet been developed¹, so in practice various approaches of face-to-face counselling have been transferred to online counselling. Nonetheless, a resource and solution orientation is a guiding factor for a large number of counsellors (see Mode-Scheibel, 2014). In online counselling, they support the development of new possibilities of action, activate the clients' resources, encourage them to take individual steps in the process of change, promote self-actualisation, contribute to an increase in self-efficacy and praise the growth of autonomy.

In online therapy, the methodological approach is much more formalised than in online counselling (see Knaevelsrud, Wagner & Böttche 2016). This is mainly due to the fact that up to now the well-structured cognitive behavioural therapies have been transferred to an internet-based format. Effectiveness tests of on-line psychotherapy on this basis have already been provided for diseases such as depression, eating disorders, anxiety disorders, posttraumatic stress disorders and complicated grief. The treatment effects are comparable to classical face-to-face psychotherapies.

Whether online counselling or psychotherapy: professionally trained online counsellors and therapists are needed in order to carry out effectively their computer-mediated services. There is still a lack of uniform valid quality standards², both in Internet-based psychological counselling as well as in psychotherapy. Fortunately, more and more organisations such as universities, professional associations, psychotherapeutic chambers, ecclesiastical and social institutions, health insurance funds, etc. are participating in the discussion about the formulation of general minimum requirements for qualification. The following elements have crystallized as relevant so far (based on Reindl, 2015):

The advisors, counsellors and therapist who are interested in the application of online methods of intervention should

- have an initial qualification as advisor, counsellor or psychotherapist,
- acquire an additional qualification in online counselling or therapy (where it is appropriate or available);
- have a field qualification with respect to the target group;
- know the legal framework for online counselling and/or therapy in their country.

Resource and solution orientation in online counselling

Therapy manuals in online therapy

Discussion about minimum requirements for the qualification of online advisors, counsellors and therapists

A formal additional qualification in online counselling or therapy can, of course, only be acquired if appropriate further training courses are available. For those interested in online counselling and therapy without these further training opportunities, these **Therapy 2.0** Guidelines, in conjunction with the **Therapy 2.0** Training Materials and the **Therapy 2.0** Toolbox, some pioneering suggestions from theory and practice for self-study.

In the German-speaking world, scientific knowledge and practical recommendations for action are mainly available for dealing with text-based online enquiries. A closer look at the Internet-based interventions implemented in practice shows that online communication takes place mainly in writing, despite the diverse communication possibilities of the new media. According to Eichenberg & Kühne (2014) the spectrum ranges “from the simple preparation of information for the website to the interactive forms of online counselling and therapy such as e-mail, chat, forums or even SMS” [own translation]. As a result, online counsellors and therapists must have advanced reading and writing competences in order to successfully carry out a counselling or therapy process. What does that mean?

As already explained in Chapter 3, a classic face-to-face counselling or therapy is rich in verbal and non-verbal information from and about the client. Consultants and therapists evaluate the information perceived through different sensory channels based on their experiences with similar situations, combine the individual aspects into an overall picture and bring their impressions as feedback in the counselling or therapy process.

In communication settings such as telephone counselling, the perception of non-verbal aspects is already more limited than in the face-to-face setting: visual additional information is missing, but acoustic signals such as language, dialect, stuttering, breathing, crying, background noise, gender, approximate age etc. can be perceived, interpreted and immediately thematised in the situation.

However, in the case of electronically generated written text, any sources of additional information are missing. Here, alone the written words stand as a link between the advice seeking person and the counsellor/therapist. Even the formatting of the text – unlike the handwritten letter – is no longer an aid to interpretation because the settings used by the writer, such as font, font size, font colour, background, frame, line breaks, lists, tables, emoticons and images may be displayed completely different at the device of the reader.

This loss of additional interpretative aids for the deciphering of a written client concern requires a counsellor or therapist to have a more open attitude towards possible interpretations: s/he should not draw any premature conclusions from the information presented to him or her, which seems to be there so “in black and white”, so clear. More than in a face-to-face contact, it is important to keep in mind that the words chosen by an advice seeking person are merely an approximate translation of the inner world and by no means represent the complex, multifaceted reality itself. To which extent a client can express her-/himself accurately, is not only a question of the richness of her/his vocabulary, but also depends on the dominant emotions and thoughts in the situation of writing and on how far s/he has already understood her/his own issue. The latter is, as expected, rather less the case: an advice seeking person is turning to a counsellor or therapist precisely because s/he hopes for an increasing clarity and decreasing confusion with regards to her/his complicated life situation, the psychological background and her/his possibilities of action.

Online enquiries are mostly text-based and require advanced reading and writing competences

Loss of interpreting aids in computer-mediated written communication

Written words as approximate translations of facetious internal states

However, even if a client had worked out the translation of his situation and inner states into written words relatively aptly with regards to his own horizon³, the text naturally comes to a different horizon with the consultant or therapist: For this reason, s/he develops own inner images and feelings during the reading and understanding process. While these internal images differ even in concrete terms such as “tree” or “house” between individuals, the individual conceptions go a lot further apart in abstract terms such as “suffering”, “happiness” or “anxiety”. An online counsellor or therapist should always be aware of the fact that her/his own ideas, which s/he develops during reading, are not a 1: 1 reproduction of what the writer actually meant. Nonetheless, the increasing congruence between the ideas of the writer and the reader is the basis for an insight into the underlying concern of the client and its associated needs.

How can advisors, counsellors and therapists deal professionally with the ambiguities described so far?

On a theoretical level, hermeneutics, that is, the theory of interpretation and the understanding of texts, offers helpful models. The concept of the hermeneutic circle (Gadamer, 1959, 2010) or the hermeneutic spiral (Bolten, 1985) describes how a text first meets a so-called historical pre-conception of the reader. This pre-conception emerges into a first understanding of the text when dealing with the written words (see Figure 1). Even during the first reading, but also in the further course by repeated reading, this text understanding translates into a new pre-conception P1 through corrections and extensions, which then leads to an extended text understanding U1 etc. The act of truly understanding the underlying client’s concern runs in a spiral movement:

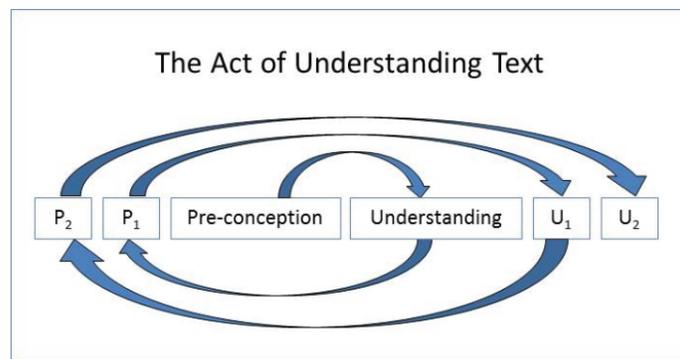


Figure 1: Hermeneutic text comprehension. Own representation: Evelyn Schlenk

In the context of interactive text-based online counselling or therapy, this hermeneutical understanding process takes place, of course, not only with the person of the online advisor, counsellor or therapist, but also with the client, who deciphers the text response received in the same way. By exploring the respective text of the communication partner and integrating new insights, the individual horizons are expanded and approach each other (see Figure 2). The area in which they overlap symbolises the zone of common understanding. Gadamer (1959, 2010) speaks of the fusion of horizons.

Different horizons of the writer and the reader

Hermeneutic text comprehension from the extension of horizons to the fusion of horizons

Fusion of Horizons: Zone of Common Understanding

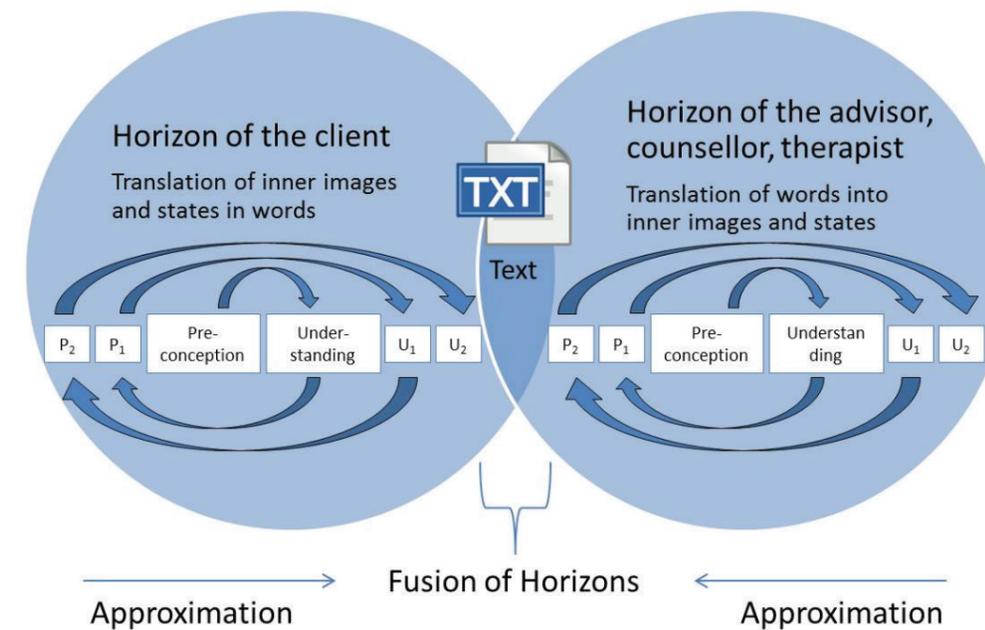


Figure 2: Hermeneutic text understanding and fusion of horizons in text-based online counselling or therapy. Own presentation: Evelyn Schlenk

Knatz & Dodier (2003, 2013) provide with their so-called four-film concept a concrete possibility for the theoretical application of the hermeneutic fusion of horizons into the practice of online counselling. According to this method, the text of the client is read four times with a different query. The changed focus is then almost like a filtering “film” over the text, leaving certain information points in the foreground and others in the background. The themes and contents of the individual slides are illustrated in Figure 3:

The hermeneutical process of understanding in practice: The four-film concept as an example for the decryption of texts

1st Film: The Own Sounding Board

- What is my first, spontaneous feeling that I feel while reading?
- What are my first inner pictures and fantasies?
- Do I think the problem is solvable? By me? By exchanging texts?
- Can I imagine the establishment of a working relationship with the client?
- What would I spontaneously wish the client?

2nd Film: The theme and the psychosocial background

- What is the subject of the text? (Underlining the keywords)
- What is the social context of the client?
- Have I received enough facts (age, sex, family status, ...)?
- What are the strengths and weaknesses of the client?

3rd Film: Diagnosis

- Is the client's topic clear?
- Is his goal clear?
- What questions and wishes did the client address me?
- What are my open questions to the client?
- What hypotheses do I have?

4th Film: Intervention

- Which form of salutation is appropriate? How do I introduce myself and my organisation?
- What general questions can I answer already? (E.g., confidentiality, anonymity,...)
- What kind of feedback can I give on the basis of my acquired factual and emotional understanding?
- What information is missing? What have I not yet understood?
- What aspects do I want to express my positive appreciation of?
- In what questions do I dress my hypotheses and proposals for solutions?
- What can I offer in this form of counselling? What are the limits of the offer?
- Do I invite the client to continue our communication or do I refer to more suitable contact persons or intervention formats?

Figure 3: The Four-Film concept based on Knatz & Dodier (2003, 2013). Own Representation: Evelyn Schlenk

The online counsellor or psychotherapist notes her/his answers after each reading, then looks at them in an overall view and develops her/his answering text for the client. The approach according to the four-film concept has been established for years in the practice of text-based online counselling. However, it has not only proved itself there, but also entered into the relevant professional literature. It also forms an integral part of the online counsellor's training courses according to the guidelines of the German Association for Online Counselling (DGOB).

At this point – after the bridging between hermeneutic theory and practice – the deliberations and discussions on the special requirements for online advisors, counsellors and therapists are to be brought to a preliminary conclusion. It should be pointed out that the previous explanations have mainly had one thing in mind: to develop awareness that computer-mediated communication leads to a loss of familiar, helpful and loved interpretative aids for the understanding of the client's concern. Nevertheless, an open, questioning and attentive attitude in conjunction with suitable interpretation methods, can lead to a common understanding as a basis for effective interventions, even in the case of a written, asynchronous communication form. For an extended and deepened consideration of the topic (e.g. also with regard to communication formats such as chat, forum, video etc.) please refer to the literature sources mentioned.

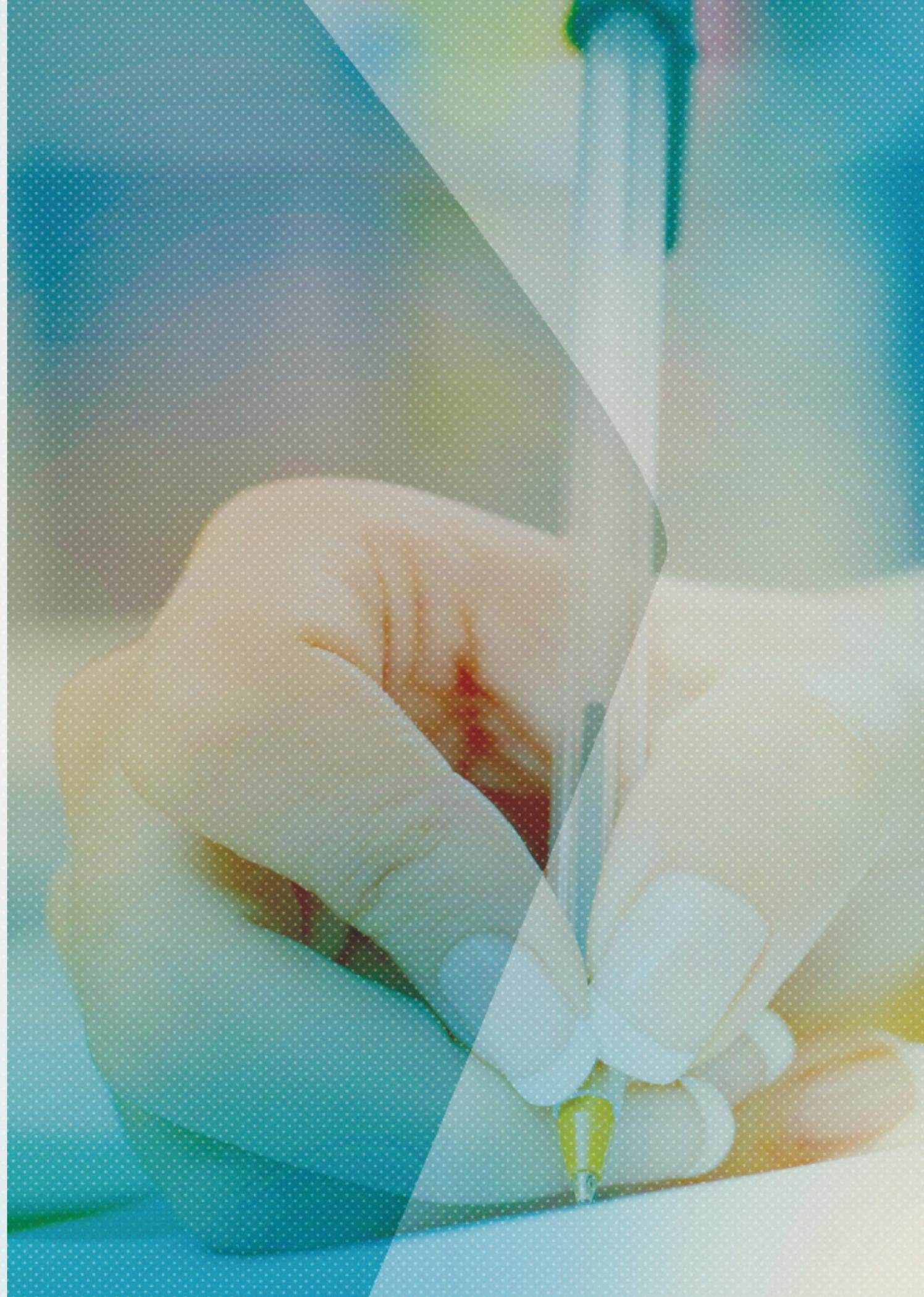
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Summary and outlook

Footnotes

- ¹ This statement refers to German-speaking countries after literature review in 2017.
- ² See footnote #1.
- ³ Horizon: A conceptual concept of hermeneutics that stands for the world of one's own mind.



9. ICT based Counselling for Asylum Seekers, Refugees and Unaccompanied Minors

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Flight experiences, the trauma of refugee life, and the resulting mental instability, pave the way to grave disturbances, and require consultative and therapeutic measures for many asylum seekers and refugees. Surveys, studies and scientific research in recent years have contributed to the understanding and identification of counselling and therapy offers. According to a study by the Technical University of Braunschweig (Germany), one in four refugees is suffering from posttraumatic stress disorder¹. In another quarter, there is a suspicion of moderate depression, and almost one in ten may suffer from severe depression. These health impairments hamper integration and reduce the uptake of educational and career opportunities. Radicalization and turning to terrorism can also be motivated by such impairments.

Now it would be just as wrong as stigmatizing to equate asylum seekers and refugees with mental health problems as a latent terrorist threat, and not every traumatized refugee needs a therapy. According to experts, often few consultations could help. But psychosocial counselling or therapies rarely occur, as health care is focused on other measures at the reception centres.

Example Germany: Only about 5% of refugees who suffer from a mental disorder as a result of having had a trauma receive treatment or counselling². The biggest problem is having adequately qualified interpreters, so approved therapies or advice fail on language barriers.

In the area of online counselling and online therapy for asylum seekers and refugees, however, data and experience are lacking in order to be able to use these instruments strategically and successfully. It is also questionable whether existing experiences with online offers are actually transferable to asylum seekers and refugees.

Certain is, that for these people, who are in a difficult life situation, visiting a practice is a major hurdle. They find this environment intimidating. For them, an online consultation may be a motivation to seek help.

However, it can be assumed that online offers in combination with supplementation of conventional language consulting promise success. Language barriers can be overcome by using online tools, because real-time translation programs have already reached a standard that should allow their use, at least in counselling.

Posttraumatic stress disorder as an obstacle to integration

Hardly psychosocial counselling or therapies

Language barriers - the biggest problem

Online offers as an opportunity

The vast majority of those affected, especially young people, have access to online-enabled smartphones and are well-versed in their use. The technical requirements can therefore be considered as given. Other factors prove to be inhibitory: For the target group, ensuring continuity in counselling and therapy or dealing with insecurity of stay are decisive factors for the success or failure of the treatment.

On the part of the involved therapists and consultants, first and foremost there is a need of sufficient qualification for online counselling and the associated prerequisites and special features. The results of the **Therapy 2.0** survey³ of 252 professionals in seven European countries suggest that not all countries can be expected to have the appropriate qualifications in their workforce of counsellors and therapists. However, since interest and readiness for qualification can be read from the survey results, it is likely that the professional requirements for professional online offers will be created in the coming years.

For unaccompanied minors, online offers can be an opportunity to reach them and socially stabilize them. For these teenagers, smartphones are usually the only way to stay in touch with families and friends in their countries of origin. Smartphones are their primary communication channels that also open a communication channel for counselling and therapy offers.

Therefore, it will be about online services to reach these people, on the one hand to inform about counselling and therapy services, and on the other hand to implement such offers or in the case of unaccompanied minors to accompany the process. **Therapy 2.0** aims to contribute to the aligning of future online counselling and therapy offerings with the needs of asylum seekers, refugees and unaccompanied minors as well as the skill needs of counsellors and therapists.

Literature

- ¹ Kröger, Christoph e.a.: "Posttraumatische und depressive Symptomatik bei Asylsuchenden Screening in einer Landesaufnahmestelle – Posttraumatic Stress and Depressive Symptoms amongst Asylum Seekers Screening in a State Refugee Reception Centre, Stuttgart 2016
- ² Report of the nationwide working group "Psychosocial Centres for Refugees and Torture Victims" (Arbeitsgemeinschaft Psychosozialer Zentren für Flüchtlinge und Folteropfer), in: Deutsches Ärzteblatt 3/2017, S. 101; http://www.baff-zentren.org/wp-content/uploads/2017/02/Versorgungsbericht_3-Auflage_BAfF.pdf
- ³ Please see <https://www.ecounselling4youth.eu/needs/>

Smartphones as consulting tools

Online counselling needs qualified counsellors and therapists

Reach unaccompanied minors through online offers

10. Therapy 2.0 and Involved Partners

The information in these guidelines was collected by the **Therapy 2.0** partnership, edited and finalized by ILI – Institut für Lern-Innovation:

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THE**R**APY 2.0

COUNSELLING AND THERAPEUTIC INTERACTIONS WITH DIGITAL NATIVES

Guidelines

for Advisors, Counsellors and Therapists on the
Utilization of Online Interventions

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