# Skills *in*
## GESTALT
## Counselling & Psychotherapy

**Skills in** Counselling & Psychotherapy

Series Editor
Francesca Inskipp

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*Skills in Counselling & Psychotherapy* is a series of practical guides for trainees and practitioners. Each book takes one of the main approaches to therapeutic work or key client groups, and describes the relevant core skills and techniques.

Topics covered include:

◆   How to establish and develop the therapeutic relationship
◆   How to help the client change
◆   How to assess the suitability of an approach or technique for the client.

This is the first series of books to look at skills specific to the different theoretical approaches and is now developed to include skills specific to particular client groups. It is an ideal series for use on a range of courses which prepare the trainees to work directly with the clients.

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### Fourth Edition

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# WORKING VIRTUALLY

The trend continues for more flexible counselling methods using phone and online platforms such as Skype or VSee as well as email and even text. These enable practitioners to meet with a wider audience and to reach people who might not otherwise have access to therapy either because of a disability that might prevent the client from leaving home or because the client lives in a distant location.

There are an increasing number of books and online resources that explore online therapy and we list some of those in the Recommended Reading section at the end of the chapter. In this chapter, we will discuss just a few of the aspects of working virtually that are particularly relevant for the Gestalt practitioner. We do not discuss therapy through the written word (email, chat-rooms etc.) because we do not at all see how that could be compatible with a Gestalt approach.

## ETHICS

First, a word about ethics and professional practice.

McCouat (2015) warns 'An IBM report cited more than half a billion records of personally identifiable information (PII) were leaked in 2013 with data being the key target' (IBM, 2014).

When we work virtually, robust security is critical, remembering that data confidentiality and security laws are regularly updated. It is also necessary to stay up to date with the security limitations of using online platforms as liability for data breaches usually lies with the user rather than the platform provider. All the data passed through Skype's system is in theory owned by Skype (or its owners). Potential clients need to be made aware of this and reminded that any information placed online (including email) may be vulnerable. VSee complies with relevant standards for confidentiality, while some platforms, e.g. PlusGuidance.com, have been especially designed for counselling.

It is important to also check professional indemnity insurance to ensure there is adequate coverage when working online, especially when the client lives in a different country; note, for example, that the UK, mainland Europe and the USA have different laws and liabilities relating to online work.

If you are a practitioner who stores personal client data on computers, laptops, mobile phones and tablets, you are required to register with the Information Commissioner's Office (ICO) as a Data Controller – https://ico.org.uk/for-organisations (Bond and

Mitchels, 2015: 58–9). This is especially important if you use social media to communicate with or about clients. There is also a minimum expectation that electronic data be secured with a password and that they can only be accessed by trained staff contracted to maintain client confidentiality (Bond and Mitchels, 2015: 66). See also *Good Practice in Action 065* at https://www.bacp.co.uk/media/2138/bacp-confidentiality-record-keeping-clinical-reflections-for-practice-gpia065.pdf.

There is also, in our opinion, an ethical question about suitability for virtual work. Clients with acute mental illness, profound trauma or high risk may be less suitable for virtual counselling, as they may need the physical presence of the therapist to maintain safety or containment. In addition, if clients live in a different location then it will be very difficult to identify or suggest other resources or to make referrals to another professional if there is a crisis or urgent need for action. For some clients it will be necessary to outline at the beginning how we may or may not be able to respond to a crisis or emergency. Ideally, though, we ask the client to come for a face to face meeting initially in order to identify possible risk issues and have a sense of the emerging working alliance.

## VIRTUAL PLATFORMS

The question most often debated about virtual therapy is whether phone and online methods can support the relational nature of counselling and allow an empathic connection. We are thinking about that crucial 'right brain–right brain connection' that Schore (2012) describes as essential to the therapeutic relationship and indeed the success of therapy. Can it happen over a virtual medium? Can our bodies reverberate with each other's states of mind? It is tempting to say that it is not possible, that a physical presence is necessary to allow the limbic resonance and reverberation of non-conscious emotional communication. And yet, can you watch this video (https://vimeo.com/193125533) without feeling moved and uplifted? And come to that, do you sometimes shed a tear at watching a moving drama or film? It seems that emotion can certainly be conveyed and received virtually.

We suggest you experiment and find your own position on this.

For the moment therefore, we are going to put aside that question and focus on other virtual issues.

### Working via email

We are not in favour of working this way, as it does not suit the immediacy and 'here-and-now' embodied emphasis of Gestalt. Furthermore, the written word tends to lose all the nuance, tonality and emotion of the spoken word, and avoiding misunderstandings can be difficult. Then there can be a considerable delay before you hear the response to an intervention that may have landed badly; repairing relational ruptures is so much harder. The issue of protection is also fraught with difficulty as it is common enough that emails are sent to the wrong address or don't arrive as expected (or can, of course be intercepted, hacked, or read by a family member) … and so on.

## Working via a computer screen

Before you start work ensure that you and your client have a contract to use technology, and have considered all the implications that we outlined earlier. Then, it is vital to attend to the fine details of a virtual therapeutic contract, details that might not be necessary when the client is physically coming to your practice consulting room. Consider together the following:

◆ How will you ensure the protection and confidentiality of the space in which they and you are sitting?

◆ Can you both be sure you won't be disturbed, interrupted or overheard?

◆ Have you agreed whether the conversation can be recorded or not?

◆ What contingency will you make for if the signal 'drops out'? Can you continue by phone, and if so, who phones whom?

◆ How will your client contact you in the event of site and internet outages?

◆ How will payment be made (e.g. Paypal or bank transfer)?

◆ Have you agreed for time at the end of the session to close and check stability?

Francis (2017) refers to the fact that normally the client leaves home to attend therapy sessions. There is therefore the boundary of the consulting room to manage levels of disturbance or distress. He points to the potential risk if the client is working at depth with disturbing material, of his being left alone after the session in his own home, unable to leave the session behind. This can be discussed with the client and, for example, an agreement made to spend the last few minutes (as well as the first few – see below) grounding and putting in place anything the client needs for stabilization.

While it is possible to work virtually with awareness and in the present moment, it does of course limit the range of experiments using space and movement. It is hard to work with body language and gesture. Reeves (2017) suggests including in the contract that both people have access to a full-sized computer screen and sit at similar distances from it, so that the face and upper body is visible. That allows for a fuller apperception of bodily responses.

## USING AUDIO ONLY

Caulat's (2012) research on working virtually, including with teams and groups, concluded that working with voice only (using landlines or smartphones) is more powerful and effective than visual platforms. She believes that when we have settled into the virtual space with a client, the level of intimacy and communication solely by voice can be extraordinary. It seems that faced with a picture that is nearly as good as the 'real thing' but not quite, we tend to be distracted by trying to read clues in the face and what gestures we can see, and this interferes with our ability to really listen.

Caulat found that voice only virtual work can create an experience of privacy and intimacy that may invite clients to disclose and go deeper faster than they might in the room with you or with the visual platform. This often means that feelings can become heightened very quickly, transferences can emerge, and transferential conflu-ence (see Chapter 13) is often amplified.

We think that the choice of medium probably depends on how much your thera-peutic approach and personal style is reliant on communicating facial and bodily responses. If possible we suggest you experiment with both visual and audio to see which is preferable to you. In both cases we have sometimes found that there can be a surprising level of connection and depth, especially with clients we have seen in person previously and with whom we have formed a good enough working alliance.

Caulat offers a number of suggestions for creating a safe and effective container for the work, which we have summarised in the box below. Most of the points apply both to audio and visual settings.

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### KEY GUIDELINES FOR CREATING A VIRTUAL CONTAINER FOR AUDIO WORK

◆ Log on early to make sure your equipment is working and to be ready to welcome your client.

◆ Ensure both participants are in a room alone where they can be private and undisturbed.

◆ Contract carefully for confidentiality, technology malfunction, time etc.

◆ Both should wear double earphones (presumably so that both hemispheres of the brain are reached simultaneously) – ideally over the ears (to mini-mize external sounds).

◆ Start with a grounding awareness exercise to bring you both into the here-and-now – the feel of your body in the space, etc. and include describing where you are sitting and what you can see around you, if you are audio only.

◆ Remember that the pace of virtual work is slower. Slow down and leave more pauses than usual.

◆ Traditional rules of conversation can be counterproductive. Interruptions, which are a usual part of ordinary conversation, need to be sensitively managed. On the other hand, if you are using audio only, you cannot show that you are listening by your facial expressions, so make your nodding audible. In other words use more para-verbal interventions – a sigh, an expression of surprise … oh, uhuh and so on.

◆ Take the time to check the calmness and stability of the client before you end the session.

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Notice what enables presence and contact in the virtual space. Encourage frequent here-and-now grounding experiments to reorient away from an exclusive focus only on the screen. What is more, Perls (1969) said:

> A good therapist doesn't listen to the content of the bullshit the patient produces, but to the sound, to the music, to the hesitations … The real communication is beyond words. (1969: 53)

This of course applies whether we are working in the same room or hundreds of miles away: listen to the 'music' of the language, the pitch, tone, rhythm and so on. Listen beyond the words – for feelings, intention, ambivalence, fears and desires.

## MAINTAINING AN ONLINE PROFILE

We are grateful to our colleague Jacqui McCouat for the following contribution:

> The counselling and psychotherapy sectors have been relatively late to catch on to trends in technology but, increasingly, therapists are adopting a more technological mind-set to better match and meet client expectations in a digital world.
>
> A professional website is essential and there are many organizations and website building tools offering affordable options and advice for quickly setting up a professional website. Websites are a cost-effective way to differentiate and promote services using, for example, blogs, links to other services and Thought Leadership.
>
> A good website will convey a sense of trust and confidence to clients that the therapist will be able to help them. We suggest you first look up other therapist websites to see what is possible and attractive. Key design aspects include relevant content and search engine optimization (SEO). A website should engage the viewer, be easy to navigate and work fast and effectively on mobile technology – 60% of internet access is mobile (Sterling, 2014) and since 2015, Google has prioritized mobile enablement in its SEO indexing, which significantly impacts search results (Google, 2015).
>
> Social media in its current form may be less of an option for practitioners to engage with clients due to privacy and confidentiality issues, as often subscribers and followers can be identified. However, it offers scope for a professional rather than personal presence to market services to different audiences. Together with an effective website, social media can enable an integrated approach to online presence and engagement.
>
> (See Recommended Reading at the end of the chapter for further resources.)

It is not unusual for clients to look for information about their practitioners before or during therapy. This means that any postings or photographs of a personal nature can potentially be accessed by a client. It is therefore good practice to use privacy settings on social media websites so that only information we are comfortable being viewed by clients can be seen publicly. It is also important to set clear ground rules about engaging with our clients via social media from the start.

## CONCLUSION

Technology is becoming an inevitable part of our relational connections and the continued pace of technological innovation and its exponential growth makes it important for therapists to understand and be familiar with digital media, especially if they are working in private practice. This is necessary in order to remain successfully visible and it also involves the need to make some decisions about whether and how they might offer virtual therapy. Exciting innovations are emerging that are making virtual Gestalt practice a real possibility.

### RECOMMENDED READING

BACP provides guidelines about working virtually ('Social Media (Audio and Video) and the Counselling Professions'. Good Practice in Action Guidelines 040), and offers guidance and policies on digital presence and delivery. Practitioners should develop their own policies for private practice, drawing on relevant frameworks and guidance.

Balick, A. (2013) *The Psychodynamics of Social Networking: Connected-up Instantaneous Culture and the Self.* London: Karnac.

Boyles, J. (2017) 'Working with refugees', in C. Feltham, T. Hanley and L. A. Winter (eds), *The Sage Handbook of Counselling and Psychotherapy*. London: Sage. pp. 542–46.

Derrig-Palumbo, K. and Zeine, F. (2005) *Online Therapy: A Guide to Expanding Your Practice*. New York: W.W. Norton and Co.

Google (2015) 'Make sure that your website's ready for mobile-friendly Google search results'. [online] Available at: https://support.google.com/adsense/answer/6196932?hl=en-GB (accessed 11 November 2017).

Jones, G. and Stokes, A. (2009) *Online Counselling: A Guide for Practitioners*. Basingstoke: Palgrave Macmillan.

Rosenfield, M. (2017) 'Counselling by telephone', in C. Feltham, T. Hanley and L. A. Winter (eds), *The Sage Handbook of Counselling and Psychotherapy*. London: Sage. pp. 630–34.

Sterling, G. (2014) 'Marketingland Blog. Websites must also now be mobile optimised – 60% of internet access is mostly mobile. [online] Available at: http://marketingland.com/outside-us-60-percent-internet-access-mostly-mobile-74498 (accessed 11 November 2017).

The Online Therapy Institute also offers various resources and guidelines. http://onlinetherapyinstitute.com