Online provision of CBT

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BABCP Member Resource

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Introduction

We have been developing guidelines on digital therapy for some time, and these have become even more relevant as working therapeutically has moved online for many. Understanding the different options available for offering CBT and the potential benefits and challenges is important, as is developing best practice in these different media. We released a short guideline for offering therapy remotely in the first few weeks of lockdown, and we hope this longer, more comprehensive document will add to this information, providing context and more thorough consideration of some of the key issues, as well as some top tips for working in this way.

The document begins with an overview of different types of digital therapy and some of what we know about their evidence base. In the second half it outlines practical considerations when working digitally.

Theory: Context and Evidence-Base

Therapy and counselling is frequently delivered remotely and is often used to deliver CBT. Online CBT can refer to a range of formats for CBT treatment delivery including video conferencing, telephone and email, blended CBT (a combination of online intervention and face-to-face therapy), Messaging, or Internet-delivered CBT (ICBT)) which can include online programs and apps, and may or may not involve guidance from a therapist.

It is worth noting the online CBT provision can occur both synchronously i.e. in real time and asynchronously (when the service user and therapist are online at different times). Examples of synchronous CBT would be via video conferencing or synchronous written communication in a secure virtual therapy room whereas asynchronous CBT might be delivered via email or as part of a guided self-help program.

This brief overview of evidence is divided into key areas – video calling, telephone/speech only, blended CBT, Messaging and internet-delivered CBT.

With all of these platforms, client choice is important. People may prefer one type of contact over another (e.g. telephone, video etc) or may have modifications to a modality which can be discussed and incorporated.

Using video calls

When using video calls to deliver CBT many elements of treatment are not changed although some adjustments may be necessary. There are several studies that have directly compared face-to-face CBT with video calling and have demonstrated comparable outcomes. However, it is notable that a number of these are on a very small scale. These comparisons have found no difference in clinical outcomes for clients presenting with panic disorder and agoraphobia [1], bulimia nervosa [2], post-traumatic stress disorder [3], obsessive-compulsive disorder [4] and mixed presentations of depression and anxiety [5], [6].

One potential concern for therapists is that the therapeutic alliance will be disrupted by using a video call to deliver treatment. However, studies that have evaluated therapeutic alliance found that CBT delivered by video call was as effective as face-to-face treatment [1], [2]. We know less, currently about whether online methods suit some patient groups more than others, and this is something which should be discussed on an individual basis with the person coming for therapy.

Telephone

Research directly comparing face-to-face treatment with telephone/speech only treatment has indicated no significant difference in outcomes and attrition for depression [7]. The largest scale study is an observational study of over 39,000 patients who were treated with low intensity CBT in a primary care setting. There was no difference in clinical outcomes for clients with depression and anxiety between face-to-face and telephone CBT with the exception of people with more severe presentations where face-to-face was superior [8]. General evidence for efficacy doesn't take into account potential individual differences which could affect preference for one modality of therapy over another, therefore in practice tailoring modality used to client preferences and needs is recommended.

Blended CBT

Blended approaches use digital delivery in combination with face-to-face contact. For example, the use of an app or computerised self-help program together with face-to-face therapy sessions.

There are several potential advantages to delivering blended CBT; the online modules and face-to-face consultations are combined in one coherent treatment manual so the treatment can be specifically tailored to the needs of the client, the burden and cost of travel for the client is significantly reduced and the online

work can be done in a time and place that best suits the client. Another advantage is that therapists spend less time supporting a client through treatment which can be both efficient and cost-effective therefore more people can be treated leading to further improvements in access to evidence-based therapies [9].

There have been several studies where blended CBT has been effective in reducing the symptoms of mood disorder and anxiety. One study conducted in 2013 [10] provided 15 patients experiencing mild to moderate anxiety or depression with a 9 week treatment course comprising of face-to-face CBT complemented by a series of online CBT manuals. The patient symptom scores dropped significantly and even after a 12 month follow up, symptoms remained lower than before treatment. A recent (2020) study comparing the effectiveness of face-to-face CBT and blended CBT for patients with Adjustment Disorder with Anxiety (ADA) found that blended CBT was as effective as face-to-face CBT and showed significantly greater reductions in anxiety and depression on some secondary outcome measures [11].

Messaging

There are a variety of ways that messaging can be used to deliver therapy.

Messaging can be part of the delivery of most Internet-delivered guided self-help CBT programmes. The type and extent of guidance varies between different programmes but most commonly takes the form of written messages sent to the client on a regular basis to provide feedback on the work they have completed on the programme, offer support and encouragement, and advise on how to proceed [9] (e.g. through text messaging or through secure chat functions in a digital therapy programme).

Messaging can also take place in addition to main therapy delivered by another means, e.g. to contact the client between sessions to remind them of what has been discussed or provide additional support if a client/ patient is particularly vulnerable. More information on this is under Practical Delivery of CBT.

Messaging can also be the main modality which therapy is delivered through, e.g. in the case of synchronous written communication in a secure virtual therapy room. In this situation, patient and therapist communicate through typed conversation in real time. The transcript of each therapy session, conducted in this way, is then held on a secure site for both therapist and client to access. A randomised control trial found that delivering CBT in this way to be effective with benefits maintained over 8 months [12].

An example of part of a CBT session transcript can be seen below:

Internet-delivered CBT (ICBT)

Internet-delivered CBT is the use of self-help interactive computer programs. Different programs have different evidence-bases.

The very first computerised CBT programmes were developed in the 1970s. Since then the technology has advanced rapidly and has moved from standalone computer programs to include internet-enabled programmes and smartphone apps. Many studies of ICBT have been published now. Some early publications were criticised for a lack of methodological rigour making evaluation problematic [13]. However, in recent years the number of controlled trials of Internet-delivered psychological treatments has grown at a much faster rate than trials of psychotherapy in general and there are now as many as 300 controlled trials of Internet interventions [14].

Meta-analyses have consistently concluded that ICBT is an effective treatment for a variety of anxiety disorders [15] and depression [16]. A Cochrane review suggests that ICBT for anxiety disorders is superior to various control conditions including waiting list, attention, information-giving and online support group [17].

There is evidence to suggest ICBT may be as effective as face-to-face treatment for depression, panic disorder and social phobia [18]. However, the number of trials that directly compare ICBT with face-to-face therapy are currently quite limited and not of high quality [17] so this is a key area for future research.

Recently more specialised ICBT interventions have been evaluated and evidence is emerging that it can be effective in a variety of conditions e.g. eating disorders [19], depression in the context of diabetes [20], irritable bowel syndrome [21]. There is also an increasing body of evidence for how ICBT can be applied thorough the lifespan including with children and adolescents (e.g.[22], [23]).

There is currently very limited evidence for the effectiveness of internet-delivered CBT alone for clients who are severely depressed or anxious, or who have a severe and enduring mental health diagnosis. The available evidence also tells us less about this mode of therapy for specific patient groups (e.g. clients with specific needs such as neurodiversity). Again, discussions with clients to think about whether this modality suits them are important.

A key finding in the literature that has been replicated and confirmed in meta-analyses has been that the absence of therapist input significantly reduces the effectiveness of the intervention. For example, one large scale randomised study of 691 participants found unguided ICBT had no benefits over GP treatment as usual [24] and one meta-analysis of over 2000 patients found significantly poorer outcomes for depressed patients who had a course of ICBT without therapist involvement when compared to those who were supported by a therapist [25]. This is consistent with evidence about the relative effectiveness of guided and pure self-help bibliotherapy. It is therefore reasonable to view ICBT as a tool for a skilled therapist to use rather than a standalone intervention that is effective without any therapeutic support.

One area of importance is the evidence regarding treatment engagement and dropout rates. Some studies have reported high levels of treatment non-completion for ICBT programmes and this is a concern for therapists considering using this approach. More research in this area is still needed but a meta-analysis of 26 studies reported that the same proportion of treatment was completed for ICBT when compared with face-to-face CBT. Furthermore, when they examined treatment non-completers they found that individuals in the ICBT groups completed more sessions of treatment prior to dropping out [26].

One of the difficulties that therapists face is the large variety of internet-based CBT programmes that are now available. Whilst evidence may exist that a specific ICBT programme is effective to treat someone with depression this does not mean that other programmes will produce similar results. It is always helpful to look into the evidence base of any computerised CBT programme you are working alongside or recommending. Some programmes are available in App form, and again it is important to evaluate the evidence base for these. It is also helpful to remember that not all programmes will be beneficial for all individuals, and tailoring the way that therapy is delivered or offering more than one modality is often helpful.

A note on virtual reality

Whilst virtual reality (VR) will not be accessible to many therapists, it is of note that VR-assisted therapies have been developed for a range of different problems. A recent pilot study has looked at how virtual reality might help those with generalised Social Anxiety Disorder by providing four virtual environments for participants to practice in vivo exposure in a safe environment. The study found that after 16 session of VR-CBT, the participants experienced social encounters more positively and had less anxiety in social situations [27].

Practice: Practical Delivery of Digital CBT

Working with clients online differs from face-to-face therapy; nevertheless, the underlying aspects of compassion, care, professional behaviour and evidence-based treatment are still key.

Confidentiality

In order to foster a good online therapeutic relationship, and to have an ethical practice, it is important the therapist has access to a safe, private and confidential therapeutic space: a room free of distractions and noises to conduct the online session. Therapists may want to consider using a headset to ensure greater confidentiality.

Therapists should only focus on the therapy session and not multitask doing other things; for example, looking for CBT resources whilst the session is taking place, or reading materials at the same time the session is happening. Clients may be tempted to multi-task too and it is equally important that the client is in a space which feels safe, quiet and free of distractions. Before the start of the session, it's a good idea to check where the client is and that they are able to fully engage e.g. not driving or looking after children at the same time, that the TV or radio is off, and that they will not be interrupted by messages or calls. Sessions should not be conducted if the client is driving. This could be included in a contract. Ideally you will have informed the client beforehand of the need to be completely focussed on the session. Having a clear and concise information sheet for clients, which can be sent out before the first session, can help the client to understand any tips of how to get the most from digital therapy, before they begin.

Security

If using a mobile phone to contact clients, best practice is to use a specific work phone with the capacity to be locked. This protects from accidental data breaches.

Choose an appropriate platform if you are making video calls. Things to look out for include whether the platform is end-to-end encrypted, whether video sessions are recorded, and where they stored if so. Who owns any recordings made? Some video platforms record sessions and use them in an anonymised form for big data collection. This may not worry clients but is important to discuss openly so clients are aware of the limitations of whatever software is being used.

For greater security video links that are part of a paid for service are usually better. Some specialist healthcare services have higher levels of security. The BABCP don't endorse any particular platform but ones worth looking into include Doxy, Zoom Pro, VSee and Microsoft Teams. There are also others. What is important is optimum security and workability (e.g. ease of access, ability to mute/hide video, ability to hide view of self).

It is worth noting that security should always be considered when using any form of online CBT.

Please also refer to GDPR legal requirements below.

Expectations and Boundaries

Whichever method you are using to provide online CBT be sure that your client has consented to being contacted using this medium. It may be useful to consider having a specific therapy contract for clients that suits online working. For video platforms, it may also be helpful to offer a brief test session using whichever method is being used so the client can become comfortable with the technical aspects of the software and environment, e.g. setting up audio/video, knowing how to hide their own video feed from the screen if they wish to, and knowing how to mute/unmute.

Some things to consider are:

- Be sure you are talking to the right person before you give any detail, especially if calling a household phone.
- Establish explicit processes around how you will handle risk to the client from self or other. You should know the location of your client and have contact details of key professionals (e.g. GP, psychiatrist etc).
- Ensure the person you are talking to is not within earshot of someone else before starting to talk. Asking "Are you ok to talk?" or "Are you somewhere private?" can be helpful.
- Be clear about the usual boundaries of the session in terms of arriving on time, not taking another call halfway through etc.

- It is also important for therapists to start the session on time, as waiting in an online waiting room or by the phone is quite a different experience to waiting in a physical waiting room, and can be stressful.
- Make sure you have an alternative way to contact your client if the video call stalls or if you lose reception on a phone call, e.g. email or another phone number. Agree this in advance and confirm where your client is at the start of the session.
- It can be useful to have a prearranged word or phrase that a client can say if they are interrupted and want to end the call without saying what the call involves.`
- If using text message or email, be clear with your clients about when you will check your emails and messages and how long it may take you to see a message and reply to it. It is particularly important for risk management that a client does not think you are able to see a message when you are on leave or not working. You can use an automatic reply with standard working hours and response times, and/or include within your electronic signature that you are not operating an emergency service and with crisis contact numbers.
- Remember to be professional on screen and when messaging clients.
- Agree with the client what information from the session (e.g. screenshots, recording) can be shared, and if so, with whom. This applies to what both the therapist and client share with others.
- It can also be helpful to think with the client about what they may do after the session e.g. can they do something relaxing to give a bit of space before they go back to their day-to-day activities?
- If you think a piece of therapeutic work may take longer to conduct online than face-to-face, then be clear with the client about this, so they can have clear expectations in terms of time (or budgets if in private practice).

As therapists we are generally used to seeing people weekly and having little or no contact in between sessions. If you are concerned about clients calling or texting you between sessions you may wish consider how you use your phone and video conferencing platforms. If calling on the phone, consider, are you using a specific work phone? If not, consider whether you want to use 'no caller ID' so you are not contacted by surprise on your personal phone. If you use this try to let your client know in advance that your number will be withheld so they know that it is you calling.

Alternatively, you may be happy to work briefly with clients between sessions. This can amplify the effect of therapy meaning that clients engage more readily and make better progress with between session activities. Having some contact with a client via email or text in between sessions, especially to encourage between session tasks, is one way of doing this. If you do experiment with this, then it is still a good idea to use a clear work phone or email address and establish clear expectations in relation to when you will reply to their messages. If you are working within an organisation, it is also a good idea to check that working with a client between sessions is within the policies and guidelines set by the organisation. If work between sessions is on offer, it is important to be clear about the boundaries around this from the start, so clients know which forms of communication are acceptable, when, and for what reasons.

Online footprint

We live in a virtual world and we can find lots of information online.

Your online footprint is the trail you leave behind each time you interact online. Interactions include blogs, websites, communication and photos on social media. All this information creates a portrayal of who you are. It is important to reflect on your online presence this includes:

- The photographic images you use for social media sites such as LinkedIn, Facebook, Twitter, WhatsApp etc
- The photos you upload to social media sites
- The people you are connected to on social media
- What you write on social media sites, both what you write about your professional life and your personal life.
- Ensuring that you understand the privacy settings on individual social media sites

It is important to be aware that clients may be tempted to look up their therapist on Google or social media and this curiosity may be heightened in the absence of face-to-face therapy. It is worth thinking about the

implications of this and how this may affect the therapeutic relationship if your client were to find personal details about you via your online footprint. It is advisable to make your personal social media accounts private and secure so you can't be looked up and maintain clear boundaries between personal and professional communications.

It is not good practice or ethical to look up your client via Google or social media to satisfy your own curiosity (see BABCP Standards of Conduct Performance and Ethics).

Don't forget to update your professional sites and referral links to ensure people know you are offering online or telephone options.

Competence to practice

Whilst working remotely involves different technology and some specific dilemmas, the underlying therapeutic aspects of compassion, care and professional behaviour, and the provision of good quality, evidence-based therapy all still apply.

All therapists should be sufficiently competent in using the technology that they are using in their work with clients to provide a reliable service that is fit for purpose. It may be wise to undertake further training if you are having to work with technology that is unfamiliar to you before you begin work with your clients. Practising using the platform with a friend or family member beforehand is a great way to get used to the technology if you have never used it before.

It is important to keep up to date with the technology you are using. This includes installing software and anti-virus updates when required and understanding what has been changed.

As with all practice, follow the BABCP Standards of Conduct, Performance and Ethics:

And ensure you are familiar with the principles of General Data Protection Regulations:

And as with all usual practice use clinical supervision to discuss your work. Ensure you have supervision from a therapist who has experience in providing online therapy and/or seek peer supervision from colleagues who have regularly offered it (for more on this see Supervision later in this document).

Managing Risk

Risk assessment and management is a continuous process throughout therapy. Please seek extra clinical supervision if you have doubts; most clinical supervisors are happy to be contacted between session when issues of risk arise.

Managing risk online or over the phone follows similar principles to face-to-face work with clients, however, using these media you may not be able to see the client at all (or only have a limited view of them if both using video features on a video conferencing platform) which means you may have to be more reliant on other information to assess risk. Working with clients online potentially opens up the possibility that you may see more risk than you would in a clinic setting, for example, if you are working with a patient who is accessing video therapy in their own home you may observe risk and safeguarding issues upon which you need to take the appropriate action. You would assess risk by communicating with the client directly online, using the same questions you would use when working face-to-face. In addition, you can use outcome measures as part of a comprehensive risk assessment for example: PHQ-9 or a specific Risk Assessment questionnaire.

Where risk is identified, but not imminent, you should ensure a risk management plan is collaboratively developed, agreed to and that the client has a copy. A risk management plan should include contact numbers of agencies, and who to phone first when early warning signs for increment of risk arise.

For example:

Samaritans
Phone: 116 123
Website: http://www.samaritans.org/
Email: jo@samaritans.org
Listening and befriending service to all in need

Review risk on a session by session basis.

If a risk of a client hurting themselves has been identified and is imminent then you need to ask the client if you can call the emergency services, this could be 999 or the GP. Before working with clients remotely we

recommend that you check the local guidance on visiting A&E before advising your client and that you regularly check this guidance.

If the person fails to respond, and you have substantial evidence to be concerned, you can contact the police to conduct a welfare check by phoning 999 or 112 from a mobile phone.

Adaptations to CBT treatment delivery

Delivering therapy remotely sometimes requires adaptations to treatment. The Cognitive Behaviour Therapist has published a free to access series of papers on remote therapy provision:

Cognitive therapy for post-traumatic stress disorder following critical illness and intensive care unit admission

https://doi.org/10.1017/S1754470X2000015X

Treating social anxiety disorder remotely with cognitive therapy

https://doi.org/10.1017/S1754470X2000032X

Challenges and opportunities for enhanced cognitive behaviour therapy (CBT-E) in light of COVID-19

https://doi.org/10.1017/S1754470X20000161

OCD and COVID-19: a new frontier

https://doi.org/10.1017/S1754470X20000318

Remote Delivery of CBT Training, Clinical Supervision & Services: In Times of Crisis or Business as Usual

https://doi.org/10.1017/S1754470X20000343

Beyond the COVID-19 pandemic: 'Learning the hard way' – adapting long-term IAPT service provision using lessons from past outbreaks

https://doi.org/10.1017/S1754470X20000379

The full collection of papers can be found in the tCBT Special Issue: CBT practitioner guidance for, during, and following the COVID-19 pandemic

In addition there are some more resources on online working on the BABCP Covid Resources web page

The Oxford Cognitive Therapy Website also has some helpful resources on providing online therapy (e.g. on OCD)

A note on pacing

One thing to be aware of with online delivery is that it can be easy to rush through content. It can be helpful to actively try to slow down and be careful not to present too much information at once in a session. It is possible to carry out most, if not all, CBT techniques when working online, but they will need adaptation – see excellent resources from OxCADAT on e.g. using behavioural experiments when working online.

Pros and Cons of Different Delivery Methods

Using technology to facilitate CBT can introduce new dilemmas. Below we have listed some of the main forms of technology used to deliver CBT, their pros and cons and some top tips to think about if using this technology with clients.

One important consideration which applies to all forms of digital CBT which use written communication is that this may limit access to people whose levels of literacy are a barrier, and to individuals where English is not a first language. Different types of delivery may also impact differently on people with neurodiverse needs (e.g. autism spectrum disorder), or specific learning difficulties (e.g. dyslexia or executive functioning difficulties). Ideally different treatment options will be available to enable client choice of treatment modality.

	PROS	CONS	DO'S	DON'TS
Video Calling	• Beneficial for clients who might have problems attending face-face appointments due to travel, childcare etc. • Can engage clients who are highly anxious about travelling or leaving the house • Some platforms let you share screens which is useful for sharing resources with clients and helps with collaboration	• Cannot always guarantee quality of call/ client's bandwidth speed or their access to wifi • May be difficult to ensure confidentiality of you and your client • May not be able to see all of client- have to rely on other verbal cues	✔ DO Have a back-up plan if the connection is broken- include in contract with client e.g. contact by phone. ✔ DO Test your equipment to ensure everything works before starting to work with clients ✔ DO Consider using a headset to ensure privacy	✘ DON'T Assume the client will contact you if connection is lost ✘ DON'T Multitask whilst working online with a client ✘ DON'T forget to shut down all other information on your screen if sharing with a client. ✘ DON'T Leave anything on display in the background that you may not want a client to see e.g. family photos
Telephone	• Can be done from home-beneficial for clients who struggle to attend face-to-face appointments • Extra added anonymity as clients cannot see therapist • Does not use up data/wifi	• Cannot see client at all- maybe harder to gauge responses or manage silences • Have to adapt to not using techniques you might use with clients in person e.g. whiteboard/ worksheets	✔ DO Find alternative methods to share resources with clients e.g. send via email before session ✔ DO Make sure you are confident in your phone manner ✔ DO Make sure your client is available for the call and free from distractions ✔ Agree with your client what to do if signal is bad or you get cut off	✘ DON'T Be tempted to be on the phone with a client whilst doing other things e.g. shopping, driving ✘ DON'T Forget to use 'no caller ID' if using a personal phone so you are not contacted by surprise by your client ✘ DON'T Rush into behavioural experiment with clients- these should be planned and implemented according to personal circumstances
Text-based/Email	• Can easily fit into client's schedules • Some clients may be more comfortable with written communication rather than face-to-face • Can be done synchronously e.g. chatroom or asynchronously e.g. email	• May not be suitable for all client types- some may have difficulties with written communication e.g. dyslexia • May be harder to build a therapeutic alliance with clients via text	✔ DO Make sure client is clear about when you will be responding to them	✘ DON'T Send any information that is not necessary or relevant to client
Apps	• Cost-effective ways of providing basic mental health support for clients • Often can be downloaded for free	• Limited evidence base for their usage • Less potential to tailor for client need • Usually less possibility for client to ask questions synchronously	✔ DO Make sure the app you recommend is from a trusted source e.g. NHS Apps Library	✘ DON'T Recommend an app to a client without trying it yourself first and reviewing the evidence for its use (especially if the client needs to pay for it).

One important consideration which applies to all forms of digital CBT which use written communication is that this may limit access to people whose levels of literacy are a barrier, and to individuals where English is not a first language. It may take time for clients to feel comfortable using text messaging and it can be helpful to be explicit about this with your client. Different types of delivery may also impact differently on people with neurodiverse needs (e.g. autism spectrum disorder), or specific learning difficulties (e.g. dyslexia or executive functioning difficulties). Not everyone is familiar with using computers or mobile phones. Ideally different treatment options will be available to enable client choice of treatment modality. It may also be helpful for clients to invite a carer to support them during remote CBT sessions.

Legal Requirements

Working in the UK

GDPR regulations came into effect in 2018 and you need to comply with these regulations when working online with clients. Anyone who possess client's personal data needs to take the necessary steps to ensure that it is safe from a physical or electronic data breach, this includes client notes, online transcripts, text or emails where the client is identifiable. It is your obligation to register with the Information Commissioners Office (ICO) if you hold any personal data relating to your therapy work. Please read the BABCP guidance on data protection:

Some things to consider are:

- Has the client given clear and informed consent to the use of data being sent via each system you use?
- Do you have a policy / protocol to ensure you are following the data protection rules from GDPR on the use of personal information and data processing?
- Is the data you send encrypted (not just password) protected? This would not only apply to the sending and receiving of information in whichever format, but also to note keeping, in electronic form.
- Is your client aware of how long you will keep their information and do they know their rights in regard to requesting access to this information or its deletion.
- If you work for the NHS or other organisation, are you aware of their policy regarding length of time to keep notes.

Working outside the UK

Online provision of therapy means that a therapist could potentially work with a client anywhere in the world. There are no specific BABCP guidelines on this, but it is important that you feel satisfied that you can meet the general guidelines for ethical and best practice even whilst practising remotely. These are some things to consider when working with clients who live outside of the UK:

- Does your Professional Liability Insurance cover you for the work?
- Different countries have different legal system and law which can provide a grey area as to which system applies.
- There are strict rules in some countries which mean that as therapist we cannot practice from overseas
- It is equally important to consider the data security of the country you may be working in, and whether the patient information will be secure and protected
- Overarching all of this is the management of client safety, and the patient's ability to access support if risk or safety becomes an issue during therapy sessions

Extra considerations when working with young people

Setting boundaries and expectations

Young people are likely to be more familiar with using digital communication in an informal context and so when working with young people online it is very important to set clear boundaries early on. You could for example, share a set of rules or 'top tips' for the young person to both remember and adhere to. These are the same tips that would be useful for adults attending therapy too, e.g. being in a room free of distractions, and where they will not be disrupted.

It is important to stress they should not use other devices (e.g. iPad, phone or tablet) whilst doing the session or engaging in other activities (e.g. watching YouTube videos) whilst the session is taking place.

It is also important to make clear that online CBT therapy is CBT not just an online chat. So we can say something like:

"You will be offered an initial appointment at the start to talk (via online chat or video call) about your current difficulties. CBT is usually short-term and goal focused so we will talk about what you would like to get out of CBT, as well as, this being a chance to just have a go at therapy online and see if it's for you. *TOP TIP* Have a think about what you would like to get out of these sessions and write it down so you don't forget."

One aspect to manage when working online with young people is whether they will meet you face-to-face. They might be confused and not know if they are to meet with you after 2 or 3 sessions. It is very important to clarify from the very beginning these expectations, and generally you will not meet face-to-face; unless you are using online work to support your face-to-face session (for example emailing between sessions homework exercises).

Attending sessions

Young people might forget about appointments, so it is a good idea to set boundaries about attendance, arriving late and DNAs. For example, we can say:

"Please give as much notice as possible if you are unable to attend an appointment. Attending regular sessions is important as makes it more likely that this therapy will help you! We understand that it can be difficult at times and will work with you to make sure that appointments are always at times that suit you." *TOP TIPS* Set an alarm on your phone so you remember your next session! Check your emails and messages regularly. If it is part of what your service offers, then text or email reminders in between sessions can also help.

It might be difficult for young people to keep track of time as in traditional face-to-face they may taken to the appointment by a parent/carer whereas in online therapy they themselves have the responsibility to remember to attend appointments on time. We can help by saying something like:

"Please try to be as punctual as you can! Usually I will wait for about 15 minutes. *TOP TIP* Set the alarm on your phone for 5 minutes before your appointment time so you can get logged on and ready to start."

Between sessions

It is important to consider that sometimes young people might struggle more than adults to understand the boundaries of the session. They might use other ways of communicating (e.g. emails, secure message system) to do 'therapy'. It requires skill to shape this behaviour to answers messages between sessions without them becoming a mini therapy session. We can gently give directions for this such as:

"Thank you for sharing this with me, I wonder whether we should put it in the agenda for us to talk about it in our next session? Or… I wonder whether you could write this down as part of your notes for between session (homework or other more attractive name) so we can discuss in our session?"

Parental/Carer involvement

It is necessary to define parental/carer involvement when working with children and young people online. For example, a young person might get upset during a session and the parent/carer might start joining in the session instead. It is a good idea to clarify at the commencement of therapy and to gain consent with the young person whether they would like the parents/carers to be involved or not. As with face-to-face sessions with young people, depending on their age you may be using a "sandwich" style session where a parent or caregiver joins at the beginning and end of the session. If you are doing this make sure the young person has a confidential space that the parent/carer can leave them in for the middle of the session.

Managing Risk

Managing risk online is very important. Please refer to the risk management section for more on this.

We can add some information here for example if the young person is known to CAMHS, we can say something like:

"Your safety is really important to me. So, it is important that you know who to contact if you feel at risk to yourself, or at risk from anyone else. This would be your local CAMHS clinic or your GP surgery in the first instance. You can also call free of charge to:

• NHS on 111 / Samaritans on 116 123 / Childline on 0800 1111. And in an emergency go to A&E
TOP TIP Put these numbers into your phone now and save in your contacts so you have them easily available just in case."

Therapist online presence

Lastly, and this is the same when working with adults but perhaps more so with young people; it is important you maintain a professional image in social media. Adolescents may be more likely to google you.

Supervision

Increasing numbers of therapists are receiving and delivering supervision remotely, through choice or of necessity. Whilst working remotely can raise dilemmas that may need some initial problem-solving, the supervisory components of teaching, reflection, the Socratic exploration of dilemmas and the provision of good quality, evidence-based therapy still apply.

Where remote supervision is offered and received as part of independent practice it will be important to ensure that those commissioning your services recognise remote supervision as legitimate and that your insurance policy will continue to indemnify you.

If you are working within a service, make sure that you check any guidelines for remote supervision that have been developed and which should be followed.

Setting up remote supervision

Don't assume that supervision needs to be an entirely different experience when moving from a face-to-face to a virtual platform. The functions of CBT supervision remain the same as do the processes, methods, and fundamental principles.

As with face-to-face working, remote supervision is a collaborative process and both participants are responsible for its success. Supervisees can contribute to this process by reading appropriate material on remote therapy provision, accessing other CPD on this topic and ensuring that they bring specific questions to supervision.

In addition, in internet-based supervision it is important that both supervisor and supervisee are comfortable with the method of remote supervision be this via video calling, phone etc and the supervisor should feel competent in the medium of supervision they are offering.

It is important that both supervisor and supervisee have access to a safe, private, and confidential space that is free of distractions and noises. The supervision contract may need to be revisited to reflect the changes that remote supervision brings and a backup plan agreed on if the technology being used fails.

If video calling is being used, careful consideration should be given to the platform being used and its security. The BABCP don't endorse any particular platform but some worth looking into may include Doxy, Zoom Pro, VSee and Microsoft Teams. As far as possible, follow your host organisations' recommendations.

If recordings of therapy are being watched or listened to by the supervisor, careful thought needs to be given to how these are shared. It is important that this is done securely, with no possibility for breach of confidentiality, and that the client has consented to recordings being shared in this specific way.

Although the guidance above refers primarily to supervision provided to an individual, it is equally applicable to group supervision. Remote group supervision may bring additional challenges (as well as opportunities) in terms of managing the interactions and turn taking. Depending on confidence, prior experience and what current circumstances allow, it may be useful to develop skills in individual supervision before progressing to offering group supervision.

As with all forms of supervision, it is important that supervisors seek feedback from supervisees to improve their practice. Supervisors can increase the likelihood of getting useful feedback by emphasising that this is a learning curve for themselves as well and that the best way that they can improve their skills in this area is to get honest feedback.

Please refer to the BABCP supervision guidance for further information.

There is also a webinar on supervision and a Q&A session which can be found here.

Training

It is important when providing online CBT or supervision that you are competent in the medium you are offering. There are some free to access webinars in the BABCP Members Area of the website which cover delivering CBT remotely, using video calls and supervision:

There are additional webinars and remote delivery resources at:

https://oxcadatresources.com/covid-19-resources/

https://www.digitalhealthskills.com/news

Insurance

Before engaging in any online work, check your insurance to make sure you are covered for working online. Insurance policies for professional liability may vary in their cover and it is important that you have the right type of cover for the work that you are doing.

Conclusion

We hope this guide has been useful. At the time this paper is being published, in the wake of covid-19, more than ever we are all adapting to digital ways of working. Hopefully this quick review of the evidence base is reassuring, in that these methods have been used for many years and are well-researched. We hope the practical tips will be of use too, if you have others to share feel free to email babcp@babcp.com.

About the BABCP IT Special Interest Group

The IT Special Interest Group (SIG) was founded in 2018 and it aims to provide members with opportunities to learn about digital methods that are used to deliver and augment CBT. The history of digital methods is a short one and new methods are being developed all the time. The SIG helps members to understand the evidence base for each method and provides training and support to ensure that practitioners utilise technology in their work that optimises treatment. If you are using technology assisted CBT approaches or are interested in learning about them then the SIG is free to join if you are a BABCP member.

Additional Resources

BABCP Accreditation Guidance

BABCP Data Protection Guidance

BABCP Standards of Conduct, Performance and Ethics

BABCP Supervision and CPD Guidance

BABCP Webinars

BPS Top tips for psychological sessions delivered by video calls for adult patients

Information Commissioners Office

Let's Talk about CBT Podcast- Episode on Digital CBT

Privacy and Electronic Communications Regulations

Further Reading

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