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Division of  
Clinical Psychology

## RESOURCE PAPER

# Effective therapy via video: Top tips

DCP Digital Healthcare Sub-Committee

The information below is presented as a resource for those planning video consultations and is not intended to replace local guidance. It is recommended you consult relevant policy documents and guidance in your NHS Trust/organisation.

The DCP Digital Healthcare Sub-Committee are currently developing a competence framework and training for applied psychologists to equip them for digital practice, and offer this interim resource given the potential urgent need to offer remote working with our clients.

## INTRODUCTION

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Many Trusts will be reviewing continuity plans in respect of the Covid-19 virus. One likely response is to recommend telemedicine where appropriate. For psychological services, this would mean offering therapy via digital means, whether via telephone or, as increasingly likely, video.

Most psychologists have experience of offering telephone consultations, and there are many similar considerations in having a video session. If you are new to this, there is good evidence that therapy can be delivered competently via different media, is usually acceptable to the client, and that it is possible to build up therapeutic relationships that are as strong as those formed in face-to-face therapy.

## PRACTICAL CONSIDERATIONS

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Ensure the communication method and software you are using is secure. Some employers may recommend or approve software for this purpose. However, for independent practitioners we recommend only fit-for-purpose VOIP systems (such as Skype or Zoom) are used and that public networks, such as social media sites, are avoided for this purpose.



If your service has purchased video consultation software, have a run through first to ensure it is working on the computer you will be using. Similarly, if the service is using hardware such as a camera/microphone/speaker which plugs in to the computer, test this first. If the speaker or microphone isn't working, open the 'sound settings' by right-clicking on the 'speakers' picture and make sure the external hardware is selected.

This is probably all you need to do. If you are confident with computers, you can check a few things to ensure a better connection. In general, the connection is better when using a fixed connection via an ethernet cable at the back of a PC (such as in an NHS PC) rather than WiFi, but you or your client may not have much choice. Also, close any unnecessary applications if you know how, and if you are using an internet browser such as chrome, close any additional tabs you aren't using as they can slow down your connection.

If using video therapy, it might be helpful to have a pre-therapy telephone conversation with your client about how they will be accessing the video link – computer, laptop or smartphone. Ensure they are in a comfortable, private space where they can not be overheard. If others are around at home, agree on what you will do if they are disturbed. Make sure that you have a suitable space too, with a background free from confidential information and distractions. Beware of the glare from bright objects in your background or that of your client. Try to orientate yourself so you do not have a window behind you, otherwise the other person will only see a silhouette in the camera. Making sure your own face is adequately lit and using headset/earbuds to maximise the sound quality of your voice, if possible, will enhance what is known as 'telepresence' which is associated with a strong therapeutic relationship. It is advisable to book a therapy room in order to have a private, comfortable space to talk, as you would with a face-to-face session.

Both of you may like to consider wearing earbuds or headphones as this can help to make the conversation more confidential and improve sound quality. You can use the free ear buds that come with mobile phones.

Should the technology fail during the session, agree with your client what you will do, e.g. attempt to reconnect or continue by telephone. Agree a procedure within your service for re-offering sessions which have been interrupted.

## **DELIVERING VIDEO THERAPY**

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Before offering video therapy consider whether any client developmental, emotional or financial factors which might affect their ability to engage with and make use of sessions online. For example, if the client has some learning difficulties or is prone to paranoid thoughts, which might affect the practical engagement or therapeutic relationship. None of these factors should be cause to automatically exclude someone from the opportunity for having their session remotely, but the relative risks and benefits will need to be considered carefully.

Normally, you would introduce the idea of video therapy to clients over time. This may not always be possible if the service curtails outpatient appointments and video therapy is seen as a viable alternative, in which case you may need to provide information on this at short notice. It is important that it is clearly described, and that it is presented as an option. Consent from the client for a video session should be sought and documented.

When starting video therapy for the first time, spend the first few minutes ensuring the client is comfortable with the link, and that everything is working. Be prepared to offer your client a mini-tutorial in navigating the hardware/software if necessary (however, do make sure you understand it first!). You may need to talk slowly at first whilst you assess the connection. You may need to spend some time putting them at ease as it may seem strange at first. Clinicians who have not used this method before may understandably feel nervous themselves initially about managing the technology. It is therefore a good idea if you can practice using the software on your own or with a colleague a few times before seeing a client this way.

As you start a conversation, ensure you reiterate the boundaries of confidentiality and ensure treatment consent to using a video platform. Make clear any adaptations to the confidentiality and consent process as a result of the session using a video platform. For example, if your videocall software has a record function be clear with the client whether you/they will be using this function and where the recording will be held. Such a recording will form part of the medical record and NHS Trusts would not normally record a session without written client consent. As a therapist you may also not want to be recorded.

During the session, attend to the therapeutic relationship and consider with the client and in supervision how the online delivery of sessions is impacting on this.

Before and during the session, consider whether you would email or use screen-sharing options to share resources and information with your client. This is particularly important to consider if you are someone who tends to draw out ideas during a face-to-face session.

After the session, always add notes of the consultation to the client's record (and record whether it was via telephone or video link), and ensure it is documented in whatever system your service is using to document client contacts.

## CONSIDERATIONS

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Risk assessment should be carried out as it would in a face-to-face session and your actions, such as contacting a GP with concerns, the same. Clients should be asked if they have appropriate support information e.g. how to contact out-of-hours services. Doing this remotely can feel different to the therapist, and it's important you get appropriate support.

In terms of effective confidentiality and risk management, the following additional issues should be considered when offering therapy digitally:

Would you want to know where the client is during the sessions (e.g. at home or at work)? This would be important if a welfare check needed to be arranged for a client who was presenting with active suicidal plans or intentions.

What would you do if a client terminated a therapy session, especially following a disclosure of plans or intentions to harm themselves or others?

Do you need to follow-up any sessions by emailing clients' crisis details? How will you ensure the client has received these?

How will you transparently discuss the security of the video link and the risks associated with this in terms of confidentiality? Is verbal consent enough for this or is written consent regarding your liability needed?

We would recommend discussing the above, and your local policies and procedures with your team to ensure you have a shared understanding of how the digital technology will be used and how to access advice if issues arise during the therapy process.

## CLINICIAN RESOURCES

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**The DCP Digital Healthcare Sub-Committee Digital Competencies for Psychological Professions**

[www.digitalhealthskills.com](http://www.digitalhealthskills.com)

**NHS digital guidance:** <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/information-governance-resources/information-governance-and-technology-resources>

**BACP Working online in the counselling professions factsheet:**

[www.bacp.co.uk/media/2162/bacp-working-online-supplementary-guidance-gpia047.pdf](http://www.bacp.co.uk/media/2162/bacp-working-online-supplementary-guidance-gpia047.pdf)

**American Psychological Association Guidelines for the Practice of Telepsychology**

[www.apa.org/practice/guidelines/telepsychology](http://www.apa.org/practice/guidelines/telepsychology)

## THE DCP DIGITAL HEALTHCARE SUB-COMMITTEE

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