**Practitioner Perspective**

# Online therapy and the challenges of maintaining the therapeutic frame

*By Helen Browne*



*D*elivering Psychotherapy services using video has become part of daily life for practitioners. Many therapists offer a blend of online sessions in combination with their in-person client sessions. How can the boundary of the therapeutic frame be maintained when practicing in this way?

## Introduction

This article explores the issue of rupture of the therapeutic frame in online therapy, a way of working for Psychotherapists which became widespread during the pandemic. Delivering Psychotherapy services online has become part of daily life for practitioners. Many therapists offer a blend of online sessions in combination with their in-person client sessions. How can the boundary of the therapeutic frame be maintained when practicing in this way? An overview of the literature and research relating to this issue and wider considerations of the therapeutic boundary will be presented, followed by discussion of a clinical case which represents the issue.

Solutions will be presented and discussed, and their strengths and limitations will be evaluated. The solutions presented are to be considered in the context of the time (Spring of 2020, during the first Covid-19 lockdown), when research and literature on online therapy was negligible. Validation of the solutions and their implementation is considered in light of new research on therapy practice during Covid-19. Professional practice implications and management of the issue will be considered from the perspective of the pluralistic approach.

## The therapeutic frame on screen

The therapeutic frame refers to the static environmental and interpersonal conditions under which therapeutic work takes place. (Cooper & Knox, 2015) It can refer in a basic way to the practical arrangements under which the work is conducted, and can also refer to wider issues, such as how the work will proceed and for how long (Nolan, 2012). This therapist found that in the early days of the transition to working online during March 2020, as a result of the pandemic, the therapeutic frame was at times difficult to maintain, and for specific cases, ruptured in quite spectacular ways. The focus here will be on one specific case, the challenges of which represent the wider issue.

As for many other practitioners, the transition to working online was sudden, and took place without any prior training (Békés, Aaafjes-van Doorn, Luo, Prout, & Hoffman, 2021). McBeath, du Plock & Bager-Charleson (2020) state that prior to Spring 2020, literature was scant to non-existent. As the pandemic continued, the experience of therapists' difficulties

in working online and maintaining the therapeutic frame came to be more widely researched. Rizq (2021) relates the experience of perceiving that ironically, despite the client being on a computer screen, their perception of boundaries can be lessened, and the therapist can be involved in witnessing activities and habits that do not belong to the therapeutic space.

### Exposure and distraction

Mearns and Thorne (2000) note that therapy exists between two individuals in the room and this boundary. This does not take into account changes in the client's lived reality outside the therapy room (2000, p. 31), a reality that can be more visible with online therapy. Mearns and Cooper (2005) further suggest that the therapist must be aware of the 'boundaries of acceptability' when it comes to behaviour during a therapy session (2005). Markowitz, Milrod, Heckman, Bergman, Amsalem, Zalman, H.,....and Neria (2021) note that for clients in online therapy, 'distractions abound' that can interfere with the therapeutic frame, and online therapy can give the therapist sight of things that expose their client's life.

It is this exposure, along with those distractions, that represents a breach of the therapeutic frame. As Eppel, Charlebois and McKim (2020) note, the therapeutic frame is designed to create an environment that is clearly separate from the client's daily life. Research has shown difficulties in maintaining the therapeutic frame were common during the pandemic online transition (James, Schröder, & De Boos, 2021). For some clients, there was at times a blending between their home life and their therapy session.

### A representative case

The case which presented these

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challenges most clearly in this therapist's practice, was 'Anne', a client seen via video in early lockdown, 2020. She was a new mother, but as the lockdown unfolded, any support she had previously had, evaporated. She began to suffer from severe anxiety, questioning everything, and becoming highly distressed about making mistakes.

In this practice new Mums and babies have always been welcome, and indeed more than a few infants have been danced on this therapist's lap, while their Mum has poured out her woes. From the very beginning of 'Anne's' therapy the presence of her baby with her on screen was not a difficulty. She held her baby, talked to her, and generally attended to her while we were in session. However, as the sessions progressed, due her other distractions, the therapeutic frame began to break down. She cooked, cleaned, prepared baby food, changed her clothes, ate her lunch, lay in her bed, and on one occasion changed her baby's nappy in view of her phone screen. The struggle to stay connected to 'Anne' while she moved around, carrying her screen with her, became a dominant feature of the work. Rizq's paper (2021) provided comforting reading later, as she describes feelings during a similar experience: "I felt angry, baffled and helpless, a counter transferential response that made it difficult to understand exactly what was happening". Feelings of personal discomfort were also present for

this therapist, as an intimate and sometimes disconcerting view of this client's most private spaces and habits was shared on screen.

Apart from the few moments in which 'Anne' was able to explore her anxieties and receive support in the sessions, it felt, unsurprisingly, like unsuccessful therapy work. It was difficult to know how to find solutions to the frame and boundary challenges, and for a time it seemed that this frustration represented a failure, that somehow these solutions 'should' have been known, and implemented.

However, the learning derived from the case was invaluable, benefitting future clients and the work in general. 'Anne' returned to therapy after lockdown, in-person, and some valuable work was undertaken with her. However, it should be noted that although seeing her in-person could be considered a solution to the challenges of working with her via video, it was not an available solution in cases with similar challenges at the time, and thus, other options had to be considered as lockdowns continued.

### Guidelines and contracting

The research on boundary challenges for therapists working online during Covid-19 lockdowns overwhelmingly points to the efficacy of explicit and detailed contracting with clients, as a method of *prevention of frame ruptures* (James, Schröder, & De Boos, 2021). It should be noted that support in collaborative Supervision was essential at this time. There was great affirmation in the knowledge that other supervisees were experiencing the same issue, as indeed, was the Supervisor herself.

A detailed contract, or set of guidelines, on how online therapy should proceed was thus drafted and continuously modified to encompass any new challenges

which presented. Contracting is a such a formative part of therapist training, that it is difficult to remember exactly where the specific worded elements come from – and how they change over time in private practice. O'Farrell notes that the experienced therapist can often forget that the familiarity of their way of working can lead to assumptions about things that may not be obvious to a client (1999)

The current IACP Ethics and Guidelines document refers to 'review of the contract', yet no explicit contract content is given. (IACP, 2018) Sanders, Frankland and Wilkin (2009) suggest that contracts should address both the practical and the developmental framework of the therapeutic relationship. Feltham and Dryden (1993) make a distinction between the two, referring to the practical framework as the 'business' contract and to the developmental aspects as the 'therapeutic' contract.

The contract for working online was thus created to incorporate guidelines designed to create as contained a therapeutic frame as possible, in order for the work to proceed. Sources for modification of the existing contract/guidelines for application to these boundary issues when working online were scarce during 2020, as noted by McBeath et. al. (2020). However, Shariah, Islam & Arafat (2019) note that the therapist can act according to their experience, and adopt procedures that address any issues that could possibly arise during sessions.

When a new experience in rupture of the frame occurred, consideration was given as to its inclusion in the modified guidelines. For example, when a client introduced their partner during a session, an item was added thus: 'in order to protect confidentiality, please ensure that no one else is present in the room during your session'. Similarly, guidelines on where the client

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>
> *(Burgoyne 2020)*

should consider having the session were given, i.e., in a chair, not a bed. This information was given to clients in advance of the first session throughout 2020 and beyond.

Bond (2000) places the therapeutic contract and guidelines firmly in the area of ethical practice, suggesting that providing pre-counselling information to clients and to check that these guidelines are practical and acceptable to clients, along with regular review of same, can solidify the relationship from the beginning. With regard to defining the frame and physical space, Burgoyne (2020) notes that identifying what physical space the client will use for therapy has proven to be an important factor in online work, and that in helping to create an appropriate boundary, a definition of space must be considered.

During 2020, guidelines available from the IACP and other professional bodies focused almost entirely on issues of technology, GDPR and legalities, and the current guidelines emphasise the need for specialised training in the area (2021). Byrne and Ní Shiothcháin (2008) advocate that essential elements of any effective therapeutic contract must include (among others) establishment of the place where the therapy is held, potential limitations, and required behaviour - of both client and therapist. With a little modification of the word 'required' and some rather more therapeutic language, guidelines continued to be modified and given to each client in advance of therapy beginning. The structure

of the therapeutic frame was thus more solidified, and benefitted the work hugely.

## Implementation using the pluralistic framework

While the creation and modification of a set of pre-therapy guidelines, as a measure to prevent any boundary and frame issues in practice was helpful, the pathway towards implementation of the measure had at its core the principles of the pluralistic framework. The use of feedback creates a dialogue that is the basis for effective collaboration between therapist and client, as noted by Cooper & McLeod (2011).

Pluralistic techniques, such as metacommunication (McGrath and Donovan, 2013), provide the skills needed to collaboratively implement guidelines around working online, and instead of greeting each rupture as a negative thing, allow for a conversation about what should happen when such ruptures occur, either by accident or necessity. When it was perceived that a rupture was occurring, or about to occur, discussion with the client took place about what was happening, and how a return to the boundary of the session might be found through metatherapeutic communication. (Cooper and Dryden 2016).

For example, if a client moved around or engaged in a task, this was noted, "I see that you are attending to something in the room there", and the session was paused until they were finished: "I'll wait for a moment until you are ready to resume the session, is that alright?". In this way, metacommunication provided a way of commenting on what was being seen, as well as what was being said, and signalled that despite the rupture of the frame, the therapist was in tune with the client's non-verbal communication (McGrath and Donovan, 2013) Similarly, if the confidentiality boundary was

breached by the presence of another, the session was similarly paused until the other person was no longer present in the room.

## Strengths and limitations

As Schmidt Neven reports (2020), the transition for therapists to working online in 2020 occurred suddenly and with an awareness that without making it, their practices could be irreparably damaged both financially and reputationally. Going forward, therapists may offer the option of a combination of in-person and online therapy session. Whatever the method, the therapeutic frame must be established and maintained in order to work ethically and safely with clients (Byrne and Ní Shiothcháin 2008). Contracting, guidelines and pre-therapy information establish and solidify the frame and boundary of the work, and can address issues that may arise (Shariah, Islam & Arafat 2019).

However, the risk of a therapist rigidly adhering to their guidelines in order to maintain the therapeutic frame of the session may appear hectoring, and therefore may further damage the client's view of self. The pluralistic therapist can affirm the effectiveness of what the client is already doing to improve their life, and by collaborative exploration, uncover pre-existing abilities and activities that can foster a more positive view of the self. (Flückiger, Caspar, Grosse Holtforth and Willutzki, 2009). However, when a client is in distress and potentially unable to hold the boundary of the frame when working online, interventions that seek to impose this boundary, may be damaging to the client and to the therapeutic relationship.

It can be contended further, as Mackrill notes (2009), that the strategies that clients bring with them to therapy are significant to

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the outcome of the work itself. For some clients in a state of serious distress it could be considered a strategy to behave in a way that assists them, or helps to process anxiety, even if it ruptures the formality of the therapeutic frame. The pluralistic therapist must work to create equality, but by any definition, the early moments of therapy are, as noted by Mearns and Thorne (1988) a "strikingly unequal encounter", perhaps even more so when boundaries are in question during online therapy. The need for therapeutic support can appear at times to stand in conflict with the pluralistic approach, and can even push a client outside of comfort (Cooper and Dryden, 2016).

## Professional practice - management of the issue

As noted in the most recent research regarding working online, not all clients are suitable for online therapy (Markowitz et.al., 2021) and so it seems imperative to allow for assessment of suitability for working online to be included in pre-therapy work, despite its geographical or practical convenience. The pluralistic approach begins with assessment, a process of information gathering, before work can begin in order to make decisions about how the therapy will proceed (Cooper and Dryden, 2016). This takes place through the facilitation of conversations between client and therapist, with the goal of exploring options for how the work will proceed (McLeod, 2013), including how boundaries will be created and maintained. Thus, ongoing

management and prevention of ruptures in the therapeutic frame requires continuous engagement with the tools and resources of the pluralistic therapist, and the sureness of the experienced therapist (Råbu & McLeod, 2017).

As Mezirow states, we do not often pause and scrutinise the assumptions on which habits of expectation are predicted (1991) and this was especially true of the online migration of 2020. The collaborative nature of the supervisory relationship became even more essential during 2020. Research shows that during this time, many therapists relied on supervision and reflection with others (James et. al., 2021) to manage issues with therapeutic boundaries, and this therapist's experience was no different.

James, Shröder and De Boos (2022) propose that concerns about difficulties in therapeutic practice can be coped with constructively in supervision. As Safran, Muran and Eubanks-Carter (2022) illustrate, therapeutic outcomes are more positive when therapists receive specific supervision or training around the issue of ruptures.

## Conclusion

Neither the issue of rupture of the therapeutic frame nor the practice of online therapy are new concepts in therapy. From the moment a therapist is in training, managing the way they and their client inhabit the space between them, is a part of the learning process. The experienced therapist later attempts to create a space that is safe and welcoming, and with a boundary structure that is consistent and clear. External forces can usually be kept at bay, with the most challenging distractions or ruptures confined to brief and manageable intrusions. However, when the space migrated to the online space between two screens, it seemed

that no assumptions could be made.

This article has examined the challenges in managing the therapeutic frame when working online and explored a specific representative case. Research on the experience of therapists working online during 2020-2022 confirms and affirms the challenges present in the issue under discussion. Exploration of the research points to the need for appropriate contracting in advance of making this transition. Solutions implemented focus on assessment and contracting with clients in advance of online therapy, maintaining the principles of the pluralistic approach.

As the recent research has shown,

experienced therapists all over the world found themselves helpless, confused and even incompetent when dealing with issues of frame rupture in the early stages of the transition to working online during 2020 (Rizq, 2021, James et. al. 2021). The old dependable skills of addressing an issue in the room escaped many, as the room became two rooms and two screens. Contracting, metacommunication and assessment will be essential to ongoing management of rupture, and the application of pluralistic therapy principles offers the resources needed to address it when it arises in real time. Continued reflexive practice

and committed engagement in supervision will be essential to the development of blended practice, which serves our clients as well as is possible in the continued use of this form of therapy. ◗

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