



Irish Association for Counselling and Psychotherapy

Working Therapeutically Online: Practice Guidelines and Competencies.

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1.0 Introduction & Background

The guidelines contained in this document are intended for counsellors, psychotherapists, supervisors who provide therapeutic and/or supervisory services using technology or via the internet.

Though the guidelines are primarily intended for practitioners, they are equally relevant to anyone, including service managers, interested in the provision of therapy online. Online provision of psychological therapies is increasingly used by practitioners of various theoretical orientations, and research in the field indicates that many clients both value and benefit from this mode of delivery. Although, there are still therapists who prefer traditional in-person therapy, there are many clients and therapists who, for various reasons, find therapy online useful to supplement traditional therapy in-person or preferable to traditional therapy in-person. There are diverse reasons for this preference, including issues of distance, accessing specialist support, time constraints or the inability to access therapy within a specific, often rural, area.

As technology is evolving at a very fast pace, it would be impossible to provide information here about every facet, or to give answers to the potentially endless variety of issues and challenges which individual practitioners, organisations and service users may encounter. As a result, we strongly recommend that practitioners include some ongoing continuing professional development (CPD) in their annual CPD planning process should all or part of their practice be delivered online. One example of such a training is the IACP course Working Professionally Online (a six-module training) available through the IACP portal in the members area.

2.0 Definitions

Throughout this document we have used a standard set of terms to identify counsellors, psychotherapists and supervisors and others. This is for simplicity and concision.

Therapist	A counsellor or psychotherapist.
Practitioner	A broader term to include therapists and supervisors.
Client	The individual or group to whom practitioners are contracted to deliver therapeutic services.
Supervisor	A counsellor or psychotherapist who trained in supervision and is an accredited supervisor member.
Supervisee	The individual or group to whom supervisors are contracted to deliver supervision services.
Therapy in-person	Traditional service provision (previously known as face-to-face therapy, or, in-the-room therapy, or, co-located therapy.)
Therapy online	The provision of therapeutic and/or supervisory services where parties are not in the same physical space (traditionally referred to as e-therapy, teletherapy etc.).

3.0 Competencies when Working Therapeutically Online

As with any therapeutic or supervisory endeavour, the provision of service requires a common set of standards in order to safeguard clients, supervisees and our profession. Standards are specified in terms of competencies (the necessary knowledge and skills in action). This document relates to the necessary competencies when working online and build upon existing professional competencies and frameworks - they are not replacements for them.

Further, this document presents a generic approach to competencies when working online so it is important to acknowledge that therapeutic competencies differ between therapy/supervision approaches and modalities. Therefore, it is incumbent upon practitioners to evaluate their online services congruent with their specific context, client group, theoretical approach and range of interventions. Despite this, these guidelines have been developed as a generic set of minimum, basic guides for practitioners choosing to work online.

As per the IACP Code of Ethics and Practice, working competently online requires practitioners to;

- a) Adhere to the ethical principles and values set out in the code of ethics whether working online, electronically, in-person or using any other methods of communication, in delivering services to a professional standard
- b) Be aware of potential risks and to take precautions to protect and safeguard the delivery of therapeutic or supervisory services
- c) Undertake training to develop the necessary skills and knowledge with regards to the technical, ethical, and legal considerations when engaging in online work including their use of social media.

All practitioners should be sufficiently competent in the use of technology in their work to be able to provide safe, secure and reliable services. In general, IACP Members should follow the same procedures and be guided by the same ethical standards e.g. working within their limits of competence, when providing mental health services online as they would when working in-person.

The following specific competencies are required of practitioners.

3.1 Clinical Competencies

Recently produced empirical research in therapy online from 2020 and 2021 has shown the efficacy of individual, family and child and adolescent therapy delivered online (Wolpe, 2020; Linardon et al, 2021; McKenny et al, 2021; Vermeire & Van den Berge, 2021; & Cronin et al, 2021). Cognitive behaviour therapy (CBT), for example, also appears to have transferred seamlessly to this mode of service delivery. It is not difficult to see how this has come about since CBT was well established via self-help programmes long before it came to be offered in real time by therapists working online. This means that the limitations of each practitioner's theoretical orientation represents the first major consideration before making a decision to work online.

Other theoretical models of therapy may present difficulties and challenges for practitioners hoping to work online. This is not to suggest that object relations theory, or any other psychodynamic approach is incompatible with modern technology, but it does point to the multifaceted nature of some theoretical models. It also suggests that the practitioners of these models should consider their suitability or otherwise for online delivery. It highlights too the importance of providing clients with explicit and relevant details about the practitioner's experience, theoretical orientation, and methods of working beforehand. Such information should also focus on any intrinsic limitations a particular approach may have in relation to online working, along with information about what outcomes could be expected if therapy proceeds.

3.1.1 Summary clinical competencies when working online

1. Practitioners are responsible for educating themselves on the impact of working online on all facets of the therapeutic encounter
2. Practitioners have considered the applicability and suitability of working online with their particular theoretical modality or approach
3. Practitioners have evaluated the limits of working in online contexts with respect to the interventions and expected outcomes of their approach
4. Practitioners have communicated any risks/limitations of delivering their approach via online methods to clients and have consent to proceed with these as appropriate
5. Practitioners are transparent when communicating training, experience and methods of working in online contexts to clients/supervisees
6. Practitioners have discussed their transition to and ongoing delivery of services online with their clinical supervisor and included all appropriate recommendations in the provision of their service
7. Supervisors work within their limits of competence to guide/support supervisees in the provision of online work, and, take steps to deliver their services in accordance with the same competencies expected of therapists.

3.2 Professional Competencies

3.2.1 Client Assessment & Suitability

Service providers of counselling and psychotherapy online have a duty to follow guidelines when identifying clients/supervisees who are suitable for (and are likely to benefit from) contact online. Some clients/supervisees may not have the level of computer literacy needed to benefit from working online, while others may lack the communication skills and general literacy required for this medium. Others, who, because of a disability, may have restricted access to online support, may not benefit from online provision. If prospective clients seem unlikely to benefit from this medium, procedures should be in place to guide them towards appropriate help. This rule applies for example to clients who may be at risk through self-harm or harm to others, or those who seem beyond the practitioner's level of competence. Practitioners should be realistic about their own level of competence in certain contexts when assessing clients/supervisees for online work. Some mental health issues, including psychosis or severe personality disorders, may prove intractable to therapy online. Additionally, clients who present with ongoing problems of addiction or alcoholism, or those who seem reluctant to comply with contractual arrangements, may find more beneficial alternative mediums of support.

3.2.2 Contracting

Prospective clients online need to be provided with certain details, including pre-therapy information and contractual issues, and this should be available on the practitioner's website. In addition, this information should be replicated via email once communication between client and practitioner is established. Clients may quickly scan initial details, including terms and conditions, on a website without actually absorbing all the details, thus the importance of repeating them. To avoid misunderstanding, the language used to convey this information should be clear and unambiguous. If there are financial implications for the client, or for a specific organisation, this should be clearly stated too. The establishment of a contract can help to reduce the potential for misunderstanding or disagreement between client and practitioner, and can serve as a

useful reference point if conflict or misunderstanding arises during the course of therapy. Practitioners need to consider their own boundaries and limitations when working online, just as they would in in-person work with clients. This applies to practitioners working alone, as well as to those working within organisations.

The contract, which sets an agreement between client and practitioner, is the foundation of the relationship. It provides information for the client who will then know what to expect. It also establishes the boundaries of the therapeutic relationship and is designed to ensure that the client understands how the practitioner is going to work. Weitz (2014) considers it an additional and 'important part of informed consent' (Weitz, 2014: 175). Written contracts are encouraged in all cases to avoid ambiguity, to provide transparency consistent with the principle that "the palest ink is better than the best memory".

The following are specific aspects of working online:

- a) Information about how you work online. Is this done synchronously or asynchronously? Is it done via email, telephone, video, therapy platform etc.?
- b) Details about session booking, dates and times of contact, as well as response times from practitioner to client/supervisee.
- c) The duration of a typical session
- d) Making security arrangements (verifying location and privacy before proceeding with each session and recording this in clinical notes)
- e) The client's responsibility in relation to electronically stored or printed material either sent to or received from the practitioner
- f) The ethical framework or code of ethics that you adhere to
- g) Details of fees and how payment is accepted. For example, is payment per session or payment per block of sessions, do you employ a payment processing platform or via bank transfer
- h) What can realistically be expected by the client/supervisee and what may be achievable during your work together online
- i) What should happen in the event of technology failure or an emergency, and what are the alternative means of contact?
- j) What are the arrangements for you or the client/supervisee if either becomes ill or if someone dies?
- k) The difference between communication used for making practical arrangements, and the material content sessions. For example, using a mobile phone to confirm or cancel appointments, but not for personal or confidential communication
- l) Policy about sending or accepting email attachments and the use of technological resources including blogging and public forums
- m) General referral procedures and procedures in the event of emergency or crisis
- n) Consideration of legal / jurisdictional obligations are required prior to undertaking the delivery of services outside of the Republic of Ireland.

3.2.3 Informed Consent

As there may be difficulties in establishing the truth of certain important client details, including age and capacity to give informed consent, the onus is on practitioners to make reasonable efforts to verify them. Many practitioners choose this area of work, but when they do they should take extra care to establish additional safeguards about potential clients. When the client is underage the practitioner needs to consider whether, in certain circumstances, both parents or guardians should be informed, see Irish Association for Counselling and Psychotherapy, 2018. Anthony and Nagel (2010) point out that payment by credit card or internet payment account is not necessarily proof of adult status, a point that private practitioners in particular should be aware. Steps should be taken during assessment to ensure that information gained from clients

is equivalent to that obtained in in-person work with clients. Assessments may be conducted via online questionnaire, via personal communication or in the form of an initial intake session. Preferences of assessment methods should consider both practitioner and client/supervisee. These guidelines are applicable even when limited services, including, for example, a one-off session, are provided. In this context, it may not be possible to gather comprehensive client/supervisee details, but adequately informed consent should still be obtained.

3.2.4 Insurance

Practitioners who wish to work online should ensure that their professional indemnity insurance covers their work in this medium, and that it extends to coverage of relevant jurisdictions and the laws which apply. Many insurers will stipulate certain security conditions that should be met before insurance for online work with clients/supervisees is granted. It is worth stating that practitioners who engage in therapy online as part of their practice should understand that they may be subject to regulations and laws in the client/supervisee's jurisdiction as well as their own.

3.2.5 Fees & Payment

Earlier, we mentioned that clients/supervisees need information about fees and other costs and how these should be paid. This information forms part of the contract between client/supervisee and practitioner. Practitioners need to ensure that online systems provided for payment are secure and reputable with a means to track payments from specific clients/supervisees. It should also be noted that practitioners should aim to receive payments and follow up in the event of things going wrong as transparently and simply as possible for the client/supervisee. This should include arrangements (contract provisions) for cancellations, re-scheduling appointments, deferrals, postponements and any costs levied under such circumstances. Further, practitioners should make fee collection arrangements known in the event of an early termination/withdrawal, especially if there is a backlog of fee payments due.

3.2.6 Supervision & Professional Support

As with in-person work, supervision is a core element of both clinical, professional and personal support for practitioners. Supervisees seeking to change supervisor, or at first time selection, whose practice is blended (a combination of in-person and online) should make specific arrangements to evaluate a potential supervisors competence, training and experience to supervise effectively online.

There are an increasing number of online courses available for trained practitioners who wish to work in the online space. Some courses offer training to diploma level, while others may be short and conducted over a few days or a weekend period. There are also additional CPD courses on how to provide supervision online. Practitioners of therapy online and also supervision online have a duty to ensure that their work is adequately supervised in a way that will support their work with clients whether in-person, online or in a blended manner.

There is currently

3.2.7 Technology Failure Planning

Working online requires a sound practical and theoretical knowledge of the various issues and technologies employed in the provision of online services. This is especially important in the event of a sudden or temporary breakdown in connection between the practitioner and client/supervisee. To reduce anxiety for practitioner and client, it is important as practitioner that you have minimum knowledge of technology and the possible issues that can disrupt the provision of therapy online.

To minimise the possibility of technological problems, therefore, practitioners should consider protocols for technology breakdown.

Perhaps the most important point to make about potential technological failure is that the possibility should be discussed between practitioner and client/supervisee before it happens. In this way, both parties can agree a strategy for responding to disruptions, which might involve waiting a certain length of time and then either phoning or texting in order to rearrange suitable reconnection or re-scheduling of the interrupted session.

Practitioners should also be clear on fee impact should a technical disruption prevent a resumption of the session and/or a re-schedule be impractical.

3.2.8 Summary professional competencies when working online

1. Practitioners must include client/supervisee assessment of suitability for online service delivery when contracting and refer on where necessary. Consider whether online work is suitable given a) therapist loss of control of the therapeutic environment; b) the import of the disinhibition effect and c) client populations or presentations which may not be suitable for working online e.g. emergency interventions like suicide prevention, active addiction, etc.
2. Practitioners must ensure that they have adequate technical, security and information technology competence and skills, and are capable of supporting clients/supervisees (should the need arise) when working in this medium.
3. Practitioners are responsible for the provision of pre-therapy and contract arrangements in order to facilitate informed consent. All information provided must be accurate and up-to-date including any claims for efficacy, price, credentials, associations, insurance cover etc.
4. For the protection of the client and therapist, practitioners are encouraged to consider the usefulness of written contracts over verbal contracts when securing client/supervisee consent.
5. Special care must be given to particularly vulnerable groups when contracting to work in-person or online e.g. children/adolescents, those with impaired cognition which may affect their ability to provide consent, those in active addiction etc. Additional contracting and informed consent steps may be necessary for these cohorts.
6. Practitioners are responsible for ensuring adequate insurance cover is in place for the delivery of services online.
7. Practitioners must ensure the security of client financial information (and their own) when arranging fee payment. Steps must be put in place to safeguard personal information e.g. bank details, email communications, text messages, other messages etc. with potentially sensitive information.
8. Practitioners should evaluate their supervision needs with respect to their practice alignment e.g. supervisors supervising therapists in blended practice (online and in-person work) must have the requisite skills to deliver supervision online, as well as to support supervisees in the delivery of services through this medium.

9. Practitioners must take appropriate steps to safeguard online work from termination/interruption and discontinuity where possible. Arrangements for backup means of continuing sessions in the case of disruptions should be dealt with during contracting. This should include monitoring consistency over time and taking reasonable steps to safeguard in-session experiences for clients/supervisees.
10. Practitioners should ensure that emergency contact information (including next-of-kin details) are available for clients/supervisees at the start of each session in the event of unexpected incident or accident occurring when in-session.

3.3 Technological Competencies

It is the practitioner's responsibility to ensure that the technology they use in the provision of services online is safe and fit for purpose. This includes ensuring that anti-virus, firewall, encryption and spam blocking software are all in place. It also means ongoing maintenance of other technological tools necessary for safe practice e.g. ensuring system updates to computers and other devices are up to date, that anti-virus signatures are current and that certificates and encryption keys are maintained.

Courses in online work should include details about the installation and maintenance of the necessary applications, tools, services and platforms necessary to maximise safety online (client, supervisee and practitioner). In addition, clients/supervisees should be made aware of system requirements necessary to avail of online services and, should be warned of the risks of communication failure in-session and how to protect against this.

As part of initial assessment procedures, clients/supervisees should be given instruction on how to avoid privacy/safety threats and the inherent risks in working online.

Practitioners are also responsible for ensuring that the technology they use, including all hardware and software, is up to date, stable and capable of functioning efficiently.

3.4 Legal Competencies

Practitioners should be aware of Irish law on data protection: this is included in the Data Protection Act 1988 (as amended by the Data Protection (Amendment) Act 2003) and deals with data protection for phone, email, SMS and internet use. Section 51 of the British-Irish Agreement Act 1999 is also of relevance in relation to cross-border matters of data protection.

3.4.1 General Data Protection Regulation

Therapists must comply with GDPR legislation and make sure that service used guarantees confidentiality and online safety (2 - IACP Criteria for Remote / Online Counselling & Psychotherapy Work). Client/supervisee confidentiality must be protected at all times irrespective of the recording medium or means of service delivery. Information about the client/supervisee should be released only with their permission and any limits and exceptions to confidentiality arrangements should be stated clearly as part of informed consent and initial contracting. In online environments, the possibility of recording sessions (in whole or in part) is ever-present.

3.4.3 Interjurisdictional Practice

One of the primary advantages of working therapeutically online is the possibility for practitioners to build their practice from wider geographical areas than ever before due to the removal of travel and other restrictions. This now includes working outside of the country of the practitioner.

Working across geographical borders means that accreditation / licensure requirements, qualifications, codes of practice, insurance considerations and standards may differ from one country to another. Practitioners should take time to carefully investigate and make arrangements for these differences. Practitioners working across geographical jurisdictions must abide by and uphold the standard of practice required by their accrediting body/bodies.

Insurers must be included in plans/arrangements for the delivery of interjurisdictional practice and practitioners must verify they have sufficient cover in place to safeguard themselves and their clients/supervisees.

Further considerations may be necessary to be carefully considered. E.g. next-of-kin arrangements, medical contacts e.g. GP or care team, authorities and state services (where a disclosure of retrospective childhood sexual abuse is part of the therapeutic frame etc.). It may even be necessary to seek some form of consulting supervision from a supervisor in-country of the client/supervisee so that Ireland-based practitioners can validate necessary standards of practice and arrangements, especially if practitioners intend to build their practice from those jurisdictions.

3.4.4 Summary legal competencies when working online

Practitioners need to understand GDPR demands when working therapeutically online e.g. transmission, retention and processing of personal information. This would include for example communications with other parties in the course of service provision e.g. TUSLA etc.

4.0 Training

As with any therapeutic intervention, practitioners are expected to work within their limits of competence for the protection of clients/supervisees. The same is the case for the delivery mechanism of therapy including therapy online. This includes ensuring that adequate training in the provision of therapy online has been received from a reputable source and practitioners engage in continuing professional development when working in this medium.

Training should include at a minimum:

- Understanding the various means of delivering online services
- Understand the evidence and efficacy of working therapeutically online
- Exploring the benefits and risks of therapy online for practitioners and clients/supervisees
- Evaluating whether the service provided by practitioners is suitable for therapy online
- Legal & Ethical considerations including Informed Consent, Privacy Policies / GDPR
- Technology solutions; benefits and risks and establishing safeguards
- Practical skills in working therapeutically online (including experiential learning with working online)
- Understanding and working with the differences between working in-person and online
- The role of the disinhibition effect
- Planning for technical breakdown/accident/emergency
- Delivering/Receiving supervision online
- Future Developments and importance of staying up to date with technology changes

Specialist training is also an option for practitioners who intend to make some/all of their practice blended or exclusively delivered online. This may include formal courses from training providers to e.g. Diploma Level. Practitioners considering specialist training should verify course prospectus against these guidelines to ensure that these courses meet the minimum criteria for working therapeutically online.

5.0 Supervision

Online Work must be supervised and must meet the same supervision requirements as in-person work. Practitioners should ensure that they remain up-to-date with the latest supervision requirements e.g. ratios of client to supervision hours whether in-person or online.

Supervisors of online work should adhere to IACP's Recommended Approach for Online Counselling and Psychotherapy (Section 3 - IACP Criteria for Remote / Online Counselling & Psychotherapy).

Supervision online is recognised as a suitable method of support and confers several advantages over in-person supervision e.g. helping to uncover parallel processes and similar dynamics especially when both practitioner and supervisor are working in the same medium. Supervisors need to have a comprehensive understanding of the many issues when working therapeutically online.

Practitioners too must work to achieve the competencies necessary to deliver safe and effective online work with clients.

Practitioners are therefore reminded of the ethical imperative of personal selfcare as a critical priority and a necessary prerequisite for maintaining safe practice.

Practitioners should remain current with IACP guidelines on supervision in the various Code of Ethics, which outline the responsibilities of both supervisors and supervisees, taking into consideration the therapeutic/supervisory setting and the need to maintaining effective clinical boundaries.

6.0 Issues specific to working therapeutically online

6.1 Working across borders

See section above on working interjurisdictionally (3.4.3).

6.2 Managing Ethical Issues

As expressed elsewhere in this document, the various ethical concerns when working therapeutically online can be summarised as:

- Practitioner competence (appropriate training and working within limits)
- Informed consent (risks, consequences and benefits)
- Privacy (of client/supervisee and practitioner data)
- Security limits (technology, platforms, tools, third-parties, etc.)
- Ensuring adequate emergency protocols are in place
- Effective management of the clinical *and* psychological contract.

Practitioners should employ similar ethical awareness, discernment and decision-making when working therapeutically online as when in-person including close collaboration with their clinical supervisor, stage agencies and the relevant authorities.

6.3 Therapist self-care

Practitioners should understand that they need this level of competence and expertise to support their online work with clients. Maintaining self-care (and by extension safe practice) includes, among other things, being aware of boundaries, especially in relation to practitioner availability and response to clients. Practitioners should also be aware of IACP guidelines on supervision in their Code of Ethics, which outlines the responsibility of both supervisor and supervisee, with particular reference to the setting and maintaining of clear boundaries. (See also Part 5, Supervision)

6.4 Risk Assessment & Management

Initial assessment of incoming clients is a core skill in all approaches to therapy.

Practitioners need to be aware of the nuanced differences in not having full-body cues and the need to adapt their skillset towards more awareness of facial expressions, head-and-shoulders body language and tone of voice, when working therapeutically online with clients.

One specific area amplified when working online is the Disinhibition Effect (DE), (see Suler 2001, 2004a, 2004b, 2005 and 2008; Scharff, 2020; Merchant, 2021). Practitioners are strongly encouraged to understand the clinical implications, both positive and negative, of DE when working therapeutically online. The Disinhibition Effect can afford clients the ability to reveal negative emotions and thoughts in therapy online earlier than might occur in therapy in-person, this freedom can have a positive impact on the therapeutic work with clients.

6.5 In case of emergency (ICE) arrangements

Accessing therapy/supervision online has meant that in some instances clients/supervisees are attending sessions remotely due to a variety of circumstances and necessity. It is important for practitioners to request exact location information from clients/supervisees particularly where a client/supervisee is accessing sessions from their car or any other outdoor environment. This location information is required to ensure prompt and accurate details are provided to the emergency services and/or emergency contact(s) in the event of an accident or emergency. Best practice for delivering services online is for practitioners to have emergency contact/next-of-kin details (name and phone number) available at the beginning of every online session in case of in-session emergency. In the event of an emergency e.g. a health and safety issue arises during the session, practitioners should stay connected and make contact with emergency services/next-of-kin while the client/supervisee is online until help arrives. Notes of such adverse events should be recorded in clinical notes and followed up as appropriate.

With these considerations in mind, it is considered good practice to maintain a next-of-kin and emergency contact list available to-hand before session commencement. This may include for example:

- Client/Supervisee mobile phone number
- Next of Kin name and mobile phone number
- GP name and surgery number
- Local Gardai number/emergency services number
- TUSLA Duty Social Worker contact name and number

Clients/Supervisees should be informed of protocols in place in the event of accident/emergencies during online work.

6.6 Working with Minors

When working with minors online, the same principles to working with minors in-person also applies here. Consent must be obtained from the parent or legal guardian prior to commencing any therapeutic intervention online. To obtain parental or legal guardian consent to working with a minor online, the practitioner needs to set up their own consent form which can be emailed to the parent/legal guardian prior to sessions taking place. Adherence to GDPR legislation is required whether working in-person or online. As practitioners qualified in specialist area of working with children and adolescents, you need to inform the parent/legal guardian of the work that you offer online.

6.7 Working with Couples

Working with couples online requires the practitioner to obtain informed consent from both parties independently, ahead of any therapeutic intervention proceeding. There also needs to be in place very robust policies and/or protocols, for instances where there is a suspected case of domestic abuse. Informed consent obtained when working online requires the practitioner to request that both parties must contact independently via email confirming their consent to engage with couples therapy online. Qualified couples and relationship practitioners will need to email both individuals to request them to complete a consent form and to sign it and return it prior to any agreed session taking place. An initial assessment must take place with the couple and if there are any concerns arising about possible domestic abuse, the practitioner must have an escalation policy in place in case of immediate risk of harm.

6.8 Working with Families & Groups

There are any number of support groups online which may operate with or without a facilitator or leader. Participants in these groups value the communication, help and shared experience which they receive from other members. In addition, group members tend to value the anonymity which many online support groups provide. However, therapy-led online groups are very different, and should not involve the anonymity characteristic of support groups. In fact, the rules of participation and behaviour between members in a therapy-led online group should be just as carefully considered as those of in-person group facilitation. This applies to all aspects of group facilitation, including intake procedures and the management of conflict within the group as well as the management of endings. Participants should be aware of the terms of membership of the group, as well as the group rules and what happens if there is a breach of these.

With the advancement of technology, it has enabled the successful delivery of therapeutic work with couples, families and groups online. All ethical considerations which apply to individual therapy with clients, both in-person and online, apply also to working online with couples, families, and groups. Best practice requires practitioners offering couples, families, and/or group therapy online, to ensure that the facilitator has received the full name, address, and informed consent, prior to commencing the work. This should also include current location information and emergency or next-of-kin contact details in case of any emergency arising.

Practitioners should also be aware of their chosen technology platform they utilise for couple, family and/or group work, as to enable facilitators to ensure the safety of the therapeutic space online. It is best practice that the facility to mute or remove any participant is available if deemed necessary for the safety of all participants. The facilitator should also have the functionality to lock the session/group to reduce the potential of being interrupted by bombing incidents. Practitioners are advised to ensure that they have the requisite competencies and training to work therapeutically online before embarking on offering such services. Consideration is also advised to ensure that practitioners' own insurance adequately covers working therapeutically online also.

8.0 Additional considerations

As with all guidelines practitioners are advised to consider emerging research and the state of technology change when applying competencies listed in this document. This would include giving due consideration to best practices when working therapeutically online, as one would in in-person context. Guidance should be sought in supervision where these changing practices affect current practice.

9.0 Reading & Resources

9.1 Suggested Further Reading

Organisation	Resource	Address
American Psychological Association (APA)	Resources and articles about working therapeutically online.	www.apa.org
American Counselling Association (ACA)	Useful resources for telehealth.	www.telehealth.org/ACA
American Counselling Association (ACA)	Code of ethics sections H.1.a & H.1.b regarding HIPPA compliance when working with US citizens	Click Here.
British Association for Counselling & Psychotherapy (BACP)	A range of useful resources, competencies frameworks and guidelines on working online.	Click Here.

9.2 Online Resources

Association for Counselling and Therapy Online. Available at: www.acto-uk.org

Data Protection (Amendment) Act. (2003) Irish Law on Data Protection + British / Irish Agreement Act (1999) Available at: www.dataprotection.ie

Ethical Framework for the Use of Technology in Supervision (2014) Online Therapy Institute. Available at: www.onlinetherapyinstitute.com.

International Society for Mental Health Online (2014) Available at: www.ismho.org

The Irish Freedom of Information Act (FOI) 2014 + The freedom of Information (amended) Act (2003). Available at: <http://foi.gov.ie>

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