

4 Counselling using videoconferencing platforms

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4 Counselling using videoconferencing platforms



Video-based counselling (sometimes referred to as videoconferencing counselling) is perhaps the most similar to face-to-face counselling, in that it is possible to both see and hear the client. However, there are important practical and clinical considerations to consider for moving to video-based counselling.

4.1 Choosing platforms for video-based counselling

Identifying which platforms are best in terms of data security and usability can create anxiety: there are many platforms available and if you're not a cyber-security expert, it can be difficult to understand how to judge the security of each one.

Activity 12 explores this further.

Activity 12: Understanding platforms for video-based counselling

Allow approximately 20 minutes

Listen to Sarah Worley James and Sally Brown explore the topic of choosing a platform for video-based counselling and answer the questions below.

Audio content is not available in this format.

Why does Sarah recommend the videoconferencing platform Zoom?

Provide your answer...

Discussion

Because (a) it has high security, and (b) it is possible to create a virtual room for a meeting without entering any personal client data – you send your client a URL that allows them to enter the meeting room at the agreed time.

What are the potential issues that Sarah talks about with using platforms such as WhatsApp?

Provide your answer...

Discussion

Sarah notes that any platform that needs client personal data to be entered – such as a phone number or email address – creates a higher risk of a data breach. One risk she discusses is that it is easier for your own device to potentially sync client data with personal contacts, so for example making it easier to accidentally include the client in a personal WhatsApp group message of a funny animal video.

4.2 Practical considerations



There are some important things that counsellors need to consider when using videoconferencing software:

- **Client considerations:** Do you have the client's email address (for sending the meeting invite) and phone number (in case the technology fails)? Have you checked that the client has private space that feels safe and is free of interruptions? This will be a really new thing for clients to have to consider so it is worth exploring what this feels like. Have you sent the client all the information they need to join the online

session? The [further resources](#) section has an example of a client information sheet for using Zoom in online counselling.

- **Space for offering online services:** In the best-case scenario, the space where you engage in video-based counselling is similar to the one where you offer face-to-face counselling. This means potentially removing any clues to your personal life that might be seen in the background: for example, are any pictures of family members visible? It means considering the extent to which you can ensure quiet and privacy versus noise and interruption from others, such as children who may be home due to school closures. You may want to consider steps such as putting a sign on the door to your counselling space when you are working with clients.
- **Equipment:** You need to test both your camera and sound system (microphone/speakers), and ideally you should do this before each session. Headsets provide additional privacy because they mean that the client's words cannot be overheard. Experiment with the camera's placement to make sure that you are looking straight into the camera – you don't want the client to be looking up at you or at your ear. Think also about your distance from the camera: you don't want to be too close, but you don't want to be so far away that your facial expressions are hard to read. Some videoconferencing software allows you to alter your image in flattering or strange ways – these are probably not recommended!
- **!Warning! Calibri not supported Contingency planning:** At the outset you need to agree with your client what you will do if there are technology issues: sound or video freezing, or getting lost at either end. This might mean agreeing to go to phones.

4.3 Learning to use Zoom

Once you have chosen your platform, you need to learn how to use it. Sarah spoke about Zoom's features, such as screen-sharing. In Activity 13 you will have a go at setting up a Zoom account and an online meeting room, as well as learning more about how to use Zoom.

At the time of publication (April 2020) there are ongoing developments relating to Zoom's security and data protection features. We recommend you check regularly for the latest updates (such as Hanson, 2020) and amend any information in your contract accordingly.

Activity 13: Zoom

Allow approximately 30 minutes

This activity works better if you can arrange an online meeting with a friend. You can invite your friend to the meeting by sending them the meeting URL (more on this below).

1. If you don't have one already, set up a Zoom account. Note that you will need an email address to [sign up at the Zoom website](#). With your counselling Zoom account you might want to not sign in with Google or Facebook, even though both are available as options.
2. Follow the steps to activate your account and then download the desktop app.
3. Open a meeting. Note that in a real meeting, you should make your clients aware of Zoom's privacy policy; as a security measure you may also want to set a password to access the meeting. At the bottom of the screen there is an icon of

an audio headset with an arrow beside it; click on the arrow and then on 'Test speaker and microphone'. If you can get a friend to join you in a meeting, practice how to:

- mute yourself
 - mute them
 - stop the video
 - share your screen
 - end the meeting.
4. Try scheduling a meeting. (The Zoom website has [guidance on how to do this.](#))
- You can schedule the meeting at the same time every week.
 - Select 'Generate meeting ID automatically', because you probably don't want clients who know your private meeting ID to be able to randomly call you.
 - Choose the password option – this ensures that only people who have been emailed the meeting invite can access the virtual room.
 - Under the 'Calendar' option, if you click on the 'Other calendar' button you will get a window that has all the information you need to email someone so that they can access your online counselling session.
 - Under the advanced options you can select 'Waiting room', which allows you to choose when to let the client into the virtual room – meaning you have time to check that your camera and sound are working and that your hair is not sticking up!

You should use the following settings:

Tab	Section	Setting
Meeting	Schedule Meeting	Require password for participants joining by phone: On
	In Meeting (Basic)	Require Encryption for 3rd Party Endpoints (H323/SIP): On
		Feedback to Zoom: Off
		Screen sharing: On ¹ /Who can share? All Participants
Recording	Waiting Room: On	
	Local recording: Off	
	Cloud recording: Off	
	Automatic recording: Off	
		Recording disclaimer: On ²

¹ This is to allow for the counsellor showing resources to their client, or the client sharing something – perhaps a family genogram or thought diary.

² This means that the other person has to consent to recording by clicking a button.

Zoom allows you to record sessions (both video and audio). If you start to record a session, your client will see a 'record' icon. Recording creates additional highly sensitive

personal data that is subject to GDPR, so it is not recommended. If you are hosting the meeting, your client will not be able to record the session through Zoom unless you give them permission.

Changing your background in Zoom is not possible on all computers. If you can do it, you may find it helpful to use an image of the counselling room where you usually meet the client as your background. This also overcomes any issues related to the background you would otherwise have. To do this, go to 'Settings' and then 'Virtual background', and select or upload the image you want from there.

4.4 Clinical considerations

In Activity 11 you read that the research on digital therapies confirms its effectiveness. Research focused only on synchronous videoconferencing counselling is similarly positive, suggesting that it is effective for a wide range of client issues, with good user satisfaction, and similar clinical outcomes to traditional face-to-face psychotherapy (Simpson, 2009; Backhaus et al., 2012).

Research on therapeutic alliance also suggests that strong alliances can be formed in videoconferencing counselling (such as Simpson and Reid, 2014), although questions remain about the extent to which alliance is different or differently important than in face-to-face counselling. For example, one recent meta-analytic study that examined therapy alliance in video-based counselling compared to face-to-face therapy found that although alliance was high in video counselling, it was still lower than that reported in the face-to-face equivalent. Despite this, however, there was no difference in outcome of counselling: both therapy types were equally effective (Norwood et al., 2018).

Pause for reflection

Think about your own experience of videoconferencing with clients, friends or family. What is your experience of relating to others through videoconferencing? Are there things that you like or things that you struggle with?

Activity 14: Clinical considerations in video counselling

Allow approximately 30 minutes

Read the following extract (from Vincent et al., 2017, p. 72) and answer the questions below.

(Note that 'VOIP' means 'voice over internet protocol'. 'VOIP', or 'VOIP software', are alternative terms for 'videoconferencing'.)

So, for example, there was a concern that this way of work limits the therapist's confidence in feeling that he or she is sufficiently well attuned to the client's emotional state (Scharff, 2012) and, in parallel, can trust their counter-transference. Loss of image definition and distortions to voice quality play into this problem. Moreover, the abrupt beginnings and endings of sessions mean that important information is lost about how clients enter the consulting room, talk of their journey to therapy and then exit the room at the end of the session. Tao (2015) explores the impact of the VOIP setting on the analytic frame in detail, discussing whether such a connection can

provide a 'good enough' setting for therapy. He describes how VOIP (or 'teleanalysis', as he terms it), reduces the journey to therapy to just one click of the computer mouse, making it seem more like a magic game than making a real, serious connection. Once a computer session is started there are questions about how we as therapists relate to the computer screen and to this 'virtual space' (Balick, 2014, p. 32) imagined to exist between us and our clients. There is a self-consciousness associated with using a video camera reinforced by simultaneously being able to see a picture of oneself on the screen as one talks. The experience of feeling less emotionally attuned to the person at the other end of the line coupled with the self-consciousness that comes from observing oneself can heighten the feeling that the conversation tends towards a narcissistic or solipsistic exchange. Balick (2014, p. 32) makes the point that in feeling less emotionally connected to the person at the other end of the line, there is a greater opportunity for participants in computer-linked conversations to experiment with projecting different identities. One respondent thought that the couple he worked with using VOIP used their screen to present an over-idealized image of themselves to themselves and to their therapist: that of being a linked couple (they used one video camera and sat closely intertwined on a sofa at home), which was at odds with the reality of their non-relating. Another colleague reported that a web camera exchange involved seeing her client in her night clothes and sitting up in bed. These presentations of self and couple were possible because of the clients' control of the web camera location and use. In both cases, the therapists pondered hard on whether these presentations helped or hindered the therapeutic task.

List the potential shifts in the therapy encounter that is discussed in this extract.

Provide your answer...

Discussion

The authors discuss concerns around:

- reduced attunement to clients
- reduced trust in their own counter-transference responses
- concern about lost information at the beginning and end of sessions
- worry that counselling in a virtual space feels less real
- self-consciousness, exacerbated by being presented with an image of oneself on screen
- the potential for more narcissistic or solipsistic encounters
- the enhanced scope for clients to present different selves
- the potential to present idealised selves
- a shift in the therapy power dynamic because the client can choose where and how to appear on camera.

Think about your response in the pause for reflection before this activity. Do the issues raised in this extract resonate for you? Do you experience other issues that are clinically important?

Provide your answer...

Discussion

You might also have noted that in videoconferencing – whether you're with friends and family, or clients – that the screen is often dominated by a head/face shot. This reduces the ability to pick up on body language and is also a bit odd: usually we would have to stand very close to someone to get that kind of close-up view.

A related point is that in most conversations, people look away from each other a great deal, often when they are talking. Videoconferencing can make you feel more self-conscious about this, leading to more prolonged eye-to-eye contact – which can feel uncomfortable.

A third issue is that you would not usually see clients in their homes, let alone in bed in their bedclothes! So here is something around how virtual meetings that blurs boundaries in ways that are meaningful for counselling.

You should now move on to [Topic 5: Audio-only and phone-based counselling](#) .