Zoom or Room?

Research-informed Guidelines to Support Good Communication in Online Therapeutic Interactions

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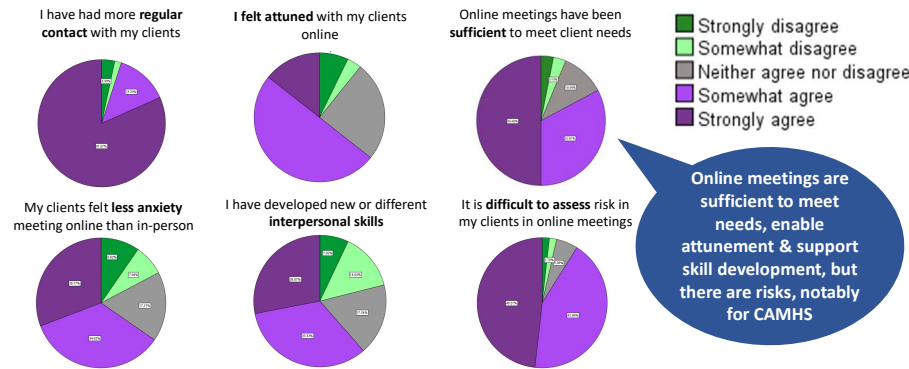
RESEARCH OBJECTIVE

- Covid-19 prevented or constrained in-person meetings
- This affected clients receiving a wide range of psychological therapies
- This potentially risks mental health beyond the difficulties caused by restrictions in work, education and social life
- Zoom or Room used Video Interaction Guidance (VIG: Kennedy et al., 2011), based on Trevarthen's (1998) perspective on attuned interaction, to learn more about how practitioners managed the shift to online therapeutic conversations and how we can use this knowledge to improve services.

How did practitioners adapt practices to meet clients online?

Can online conversations be as connected as in-person ones?

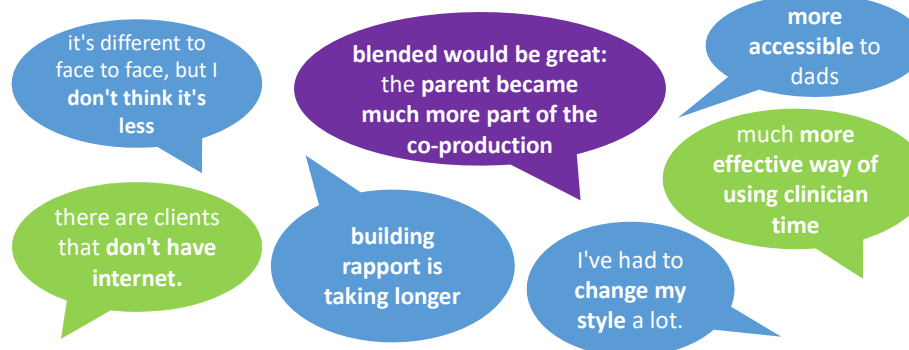**What are the implications for future online therapy?**

STUDY METHODS

Online survey
- 72 education, health and other practitioners in the UK: experiences of meeting clients online July 2020- Jan 2021
- 86 % female, ages 18-65; 92% were meeting clients online; 50% mainly worked with children; 67% mainly worked 1:1

Therapists reported on:
- Client attitude and responses to online meetings
- Own attitude and responses to online meetings
- Barriers and support from employers
- Changes in own attitudes and experiences
- Adaptations and views on the future of online therapy

Interviews
- 13 practitioners: experiences of adapting practice, future plans

Video analysis
- 51 video clips from VIG supervisions and shared reviews (15 in-person, 36 online) from 10 practitioners with 13 clients

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FINDINGS: SURVEY

I have had more **regular contact** with my clients

I felt attuned with my clients online

Online meetings have been **sufficient** to meet client needs

Legend:
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

My clients felt **less anxiety** meeting online than in-person

I have developed new or different **interpersonal skills**

It is **difficult to assess** risk in my clients in online meetings

Online meetings are sufficient to meet needs, enable attunement & support skill development, but there are risks, notably for CAMHS

FINDINGS: INTERVIEWS

Key themes: Looking to the future, accessibility, attunement, practitioner impact, technology impact, therapeutic effectiveness, client-led, equalities, and relationships

it's different to face to face, but I don't think it's less

blended would be great: the **parent became much more part of the co-production**

more accessible to dads

there are clients that **don't have internet.**

building rapport is taking longer

I've had to **change my style** a lot.

much **more effective way of using clinician time**

FINDINGS: VIDEO ANALYSIS

Global Coding: warmth, responsiveness of client and practitioner, balance, and time & space given to the client (see *figure 1*.).

Fine Coding: coding scheme based on The Principles of Attuned Interaction and Guidance (Kennedy, 2011) and coded with *Mangold Interact software*.

- Slightly lower warmth and client responsiveness online than in-person but all highly rated: adequate service standard?
- Detailed analysis shows practitioners when online need to lead more and interrupt to establish equal turns
- Clients go in to depth with therapists online
- More time is spent attending to a partner online and therapists are equally encouraging online as in-person

FINDINGS: VIDEO ANALYSIS

Legend: Warmth, ResponsPrac, ResponsClien, Time-space, Balance

Delivery in-person or online

Mean global ratings of videos: 24 segments in-person (3 practitioners) vs 27 segments online (6 practitioners) Higher score = more positive but note ideal 'Balance' score is halfway (2.5)

IMPLICATIONS FOR POLICY AND PRACTICE

- **Online therapeutic intervention is viable to offer as a choice when in the best interests of the client**
- **Meeting online saves travel, time and resources, can provide more flexibility for minor rescheduling, new clients, better view of client home context**
- **Opportunity for more client agency and choice in co-designing hybrid meeting schedules**

POLICY NEEDS
- Much wider access to reliable broadband, especially rural areas
- Wider and equal access to technology

EMPLOYER NEEDS
- Staff health (home working: responsibility for screen breaks, visual and postural checks, equipment, balance)
- Staff work planning: downtime and supervision pre-and post-online meetings
- Client safety (safeguarding plans for tech failure)
- Information governance (sharing effective safe practice across NHS and in local authorities)

PRACTITIONER NEEDS
- Pre- and post-meeting support
- Risk assessment especially for mental health needs
- Online skills development to foster attunement (e.g. via VIG)

RISKS TO MANAGE
- Some clients have no access or concerns preventing access
- Makes it harder to assess risk
- Could reduce sense of client community and space for informal chat

Further work is needed with larger, random and stratified samples and on client experiences and views across different services.

REFERENCES

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