



SilverCloud

MAKING SPACE FOR HEALTHY MINDS

Tips for online therapeutic communication



Introduction

Internet use is constantly increasing, more than 2 billion people worldwide use the internet for a multitude of uses including banking, shopping, conducting research or booking travel. However, apart from a few early adopters, mental health practitioners have been relatively slow to embrace the use of the internet in their practice. This is understandable given the fresh questions the online medium has produced: Is it clinically effective? Is it safe? Is it possible to develop an effective therapeutic alliance? What happens in a crisis?

Gradually, as these questions have been explored (Bernecker, 2014; Richards & Richardson, 2012), more and more practitioners have started using the internet to deliver treatments, through structured guided self-help programmes such as online CBT, e-mail therapy, and instant messaging therapy. This paper will briefly explore another relevant question: how does communication differ in online interventions? Some Dos and Don'ts of online therapeutic communication will then be offered.



How does online therapeutic communication differ from traditional face to face therapeutic communication?

Whether online interventions are an entirely separate form of intervention (e.g. Fenichel et al. 2002; cited in Richards & Vignano, 2013) or a transposition of traditional interventions through a new medium (e.g. Castelnovo, Gaggioli, Mantovani & Riva, 2003; *ibid.*) is a topic of some debate. Both viewpoints have one thing in common: they acknowledge that the online medium impacts on the experience of both client and practitioner. This paper looks at three areas: the online disinhibition effect, the importance of words in the absence of non-verbal cues, and the increased time to think.

1. The online disinhibition effect

Suler (2004a) has researched and theorised extensively the ways in which people behave differently online than through traditional methods of communication. He has noted that people will often say things online that they would not say face to face, and termed this the online disinhibition effect. A sense of anonymity and invisibility appears to be an important factor: the communicator not only feels relatively anonymous, but the recipients of their communication are also not as visible to them as they would be in a face-to-face environment.

There are positive and negative aspects to this online disinhibition effect. Some people may find themselves liberated by the medium and able to be authentically themselves and connect with people who share their interests; however, some people who would not typically be abusive to others in a face-to-face situation may display “trolling”* behaviour online.



There are also implications in the therapeutic context for clients and practitioners. Both may find themselves more able to communicate online. The relative comfort may make the client feel more able to disclose, and the therapist may feel more capable and make more effective and responsive interventions. However, there are potential downfalls: a client may feel very exposed if a disclosure they made more readily online than they would have face to face is not adequately responded to by the practitioner. Practitioners may not behave as professionally with their online clients as they do in their face to face work because of the lack of the cues present e.g. the formality of meeting the client in an office environment, and of course, the client's physical presence.

*Internet user behaviour that is meant to intentionally anger or frustrate someone else.

Dos and Don'ts:

- **Do remind yourself of what you know about the client before synchronous or asynchronous communications.**
This will help to limit potential damaging effects of relative anonymity.
- **Do be mindful of the potential benefits and pitfalls of the online disinhibition effect.**
- **Don't ignore your usual therapeutic boundaries and ethical practices.**
For example, don't self-disclose unless you would do so if the same scenario presented itself face to face. Also, be sure to provide the same amount of care as you would with a face to face client; if they are potentially at-risk, follow your policies.

2. The importance of words

All the client has to offer are their words, as there are no non-verbal cues: no gestures, no tone, no crying, no laughing (although there is the possibility of using emoticons 😊). The same is true for the practitioner. This means that words are of paramount importance in online therapeutic communication. For effective communication in this context, both parties must feel comfortable expressing themselves through writing. If this is a relative strength for them, all the better. Writing style is important, because ambiguous statements are more likely to be misinterpreted and/or projected onto in the absence of visual and verbal cues (Suler, 2004b).



Writing can be a therapeutic activity, because it encourages reflection and also encourages the client to put emotional experiences and difficulties into words, which can clarify the important issues for them, which may be cathartic (Sheese, Brown, & Graziano, 2004; cited in Richards & Vigano, 2013). Typing is typically slower than speaking, and may result in more manageable “chunks” of information for the clinician than in a verbal interaction. A potential downfall is that the relatively time-consuming nature of typing compared to speaking may be demotivating for some clients; this may result in superficial, hard-to-follow, or incomplete accounts. This is where the practitioner plays an important guiding role, like in face to face, in prompting through sensitive and relevant questioning. This is more easily done in synchronous than through asynchronous online communication.



A final benefit of writing is that a record is available to clients and practitioners. The client can review both their own words and those of the practitioner, refreshing their memory and perhaps deepening and/or reassessing their understanding. For the practitioner, they can look at dynamics and processes within the relationship, assess their use of skills, and bring records to address these in supervision.

Dos and Don'ts:

- **Do develop your own style.**
This should feel authentic and natural to you.
- **Do convey warmth, empathy, and respect through your style.**
It should not be overly formal, and will probably involve elements of your normal writing style coupled with how you communicate verbally.
- **Do use emoticons if it feels comfortable and/or the client uses them.**
- **Do explain psychological principles clearly and concisely.**
And relate these principles to the particulars of the client's situation.
- **Do clarify your client's communications.**
When they write something vague and/or ambiguous, check that your interpretation is correct (“In reading what you said about X, I understood Y. Is that right?”).
- **Don't be rigid and fail to respond to your client's style.**
There is no need to abandon your own style, but you can adapt to your client's punctuation, choice of words, and use of emoticons. This adaptation should be no more or less than would happen in face-to-face interactions. For example, if they use exclamation marks, it's good to use them too, but not to the same frequency if they don't feel natural to you.
- **Don't be vague in your responses.**
Vagueness will increase the potential for projection and misunderstanding by the client. Ask yourself how your message might be read by the client, and try to refine/qualify it to bring your meaning to the fore.



Time to think

Unlike verbal communication in person or over the telephone, both synchronous and asynchronous online therapeutic communication offer the client and therapist more time – time to reflect on the other’s communication, time to experience emotions, and time to think and draft communication. With asynchronous communications like SilverCloud reviews and e-mail therapy, the practitioner can choose to get up and do something else while reflecting on the client’s communication. So can the client in relation to the practitioner’s communication.



The nature of synchronous instant messaging allows less time for this, but still affords more time than in verbal communications. There is an understanding that typing takes longer, and that communication arrives in “chunks” rather than continuously. The client is not in front of you or on the other end of the telephone awaiting a response, which can remove pressure and allow more reflection.

This extra time has pros and cons. A negative aspect is that online communication rarely will feel as fluid as verbal communication, and there is the potential for practitioners and clients to project onto “silences”, which Suler (1997) refers to as the “black

hole” effect. When awaiting a reply that’s taking longer than anticipated, the “silence” can trigger worries and self-doubt, such as a client thinking, “I’ve shocked them” or a therapist thinking “my intervention wasn’t effective”. Positive aspects of this extra time are that both sides may feel they have the chance to express themselves more precisely and communicate more effectively, and that time may allow space for reflection.

A potential pitfall for practitioners, particularly with asynchronous communication, is that a tendency towards perfectionism may mean that they may get caught up in details and can’t let go. One of the major benefits of some online interventions including SilverCloud is that they can increase efficiency. This benefit could be lost if a practitioner spends too much time trying to “perfect” their communication. In synchronous communication, overthinking could negatively affect the flow of the conversation.



Dos and Don'ts:

- **Do take a few moments in a synchronous chat to gather your thoughts.**

- **Do re-read what a client wrote.**

If a particular piece of communication appears particularly important and/or is not entirely clear to you, do go back over it to ensure you've grasped what they are saying.

- **Don't take too long to reply.**

Your client may become anxious awaiting a reply. Your client might take a relatively long time to reply. If they do, you might not want to reply instantly, but it is not advisable to wait as long as they did. For example, if in an instant messaging chat, your client takes 5 minutes to reply, you might wait a minute or so before replying so as to not overwhelm them. But you shouldn't wait 5 minutes.

- **Don't overthink it.**

While you may want to occasionally reword something, or change the order of what you say, it is important not to overthink what you say.

- **Don't overthink "silences" from your clients.**

There are many reasons why a client might be inactive for some time in every online intervention format.

Conclusions

This paper has illustrated briefly how the online medium impacts on how clients and their practitioners communicate. It is clear that online communication brings potential benefits and pitfalls. Awareness of the strengths and limitations of any therapeutic modality is an important element of safe and ethical practice.

This paper has provided some tips for practitioners on how to communicate therapeutically online, both in terms of their own communication, and in their reaction to their clients' communications. The list of Dos and Don'ts is by no means exhaustive, nor are they intended as strict rules. The take-home messages from this paper are primarily about balance:

Adapt to your client and the medium...but only to a point.

Do take time to reflect...but don't overthink things.

Be precise to ensure understanding.

And finally, bring your offline personality, training, and experience into your online presence.



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