

# Online or in-person therapy: Research-informed guidelines for communication

The Zoom or Room study

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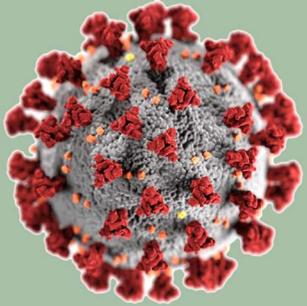


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#ZoomOrRoom

# Covid-19 restrictions led to...



## Overnight shift from in-person to online working in:

- Therapeutic conversations e.g. CBT, VIG, SLT, EFT
- Diagnosis, assessments e.g. child development autism clinics, CAMHS
- 'Remote' schooling e.g. check-ins, student supervisions
- Play-based activities e.g. sing-a-long groups

## Research Aims:

- **Is communication as closely aligned online as in-person?**
- How are online wellbeing interventions similar or different to face to face?
- How can we adapt methods to fit an online setting? ->
  - **Considerations to feed into GUIDELINES**

# Video Interaction Guidance (VIG)

- An intervention where a practitioner aims to improve communication within relationships that are important to a client, e.g. a parent and child.
- People are supported to reflect on video clips of successful interactions during shared reviews.
- VIG focuses on developing effective communication and attuned interactions.
- Video analysis, practitioner survey, interviews



# 1. Video Analysis



## Data:

- Clips of recordings of shared reviews and supervisions in-person ( $n = 15$ ) and online ( $n = 36$ ).

( $N = 51$  clips, from 9 practitioners)

## Questions:

- Are online interactions as attuned as in-person ones?
- What factors help or hinder attuned online interactions?



# 1. Video Analysis

Global coding 0-5

Warmth (Dyad)

Responsiveness (Client)

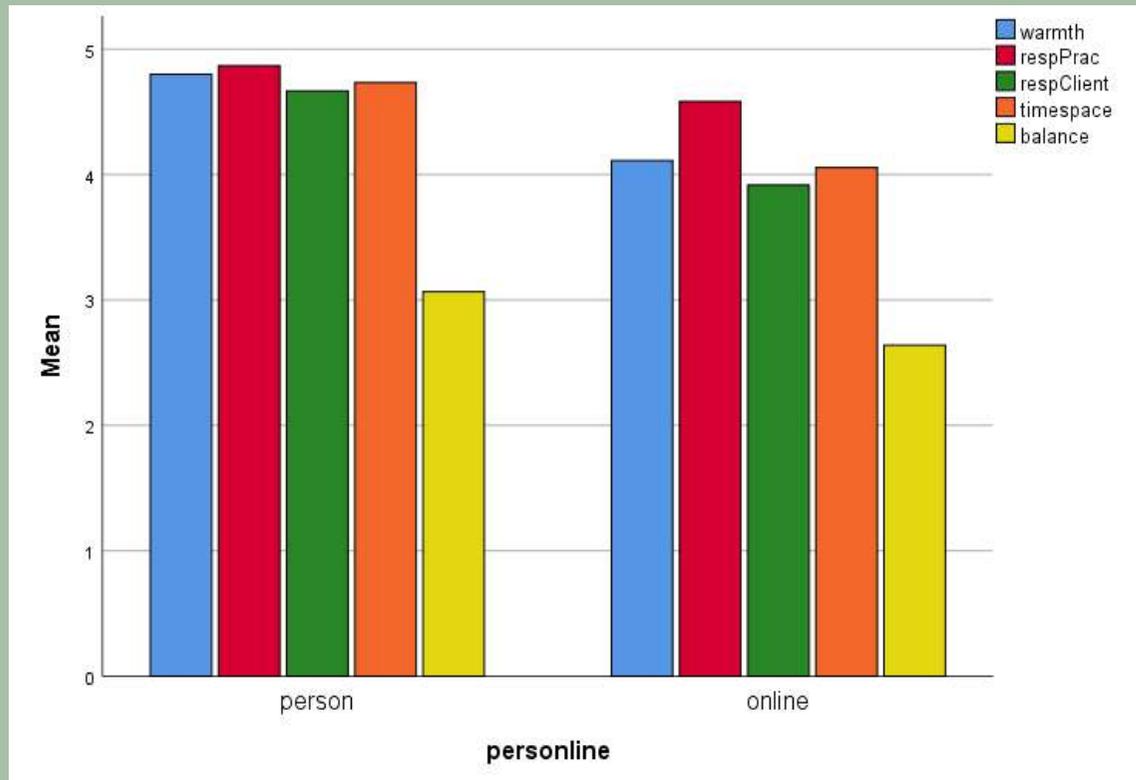
Responsiveness (Clinician)

Time & Space (Clinician)

Balance (Pair)

Note ideal balance = 3/5 (central point)

# Results: Video Analysis, Global



Mean global ratings of videos: 15 segments in-person (2 practitioners) vs 36 segments online (7 practitioners)

## Headlines:

- Minimal differences in-person vs online
- Slightly lower warmth and client responsiveness online
- Even so, all highly rated = adequate service standard
- Lower time/space (silences/ pacing): adapt via training
- No differences start/middle/end of session
- NB small sample

## 2. Online Practitioner Survey



Content informed by Paediatric Neuropsychology group and Young People's Advisory Group (PPI).

(N = 72)

### Questions:

- Barriers to taking meetings online
- Advantages and disadvantages of taking meetings online
- Differences in interaction quality online versus in-person
- Logistical and technical factors
- Attitudes to meeting online pre- and post-Covid-19

# Results: Survey

N = 72 complete responses

Who: mental health, physical health, education and social care: 84% female

Client group: 50:50 work with children/ adults, 2/3 work individually, 1/3 with group

Attitudes: 83% strongly or somewhat agree it is possible to have good communication.

Benefits: travel/ time, greater availability of prof teams and hard to reach clients

Concerns: tech availability, tech problems, client anxiety online, boundaries, safeguarding (notably CAMHS)

Attunement: Longer to establish rapport, easier with a prior relationship, difficult to get a feel for characteristics/ detect non-verbal behaviour, different but not less

Intervention effectiveness: Adults opening up more online, mixed for children

Future practice: 82% may or will definitely continue some practice online, client choice

### 3. Interviews



Practitioners using VIG and other methods; e.g., clinical and educational psychologists, parent and toddler groups

(N = 13)

#### Questions:

- Experience pre- and post-Covid-19
- Advantages and disadvantages of online work
- Attunement online and in-person
- Technical aspects
- Looking to the future

# Results: Interviews

N = 13, 10 VIG practitioners

## 1. Attunement

"I personally have found it really positive. **I haven't found a problem with attuning ...on the screen.**"

"So as if **you're having a real experience** but then when you come out of it, it felt like you haven't."

"There's so much nonverbal information ...I sometimes have **no idea how a client is reacting**"

## 2. Practitioner Impact

"I know, people getting really **creative** with it."

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

"The next cohort of psychologists probably will have an element of online training ... I've been learning very much on the hoof... **I feel very de-skilled.**"

"It's so **time consuming to go into a school**... I think I'll always offer this for all my work now for parents."

## 3. Technology

"You get the odd day when everything's slow and buffery and it doesn't feel great. **It's not smooth** and that-- that's not great for a shared review."

"It's ...different for me...on my phone...**I don't get to see everybody simultaneously.**"

"I think technology was able to ... aid us to still **stay connected and make a difference**"

## 4. Therapeutic Effectiveness

"I haven't experienced it as being less than, **it's different** to face to face, but I don't think it's less."

"It's just **very interactive** and it's difficult." *[with children]*  
"But with parents, it worked really well."

"Sharing the film is better ... **you can have a really good triangle of interaction online.**"

# Results: Interviews

N = 13, 10 VIG practitioners

## 5. Client-Led

“One of the clients ...said **she would have been really reluctant to let me in the house.**”

“We are side by side faces on the screen [otherwise **she would find really intense and really difficult.**”

“the **parent became much more part of the co-production** of the whole thing. Much more much more equal in what we were doing.”

## 6. Equalities

“It's not an equal way of working online because there are clients that **don't have internet. They don't have smartphone.**”

“in some ways it's made it **more accessible** to dads, I think.”

“Accessibility to CPD .. I think's a huge advantage.”

“We **tried to see if school would support us** working virtually [but] couldn't get it established”

## 7. Relationships

“I just think **building rapport is taking longer** because we are separated by the screen...”

WFH: “You're not in the office, he can't kind of like talk about... difficulties you've had during the day with your colleagues.”

“Well, I'm **doing more now than I was before...** Seeing more clients, which was always my aim.”

## 8. Looking Forward

“,much more **investment in technology in terms of health.** I was a little bit skeptic [but] now I'm in favour

“**blended would be great,**... based on what the parent and you negotiate.”

“Definitely would keep team meeting, supervision, other meetings online. I think it is much **more effective way of using clinician time.**”

# Further work needed

- Direct views of clients needed
- Different experiences for different client groups
- Self-selected participants (positive experiences, specific client groups)
- Small sample of videos
- Valuable, reliable coding schemes for further evaluation studies
- Video Interaction guidance is a useful framework for supporting online connection
- Infrastructure: broadband & equipment needs

# Implications

There is a real **opportunity to provide more support** this way to groups who would otherwise not engage or not be able to access services.

**These groups need equipment**, and fast affordable broadband, to take advantage of this opportunity

**Practitioners need time and support**: to develop personal connections, to prepare for online meetings, for post-meeting supervision

The decision to work online or face to face should be **made with and in the best interests of the client**

Local authorities/NHS need **support to manage the challenges of information governance and safety** of meeting vulnerable people online: sharing effective practice across education, health and social care

# Guidelines: link is at top of this webpage

<http://www.sussex.ac.uk/psychology/chatlab/projects/zoomorroom>

## EMPLOYERS

**KEY MESSAGES**

- There is a real opportunity to provide more support by combining in-person and online activities
- Practitioners found some harder to reach families engaged more online than in person
- The flexibility offered meant continued engagement from clients and less non-attendance, e.g. easier to tweak meeting times on the day, and to reschedule
- Meeting online, used thoughtfully, can bring efficiencies
- Easier to gather staff for multidisciplinary meetings, time and travel savings, saving of clinic space – as long as this is balanced with client and practitioner needs, in-person used as needed, and delivered flexibly

## CLIENTS

**KEY MESSAGES**

- You may need time to get used to online work
- Some clients find the more explicit structure and ground rules of online work helpful
- Many clients like the convenience of online work: saving time, money, stress of attending clinic
- Home space can feel safer and more relaxed compared to a clinic

## PRACTITIONERS

**KEY MESSAGES**

- Practitioners skilfully adapted their communication from in-person to online during pandemic restrictions
- A well-managed online connection can be as effective as an in-person meeting: clients value these personal connections, especially at times of restriction
- Most practitioners report gained skills and confidence despite initial concerns about online meeting

## GROUPS

**KEY MESSAGES**

- Some groups can work well online, e.g. training, meetings with a clear agenda, multi-disciplinary teams
- Group members can find it harder to connect socially and build rapport online as it's harder to have informal conversations. Create opportunities for social connections at key points, e.g. breakout groups, chat, adding in-person sessions

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### GUIDELINES FOR EMPLOYERS

**SUPPORT**

- All practitioners need time and support for online meetings, including:
  - Time to prepare fully for online meetings: tech planning and mental space
  - Post-meeting admin and reflection time
  - Post-meeting debriefing/supervision, especially if working from home (WFH) with high-risk clients
- Stronger guidance and checks are needed on screen time use and health when WFH, e.g. encouraging and building screen breaks into agendas and diaries
- Clear boundaries are needed between work and personal life when WFH, e.g. ensuring set lunch breaks, ensuring high-quality colleague contact with boundaries and supporting flexibility
- Clients: consider the need to provide safe spaces and technology support for online meetings for clients without them: can new bookable local safe spaces be provided?

**INFORMATION GOVERNANCE AND POLICY GUIDANCE**

- Local authorities/NHS trusts need to manage the challenges of balancing therapy need and secure information governance involved in meeting vulnerable people online. Sharing of effective practice is needed across education, health and social care.
- Online documentation: WHI requires transferring paper records to online ones, with clear and safe data management procedures.
- There is potential for online assessment: agreement is needed on which are reliable and best suited to online work, with appropriate licences

**SAFEGUARDING**

- Online work needs clarity on risk assessment and troubleshooting procedures: the online visual window is not under practitioner control, technology can fail, a client may leave unexpectedly
- Safeguarding procedures need regular review, with practice-wide ground rules available for clients

**NATIONAL LEVEL POLICY**

- All clients need fast reliable broadband, especially lacking in rural areas: there is clear potential for avoiding transport difficulties and including those 'hard to reach'
- All stakeholders need suitable technology, support and space: this could be phones, tablets or laptops; some need in-person show-and-tell, some need safe private spaces and technology outside the home

### GUIDELINES FOR CLIENTS

- Using home space can feel safer and more relaxed compared to clinic
- You may lack equipment or private space, e.g. in shared housing: ask your practitioner's advice
- Consider what to show online, e.g. privacy, lighting levels, are other people in view, might you hide the 'real' view?
- Online home visits can help your practitioner understand your home and family environment, to inform their guidance and help generalisation of any therapy gains
- Discuss ways to manage the setting, e.g. considering tiger toys or share oil/dominos, finding ways to share e.g. making/sharing a cup of tea
- Aim to have other tasks hidden or on silent (on screens or other devices)

**Think about and discuss with your practitioner how to manage after the session, especially if you stay in the same space after discussing difficult topics**

- Speak to your practitioner about any concerns you have with online meetings
- Sometimes an in-person meeting might be easier and more effective for you, e.g. for clinical needs or practicing skills
- Agree ground rules e.g. suitable clothing, presence of other people (visual or audio)
- Look after yourself: take time and screen breaks, movement breaks, in-person support from friends or family (visual or audio)

**Key messages and guidelines should be shared with you ahead of time**

**Making a treatment plan blending online and in-person can increase your say in your treatment.**

### GUIDELINES FOR PRACTITIONERS

**PLANNING**

- Look after yourself first: breaks away from screen, full body movement, seek support from supervisor or colleagues
- Consider the most appropriate communication technology for the purpose of the meeting, e.g. when getting to know the client, client preferences and best interests (e.g. phone call, video call, text or other messaging services)
- Risk assessments for online meeting need particular care for some conditions, e.g. paranoia, anxiety
- Plan for dealing with technical difficulties or unexpected disconnection: how will you reconnect? Aim to become comfortable with small disruptions
- An initial in-person meeting can work well. It can take longer to build rapport with clients online: consider online getting-to-know-you sessions
- Online meetings often take longer to in-person ones and can feel more tiring
- Consider something playful to get interaction started and plan to cover less in one meeting: consider more frequent shorter sessions

**Strategies**

- Expressing emotion: it is harder to transmit empathy for sadness but easier to be detached from anger: consider using words more to name what you see, feel and hear, and checking how the call is working
- It may help to exaggerate nonverbal cues, to wait and to slow down: it is useful to become comfortable with pausing and silence
- Consider raising objects to share attention: not just each other's faces, but external referents such as photos or video, drawing or showing and talking about an object, side-sharing, shared documents editing, e.g. software whiteboard functions
- Observe how clients can show high adaptability to online communication, e.g. young children often quickly understand how to share attention to objects

**GROUND RULES**

- Agree with client how to use online meetings: opportunity for greater engagement
- Agree ground rules e.g. suitable clothing, presence of others (visual or audio)
- Aim to have other tasks hidden or on silent (on the screen or other devices)
- Be explicit about off-screen behaviour, e.g. if you are handwriting notes and need to look away
- Consider what each side is comfortable to see, seeing each other can help communication but some clients may start by hiding self-view
- Safeguarding: have a routine plan for disrupted meetings, e.g. having phone numbers

### GUIDELINES FOR GROUPS

- Have clear ground rules e.g. whether cameras and mics are on or off, who can speak when
- Remember it can be harder to pick up when someone wants to speak: be alert to cues from group members and invite them to speak if appropriate or have another person take this role
- It can help to express clearly in words what you have heard or understood from the group to compensate for the restrictions of information in online communication

**Strategies**

- A skilled facilitator can set guidance and structures, e.g. to manage turn-taking, to receive or reflect back what has been said and to draw comments together
- Balance use of technology to enable accessibility, provide variety and use different ways to contribute, e.g. chat boxes, break times, reactions such as putting a hand up virtually or physically, shared documents, polls
- Personal connection between facilitator and peers is crucial: Consider using small break out rooms or 1:1 time with facilitator during other activities and pre- or post-meeting informal chat

**Consider the purpose of video and audio in group meetings: joining on mute without video can feel more comfortable for some people initially, but needs balancing with the feedback and interactivity that comes with video and audio**

**Personal connection between facilitator and peers is crucial:**

These guidelines were informed by data from a survey of 72 practitioners, in-depth interviews with 13 therapists and video analysis of 51 clips of therapy in the Zoom or Room project by Nicole Yull, Dawn Glass & Zubaida Desgautis, University of Sussex UK. Updates on published work are posted on <http://www.sussex.ac.uk/psychology/chatlab/projects/zoomorroom>. The research was funded by National Institute of Health Research, Kent Surrey Sussex Applied Research Consortium. Views are those of the authors and not necessarily of the NHS, NIHR or Department of Health and Social Care.



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