

# AFT

## Association for Family Therapy & Systemic Practice Remote working guidance



March 2020

### Purpose

This document has been produced rapidly in light of the Covid-19 Pandemic and aims to provide guidance for remote working with Couples and Families. However, all members practicing clinically in any capacity, should consult guidance from the following sources:

- Government Covid-19 guidance: <https://www.gov.uk/coronavirus>
- Guidance for Psychological Professionals during the Covid -19 Pandemic (please insert link).
- Your employer's directives and protocol
- Your Insurance company and/or union
- Your Professional Registration Body E.g. *HCPC, UKCP, RNC, BACP, GMC etc*

### Training

Before switching to working remotely, therapist should complete a training course on remote online working in accordance with AFT's CPD policy.

For example see:

- The Association for Counselling and Therapy Online (ACTO) [www.acto.org.uk](http://www.acto.org.uk)
- The Online Therapy Institute [www.onlinetherapyinstitute.com](http://www.onlinetherapyinstitute.com)

### Guidelines for Remote Working with Couples and Families

Working with couples and families and groups of clients remotely is different from doing so with individuals, and as such needs specific guidelines and consideration. When working with more than one person in the room, family and systemic psychotherapists attend to all the interactions, and some of the nuances of these interactions could be missed out on when working remotely. Safety and risk assessment for example, for couples where there is intimate partner violence, may be far more difficult to assess online.

The UKCP guidelines for working with children and young persons' has been adapted to working with couples and families. [See UKCP Standards and Policies.](#)

## Things to Consider

### 1. Assessment

If possible, please carry out the first assessment session in person. In most cases, online therapy should only be offered in the case of ongoing work. In cases where you have to carry out an initial assessment, please liaise with the referrer, and ask them to carry out and provide notes from a pre-assessment session.

### 2. Contracting

Please do establish a clear contract with the couple/family. The transition to remote working cannot involve a simple continuation of previous work, regardless of the previous length of contact or depth of the relationship. The change of context necessitates a new therapeutic agreement or contract and a re-evaluation of the therapeutic intention in the short and medium term. In the first instance the emphasis needs to be on safety, signposting and resilience building.

### 3. Reiterate the contract at the start of each session

- Prepare a safety and boundary management checklist to go through at the start of each session (for example, where in the house are you, who else is in the room, where are any animals, what will be do if we are interrupted, etc.).
- Focus on resilience building, resourcing and facilitating well-being in the first instance
- Remain aware of the risks while working, and ‘check out’ any concerns as they arise (for example, query unusual noises, ask who else is in the room etc, as relevant).
- Identify and work with the positives in the situation.
- Schedule sessions during ‘working hours’ (to ensure the availability of support services).
- Ask for an agreement from the clients, not to record the sessions.
- Consider:
  - How you will manage a group of participants to be sufficiently visible if you are using an online medium with a screen.
  - Will everyone be visible using one connection to the platform?
  - Consider how the seating arrangements will impact on the communication. If you decide to have more than one connection to the online platform be aware that extra microphones can create uncomfortable feedback noise and might necessitate being in different rooms.
- Agree with the couple and family that, if, for some reason the particular platform that you are on doesn’t work, you can switch to another platform or to the phone.

For example you could say something like,

*“Should the internet connection fail I will contact you via email (if you can access email via your mobile phone) or text you on your designated mobile phone and suggest the following:*

- 1) *“We come out of the video call meeting. Close down the platform/package and re-open”*
- 2) *“I will send a new code/password and start a new meeting”.*
- 3) *“If this does not address the internet connection issues we can continue over the phone, in which case I will call you on your designated phone number”.*

- Check out at the end of the session how the online platform worked, what the couple or family will take away from the session, set or recap homework tasks where applicable and check for any outstanding risk and safety issues.

#### **4. Supervision and support:**

No transition to remote working must be made without supervisory support (which is most likely to be provided and accessed remotely).

The nature and management of therapeutic boundaries in the context of remote working is very different to that in a contained clinical space. A thorough understanding of the impact of this, and a different level of skill is needed in the transition to remote working. Even experienced therapists can easily find themselves alone and unsupported if they begin this work without careful prior consideration of all issues.

#### **5 . Platform Security and Suitability**

You should check with your registering body and insurance provider about suitable platforms to use. It is essential that you are familiar with the technology and that you can enable smooth facilitation working within your chosen medium.

Other considerations are your own comfort with the platform as well as your clients. Some of the questions to address are:

- Where is the platform hosted?
- Is content routinely monitored and possibly recorded by the administrators?
- Is it possible for local third-party access (for example, are parents/carers or other individuals able to monitor/hack or record communications)?
- To what extent does the child have control of the physical equipment (for example, what is the risk of confiscation or third-party access)?
- What is the level of confidence in the robustness of the platform? (consider the impact of service interruption at sensitive points during remote work and provision that may need to be made)
- Is the platform GDPR compliant?
- In relation to the age of the children in the family, you need to check if the age of your client allows them access to the online tool.  
(Young people must be at least 16 to use WhatsApp, 13 to use Facebook, 13 to use Skype and 13 to use Outlook email, 13 to use Gmail).

#### **6. Safety and clinical risk issues**

- Does the child/young person/vulnerable adult/adult in the family have current or pre-existing risk?

Or

- Are there pre-existing risks for any member of family/client group and particularly in relation to a young person or vulnerable adult?
- Is the risk external in origin, (e.g. originating in the environment) and could on-going contact with the therapist exacerbate this?
- Is the risk internal (i.e. risk of harm to self and is a safety contract in place)?

- Will social distancing or self-isolation increase or decrease the risk?
- Does the therapist have 'live' support processes in place in the event of needing to escalate safeguarding concerns? (Consideration should be given to the fact that the therapist is isolated themselves, that technology may fail, and that they may struggle to get into contact with necessary support services.)
- Does the therapist have the means to contact the parents/adults if they need to intervene within the room for the safety of the child (for example, both parents/ partners mobile numbers and email addresses)?
- Is it necessary to ask permission for GP contact details and be clear in the circumstances, they would be contacted?
- Does the therapist have the ability to refer to statutory agencies?
- Can risk be managed between sessions?

### 7. Therapist Issues to consider:

- Does the therapist have access to a quiet, uninterrupted, private space to work from?
- Does the therapist have access to a private and suitable platform to work from?
- Is the therapist able to manage their own resources and the impact of the crisis on themselves and within their personal context?
- Do they have the capacity to sustain contact once initiated remotely?
- Does the therapist know the limits of their own competence, and when to refer?
- Boundary issues – Do dress as if you were working face to face, remember to take breaks between sessions and try to keep to as much of a work schedule as possible.

### 8. Time

- Many therapists may need more time and support to acclimatise to the technology.
- This may mean therapists being unable to work at the same pace as previously, at least while they are adapting to these new ways of working.
- Therapists may feel they need longer gaps between sessions to get a break from concentrating on the screen.
- Longer gaps may also allow swap between platforms if required.

### 9. Data security and confidentiality

Remote working necessitates changes to policies and protocols, as well as the ways in which data is stored and retrieved. Where work is taking place within agencies, protocols for the storage of session notes would need to be made clear and guidance adhered to.

There may be a requirement to register with the Information Commissioners Office (ICO).  
<https://ico.org.uk/for-organisations/data-protection-fee/self-assessment/>

Therapists may need to update the information held by UKCP on the Find a Therapist Directory as well as the AFT Directory to confirm they are available for remote working.

In the case of private practice, data security arrangements may need to be reviewed. The security of therapist contact details would need to be considered, especially where these may provide access to social media and other online spaces not normally available to children.

**It is essential to confirm insurance cover for this way of working with your insurance provider and also professional registration body support for remote working.**

### Additionally

- Work only in accordance with agency and placement guidelines where this applies
- Ensure a higher level of supervision support than usual
- Identify and ensure fingertip access to the full range of support services, including the names of individuals where relevant.
- If emailing or sending something created by the client before or during the session, encourage the use of password protection or the use of a secure encrypted server such as Egress.

### Other Resources

Please see the [COVID-19 Information page](#) on the AFT website for a wealth of links to additional resources and information sheets from other organisations.

#### Information from UKCP

- **Remote working guidance:**  
<https://www.psychotherapy.org.uk/wp-content/uploads/2020/03/Psychotherapeutic-practice-and-working-in-isolation.pdf>
- 'Security and Confidentiality Guidelines' which include the use of technologies can be found listed under 'guidance' on the [UKCP policy page](#)

#### The Association for Counselling and Therapy Online (ACTO)

- A statement has been published for non-ACTO therapists which might be useful:  
<https://acto-org.uk/covid-19-coronavirus-advice-from-acto-for-clients-and-non-acto-therapists/>