“Training Curriculum on Counseling at a Distance when working with women victims of Domestic or Sexual Violence or Abuse”

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Leading Organization: University of Crete

Participating Organizations

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Intellectual Output 3 -
Training Curriculum on Counselling at a Distance when working with women victims of Domestic or Sexual Violence or Abuse

The main aim of IO3 is to build up a potential training curriculum for counsellors at a distance, who work with women victims of domestic or sexual violence or abuse. The curriculum will focus on OC via Mobile tools, E-mail, Live-Chat, Video-Conference / Skype-like tools and Teleconference (specific focus on crisis management through help lines). Based on the results from O1 & O2 & in line with ECVET & EQF.

The University of Crete - Psychology Department undertook the coordination of this activity based on its expertise and experience on Curriculum development and delivery. The rest of the partners contributed to the development of the content regarding CaaD. M&M and Wave will consult with partners on the content and structure of the Curriculum. Partners will undertake translations in the project languages.

Activity Details:
Development of the Content of the training material and structure of the Curriculum, in line with the principles of ECVET:

- adopting pedagogical approach
- With respect to IO1 and IO2
- insert relevant resources
- revisiting the Curriculum after receiving feedback from Pilot trainings
This report is structured as follows:

1. Counselling “at-a-distance” Introduction and Fundamentals
   (History, Benefits, Shortcomings, Internet culture)

2. Ethical and Security issues - Technological issues
   (Encryption, protection, anonymity, technical issues, etc.)

3. Promotion and facilitation of counselling “at a distance”
   (What do beneficiaries, i.e. victims, need to know and how to inform them)

4. Assessment of suitability of beneficiary for counselling “at-a-distance”

5. Managing the therapeutic relationship at-a-distance – Rules and Boundaries

6. Communication and counselling skills “at-a-distance”
   a. Writing (Text based) Skills for both synchronous and asynchronous tools
   b. Risk and Crisis Assessment and Management Skills (special focus on Help lines)

7. Closure of the counselling cycle

8. Scientific Supervision & Assessment of Counselling “at a distance”.

List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>OC</td>
<td>Online Counselling</td>
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<td>FtF</td>
<td>Face to Face</td>
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<td>DV</td>
<td>Domestic Violence</td>
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<td>EC</td>
<td>Empowerment Counselling</td>
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<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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1. Counselling “at-a-distance”
Introduction and Fundamentals

Brief History of Distance Counselling

The concept of distance counselling is far from new. More specifically, during the 20th century many mental health professionals were sending letters to people in their care. The use of those letters gave the opportunity to the therapists to provide support and receive feedback from people in therapy (DeAngelis, 2012).

During the 20th century the provision of mental health was replaced by the use of telephones. However, opportunities for distance counselling changed drastically with the advent of the Internet and personal computers in the 1990s. Increasingly since the 1990s practitioners have responded to this cultural shift and offered treatment online (Murphy & Mitchell, 1998). This increase in the availability of online health services highlighted the need for information and guidelines both for clients and counsellors. Consequently this rapid growth in Online Counselling (OC) and mental health services has led to the foundation of the International Society for Mental Health Online (Mishna, Bogo & Sawyer, 2015).

At first, OC services where introduced in the form of self-help guides and online support groups. Nowadays, the forms of OC include web chats, instant messaging, texts, emails, video conferences, and mobile apps. Thousands of websites and freelance therapists offer mental health services, so clients interested in online mental health services have access to plethora of psychologists, counsellors, clinical social workers, and other types of therapists (Callan, Maheu, & Bucky, 2017).

Computer programs, which mimic personcentred therapists, were experimented during the 1970s (Lang, Melamed & Hart, 1970; Weizenbaum, 1976). More recently, computerised cognitive behavioural therapy (CCBT) has received considerable attention from researchers (Kaltenthaler, Parry & Beverley, 2004; Marks, Cavanagh & Gega, 2007) and has been included within the National Institute for Clinical Excellence (NICE) guidelines for good practice.

Research has shown that online therapies are effective and generally as effective and satisfying as face-to-face (FtF) therapy, and that the therapeutic or working alliance in e-Therapy is equivalent overall to that in traditional counselling (Harris & Birnbaum, 2014).
Domestic Violence (DV) and Distance Counselling

DV is defined as any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Behaviours include intermittent acts of physical aggression, ongoing psychological abuse such as intimidation, constant belittling and humiliating, forced intercourse and other forms of sexual coercion and pervasive controlling behaviours such as isolating a person from their family and friends, monitoring their movements, and restricting access to information or assistance. Women represent the majority of victims of domestic assaults and homicides by partners, specifically one out of three women globally report physical or sexual abuse in a relationship (Tarzia, May & Hegarty, 2016).

Women who have experienced or women who are experiencing violence in an intimate relationship have feelings such as guilt, shame, fear and low self-esteem. All those feelings that result from violence make impossible for women to cope with it in their everyday lives. Also, a consequence of violence is a series of psychological symptoms such as, anxiety, stress, depression and sleep disorders (Petroulaki, Tsirigoti, Kouveli & Sotiriou, 2015).

Abused women use health services more frequently because of increased rates of emotional health issues as mentioned above (depression, anxiety, suicide, somatisation, post-traumatic stress disorder, substance abuse) and physical health issues (chronic somatic complaints, reproductive problems and injuries) (Tarzia et al., 2016).

The idea that providing OC services for abused women might be helpful is a relatively new aspect within the counselling field. Abused women state that they value supportive listening, non-judgmental support and compassion, in counselling process. So we can assume that FtF interactions with specialized counsellors or health care professionals may seem a better solution (Feder, Huston, Ramsey, & Taket, 2006). However, according to recent studies there are many barriers for a battered woman in search of FtF help. Sometimes a woman does not get the support that she needs because she is unable or unwilling to seek help in a FtF setting. On the other hand, internet provides an environment characterized by anonymity, in which women can seek help without judgment (Tarzia et al., 2016).
Advantages of OC

Accessibility
An important advantage of OC is the fact that it can facilitate access for clients who live in remote areas. Individuals who live in such areas might not be able to have access to other forms of mental health services because there are no mental health practices in their geographic area. It can also be useful for those who have access to technology and who have difficulty travelling or cannot afford the cost of FtF counselling. OC gives these individuals access to treatment that they might not have otherwise. Furthermore, individuals dealing with a physical or mental disability and are unable to leave their home, may find online therapy a useful alternative to FtF therapy (Cipolletta & Mocellin, 2018; Pelling, 2009; Perle et al., 2013; Tarzia et al., 2015.) From a mental health service perspective the potential benefits include the possibility of providing treatment that is more cost-effective and therefore reducing therapist time, reducing waiting lists, and relieving the burden often experienced by service providers in meeting demands (Griffiths, Lindemeyer, Powell, Lowe, & Thorogood, 2006; Marks, 2000).

Anonymity
Research has shown that OC can offer clients a sense of anonymity. More specifically the Internet can provide a context in which clients can interact with someone, without disclosing personal identifying information. Nowadays, with the development of professional and ethical guidelines for OC, clients are required to reveal some personal information for assessment and identity verification. Although some level of verification is needed, OC services can provide a suitable context, which gives the opportunity to interact and communicate without fear of prejudice about race, gender, age, sex or physical appearance. This environment can help clients to be more honest and open about their experiences. Also, the anonymity that OC provides, allows clients to feel safer, less vulnerable, stigmatized and embarrassed during the process. Those feelings can facilitate the establishment and preservation of the therapeutic alliance between the client and the counsellor (Harris & Birnbaum, 2014; Karcher & Presser, 2018).

Convenience
Online therapy is sometimes more convenient for the client than FtF therapy. Since the client is attending therapy sessions online, she can adjust the place and time of the sessions according to her daily schedule. For example, this flexibility allows women to access the intervention at unexpected times, when an abusive partner is not present, unlike FtF care, where there must be a scheduled appointment (Harris & Birnbaum, 2014; Pelling, 2009).

The goal of counselling is to alleviate the distress, anxiety, and concerns that clients can present. Counselling attempts to return a client to pre-crisis functioning and in doing so build on a client’s strengths
and help improve overall functioning (Mallen, Vogel, Rochlen, & Day, 2005). Online counselling must also adhere to the same objectives. Several studies have researched aspects of online counselling using synchronous chat, asynchronous e-mail, videoconferencing, and self-directed programmes. The findings from these studies in the area of online counselling have positively evaluated working alliance, helpfulness and impact and report client improvement and satisfaction (Barak & Bloch, 2006; Cook & Doyle, 2002; Day & Schneider, 2002; Efstathiou & Kalantzi-Azizi, 2005; Knaevelsrud & Maercker, 2006; Leibert, Archer, Munson, & York, 2006; Reynolds, Stiles, & Grohol, 2006; Richards & Tangney, 2006; Robinson & Serfaty, 2001; Wolf et al., 2006).

Disadvantages of OC

Lack of Nonverbal and verbal Cues

In many cases, online therapists cannot see facial expressions, vocal signals, or body language. These signals can often be quite telling and give the therapist a clearer picture of clients’ feelings, thoughts, moods, and behaviors. Certain delivery methods such as voice-over-Internet technology and video chats can provide a clearer picture of the situation, but they often lack the intimacy and complexity that real-world interactions entail. Many physical and emotional expressions are unable to be observed in OC. There are individuals that are unable to perceive and express their feelings in written words. Even if some individuals are able to perceive and communicate their feelings, this does not imply that they have the ability to apprehend emotional and physical reactions that are unconscious (Baker & Ray, 2011). Moreover, a basic skill of an effective counsellor is observing the client’s behavior. However, it is suggested that OC cannot provide a suitable environment to assist the development of this skill. In this case the absence of non verbal and verbal cues may affect the process of OC by impacting the counsellor’s understanding of client’s non verbal cues (Pelling, 2009).

Text-based miscommunications

In the context of text-based counselling due to the absence of verbal and non verbal information both client and counsellor rely on their assumption and interpretation of the written word alone. Therefore, this may lead to misunderstandings or misconceptions between the counsellor’s intentions and the client’s perception and vice versa. Also, sometimes due to the short length of the messages in OC, it is difficult for counsellors to formalize a fully
clinical assessment of the client’s needs and issues. It is considered that more information is shared in a FtF process than in OC based on text communication, especially if the counsellor is using a one-fits-all approach (Harris & Birnbaum, 2014).

Problems in Communicating During Emergencies

Since online therapists are geographically distant from the client, a potential difficulty they might face is to respond quickly and effectively when a crisis occurs. More specifically, OC cannot provide the same level of directness as FtF therapy, so if a client is experiencing an emergency situation such as suicidal thoughts or has suffered a personal tragedy, it can be challenging or even impossible for the therapist to provide direct assistance.

In particular, when asynchronous tools are used in the counselling process there is a possibility of delayed communication between the client and the counsellor. So the counsellor might not be able to respond to a client quickly enough to assist her in a meaningful way. In addition, in a crisis situation text-based communication lacks the level of empathy that can be conveyed in FtF counselling. All the above can affect the effectiveness and the level of support that clients in a crisis receive from OC services. Therefore, even though OC is able to provide more immediate services in a crisis situation (help lines), the level of empathy in FtF counselling would suggest that FtF interventions are more desirable for clients who are in need of ongoing crisis support (Finn & Barak, 2010, Pelling, 2009; Richards & Vigano, 2013).
2. Ethical, Security and Technological Issues

Online therapy has some important advantages, although it can also pose ethical challenges and risks for professionals providing online mental health services. Central concerns deal mainly with risks in confidentiality and privacy issues, encryption, anonymity, and technological issue.

Anonymity

Despite the demonstrated benefits of anonymity of OC, it may present challenges to the online therapeutic relationship. Due to the nature of the Internet environment and of online services, identity and anonymity will always remain an ethical issue. The anonymity of OC does not give fully the ability to the client to examine important information regarding their service provider so it may create an opportunity for counsellors to misrepresent themselves (Alleman, 2002).

Also, one aspect of anonymity that requires further discussion is the process and degree to which a client’s identity is verified. However, even if it was possible for a counsellor to truly verify a client’s identity, the question remains if it is ethical for the counsellor to encourage such a disclosure and if it is beneficial for the client (Pelling, 2009).

Verifying a client’s identity becomes most critical when providing online therapeutic services regarding serious issues such as psychoses, sexual abuse, suicide or intimate partner violence. Additionally, in such cases the counsellor may have an ethical obligation to declassify information about the client to ensure that the client receives appropriate care (Harris & Birnbaum, 2014).

Confidentiality and privacy

Another problematic ethical issue related to OC is maintaining confidentiality. Online counsellors may face new challenges maintaining the confidentiality and privacy of client information, as all shared information can be jeopardized given the nature of the environment in which it is transmitted. Clients of online services can be at greater risk for breaches in security and confidentiality. This increased risk to confidentiality occurs both at the therapist’s end, at the client’s end and in the transmission of information. Both online counsellors and organizations that provide OC services must continually upgrade their technology...
to protect client’s privacy and prevent security breaches. Therapists using the Internet to deliver therapeutic interventions should evaluate the security of their websites and computers against outside intrusions that would compromise client confidentiality. These intrusions might include high-tech invasions by hackers downloading files from the therapist’s computer, to low-tech intrusions involving the inappropriate availability of the client’s email to the therapist’s office staff or family members. Therapists using the Internet to deliver online psychotherapeutic interventions may wish to consider installing systems which use firewalls, passwords, and backup data storage systems to increase the security of email communications and to protect against the inadvertent loss of clinical files resulting from computer malfunctions (Kracher & Presser, 2018; Murphy, MacFadden & Mitcell, 2008; Pelling, 2009; Shaw & Shaw, 2006).

Encryption
To conduct online sessions through synchronous chat or asynchronous e-mail, a counsellor must take steps to limit the risk of a third party’s receiving or stealing the information shared by the client during an online session. The most common way to maintain security is to use encryption to protect the information when communicating to a client. Encryption is nothing more than converting a message into a secret code. Decryption is the opposite. For example, e-mail communications need to use encryption and passwords to protect clients from computer hackers, curious individuals, and simple mail misdirections. Similarly, chat room discussions need to take place in secure sites. The process of encryption can be accomplished in multiple ways, with different products and programs available, and with varying levels of protection. Of course, a counsellor must upgrade his/hers system protection as encryption programs are only as good as their latest version and passwords are only useful when kept private and not detectable by others (Kracher & Presser, 2018; Pelling, 2009).

Technological issues
While technology can facilitate counselling in some ways, such as providing the abused woman with a context of anonymity which eases her psychological tension as well as making her feel non-judged, it can also act as an obstacle. Research has shown that the use of technological means poses the greater barrier to the establishment of the therapeutic alliance during the OC procedure, especially when the client is in an emergency situation. More specifically, internet connections or computers problems may occur during the procedure, so online counsellors must be in a position to provide an alternative solution of service delivery when it comes to technological difficulties. Also we have to consider that there are people who are not so acquainted with technology. So OC has the potential to exclude those who feel uncomfortable with technology, or those who do not have the resources to access OC services. Counsellors can sometimes overcome this barrier through assessment and examination of technical skills. Also counsellors can provide appropriate online tutorials to facilitate the counselling process (Childress, 2000; Pelling, 2009; Riemer-Reiss, 2000).
3. Promotion and facilitation of counselling “at-a-distance”

OC as discussed before has advantages and disadvantages, some of which are really important to take into account. More specifically, the provision of OC services raises some serious ethical issues. Due to its disadvantages, OC is not suitable for all clients and all cases. Thus the online counsellor has to assess each case in a personalized manner and consider that women have diverse needs. In order to facilitate the process the counsellor has the duty to warn and inform the client about the unique issues regarding OC.

What do beneficiaries need to know about OC?

Confidentiality

The counsellor should inform the clients about the limits of confidentiality and all the potential threats that might occur during the counselling procedure. Furthermore, the counsellor has to explain the dangers that arise, due to the electronic transmission of information. At the same time the counsellor should inform the client about the steps being taken to prevent confidentiality breaches and protect the client’s security. Also the counsellor has to inform the client about record keeping of online sessions and more specifically about the time period a record file is being kept.

So the potential client of online mental health services has to be informed about the breaches of confidentiality that might occur, in order to evaluate the possible risks versus the potential benefits of OC (Mallen, Vogel, Rochlen, 2005; Ovarec, 2000).

Risks due to online environment

Counsellors should inform potential clients about additional risks apart from confidentiality, such as possibility of technical difficulties, possibility of misunderstandings and misinterpretations in text based communication and the difficulties of emergency intervention (Zack, 2008).

How can the counsellor inform the client?

Informed consent

In order to obtain an informed consent to OC, the counsellor has to be certain that the potential client has fully understood the potential risks and benefits of an online intervention. Therefore the counsellor must take every possible precaution to ensure that the clients have a clear image of the risks and benefits and that they are able to act with self determination and not simply consent because
they are currently in an emergency situation and need help. The process of obtaining an informed consent should take place in the phase of assessment, giving the opportunity to the client to decide if she wants to be involved in this procedure, being aware of all potential risks. Some organizations and online counsellors have begun to develop informed consent templates for online mental health services. A very important benefit of developing a documented written policy is that it describes fully the concerns about privacy and security. Online counsellors should obtain an informed consent form signed by both parties. This form has to be flexible and allow the client to decline consent to aspects of the intervention she does not feel comfortable with (Childress, 2000; Karcher & Presser, 2018; Recupero & Rainey, 2005)

An accurate informed consent should include:

- A full description of the online available services and any factors that might discourage the client from participating in OC such as the fact that there is little empirical evidence on the benefits of online interventions in abused women.

- All the potential risks due to the internet environment (confidentiality, miscommunications, technical difficulties, difficulties of emergency situations). Online counsellors must include in the informed consent advice to the client that she can use to prevent breaches in confidentiality. Also in the form must be included both the risk of technological failure and a safety plan, such as providing emergency numbers in the event of technological difficulties.

- Information about circumstances in which the counsellor might be obliged to disclose personal information. For example, if the counsellor’s assessment is that there is a risk for harming oneself or others, the client must be informed that this part of the conversation may be no longer confidential to ensure her safety.

- Information about fees for the counselling process, as the OC services may be offered for free or not. Fee information has to be included in the informed consent to make clear to the client if she has to pay a fee for the service provided.

Internet environment as a facilitating factor

The online environment offers certain advantages regarding the development of an informed consent process. Professional web pages of organizations or of freelancer counsellors offering OC to abuse women allow for multifaceted and multilayered discussion of relevant issues which remain constantly available on the internet for clients review. Also web pages could have a section that will inform the client about the potential risks and the theoretical and evidence based advantages of OC. Furthermore the development of an instant chat space on web pages offering OC could be really helpful both for clients and counsellors. In that context professionals could answer client’s questions regarding the OC procedure and the potential risks that may be raised (Childress, 2000).
4. Assessment of suitability of beneficiary for counselling “at-a-distance”

There are some important determinants that the counsellor has to take into account in order to assess the suitability of a victim of domestic or sexual violence or abuse to attend counselling “at-a-distance”. In particular, “suitability” refers to a variety of factors. These factors include the client’s preferences regarding online therapy, how suggestible she is within a particular communication modality, her skills in communicating within that modality and the potentially therapeutic aspects of that modality.

Of course, these guidelines are not intended to be exhaustive or definitive about attending or not OC. The counsellor should adapt these guidelines in the unique aspect of each case (Barak & English, 2002; Karcher & Presser, 2018; Suler, 2001).

Some of the assessment factors are mentioned below:

The factors that determine the client’s ability to benefit from “at-a-distance” counselling do beneficiaries need to know about OC?

<table>
<thead>
<tr>
<th>Her computer skills and knowledge</th>
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<tr>
<td>The client must be able to effectively use the computer hardware and software and to have adequate knowledge of her computer system and Internet technology.</td>
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<th>The client’s acquaintance with the technique and psychological aspects of online communication</th>
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<td>She has to be motivated and capable to experiment with new communication environments and techniques and she must feel comfortable describing and expressing herself through the ways of OC.</td>
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<th>Good reading and writing skills</th>
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<tr>
<td>If the counsellor is working via text or email, the client should have sufficient reading and writing skills in order to communicate efficiently.</td>
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<th>Impressions and expectation of previous therapy</th>
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<tr>
<td>It is important for the counsellor to assess if the client has been in therapy before, especially if the communication method was different in the previous therapy, and how these impressions and expectations are influencing her attitude about online therapy.</td>
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<th>The client’s ability to understand issues regarding privacy</th>
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<tr>
<td>The counsellor has to be sure that the client is in a position in which she fully understands and accepts all the issues regarding privacy.</td>
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<table>
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<tr>
<th>The client’s ability to understand the potential benefits and risks of online therapy</th>
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<tr>
<td>The counsellor has to explain the potential benefits of online therapy, however all the potential risks should be thoroughly explained and understood by the client.</td>
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The client is in a crisis situation
If client’s personal safety is at risk, for instance whether she is in a DV situation or if she has suicidal feelings and/or is actively thinking about hurting herself or someone else, long-term online counselling should not be applied. Instead, the client needs to be evaluated in person by a psychologist, psychiatrist or other qualified mental health professional and she should be encouraged to call an emergency number or refer to a help-line and go to the nearest emergency service. It has to be mentioned that when a client is in a crisis situation, the provision of long-term online counselling services is not the best solution (Suler, 2001).

The client is dealing with a serious or complex psychiatric disorder, such as severe major depression, schizophrenia or bipolar disorder
For example, people with borderline personality disorder often challenge the boundaries when different methods of communication are combined. Furthermore, people with poor reality testing and strong transference reactions may become exacerbated in text communication. As a result, this makes them difficult to manage and potentially destructive to the treatment. It is also a good asset for the counsellor to provide diagnostic testing, because it can be valuable in assessing the psychopathological factors that might influence the efficacy of online treatment (Suler, 2001).

The client needs full or partial hospitalization and medical treatment for a physical condition
If a client is in need for hospitalization or medical assistance for a physical condition or an injury, OC might not be suitable for her.

The client is technically challenged
If the person’s computer skills are poor and she has never used video chat or conferencing, online therapy probably is not the best type of intervention.

The client has very little privacy at home, or others living with her have access to her computer
The counsellor should establish that the client will have a certain level of privacy during the sessions. The counsellor has to evaluate the level of the client’s privacy, for example if there is a place that she can be alone for a period of time and if the computer she is using is exclusively personal. However, the counsellor has to take into account that in cases that a woman is currently living with the abuser this is very difficult as the abusers are controlling every domain of a victim’s/survivor’s life so most likely even if the woman thinks that her computer is exclusively hers the perpetrator most likely would have checked her computer and her mobile. There is ample literature documenting the paramount issue
of technology-facilitated abuse in intimate partner violence/domestic violence cases (Woodlock et al 2017; Burke et al 2011; Reed et al 2015; Stonard et al 2017).

The idea of talking to someone about such personal matters from a distance rather than FtF doesn’t feel right and the client prefers working with someone in person

There is a possibility that a client does not feel comfortable to share information for such sensitive matters to an online counsellor and she prefers the immediacy of a FtF counselling procedure.

Specific questions for the client’s assessment of suitability for OC

The assessment procedure could include some of the following questions:

- Does the person like reading and writing?
- What kinds of experiences has the person had with reading and writing?
- What do reading and writing mean to the person?
- Are there any known physical or cognitive problems that will limit the ability to read and write?
- How well can the person type?
- Does the person enjoy in-person and phone conversations. Why?
- How does the person feel about the spontaneous, in-the-moment communication of chat/IM as opposed to the opportunity to compose, edit, and reflect, as in e-mail?
- Might there be therapeutic benefits of using chat, e-mail, or some other method of text communication even though the person may not prefer that particular method?
- What is the person’s lifestyle in cyberspace?
- What experience does the person have with communicating online?
- If the person has online relationships or belongs to online groups, what have these social activities been like?
- In what settings did these relationships develop and for how long?
- What other activities does the person pursue online, and what is his/her attitude about life in cyberspace?
- How comfortable is the person expressing her thoughts and/or feelings via typewritten text?
- Does this sound like a welcome opportunity to put things down in writing? Could it be challenging or frustrating?
- Is the person comfortable with communicating asynchronously?
- In other words, is the person comfortable with having to wait for a reply to her messages, rather than receiving an immediate response?
- Is the client comfortable with taking necessary security precautions on her own computer?
- For the client’s own privacy and confidentiality, it will be important to take care of her personal data on her computer. Would the client like to take advantage of encryption support, would she be happy to install and configure appropriate encryption software?
5. Managing the therapeutic relationship at-a-distance: Rules and Boundaries

Online therapeutic relationship has been questioned in the past regarding its validation and therapeutic character, due to the lack of verbal and nonverbal cues. A successful relationship between counsellor and client should be governed by genuineness, empathy and positive regard. During the counselling procedure, both counsellor and client engage in a here and now genuine professional interaction, working together for the client’s human growth through resolution of her problems. A basic question that arises is whether that kind of relationship can emerge in an Internet environment (Anthony, 2011).

However, research has shown that despite the existing limitations, clients who have received OC services report that therapeutic relationship was formed at a significant level. Also, clients mentioned that they felt a collaborative bonding relationship with therapists and state that online therapy was a positive experience with important advantages over FtF counselling (Cook & Doyle, 2002)

Facilitating factors for the therapeutic relationship at a distance

There are some values that the counsellor should demonstrate to facilitate the formation of an effective therapeutic relationship in OC (Anthony, 2011; Van de Louitgarden & Van de Tier, 2016).

Rapport

- The counsellor has to enter the client’s mental constructs via the written word. The consistency (congruence and constant coherence throughout all the procedure) of the counsellor’s communication is vital for this process.
- The counsellor should follow the client’s way of communication. When the counselling procedure includes speaking it could be tone of voice and pauses, but on screen could be spacing, pauses and type of words the clients use.
- Rapport allows the counsellor to empathize and respond in an appropriate manner and gives the client a sense of support, being understood and not being alone.
- Active listening becomes such an important competence to create a healthy and respectful bonding. The client must be and feel listened by the counsellor, as this figure means such an important support for her.
**Presence**

- Presence is the perceptual illusion of non-mediators, the media used for the OC procedure is not significant and both the counsellor and client act like they interact with another person in a separate space during synchronous chat.
- When OC is using the Internet this is called Cyberspace, and indicates that “we are together”. In email communication, the concept of presence becomes “you are here”.
- The counsellor should make the client feel that she is talking to another person and not a computer, with the use of phrases that indicate presence.

**Openness**

- According to previous research OC services create a more “open” experience for the client than FtF counselling. This fact can facilitate the mutuality of the relationship between client and counsellor. Counsellor’s congruence and genuineness come to be important element as well.
- OC helps the client to be more honest about her situation, unlike FtF counselling where feelings of shame or guilt might occur.
- Some clients point out that the more open the counsellor is about him/herself, the more they are willing to share during the counselling process.
- Online counsellors could use self-revealing techniques to help clients be more open and sharing. However, this technique should be used in a professional way and never out of scope.

**Productive direct and indirect communication**

- Online counsellors should not use a strong task orientation approach in online conversations with clients.
- Counsellors should allow the clients to address the issues they are facing and explore it in their own way.
- The questions during OC process should be open-ended rather than closed ones. In that way, the client will have the opportunity to analyze her difficulties, instead of simply answering by “yes” or “no”.
- The counsellor should use a more elaborative approach to explore the client’s issues, than a directive one.
- The counsellor should not rush to refer the client to another service, especially when she does not ask for a referral.
Mutual agreement on problems, roles, tasks and goals

Implementing at the beginning of the counselling process the specific goals to achieve is very important for the course of the counselling procedure. Both client and counsellor should agree which these objectives are, following these next criteria:

- The objectives must be realistic: according to client’s demands, needs and contexts.
- The objectives – at least one or two of them – must be achievable in short-term period. The counsellor must not forget the clients are women victims of violence and abuse, which has produced deep emotional, psychological and sometimes even physical harm. Thus, objectives easy to reach will definitely empower them to keep on achieving the others.
- The objectives may be changed along the procedure. As the client will gain self-esteem self-confidence and insight throughout the intervention, counsellors must consider the possibility that some of the purposes suggested and agreed in the beginning can change.
- The online counsellor should ask the client openly about the problems she is facing and her goals from the counselling procedure. During the online sessions the counsellor should not lose track of the client’s issues and goals.
- The counsellor should not take the dominant role in the conversation. In this way the client will have the freedom to build it up.
- During the online conversation the counsellor should not assume the client’s feelings and rush to give advice but instead let the client express their own feelings and analyze her problems.

Collaboration

- The counselling procedure should be governed by a collaborative posture instead of a directive one.
- The counsellor should give the client the opportunity to be and feel equal in the process of goal setting.
- During the counselling procedure the counsellor should let the client take some level of control over the conversation.
Management of online therapeutic relationship boundaries

Some elements of OC, as the immediacy of contact the out of office setting and after hours timing, can raise a potential challenge, because the client might assume that the relationship with the counsellor is a less professional one. Some clients might send texts or call the counsellor out of office hours (evening or night) not because of an emergency situation. This misconception about the nature of the therapeutic relationship can endanger the effectiveness of therapy and cause harm to the client. Therefore online counsellors should be very careful with the management of the therapeutic relationship’s boundaries (Bailey, Yager & Jenson, 2002; Childress, 2000; Kanani & Regehr, 2003; Karcher & Presser, 2018).

- The online counsellor should avoid encouraging undue familiarity and the development of excessive dependence.
- The counsellor should discuss with the client the boundaries of their relationship and communication (appropriate hours and content). The establishment of a time frame for responses could be a helpful way to maintain boundaries.
- The tone of communication should always be professional. A counsellor should avoid informal language and texting outside business hours. The same professional tone and language that is used in the office should be used in OC procedure. More specifically, inappropriate jokes, unprofessional social or self-disclosing remarks should be avoided. Those elements help the counsellor to maintain his/her professional role during the counselling process.
- In online text communication, text messages should be delivered through a secure HIPPA compliant text messaging application. Therefore, the counsellor does not have to disclose his/her personal phone number.
6. Communication and counselling skills “at-a-distance”

The counselling process is an engagement between the client and the counsellor. The mental health professional who conducts this procedure has to be competent and hold the qualifications required. However, it needs to be noted that competency in F2F counselling does not necessarily mean that the counsellor is competent to provide OC services. Professionals need specific training to develop certain skills for OC, so they should continuously increase their competence in the provision of OC services (Pelling, 2009).

In this section we will mention certain writing skills both for synchronous and asynchronous tools. Also we will present management skills for risk and crisis assessment.

a. Writing (Text based) skills for both synchronous and asynchronous tools

Skills for Synchronous tools

Some of the specific skills that an online counsellor should have when conducting an online sessions are the following (Mallen, Vogel, & Rochlen, 2005).

- Synchronous communication requires a certain typing ability, so the counsellor could be able to respond in a short amount of time to the client.
- The counsellor needs to reflect on his/her genuineness in the written word. The counsellor could attempt to communicate his/hers feelings with the use of emoticons. Smiley’s and emoticons are used by both counsellor and client to indicate a certain feeling or a smile.
- The counsellor should leave a certain time between responses (lag), so that responses overlapping could be prevented. Also this period of lag gives the opportunity to the client to develop her thoughts as well as reflecting correctly her feelings and experiences in words. At the same time, the counsellor has the time luxury to consider an appropriate response or consider the meaning of the client’s words.
- The counsellor should use open-ended questions instead of closed ones, to gain more information about the client and gather specific details. Also the counsellor should use restatements and immediate questions regarding the client’s feelings to reach a deeper level of exploration.
- If the client shows a level of discomfort, the counsellor could normalize her experience and self-disclose the difficulty of the session’s online nature.
• An online counsellor may need to be more explicit in text-based communication and may type certain feelings or reactions that otherwise could be indicated with nonverbal cues.

• Counsellors conducting online text based sessions should be trained in the use of special symbols and certain abbreviations like LOL (laugh out loud), because they are used frequently in text based communication. However, when in doubt the counsellor should clarify any comments or messages that cannot be understood.

• In the text based environment, the communication of affect and empathy must become more explicit, and there are several ways to emphasize comments, including the use of capitalization and punctuation. For example the use of an exclamation point could emphasize a certain phrase. Also by capitalizing the words, the counsellor could add emphasis and strong lead the client to focus on the specific part of the conversation.

• Counsellors working online should use the technique of affection report on a scale from 1 to 10, to measure the client’s level of affect and to better understand her frame of reference during the session.

Skills for Asynchronous tools

• Emotional bracketing: This skill is used by the counsellor and could be taught to the clients. Emotional bracketing refers to the placement of emotional content in square brackets within typed communication. This expression of emotion has not an immediate nature but with practice can become more innate. These emotional expressions can significantly contribute to the development of a connection between the counsellor and the client and thus enhance understanding and eventually the efficacy of service (Collie, Mitchell & Murphy, 2000; Pelling, 2009).

• Descriptive immediacy: Descriptive immediacy refers to the typed equivalent to making a process comment or using immediacy in session with a client. Those comments are used by the counsellors to deepen the connection between client and counsellor. More specifically, descriptive immediacy is used to emphasize a moment of emotion when a simple typed response is not enough. In this way the counsellors can demonstrate their caring and help build the relationship with the client. Counsellors should encourage clients to use this technique when they feel that it will provide valuable information (Collie et al., 2000; Pelling, 2009).

b. Risk and Crisis Assessment and Management Skills (special focus on Help lines)

Assessment is a process in which the counsellor has to understand and evaluate the client’s needs, explain the nature of the services provided and develop a plan for the use of available services. Assessment constitutes a dynamic ongoing process that has to take into account that 1) the information about a client
and her needs might change and emerge over time while building trust between her and the counsellor and 2) the fact that the client’s environment and circumstances are likely to change (Northnode, 2008).

**Crisis assessment skills**

The counsellor responding to a help-line has to be able to cope with people in crisis. To accomplish this task, the counsellor has to fully understand the dynamics of crisis. In the context of DV, a crisis shifts drastically the client’s sense of life as manageable to one in which things do not seem manageable. There is a sense that things are out of control and it does not seem clear how to recover the sense of balance.

Most clients calling a hotline do so while in a state of crisis. So the counsellor has to demonstrate certain crisis intervention skills (Jaaber & Dasgupta, 2002; Northnode, 2008): The ability to listen fully and attentively: The counsellor responding to the hotline need to able to attend the caller with empathy, respect and acceptance.

The ability to assess the situation: when the counsellor is actively listening to the caller, he/she is able to understand the level of the client’s level of crisis and capacity. In the process of assessment the counselor should ask questions that help the client clarify the situation and eventually make a decision about what action to take. Counsellors must have in mind that their role is not to tell the client what to do. Instead they have to listen to her description about the crisis situation she is experiencing. The counsellor can help the client to obtain a measure of balance by asking appropriate questions.

The ability to support action: The skills mentioned above enable a hotline counsellor to support a woman in crisis to examine alternatives and make an action plan that is consistent with the safety concerns and that can support resolution or passing of the crisis.

**Management Skills**

1) **Empowerment Counselling (EC)**

The core principle of the empowerment model is that the client is the expert on what can and should be done to secure safety and to recover from the effects of domestic and/or sexual violence. Empowerment is a process that supports a client’s inner awareness, strength, and essential capacity to gain the necessary skills and knowledge to cope in a positive and productive way in her life. The definition of EC is that it is “a shared method in which survivors take control of their lives by making choices. EC invests survivors with self confidence and authority to act by offering support, resources, advocacy, information and education. The goal of the helping relationship is to equalize power between a survivor and a counsellor and thereby enabling shared growth”.

Some necessary skills for EC are (Northnode, 2008):

- **Reflecting content**
  By paraphrasing and reflecting back to the client the content of what was just said, the counsel-
lor can be certain that he/she understood the facts correctly. This skill can facilitate the client’s self-awareness. It provides the opportunity for the client to listen carefully to the meaning of what was just said.

**Reflecting feelings**

The use of this skill helps the counsellor to check if the feelings that the client is sharing (content, volume and tone) are in sync with the client’s self-perception. The use of this skill demonstrates a willingness to accept the client’s emotions and enables the client to vent these feelings as well.

**Clarification and problem identification**

The counsellor needs to actively check in with the client to be sure that he/she understands fully the facts that have been presented and the feelings that may not be directly stated. To accomplish that, the counsellor should ask for more information to identify the main concerns that the client’s shares either directly or indirectly. This fact could facilitate the client’s efforts to solve problems and gain greater self-understanding. The counsellor could carry out a simple technique such as a constant paraphrasing throughout all the conversation during the procedure. By this, it becomes simple to ensure which are the urgent and relevant points that need to be considered.

**Education and information**

This part of EC provides an opportunity for the counsellor to explain and clarify to the client myths related to domestic/sexual violence and how others tend to experience intimate partner violence. In this way, the client is able to see from another perspective her experience and realize that she is not alone as this experience has been shared by others who have found ways to secure safety and recovery for themselves and their children. This aspect of empowerment counselling also includes providing community resources, giving the client options that at one time may have seemed impossible.

**Practical guidelines for professionals in telephone counselling with abused women**

Some practical guidelines for the counsellors working with abused women in telephone counselling are the following (Counselling Guide for Violence, 2014-2020):

- It is really important to validate a survivor of violence by assuring her that the violence she is experiencing is never her fault. A classic tactic of the perpetrator is to relocate the blame from himself to the survivor which means that women might have internalized a lot of blame. Also the counsellor should mention that domestic violence is experienced by 1 out of 4 women. This will help the woman to realize that is not her fault as domestic violence is a social problem which necessitates social change too.
• During the telephone session the counsellor should check his/her voice tone, maintaining it calm and reassuring. The client has to feel sure that the counsellor can endure her emotions as intense as it may be.

• Open-ended questions, paraphrasing, reflection, summary and recap are considered very important skills and their application is encouraged.

• The counsellor should not interrupt the client’s reasoning, but instead give all the necessary time to complete and express her feelings and thoughts.

• The counsellor in the context of empathy should express his/her understanding of the client’s situation, using phrases like “This sounds very difficult...” or “That must be really hurtful...”

• The use of minimal encouragers or verbal confirmation could be really helpful. For example “mmm...”, “yes”, “I understand”, “go on” and other phrases of similar content which aim to confirm the presence of the counsellor could be usually used.

• The counsellor should never use the word “why” in their questions, but rephrase the questions like “what makes you say that...”

• In a case of uncertainty for a specific part of the communication, the counsellor should react honestly. “I am not sure that I understand what you mean by saying...”. Also in the case that the pronunciation, language or idiosyncratic speech make the communication difficult, the counsellor should ask the client to repeat or explain exactly what she means. “Would you mind to repeat what you just said...”

• When the client continuously repeats some ideas, it is necessary to interrupt the client based on a technique. One way for the counsellor to interrupt or assist the concentration and delimitation of the client is to remain silent, avoiding reactions to what is said. Sooner or later the client will stop, seeking direct or indirect reinforcement to continue. Also talking alongside with the client is another way of interrupting. The counsellor could use phrases like “I realize you have many things to say, but I feel we are getting confused with so much information and I would like to focus in...”

• In the case of an external noise the counsellor should ask about it. A closed type question would help the client give a clear answer: “I think I heard the door opening. Are you ok with that, can we continue?”. If the answer to that question is “NO”, each organization offering online services for abused women should put in place an emergency procedure to ensure the safety of the client. Likewise if the noise comes from the counsellor’s environment, he/she should reassure the client that the communication can continue: “Maybe you’re hearing a sound, don’t worry though nobody is hearing our conversation. You have my attention.”
• In the case that the client is expressing intense negative emotions, she needs special handling. For example, if she is crying, it is better to give her the opportunity to let go and express her feelings, while the counsellor is offering reassurance.

• During the pause of the conversation the counsellor should not interrupt the silence. Both parties need time to consider what has been said.

• The distinction between reality and imagination constitutes a challenge for the counsellor and any doubt should be confronting with honesty. “I sense that you are not being clear...”

c) Counselling women with disabilities.
Counsellors that work with women with disabilities need to understand the experience and process of disability. Unfortunately, many counselling and psychology programs do not offer extensive training in this area. In an effort to enhance counsellors’ understanding and effectiveness when counselling women with disabilities, Stuntzner, Hartley and Ware (2014) provide relevant information, which we believe is also pertinent when working with women with disability in an online counselling context.

1. Using proper language to describe the person and the disability
Outdated or inaccurate words can encourage and promote, even if unintentional, poor and negative perceptions and feelings about persons with disabilities; some of which include the words “invalid, suffering, afflicted, victim, handicapped, crippled, and wheelchair-bound (Titchkosky, 2001, p. 127). Furthermore, language and repeated use of negative and disempowering words can influence the ways people view themselves, particularly when such experiences are internalized. Counsellors are encouraged to expand their knowledge about appropriate terminology including the use of “person-first” language. It is possible that people living with a disability have other preferences and ways for identifying and describing themselves. If counselors are unsure how to proceed, they should ask the person with a disability about her personal preference.

2. Identifying personal and societal barriers encountered by individuals with disabilities
Counsellors can enhance their understanding and knowledge of issues relevant to the needs of victimized women with disabilities by learning about the various forms of personal (self-imposed) and societal (other imposed) barriers they often encounter:

• Self-imposed barriers refer to those experienced by individuals with disabilities, partly in effect, because they are thinking or behaving in ways that contribute to their existence. For instance, individuals may have been told they are not capable of something and start to believe it. As a re-
sult, they feel disempowered, become consumed with negative feelings such as apathy, negative self-image or withdrawal, and end up feeling victimized.

- Other-imposed barriers refer to those created or placed upon individuals with disabilities by other people, agencies, entities, or society. Examples of other-imposed barriers include: negative societal barriers, employers’ resistance of hiring individuals with disabilities, and lack of access to public buildings due to non-accessible architectural structures.

Of particular importance is for counsellors to collaborate with their clients to (a) identify which barriers are most salient in their case, (b) examine the ways the identified barriers inhibit their functioning or prevent them from coping more positively, (c) explore which ones are within their control to change, and (d) determine strategies they can use to cope with and move past them.

3. General counselling tips when working with persons with disabilities.

Some useful counselling tips include:

- being mindful that the expressed negative experiences related to disability are real;
- considering the effects that labels may have on your clients (Smart, 2009);
- treating persons with disabilities as human beings rather than as their disability;
- building awareness of your own attitudes and biases which may affect the counselling relationship;
- being aware of how persons with disabilities describe themselves;
- respecting the fact the persons with disabilities know their own bodies and experiences;
- getting the necessary training and supervision needed to effectively counsel persons with disabilities;
- paying attention to the abilities and strengths of persons with disabilities and incorporating them into the counselling relationship;
- recognizing that most persons with disabilities do not live their life “focusing” on their disability and limitations;
- identifying counselling topics which make you uncomfortable (i.e., sexuality and disability) so you can address these; and
- being willing to have an open mind to the shared experiences within the counselling relationship.
7. Closure of the counselling cycle

The counselling procedure has a beginning and an end. It is highly important that the client’s counselling experience has a positive outcome and ending. Counselling constitutes both an interpersonal relationship and an interpersonal growth process, so its ending is a challenge and a multifaceted task that requires attention and emphasis in therapeutic goals and the therapeutic relationship. In this phase, both counsellor and client need to take into account and consider what happened during the counselling procedure and what is going to happen in the near future when therapy ends. The closure of the counselling cycle is very important because it is charged with unique content and intense emotions by both sides (Nelson-Jones, 2008; Shaidon, Shafran & Rafaeli, 2018).

Types of termination

**Predetermined termination**

In this form of termination, the counsellor and the client have agreed to work for a specific number of sessions from the beginning of the counselling process. The number of the sessions could refer to one or more problems the client is facing. One of the advantages of predetermined termination is the low possibility of the counsellor and the client developing a more dependent relationship. However, this type of termination can only cover a certain level of issues that the client is facing. Further, the client’s education for the improvement of specific skills is limited (Nelson-Jones, 2008).

**Open termination following goals achievement**

In this case the counselling procedure is concluded as both parties agree that the client has achieved at a satisfactory level the basic goals of therapy. These goals include the improved management of certain problems and the development of skills that will help the client face present and future difficulties (Nelson-Jones, 2008; Olivera, Challu, Gomez Penedo, & Roussos, 2017).

**Gradual termination**

In this form of termination the withdrawal of counselling is done gradually. For example, instead of a weekly frequency the last sessions are conducted fortnightly or once a month (Nelson-Jones, 2008).

**Termination with reinforcing sessions**

Reinforcing sessions (that usually are conducted after a few months) do not aim in teaching new skills. The main purpose of those sessions is to assess the course of the client regarding skills consolidation and mobilization. Another purpose of the sessions is to support the client with diffi-
cultivates that might occur from the application of new skills in their social and personal environment (Nelson-Jones, 2008).

**Programming Post-to-end contact to follow the course of treatment**

Counsellors can program phone calls or e-mail contacts to follow the course and adjustment of the client outside of therapy (Nelson-Jones, 2008).

**Premature termination (Drop out)**

This type of termination refers to the unilaterally discontinuance of therapy by the client, without meeting the goals or accomplishing tasks that were proposed in the beginning of the counselling process. In this case the client has not completed a full course of treatment as she decided unilaterally to stop the counselling procedure without discussing this with the counsellor. Also, the client has not reached a significant amount of relief from her original problems. Premature termination constitutes a significant problem during the counselling process regardless of skilled therapists or effective interventions. In the literature review the variables that influence premature termination are categorized in six broad areas: 1) client’s characteristics 2) enabling factors and barriers 3) factors related to need 4) environmental factors 5) perceptions of mental health problems 6) perceptions of and assumptions about treatment (Olivera, Challu, Gomex Penedo, & Roussos, 2017; Swift, Greenberg, Whipple & Komiak, 2012)

**Skills regarding termination phase**

- Issues regarding the maintenance of change in problematic situations should not be left for the last sessions.

- During the counselling procedure counsellors should use statements that show the finite nature of the process.

- Counsellors could introduce the matter of termination using one or more transition statements, which indicate that the counselling process is close to an end.

- The most important task during termination is the client’s consolidation of everything they learned, so they could help themselves after treatment. One method to achieve the goal is the use of a summary output that includes all the basic points of education for the management of problematic situations in the future. Both parties should dedicate time to discuss possible difficulties in the future, and to develop strategies for their management.
Engaging in emotions

Client’s emotions regarding termination are separated in two basic categories: 1) emotions regarding their performance without the counsellor and 2) emotions towards the counsellors and the counselling procedure (Nelson-Jones, 2008).

- Sometimes clients experience emotions of ambiguity regarding their ability to respond to difficult situations after the counselling termination.
- Counsellors should conduct an open discussion including the client’s emotions for the future. They should also agree about the most suitable ways of maintaining learned skills.
- Counsellors should give the client the opportunity to express their feelings about their contract and the termination phase.
- Counsellors could also express some of their emotions, for the termination to be more humanistic.

A model for treatment endings

The model proposed by Shaharabani Saidon, Shafran and Rafaeli (2018) is called CMRA and is divided to four axes: 1) Consolidation 2) Maintenance 3) Resolution 4) Acceptance. According to this model consolidating therapeutic gains (C), maintaining them (M), resolving therapeutic relationship issues (R), and accepting the separation (A) are the client’s challenges and thus should serve as the focal points for the therapeutic work from the counsellor’s point of view.

1. Consolidation

- In the stage of consolidation the client needs to recognise her accomplishments during the counselling procedure, so this stage revolves around therapy goals and it is focused in the past.
- The client has to evaluate what has been learned, what has changed and what has not. Thus, client and counsellor should conduct a dialogue to discuss which goals have been accomplished and which have not.
- The counsellor should help the client formulate a coherent narrative of their experience in the counselling process. This task becomes easier when therapeutic goals are explicitly discussed, defined and agreed-upon in advance.
- The narrative that results from this process can contribute significantly to client’s personal development and to the maintenance of the skills learned during the counselling procedure.

2. Maintenance

- This stage also revolves around therapeutic goals, but is focused on the future and what is going to happen after the termination of counselling. This challenge is divided in two parts, a) maintenance, which basically means relapse prevention and b) generalization, which includes the effort
for further post therapy personal development of what has been learned in counselling. Both parts aim to increase and strengthen the client’s sense of hope and self-efficacy. The actual purpose is for the client to exit the counselling process and have the necessary skills to cope with future problematic situations. As in every psychological intervention, expert and client must plan together a set of tools, already learnt during the process by the client, in case there is a ‘falling back onto’ either undesired thoughts-feeling or old unhealthy habits.

- Counsellors should facilitate the clients to voice their wishes, dreams, ambitions and plans but also give them the opportunity to express their worries, concerns or insecurities for the future. Accomplishing this task involves three therapeutic actions:

1) **Emphasizing the client’s strengths**
   Focusing on client’s strengths at the end of counselling helps imprint these strengths in their memory. Thus they are able to understand and reinforce their inner resources.

2) **Turning to realistic aspects of the client’s external world**
   In empowering clients to handle their familiar and social environment well, counsellors and clients might review issues that had already been handled in therapy or outside of it. Also clients may be able to recognize sources of support that exist in their environment.

3) **Preparing for future use of therapeutic tools**
   Counsellors should prepare clients to use the therapeutic tools and the skills that have been learned during the counselling process.

### 3. Resolution

- This challenge refers to the therapeutic relationship during the counselling process, so it focuses in the past.
- Counsellors and clients conduct a discussion about their relationship, which includes reviews of events, moments and issues that were significant to the client.
- During this procedure both parties should share their experience while actively listening to the other’s interpretation of the same events.
- Resolution gives the opportunity to the counsellor to observe the client’s handling of real-life interpersonal interactions.

### 4. Acceptance of the separation

- This challenge refers to the therapeutic relationship but is focused in the future. In this stage the client internalize that the counselling process is ending, so complex emotions of sorrow, anger or blame may arise. These feelings do not take away the importance of the therapeutic relationship
or undermine counselling accomplishments, as clients may feel at the same time gratitude, contentment and satisfaction.

- Often, counsellor’s self-disclosure regarding their own feelings about termination may enable clients to engage in an open discussion about their feelings.
- For acceptance of separation to be successful, counsellors need to believe that the treatment they had offered was valuable. Also the client has to be confident that her counsellor will continue to be his/hers counsellor even after the termination of therapy.
- Counsellors should not introduce new elements in the phase of termination. Even when counselling is perceived to be incomplete they should resist the urge to play “catch up”.
8. Scientific Supervision and Assessment of Counseling “at a distance”

The training of a counsellor includes graduate course work, supervised practice and internship to engage with clients in a FtF environment. The counsellor has to possess certain skills and values for the counselling procedure in a FtF setting to be effective. Likewise the same type of training is required for counsellors who offer their services in an online setting. Some of the skills in OC are similar to those in a FtF counselling process. However the training of online counsellors must include information about the special issues involved in OC and close supervision while learning the necessary skills. We have to point out that especially when the online counsellor works with women victims of domestic/sexual violence, the necessity and importance of specialized supervision is increased (Mallen, Vogel, & Rochlen, 2005).

Basic problems with supervision in OC:

The basic problems of the supervision in OC are the following (Karcher & Presser, 2018; Mallen et al., 2005):

- The basic problem with the education and supervision of online counsellors is the limited number of counsellors trained to provide quality supervision in this area.
- It may be hard for the trainee counsellor to find a supervisor specialized in both OC and counselling to women victims of DV.
- It would be better for the supervisor and trainee to be in the same location. OC supervision becomes more complicated if the supervisor and trainee are meeting online.
- In this case it would be difficult for the supervisor to “read” the trainee and may miss non verbal signs of nervousness, anxiety or frustration, which could lead to valuable learning opportunities for the trainee. Also it would be difficult for the supervisor to detect the trainee’s resistance.
- In distance supervision, when a crisis situation occurs that demands immediate consultation the supervisor may not be available.
- It may be difficult for trainees to obtain the necessary training and supervision due to the lack of emphasis on OC in most graduate programs.
- The field of OC is rapidly evolving, so it is challenging for supervisors and trainees to remain competent and up to date in administering OC services.
Recommendations for supervisors:

Some basic recommendations for professionals providing supervision in OC are the following (Karcher & Presser, 2018; Mallen et al., 2005):

- Supervisors should educate counselling trainees to accurately assess the client and how to provide a nurturing environment and establish working alliance.
- Interventions like verbal minimal encourages and non verbal gestures which show support and understanding are missing in text based communication, so online counsellors must be trained on how to replicate those interactions in a text based environment.
- Supervisors should encourage trainees to gain experience in various online interactions, which include asynchronous e-mail, synchronous chat, and video-conferencing.
- Supervisors could model new technologies by using them in supervision, so the trainee will have the opportunity to express any questions or doubts immediately.
- Supervisors in OC should hold to FtF standards regarding supervision.
- Supervisors should also have access to full-length transcripts of online sessions. Thus they could identify certain areas that may confuse the trainee, and discuss the interventions that he/she used and any possible alternative intervention that could be used in a similar future situation.
- Supervisors should be vigilant regarding assessment and direct trainees to continue monitor clients function.
- The supervisor should encourage the trainee to meet online and in FtF sessions, if both parties feel comfortable. Thus direct supervision will help the trainee explore online interactions.
- Through the supervision process the trainee should be educated regarding the unique ethical and legal issues of OC.
- Also supervisors must be experienced in sexual and DV and inform the trainee about all the specific stages of counselling with women victims of DV.

Recommendations for trainees:

Some basic recommendations for trainees in OC are the following (Karcher & Presser, 2018; Mallen et al., 2005):

- Trainees should be ready to discuss both the client’s issues and their own reactions and doubts to working with the client online.
- During the OC procedure trainees should keep professional records about each session they conduct, so it can be reviewed by the supervisor. They should either print out text messages when feasible or make a detailed summary of online sessions.
- Trainees should continuously assess their clients in online sessions and be aware of the assessment’s importance because of the lack of contextual and nonverbal cues.
- OC trainees should also examine the relevant literature on online interventions and DV protocols and manuals.
- Trainees should also include in the client’s chart a detailed list of applications in use during OC.
- OC trainees should be extremely careful in choosing a supervisor, because of the complexity of both subjects.
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