The challenge of security and accessibility: Critical perspectives on the rapid move to online therapies in the age of COVID-19

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Abstract
This article offers some critiques of the rapid move to online therapies in response to the restriction of movement and in-person psychotherapeutic and psychological practice, imposed by necessary responses to the COVID-19 pandemic. The critique is informed by concerns about the security of online therapeutic practice; informed by, but not restricted to, legislation and practice in the United Kingdom. Furthermore, it includes cultural perspectives regarding health care provision, specifically with Pacific communities in Aotearoa New Zealand and, more broadly, with regard to disadvantaged and vulnerable clients and communities throughout the world. The article offers a framework that accounts for the challenge of making practical, culturally-appropriate, and therapeutic decisions about the security and accessibility of online therapeutic practice.

KEYWORDS: accessibility, COVID-19, cultural perspectives, cyber security, information, online therapies, Pacific

1 | BACKGROUND

The response to the pandemic caused by the coronavirus disease (COVID-19) has unexpectedly, but inevitably, challenged the practice of therapists (a generic term we use to encompass counsellors, psychotherapists, psychologists; including practitioner and clinician) and has led to a review and, arguably, a sudden shift to how therapy is delivered. For most therapists, practicing online therapy was not part of their education or training. Even now, very few generic therapeutic education/training programmes consider forms of online therapy as a, let alone *the*, main mode of therapeutic work with clients. Moreover, a number of practitioners of theoretical orientations or therapeutic modalities have been sceptical about online work.

In the past year, alongside the rapid shift to online therapy, there has been much research conducted and published regarding the experience and effects of online therapy. A number journals, including *Group Dynamics* (Parks, 2020), the *Journal for Psychotherapy Integration* (Callaghan, 2020), and *Psychological Trauma* (Kendall-Tackett, 2020) have published special issues on the topic. While some articles have focused on the technological and therapeutic

challenges of online work, we have not come across any articles that discuss the information and misinformation about the various online platforms supporting online therapy. Moreover, while some articles do address different client populations, few—
with the notable exceptions of Kendall-Tackett (2020) and Gibbon et al., 2020)—address the differential impact of online therapy.

Our professional backgrounds encompass psychology; engineering, education, and computing and information technology; and social work, counselling, and mental health. Our current professional identities encompass the fields of psychology and psychotherapy, working with children and young people as well as adults, and working in groups and communities as well as with individuals. Our reading of both the current situation and the literature is informed by critical theory and thinking. Based on our experience and knowledge, we consider that there are a number of issues with (a) information about online platforms that support online therapy; (b) disadvantages and inequities of online therapy, with a particular focus on vulnerable communities; and (c) the security and ethics of the provision of online therapy.

In this article we discuss each of the above areas in turn, before concluding with a framework that accounts for the challenge of making practical, culturally-appropriate, and therapeutic decisions about the security and accessibility of online therapeutic practice. We begin by briefly discussing the internet as a source of both information and misinformation, as that is the context of the online space and 'frame' in which therapists are operating. As many therapists will continue practicing online post COVID-19, the issues raised in this article are not only of immediate concern but will be of longer-term interest. We hope that this article will inform urgent discussion in professional communities and associations.

2 | INFORMATION, MISINFORMATION, AND ONLINE THERAPY GUIDANCE IN THE AGE OF COVID-19

The internet is often referred to as the information highway. Conceived by Tim Berners-Lee, the world wide web (hence www) now comprises a plethora of websites that enable us to 'surf' for knowledge all around the globe. Access to the internet can now take place on smartphones, gaming consoles, and smart TVs; as well as the personal computer and almost anywhere, as one form of wireless technologies and cellular networks move to fourth and fifth generations (hence '4G' and '5G'). These advances are likely to result in many more pieces of information that can be shared about any topic or, indeed, may be created through the formation of new ideas to which all internet users can contribute. Given both the information overload and the fact that anyone can upload information, including false information and fake news, discerning the truth in cyberspace is a skill that requires a number of clicks onto a number of sources in order to analyse the content critically. 'The truth' may be out there (as the tagline of the *X-Files* TV series suggested), but it is getting increasingly hard to balance and clarify. Notwithstanding, information relating to moving online as a therapist was unclear in the very early stages of the March 2020 lockdown.

Membership bodies did not move as fast as the information appearing from professionals in the field advising on what they considered were safe, secure, appropriate platforms and practice. Given the current overload and rapid change of information about COVID-19 (e.g., use of face masks, working face-to-face, or online considerations), the inconsistencies associated with such large amounts of information inevitably resulted in a conflict of information. Humans' brains (and bodies) are primarily wired to survive; hence, when danger

or stress is perceived, the threat becomes the primary source of attention. When people are under threat and/or stress, choices and decisions are made about an event without all of the information available which results in 'incorrect' outcomes, often looking like ignorance. Brain regions involved with executive functioning (consequences, forward planning, reasoning, and judgement) reduce their load to allow the lower brain areas of survival to become dominant (Le Doux, 2015). Thus, the capability of the reader to weigh up the evidence from the information they are processing is reduced which, in turn, makes their decision-making less reliable. Information overload, therefore, has the potential to lead to cognitive fatigue, wherein understanding and beliefs can be easily swayed in the wrong direction.

Thus, when membership bodies and insurance companies advised against face-to-face work due to COVID-19, there was a reactive rush to work online despite many therapists having little training or experience in this medium. Guidelines from governments changed rapidly in line with the science, leaving organisations with little clarity about face-to-face work. As a result, many therapists looked for guidance from membership bodies that focused on online therapy and online training providers; yet, received little clarity or direction from those in power. Online therapy forms an optional aspect, not a requirement, of a therapist's training in Aotearoa New Zealand and the United Kingdom (UK), with some course access requiring qualified status prior to enrolment. In other countries, such as Australia, accreditation standards do not include online psychological training as a pathway to qualification, nor could we find online standards or guidance for COVID-19 related provisions (Australian Psychological Accreditation Council [APAC] 2017). The lack of online therapy training provision resulted in an unprecedented level of demand placed on the small number of online training organisations. The sudden influx of 'students needing a crash course' was overwhelming. Training in online mediums often takes many months or years to achieve diploma level certification. Globally, over 13,000 therapists had completed an emergency short course through one training provider alone at the outset of lockdown in March 2020 (K. Anthony, personal communication, October 2020); and Online Therapy has seen an exponential increase in membership and training providers registering since March 2020 (Association for Counselling and Therapy Online [ACTO], 2020).

In this context, the number of psychotherapists already trained to work online (including one of the authors) found themselves overwhelmed with displaced anger, fear, and confusion from colleagues who are or were not fully qualified as therapists. Alternately, some therapists may have completed training in an online approach but did not fully understand the data protection issues. Confusion abounded about what they needed to know or learn as quickly as possible in order to provide online services. Some of this confusion was fuelled by professional associations focusing on the 'do's and 'don't's, and 'should's and 'must's, of online practice.

One result has been a confusing and overwhelming surge in short courses, webinars, and weekly updates from training providers, membership bodies, and social media group owners advising on how to proceed with and conduct online therapy. However, these communications have failed to prioritise larger issues such as cybersecurity, safety online, and the legalities associated with digital technology. This phenomenon mirrors the spread of information online by governments and news/media outlets whereby ministers issue advice predominantly based on the advice of senior officials who, for the most part, are themselves learning on the job about the issues at hand.

Our concern about the gaps in communication is four-fold. One is the propensity for so-called experts to profit from the ignorance and vulnerability of colleagues, the second is the

high deficit of knowledge around legislations of data protection and good practice of digital technology security. Third, is the danger of a further increase in professional regulation, which parallels the wider social sphere; for example, price gouging and the assertion of emergency powers (some of which, historically, have remained in place long after the emergency or the crisis ends). Fourth, there is an assumption of technological accessibility, equality, and willingness of both client and therapist to engage in this approach.

Therapists have the same rights as their clients in how they provide their services. There have been positive experiences in online therapy, with some research showing a positive attitude from therapists who have had to transition to online therapy during COVID-19 (Békés & Aafjes-van Doorn, 2020). The use of psychometrics and conducting risk assessments online has also shown encouraging results, though the need for further exploration is noted (Yates et al., 2017). A recent study with students showed technology-based synchronous media (e.g., Facebook, WhatsApp) was the leading alternative for counselling during the pandemic (Supriyanton et al., 2020), and there are positive benefits of online therapy with some problematic behaviour, suggesting its potential as a medium for assessment and therapeutic services (Bortolon, et al., 2017; Toneatto et al., 2017). Yet, guidance about other formats of therapeutic interventions (e.g., physically distanced walk and talks, ecotherapy, or animal therapy), has been lacking in communications to those who could provide such alternatives. Our experiences have found that, in general, an online approach is currently used for check-in purposes. Equally important, is the need to identify and acknowledge the potential impact(s) of online communication on vulnerable, including culturally and linguistically diverse (CALD), communities.

3 | DISADVANTAGES AND INEQUITIES OF ONLINE THERAPY

It is well documented that when a pandemic occurs, communities living in medium to high socioeconomic areas are more likely to have better access to health, education, and support services (Crooks et al., 2018; Smith & Judd, 2020). Prior to the COVID-19 pandemic, vulnerable groups in Aotearoa New Zealand included indigenous and Pacific communities—as migrants or descendants from the Pacific Islands—people with disabilities, and the elderly (Wingate et al., 2007). The social and economic inequities that exist among vulnerable communities for online therapies need to be understood clearly prior to providing such a service. For instance, clients in vulnerable communities may not necessarily have a private room/space in which to receive or participate in the online therapy. Therefore, the therapist will need to discuss how privacy can be managed appropriately and in a way that does not create more harm. In many CALD communities, home visits by professionals need to acknowledge the home as a ‘sacred space’ and be respectful in that environment (Ioane, 2017). The therapist will need to discuss with the client how to create a safe and sacred space for online therapy within their home, including how they can manage the separation of therapy sessions and home/work life during self-isolation in their homes.

It is important to note that the entire movement–and rush–to online therapy has only come about because of the current pandemic. Policies and guidelines for working online have been reviewed a number of times throughout the pandemic (United Kingdom Council for Psychotherapy [UKCP], 2020), and will continue to be adapted as working groups provide the evidence and guidance for such policies. During 2020, ongoing guidance in the form of fortnightly emails to members of the UKCP has been a way to communicate the learnings of the current situation and provide members with professionally guided webinars and advice.

Currently, it is unclear how many membership bodies have followed this format and level of communication. Prior to the outbreak of COVID-19, the opportunity for online therapy–and, indeed, different therapies–was generally provided as a (relatively rare) option for Core Professional Development (CPD). In response to COVID-19, and necessary restrictions on assembly (different 'Alert levels' and 'lockdown'), online therapy is (with specific and strict exceptions), the only option. How this online support is delivered and packaged to vulnerable communities will continue to be critical in terms of obtaining genuine engagement and participation. Therefore, one of the priorities for therapists when using online therapy is to understand its benefits and limitations, and the impact on their therapeutic practice (Speyer & Zac, 2003)—practically, therapeutically, and socially.

Anecdotal evidence suggests that the benefits of online therapy during a pandemic include ongoing accessibility and support from one's therapist. Furthermore, economic and financial implications are likely to be reduced as travel and time is not as significant. Some clients may also utilise the online communication as a means to share sensitive matters difficult to express in a face-to-face communication.

However, therapists are now faced with some complex and interesting challenges as they engage in online therapy. We consider two aspects of risk associated with the provision of online therapy; physical, and clinical and cultural. Physical risks include the reliability of physical resources and the difference in using a laptop versus a smartphone or tablet, as well as the online application platform that it uses and its sustainability during a session. The availability and volume of data for the client will also determine the maintenance of the session. The security and confidentiality of online therapy is discussed in the next part of this article. For vulnerable communities, therapists will require a secondary plan if the availability of physical resourcing of online therapy is limited; including, greater flexibility in assessments, therapeutic plans, and clinical judgements, knowing that the information-gathering process will be limited if resourcing capability is scarce.

We have combined clinical and cultural risks because too often there is a tendency to separate cultural and clinical competencies. Working within a cultural framework requires the therapist to practice within the client's worldview which may be based on age, ethnicity, sexual orientation, socio-economic status etc. For many CALD communities, the loss of face-to-face (in-person) contact is significant as the relationship is known to be the basis of their identity. Essentially, collective communities function and exist on the relationships they hold, because their identity is relational and their existence is relational (Ioane, 2017). Therefore, the use of online therapy and attempt to mirror a face-to-face relationship within a virtual space requires a shift in mindset. Notwithstanding the disadvantages of online therapy, we suggest that understanding how existing socio-economic inequities among vulnerable and CALD communities influences accessibility and resource is essential for the service provision of equitable online therapy.

4 | SECURITY AND ETHICS

COVID-19 has created huge uncertainty for many people and, arguably, most of the world, including therapists. However, professionals in the field of therapy have been slow to understand the basics of privacy rights and freedoms of individuals—clients and therapists—when using digital media, and the potential impact upon individuals using this technology. These impacts include data breaches, cybercrime, and other issues that arise from using a super-connected information highway in which security measures generally appear of

secondary concern. To date, privacy issues were and are demonstratable in small sections provided in training courses, where therapists are pointed towards being compliant with The General Data Protection Ruling (Open University & British Association of Counselling and Psychotherapy, 2020), albeit with no clear guidance on what it means for therapists. Privacy laws and cybersecurity settings, or clear guides to data protection laws, are minimal in both face-to-face and digital training courses for therapists, owing to the information security (commonly known as 'infosec') professional sector not being part of usual training delivery. In contrast, a large number of cybersecurity and infosec companies and organisations provide training to businesses the world over (Sobers, 2020).

As most, if not all, therapists have ethical obligations to do good and to do no harm, we need to understand both the good and the potential harm from using digital media in and for therapy. Such knowledge includes how to protect clients from the harms of the advertising industry and the collection of what is referred to as 'big data', especially when therapists use platforms in which they may not have received adequate training. In order to better understand the potential harm, information security, cybersecurity, and privacy rights and freedoms need to be integrated into both face-to-face and online training courses in which digital media is going to be used. In the age of digital technology, digital medical includes using a computer, smartphone, or electronic device that can hold text, audio, or video (Open University & British Association of Counselling and Psychotherapy, 2020; Privacy 4 Therapists, 2020)

In a corporeal setting where therapy takes place, we offer our clients a physical, 'safe' space in which they can feel heard, and in which we are transparent with them about confidentiality and what we do with their data. For example, we will explain that we may take notes, where we keep these notes, and for what purposes. If we are recording the session, we gain their consent and ensure the recording device is present and viewable. Our clients generally trust the safety of a real-world consulting room as being free from intrusion by the very fact that we have curtains or blinds on the window (so that they are not overlooked), and physically closing the door to the outside world. In short, the client is able to experience the physical safety of the room as implicitly protecting their confidentiality and anonymity. When working in-person, we can notice subtle body language signs that indicate mistrust, such as a slowing down of speaking and the hyper-vigilant turn of the head and/or eyes to the door if we work in a building where voices can be heard outside. Such observances provide real-time feedback about the safety or otherwise of the provision we make. We may even be called upon to regulate a client to the outside world, offering reassurance that this space is both secure and sacred to the process of therapy, thereby allowing the therapeutic alliance to be built on a conscious level of trust before we engage in the process of therapy. In an online world, therapists may well find this practical and psychological safety more difficult to convey. If therapists do not know about or understand the digital devices, platforms, and applications we are using, and what they both offer and take away with regard to data collection and transmission and individual rights, then we will not be able to assess the risks and dangers inherent in their use, or give our clients accurate information about data collection. If therapists do not know how to offer cyber-security—both with and from criminals and developers—and both digital and therapeutic safety, then we will not be able to offer, explain, or provide the same level of protection that we do when we offer in-person therapy.

Current online therapy training packages, especially those that have put together in the context of crisis health care responses to COVID-19 may not be sufficiently covering the

factors discussed above. While, to some extent, this is understandable in the context of a crisis response, we are concerned that fundamental knowledge and understanding about data protection, privacy laws, the rights of the individual, and cyber security may be being overlooked. We are also concerned that if the need for such knowledge and understanding is not addressed, that future data breaches and cyber-related crimes could impact on the lives and mental health of clients, and therapists. The necessity to provide safe and secure settings is the foundation of any therapeutic relationship, whether this be corporeal (in-person) or digital (online). In this complex world of information overload, misinformation, breaches of data security, and cybercrime, it is clear that there are a number of digital issues that the therapeutic professions need to address.

As a way of trying to provide a safe and secure setting, we offer two observations. The first is that when therapists venture into new territory in their practice, for instance working with a client twice a week, or beginning to work with couples or with groups, they are often advised to a) undertake further education/training in what may be seen as specialisation (especially if it was not covered in their original psychology, counselling, or psychotherapy education/training); b) get specialist supervision in the area or form of work; and/or c) experience it themselves. We would suggest that the same applies to moving into offering online therapy. The second observation is to acknowledge the clear and present risks and dangers of the online world, which include:

- An increased and increasing online presence of hackers and cybercriminals (TheCyberhelpline, 2020).
- Issues surfacing with some of the current online platforms being used, some of which are resulting in class action lawsuits in the United States where they have fallen foul of privacy and security flaws (Business Insider, 2020; Engineering & Technology, 2020).
- 'Session hacking' (Arampatzis, 2019), a form of intrusion into a virtual space that is considered to be safe. This is a cybercrime pastime surfacing on platforms such as Zoom, where a technique called 'Zoombombing' occurred during the early part of lockdowns (Techcrunch, 2018). There are a number of additional issues around privacy and security with Zoom (Business Insider, 2020).
- The need to prioritise email security and transmission of email data above platform issues, as more often than not cybercriminals target this system to gain entry to all other aspects of a person's computer (e.g., phishing attacks). This is often how other platforms are hacked, including banking, insurance and other financial areas, in addition to malware and other cyber risks taking place (Wall, 2020).
- That cybercrime is a known risk to professionals working online. Membership bodies have a duty of care to inform their members to prevent cyber-attacks like 'wannacry' malware (Boiton & Wall, 2017).

We consider that all these risks and dangers need addressing. To start with, the privacy policies of Zoom, given its popular use for online therapy, and similar video platforms, require both reading and understanding by the user—in this case the therapist—before commencing use of such platforms. Understanding the risks associated with collection of personal information or metadata (data about users and their devices, locations etc.), the privacy rights and freedoms of those users, and how this information is communicated to the client is one aspect of platform use the therapist must consider. However, understanding from the outset how to protect one's computer and/or device with adequate, robust, and up-to-date cybersecurity settings (with regular updates) is the very basic foundation of device and

computer use. Therapists need to understand how and when to enable protection, including where flaws and security issues exist on platforms designed for consumer grade use, before using video conference platforms. Knowing the difference between platforms that are designed from the outset for the use of therapeutic, confidential services versus those that do not have this privacy by design is necessary in order to provide safety for the client. We note that platform recommendations made within this article are likely to be subject to change very quickly as and when the industries of cybersecurity, privacy and data protection find flaws, update systems, or are alerted to issues when cybercriminals hack, exploit, or attack users of this digital space. Therefore, the practical recommendation herein is to find a platform designed for therapeutic/healthcare services (to be found within the terms and conditions of the platform) and where this is not communicated or stated from the outset, to choose wisely if deciding to use the platform for the services of online therapy (taking into account the nature of the privacy rights and freedoms of the clients who, in law, are data subjects).

Like health professionals internationally, psychologists in Aotearoa New Zealand operate within a *Code of Ethics* that must be upheld in their practice at all times (New Zealand Psychological Society [NZPS], 2002). Some eight years ago, the NZPS developed guidelines for the practice of telepsychology as a supplement to its *Code of Ethics* (New Zealand Psychologists Board, 2012). These guidelines highlight the advances in technology and communication, raise awareness of the ethical challenges of online communication, and provide a regulatory framework to ensure safe practice within statutory obligations, though we recognise that research evidence regarding the efficacy of such online interventions continues to evolve. A key and fundamental principle of these guidelines, and many other codes, is that any service involving the practice of psychology that is delivered online through telecommunication must meet the same standards of care provided face-to-face and in-person. Here, we identify some of the principles from this particular *Code of Ethics* (NZPS, 2002) which were applied in the guideline, *The Practice of Telepsychology* (New Zealand Psychologists Board, 2012) as a broad framework for commenting on the responsibilities that therapists have in transitioning safely to providing online therapy.

Principle 1: Respect for the Dignity of Persons and Peoples

1.4 Sensitivity to Diversity. Psychologists and therapists understand that clients live and develop within their social, cultural, and community groups. Clients from vulnerable communities, such as Pacific people in Aotearoa New Zealand, have significant needs, and experienced various health disparities prior to COVID-19. Psychologists need to have a robust understanding of the world(s) within which their clients live and to contextualise their work to meet the psychological needs of their client. For example, understanding the respect needed when entering the home of Pacific communities either in-person or online highlights the cultural sensitivity of the psychologist. Time zone differences or unique cultural perspectives must also be acknowledged by psychologists when using online therapy with CALD clients. For instance, in cultures in which face-to-face is the main and culturally appropriate form of communication, as seen among Pacific populations, cultural barriers may limit the effectiveness of telepsychology. Alternatively, some cultures may experience more alliance with telepsychology.

1.6 Privacy and Confidentiality. In relation to online therapy, therapists must be fully conversant with managing confidentiality and security in an online environment and, importantly, for the present discussion, fulfil the duty to disclose potential threats of security

and safety within a public online platform/domain. Practical measures include raising awareness to privacy issues, the possibility of interceptions, eavesdropping, and being 'bombed' with graphic and inappropriate messages if security measures have not been implemented appropriately.

1.7 Informed Consent. In order to ensure informed consent, the client needs to be fully notified about the risks of online platforms as a medium of communication and confidential conversation. This includes providing information to the client on the increased risks to the confidentiality of their 'data'.

Principle 2: Responsible Caring

2.2 Competence. Following on from informed consent, competence reinforces the need for therapists to have an adequate understanding of the security risks involved in using telecommunication technologies. This includes the need to implement safeguards in one's practice such as requesting 'return receipt' password access or encryption codes. Thus, therapists either need to have or develop their competency in technology and to be and remain informed about the efficacy of therapy and treatment via technology.

2.4 Vulnerability. Therapists have a responsibility to be aware of those who are disadvantaged, which includes recognising the vulnerability that comes with situations such as unfamiliar cultural and clinical settings. The challenge with COVID-19 is that vulnerability affects everyone, including psychologists/therapists and clients: we are all experiencing the vulnerability of exposure to a pandemic and, in our therapeutic environment, of the movement to online clinical practice without appropriate formal education/training. Nevertheless, many codes require therapists to 'endeavour to put in place supports' to reduce the possibility of further harm towards clients, which includes the use of telecommunication platforms for therapy.

Principle 4 Social Justice and Responsibility to Society

4.4 Accountability, Standards and Ethical Practice. Psychologists in Aotearoa New Zealand are required to ensure they work and function to minimise any misuse or abuse of clients or information, including undertaking peer review, supervision, and case management reviews. However, with the use of online services as the only form of contact during a pandemic, the number of experts that are competent in forms of psychological therapy and in information technology and security is limited. We take this principle as requiring all therapists to engage in formal education/training about online therapy as part of their commitment to maintaining their competence, as is normally required when undertaking a new area of practice.

5 | ACCESSIBILITY

Poverty, oppression, and disadvantage create a digital divide between those who have and those who do not have access to various forms of technology and the internet. Recent findings from a report in Aotearoa New Zealand identified vulnerable communities, including Pacific, to be at most risk of digital exclusion (Digital Inclusion Research Group, 2017); indeed, Pacific communities had the lowest level of internet access at home when compared with other ethnicities (Grimes & White, 2019). Moreover, this is not a new disadvantage for Pacific communities, with a report almost two decades earlier indicating that less than a quarter of households of Pacific people were connected to the internet (Statistics New Zealand, 2004). These findings highlight that, even before any consideration or focus on security, competence

and practice with regard to online therapy, the digital divide contributes to marginalising vulnerable communities which, arguably, are most in need of therapeutic support.

Our concerns about security and access, and the large number of existing platforms (as well as the predicted rise in new platforms) that support the practice of online therapy, led us to develop the framework represented by Figure 1. The two axes–security, which represents security levels of the online platform; and accessibility, which represents the accessibility of the platform for users (both clients and therapists)–frame four quadrants in which we place various online platforms. Thus, for example, Facetime, provided by Apple products, scores high on security, but medium to low on accessibility, as it requires the user to own Apple products. By comparison, Zoom scores higher on accessibility, and reasonably high on security (to date)–and higher than when we began writing this article as, in response to concerns about its security (Paul, 2020), Zoom has updated many of its security settings (Winder, 2020). Of course, the security of these platforms is also affected by the technological literacy of the user and, in the context of our present concern, especially that of the therapist if they are not able to implement the security measures of platforms and devices.

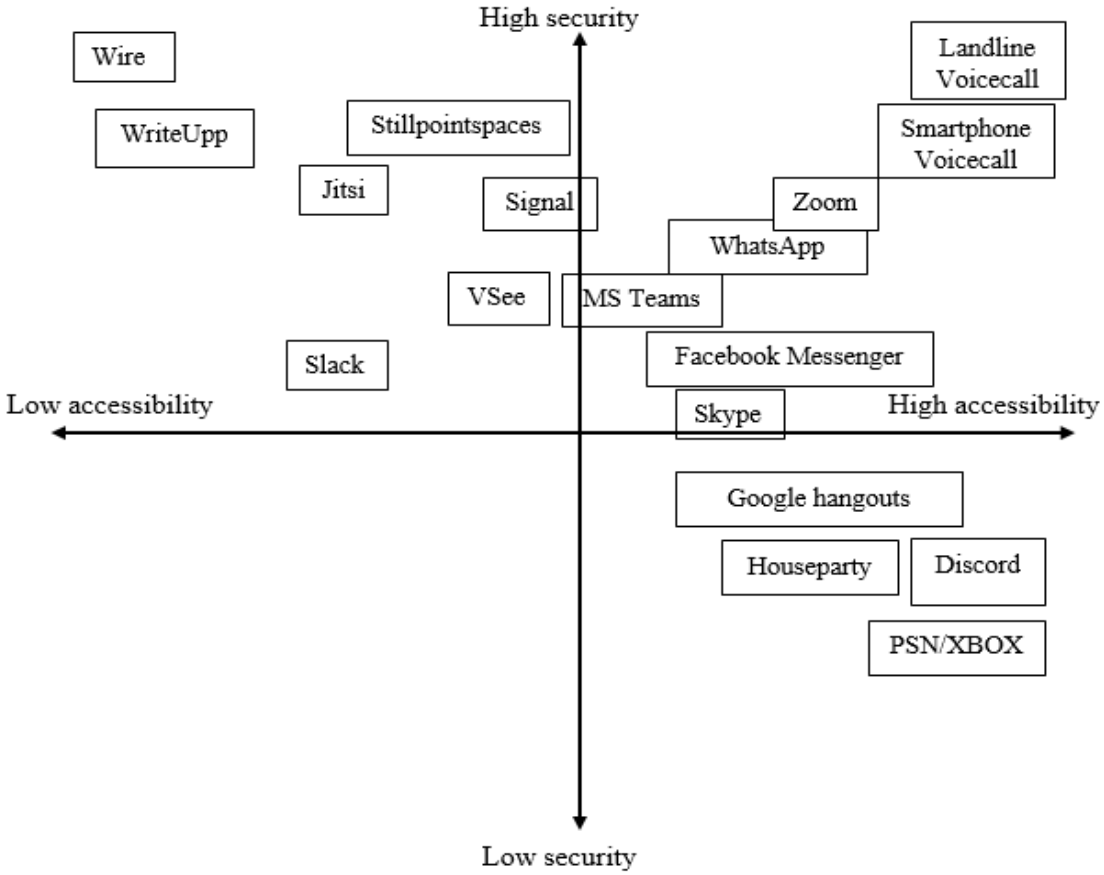

Figure 1. A conceptual framework for the security and accessibility of online platforms for online therapy

For ease of reference, we have not included all available platforms. Given the ongoing demands to update and regulate existing online platforms, Figure 1 is an evolving framework.

As an example, during the time of writing this article (over some six months in 2020), regular updates were made to Zoom that have increased its accessibility and security. In terms of security and accessibility, as well as functionality and ease of use, there is no clear leader in the field that is specifically designed for the purposes of online therapy and which meets all the requirements of national and international laws and best practice cybersecurity measures. Finally, it is important to note that, whilst this grid highlights the variances in security of and accessibility to platforms, there is a partial assumption that access to online data and devices is available across all communities, and that it is the only the type of accessibility that varies. At the very least, for many Pacific and vulnerable communities, a landline voicecall or smartphone voicecall is their resource, and we note that this resource is the most secure, accessible platform. However, whilst telephone counselling/therapy may be the most viable, it does not meet the traditional mode of in-person communication for Pacific and other indigenous communities, where alternatives such as walk and talk modalities may be a better option. Although these limitations are beyond the control of therapists, it is, nevertheless, a responsibility for therapists to have an awareness of how they might impact on the therapeutic relationship.

6 | SUMMARY

In the age of COVID-19, online psychological therapies, in their different forms, are an essential service as individuals and self-isolated 'bubbles', as well as society at large, attempt to find their new 'normal'. Parallel to the broader emergency situation in which many people find themselves, to date, many countries continue to be in various forms of 'lockdown'. Therapists are, for the most part, in contingency mode and may only be able to offer online provisions. As increasing numbers of people continue to be in lockdown, we expect that the demand for online therapies will increase, along with its challenges and possibilities during and post COVID-19. The Chinese word *wēijī*, meaning crisis, comprises two characters, one representing danger and the other opportunity. In response to the current crisis we see both elements.

The first danger we have identified is the misuse of online psychotherapy, which, as we have argued in the article, derives from a deficit of knowledge in the area of privacy, protection of individual rights, and security with regard to working online—the long-term impacts of which will only become known as the future unfolds. The second danger is that therapists do not pay sufficient attention to cultural concerns, social inclusion issues, and protocols which, if not addressed, will further marginalise client groups already underrepresented in a Western way of working, discipline, and profession. The third danger we identify is a kind of flight into health. In this case, a flight into health provision, rather than a form of business continuity planning, which includes a process of stop, evaluate, and assess before action. The early advice from a number of governments and professional bodies was to move to online work to reduce interruptions to therapy. However, it is our view that this was carried out (seemingly at all costs) without consideration of data protection issues. Therefore, we suggest that reflection, refocus, and reconfiguration is a safer option for both clients and therapists during and after the immediate crisis. Adapting to this 'new normal' with accurate information and consideration is advisable and necessary. We suggest that further and appropriate education/training will need to reflect data protection issues to ensure that therapies are delivered safely and flexibly online. While the Information Commissioners Office (2020) has stated that they will be more lenient for data protection

practices during the COVID-19 emergency, this position is unlikely to continue beyond the crisis and, in any case, such a statement points to a problem that needs addressing.

At the same time, we see a number of opportunities in the response and potential responses to the current crisis, and, in this way, consider that online psychological therapies can be seen as a leader during these times. The first opportunity is for such therapies to engage with different forms of communication. Online media has developed a different language–and, indeed, languages–and if therapists want to reach out and work with people who are commonly referred to as 'digital natives', then we need to be willing to broaden our knowledge and language. Secondly, extending our range in this way means that psychological therapies can become more accessible to a wider audience and range of clients, including in parts of the world which, hitherto, have not had access to such services. Though this does mean that therapists will need to be and become more sensitive to and skilled in working cross-culturally. Understanding that the present situation is a fundamental change for many collectively-minded and -based peoples and communities will be crucial to maintaining the therapeutic relationship in these changing times. Thirdly, as many new clients will be more digitally-literate than their therapists, therapists may need to adopt more of a partnership model in and about therapy, something that we would welcome and advocate.

The impact of COVID-19 has forced a change in behaviour of how we communicate with one another. It is reasonable to expect that therapists who are expert in communication skills and practice will be at least competent in online communication, and, given our current interest, competent in the use of platforms that support online communication and psychological therapy. Whilst we do not know what we do not know, it is important not to be complacent about technology because, for the foreseeable future, it is our only medium of communication with our clients.

REFERENCES

Association for Counselling and Therapy Online. (2020). *Online therapy conference - Coming Together, Building the future.* https://acto-org.uk/about-acto/

Arampatzis, A. (2019). *What is session hacking?* https://www.venafi.com/blog/what-session-hijacking **xx**

Békés, V., & Aafjes-van Doorn, K. (2020). Psychotherapists' attitudes toward online therapy during the COVID-19 pandemic. *Journal of Psychotherapy Integration*, *30*(2), 238. https://doi.org/10.1037/int0000214

Boiton E., & Wall D. (2017) Wannacry report shows NHS chiefs knew of danger but management took no action. *Scientific American*. https://www.scientificamerican.com/article/wannacry-report-shows-nhs-chiefs-knew-of-security-danger-but-management-took-no-action/

Bortolon, C. B., Moreira, T. D. C., Signor, L., Guahyba, B. L., Figueiró, L. R., Ferigolo, M., & Barros, H. M. T. (2017). Six-month outcomes of a randomized, motivational tele-intervention for change in the codependent behavior of family members of drug users. *Substance Use & Misuse, 52*(2), 164-174. https://doi.org/10.1080/10826084.2016.1223134

Business Insider. (2020). *Zoom is being sued for allegedly handing over data to Facebook*. https://www.businessinsider.com/zoom-sued-allegedly-sharing-data-with-facebook-2020-3?op=1&r=US&IR=T

Callaghan, J. L. (Ed). (2020). Telepsychotherapy in the Age of COVID-19 [Special issue]. *Journal for Psychotherapy Integration*, 30(2). https://www.apa.org/pubs/journals/special/int-telepsychotherapy-age-covid-19-pdf

Crooks, K., Massey, P. D., Taylor, K., Miller, A., Campbell, S., & Andrews, R. (2018). Planning for and responding to pandemic influenza emergencies: it's time to listen to, prioritize and privilege Aboriginal perspectives. *Western Pacific Surveillance and Response Journal: WPSAR, 9*(5 Suppl 1), 5-7. https://doi.org/10.5365/wpsar.2018.9.5.005

Digital Inclusion Research Group. (2017). *Digital New Zealanders: The pulse of our nation. A report to MBIE and DIA.* https://www.mbie.govt.nz/dmsdocument/3228-digital-new-zealanders-the-pulse-of-our-nation-pdf

Engineering and Technology. (2020). *Zoom slapped with class action lawsuit over Facebook data-sharing issues* [Editorial]. https://eandt.theiet.org/content/articles/2020/04/zoom-slapped-with-class-action-lawsuit-over-facebook-data-sharing-issues/

Gibbon, J., Sidun, N. M., & Bloom, J. B. (*in press*). Women during COVID-19 [Special issue]. *International Perspectives in Psychology: Research, Practice, Consultation*, *10*.

Grimes, A., & White, D. (2019). *Digital inclusion and wellbeing in New Zealand.* https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3492833

Information Commissioners Office. (2020). *Data protection and Corona virus. What you need to know*. https://ico.org.uk/global/data-protection-and-coronavirus-information-hub/data-protection-and-coronavirus/

Ioane, J. (2017). Talanoa with Pasifika youth and their families. *New Zealand Journal of Psychology, 46*(3), 38-45.

Kendall-Tackett, K. (Ed.). (2020). Differential impact of COVID-19 on communities of Color. *Psychological Trauma: Research, Practice, and Policy*, *12*(5).

Le Doux, J. (2015). *Anxious: The modern mind in the age of anxiety*. Oneworld.

New Zealand Psychologists Board. (2012). *The practice of telepsychology.* http://www.psychologistsboard.org.nz/cms_show_download.php?id=244

New Zealand Psychological Society. (2002). *Code of ethics for psychologists working in Aotearoa/New Zealand.* Wellington, NZ: Code of Ethics Review Group, a joint working party of the New Zealand Psychological Society, the New Zealand College of Clinical Psychologists and the New Zealand Psychologists Board.

Open University & British Association of Counselling and Psychotherapy. (2020). *How to do counselling online. A coronavirus primer.* https://www.open.edu/openlearncreate/mod/oucontent/view.php?id=153564&section=1.2

Parks, C. D. (Ed.). (2020). Groups in a dangerous time: Virtual work and therapy in the COVID-19 era [Special issue] *Group Dynamics: Theory, Research, and Practice*, *24*(3). https://www.apa.org/pubs/journals/special/gdn-groups-dangerous-time-pdf

Paul, K. (2020, April 2). "Zoom is malware": Why experts worry about the video conferencing platform. *The Guardian*. https://www.theguardian.com/technology/2020/apr/02/zoom-technology-security-coronavirus-video-conferencing

Privacy 4 Therapists. (2020). *Welcome to Privacy 4 Online Learning.* https://privacy4.mykajabi.com/

Smith, J. A., & Judd, J. (2020). COVID-19: Vulnerability and the power of privilege in a pandemic. *Health Promotion Journal of Australia,* 31(2), 158-160. https://doi.org/10.1002/hpja.333

Sobers R. (2020). *110 Must-know cybersecurity statistics for 2020.* https://www.varonis.com/blog/cybersecurity-statistics/

Speyer, C., & Zack, J. (2003). Online counselling: Beyond the pros and cons. *Psychologica, 23*(2), 11-14.

Statistics New Zealand. (2004). *The digital divide.* http://archive.stats.govt.nz/browse_for_stats/industry_sectors/information_technology_and_communications/digital-divide/introduction.aspx

Supriyanto, A., Hartini, S., Irdasari, W. N., Miftahul, A., Oktapiana, S., & Mumpuni, S. D. (2020). Teacher professional quality: Counselling services with technology in Pandemic Covid-19. *Counsellia: Jurnal Bimbingan dan Konseling*, *10*(2), 176-189.

Techcrunch. (2020). *Beware of "ZoomBombing": Screensharing filth to video calls*. https://techcrunch.com/2020/03/17/zoombombing/

TheCyberhelpline. (2020). Beware of cyber scams amidst the COVID-19 pandemic. https://www.thecyberhelpline.com/helpline-blog/2020/4/2/beware-of-cybers-scams-amidst-covid-19-pandemic

Toneatto, T., Pillai, S., & Kosky, B. (2017). Tele-counselling for problem gambling: A case study. *Journal of Contemporary Psychotherapy, 47*(30), 191-198. https://doi.org/10.1007/s10879-016-9350-7

United Kingdom Council for Psychotherapy. (2020). *UKCP Data protection policy*. https://www.psychotherapy.org.uk/ukcp-members/standards-guidance-and-policies/

Wall D. (2020). *Cybersecurity and ransomware*. Presentation at West Yorkshire Police Cyber Advisory Group, Leeds University, United Kingdom.

Winder, D. (2020, April 25). Working from home? How to stay in touch and stay secure. *The Observer*. https://www.theguardian.com/technology/2020/apr/25/working-from-home-how-to-stay-in-touch-and-stay-secure

Wingate, M. S., Perry, E. C., Campbell, P. H., David, P., & Weist, E. M. (2007). Identifying and protecting vulnerable populations in public health emergencies: Addressing gaps in education and training. *Public Health Reports, 122*(3), 422-426.

Yates, A., Cohan, A., & Goharian, N. (2017). Depression and self-harm risk assessment in online forums. In ACL Anthology (Ed.), Proceedings of the 2017 Conference on Empirical Methods in Natural Language Processing (pp. 2968–2978). Association for Computational Linguistics.

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