

College For Child and Adolescent Psychotherapies (CCAP)

Guidance for Delivering Online Therapy (2024)

The following guidance has been written by the College for Child and Adolescent Psychotherapies (CCAP) to support CCAP members who work with infants, children and young people online.

These guidelines are to be used in conjunction with [UKCP Guidelines for Working Online/Remotely \(2021\)](#) and [UKCP Code of Ethics and Professional Practice](#) (Code of Ethics), which can be found on the UKCP website

All other UKCP/CCAP guidance for working therapeutically with infants, children and young people must also be adhered to alongside these online guidelines.

For the purposes of this document:

- ‘Infant’ refers to everyone up to around 1 years of age.
- ‘Child’ refers to everyone up to the age of 18.
- ‘Online’ refers to working face to face on a secure online platform.

While online therapy may be possible with adolescents, younger children under 12 years of age are likely to find online therapy more challenging as they would have less experience with how relating to others ‘online’ is different to their experiences to date of relating to others in person.

Younger children therefore require a therapeutic setting in which the therapist can understand the full range of communication from the child, and this is better achieved when both the therapist and the child share the same physical environment. Therefore, the decision to undertake online therapy must involve close collaboration between all concerned with the care of the child and careful consideration of the issues outlined in this document.

With regard to infants, infant-parent psychotherapy involves working with the relationship between the baby and the parent(s). This is best achieved face to face. In certain circumstances, if face to face work is not possible, online work can be an option, though challenging to facilitate.

Working internationally is profoundly complex within the context of child protection legislation, policy and practice and would need to be considered and researched in each case, with considerable discussion in supervision. Please see [UKCP Guidelines for Working Online/Remotely \(2021\)](#) for further information.

Considerations for online therapy

Deciding whether to work online with children is a complex process and must include a consideration of:

The client

1. Age and competence (consider developmental stage).
2. To what extent does the child have the capacity to manage the safety of their environment without adult support or intervention?
3. To what extent does the child have exclusive control over the equipment (computer, tablet, etc.) and what is the risk that someone else will take, record or view the child's or therapist's communication?
4. Is the child comfortable with the technology/platform?
5. Considering the presenting issue, clinical decision making, does online working support the required therapeutic interventions? (For example, neurodiversity, emotional and behavioural challenges, attention span.)
6. The child's relative powerlessness and lack of autonomy, with which child therapists are trained to work and manage during in person contact, assume even greater relevance when considering online working.

Therapist

1. Therapists should ensure they have a safe and uninterrupted space from which to work.
2. The therapist must be competent with delivering therapy online and have completed additional training.
3. Appropriate insurance cover and professional body support for online working.

Context

1. The challenges for the therapist to provide the degree of containment needed for safe therapeutic work means that the therapist must draw on the support of others for this process. This may involve placements, parents/carers, schools, support services, intermediary therapy agencies, safeguarding personnel, social workers and in all cases the clinical supervisor.
2. Boundary considerations in respect of online working are vastly different, and therapists will need to be able to manage the complexity of this extended therapeutic frame within the bounds of safety, confidentiality, data management and therapeutic aim. For example, does the child have their own room or a space where they can engage without interruption? What is the risk that others might overhear or disrupt the session? What is the overall level of household order or chaos, and how might this impact on online contact?
3. Specific considerations may include working within the hours of designated safeguarding facilities in an organisational setting (such as education or local authority statutory provision).

4. Working in clinical practice online with children may result in less disclosure if children are in their home environment with less privacy than in the therapy room and there is a risk of intrusion with others around.

Risk

1. Cybersecurity - is it possible for local third-party access (for example, are parents/carers or other individuals able to monitor/hack or record communications)?
2. To what extent does the child have control of the physical equipment (for example, what is the risk of confiscation or third-party access)?
3. Depending on the age and capacity of the client, the process of emailing a link/invitation can be more complex due to parent(s)/carer(s) consent considerations prior to emailing children or young people directly.
4. Evaluating safeguarding issues in context can be more complex and difficult to assess accurately.
5. Does the child have a current or pre-existing risk?
 - Is the risk external in origin (for example, originating in the environment) and could on-going contact with the therapist exacerbate this?
 - Is the risk internal (that is, risk of harm to self) and is a safety contract in place?
6. Does the therapist have 'live' support processes in place in the event of needing to escalate safeguarding concerns? Does the therapist have the means to contact the parent/carers if they need to intervene within the room for the safety of the child (for example, the parent/carers' mobile number)? Consideration should also be given to the fact that the therapist is isolated themselves, that technology may fail and that they may struggle to get into contact with necessary support services.
7. Risk assessment processes and procedures will include parental or carer consultation. It may be important to have more detailed discussions with all parties, including the child, depending on presenting needs and the context.
8. What is the impact of the therapeutic session content remaining in the client's space by working online, rather than being able to be 'left' with the therapist?
9. Data security arrangements may need to be reviewed.
10. Security of therapist contact details needs to be considered as this could provide access to therapist's personal social media etc.