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PROPOSED ADDITION TO EAP'S STATEMENT OF ETHICAL PRINCIPLES - REFERING TO USE OF THE INTERNET AND ARTIFICIAL INTELLIGENCE IN PSYCHOTHERAPY

Note: The considerations included in this document are intended to educate and inform psychotherapists and to form an addition to the EAP's Statement of Ethical Principles.

Psychotherapists are aware of standards of practice for the settings in which they practice and for the methods they use, and they are expected to comply with those standards, including any national laws and regulations.

PRINCIPLE 10 Technological Assistance in Psychotherapy

General Principle:

Psychotherapists are aware of standards of professional practice for the settings in which they practice and for the methods they use, and they are expected to comply with those standards, including any national laws and regulations.

The integration of modern technology, the internet and the development of artificial intelligence (AI) into the practice of psychotherapy over recent years raises several ethical principles, mainly concerning security. privacy, legalities and ethical practice.

Psychotherapists always make every effort to ensure the quality and safety of their relationship with the client, especially when using modern technology.

Psychotherapists can find themselves less constrained by some of the more traditional boundaries of face-to-face work (for example, of location, setting, office hours, travel, etc.) but can face significant new challenges (relating to matters of security, confidentiality, containment, self-disclosure and much more).

The psychotherapist is aware of possible changes in the power balance between client and practitioner when working remotely. This may in turn affect interventions, techniques, theoretical perspectives and understanding. The psychotherapist takes into account any 'disinhibitation' [1] effect.

Psychotherapists as members of professional associations in psychotherapy (in their country or in their modality) conform to more detailed guidelines about working remotely that apply to them. These guidelines usually serve three purposes: (1) To enable practitioners to be more aware of the questions working online or remotely raises; (2) To provide clinical considerations for those wishing to provide services online or remotely in significant areas such as assessment, risk and safeguarding; (3) To highlight the general considerations of working online/remotely or with technological assistance. There are also similar guidelines that specifically apply to work with children, adolescents and vulnerable clients.

Principle 10.a: Keeping and storing information about clients.

Psychotherapists comply with General Data Protection Regulations (GDPR). Key GDPR requirementsinclude obtaining informed consent, having clear privacy notices, securing all data, and understanding a client's rights like access, correction, and erasure. Psychotherapists ensure that they work on a lawful basis with proper methods for processing client data, obtaining freely-given,

1 The disinhibition effect is the loosening of social restraints, leading to a change in behaviour from what would be typical in face-to-face interactions. This can manifest online in two main ways: "benign disinhibition," where people self-disclose more openly, and "toxic disinhibition," where they are more aggressive or hostile. Factors like anonymity, lack of non-verbal cues, and the asynchronicity of online communication can contribute to this effect.

specific, informed, and unambiguous consent**,** and implementing strict security measures to protect sensitive information. Psychotherapists are – in effect – "data controllers" (according to GDPR) and, if necessary, register with the Information Commissioner's Office (ICO) (or equivalent).

Principle 10.b: Working with clients online and remotely.

Working online or remotely in this context refers to any therapeutic service other than being together in-person in the same room. Ways to connect are ever expanding and developing so this list is not exhaustive but includes: contracted therapeutic exchanges of emails; contracted therapeutic exchanges by SMS (text); live video therapy sessions; live audio therapy sessions, online sessions or on the phone; and contracted therapeutic interactivity via chat rooms or forums; etc.

Psychotherapists clearly inform clients of any system requirements and warn them of the possibility of technological failures, limitations, and risks, including what they would do in the case of technological breakdown. It is best if this is in writing so that the client isn't stuck having 'forgotten' what was said or what the therapist would do if the connection was interrupted unexpectedly. In complex situations, the psychotherapist may insist that someone else is present in the home of the client, or may insist that they have their phone on, so that they can be called if they cannot be reconnected via the internet.

The psychotherapist ensures that any internet platform for online therapeutic work is reasonably secure, and the psychotherapist subscribes to a secure platform from reputable company. The psychotherapist ensures the security of their emails and texts with their clients, using encrypted email or password protected services. The psychotherapist keeps such communications to a minimum and distinguishes between administrative and clinical emails. The psychotherapist is aware that there is a risk that digital information could be intercepted by a third party, either remotely or by someone with in- person access to the therapist or client's computer or phone because appropriate security measures have not been set up. Contact information stored on a computer or phone should always be anonymised to minimise the risk of data 'mining' [2].

The psychotherapist makes it clear from the outset as to who will initiate the session. For example, if it is a phone call, who calls whom? If using an online meeting app, who creates the meeting? Providing information in writing to explain all elements of the contract and ways of working is recommended.

The psychotherapist should ensure that any digital payment facilities provided are secure and from a reputable company. They should also consider how references are set up so that their bank and/or accountant cannot identify a client simply by seeing the bank statement.

It is important to note that under Consumer Contracts Regulations, therapy online is a 'service' and at the start of a therapy a client has a right to cancel any contract within 14 days of signing and receive back any monies paid upfront (minus any sessions conducted) within 14 days.

If clients are identified as being unlikely to benefit from working online/remotely, are at additional risk from it or are beyond your area of competence, you should have procedures in place to direct the client to more suitable help. It is worth noting that research is showing that for some clients, working online/remotely can be more beneficial than working with them in person.

It can be particularly useful when working online/remotely to take details of a 'safety contact' – someone who the client trusts and who knows they are in therapy with you – who you can contact if you become concerned for the client's safety.

Geographical distance minimises some of the practical issues of offering therapy and opens-up possibilities for many to work with more distant and diverse clients. Cultural differences may be more complex working online or remotely and it can be easier to make presumptions. Online/remote practitioners need to keep an awareness of these factors and be prepared to discuss

2 Data mining is the use of machine learning and statistical analysis to uncover hidden patterns, correlations, anomalies and other valuable information from large stored data sets.

this in supervision. Supervisors must only offer only services for which they are competent and in which they have adequate training and experience. This applies to all contexts including working online or remotely.

The psychotherapist may also need to verify the client's identity initially (perhaps via a passport or driving licence). There have been cases where potential clients have misrepresented their details or age group (e.g., using online therapy to access an adult psychotherapist.) The psychotherapist needs to be wary of absolutely every approach for therapy or information and make sure that they are communicating with the person they think they are: this sort of check may not feel comfortable, at first.

The psychotherapist is aware that online or remote clients may also find it easier to conceal problems such as psychosis or being actively affected by substances than they would if they were seen in-person.

The psychotherapist may need to check on the client's confidentiality or responsibilities (i.e., it has been known for clients to have sessions when their baby is asleep in another room). Some clients struggle to find a quiet space but may not fully realise the implications. The psychotherapist makes the client aware of any situation where their own confidentiality may be compromised, such as using a work computer, library, cybercafé or if the screen can be viewed by others (for example, from a window). Clients may have problems finding a secure place – and so live chat or email therapy might be safer alternatives.

Permission to use text messaging must be sought before sending any text, even a confirmation of the appointment time. This should be a part of the contract/agreement. Clients and practitioners should be aware that the automated storage of messages, back-up files or visited internet sites leads to a 'history of use' being kept on the computer or phone. Suitable software can be used to counteract this. The retention of data should be in accordance with your Privacy Notice so you will need to understand how and where material created online is stored and how it can be deleted.

Printed Internet Relay Chat (IRC) or Instant Messaging (IM) transcripts, emails, client details and other sensitive material must be stored securely in line with the procedure for in-person client notes. The psychotherapist should also consider what they would do if they were requested to submit full transcripts of their communication with clients, as in legal proceedings or an ethics enquiry.

The psychotherapist ensures that they have suitable premises and technology to undertake remote therapy, so that client confidentiality is maintained and not overheard, seen or accessed by others. Consideration also needs to be given to what a client may perceive from the psychotherapist's environment in respect of self-disclosure and what interruptions might happen?

There may also be 'modality-specific' considerations when working online. The psychotherapist follows the recommendations of their professional association for that modality.

A thorough risk assessment is required for all clients when working online or remotely. On rare occasions, a psychotherapist may have to take action to ensure a client's safety. The options when the client is not in the consulting room are limited. The psychotherapist needs to think through, for every client, what they would do in extreme circumstances and create a plan. This can seem 'over the top' to clients, so it will take some skill to set this in place sensitively. The psychotherapist thinks this through properly, and ensures the plan is included in the routine documentation given to the client at the start of the therapy. Any circumstances under which a secondary means of contact (emergency contact information) may be used must be made clear and explicit to the client before the therapy begins.

If working internationally, the psychotherapist is aware that the sessions are subject to the laws of both lands. The psychotherapist ensures that the client has proper information about how

and to whom to make a complaint: stating that any complaint or claim would be heard in the psychotherapist's country.

Psychotherapists working in private practice should be aware that their work counts as a business and therefore any international sanctions (of countries, organisations or individuals – including international payments) may apply. Psychotherapists are required (by law) to follow sound business practices.

When working on-line or remotely, psychotherapists are required to pay extra attention to their self-care and wellbeing. To ensure efficacy, it may be necessary to take more frequent breaks away from devices. It may be beneficial to review scheduling and planning to mitigate against the screen fatigue and eye strain, with regular breaks.

Principle 10.c: Working with Social Media [3]

Social media have facilitated a wider and more open discourse concerning many aspects of mental health, wellbeing, social inclusion and openness, creating and facilitating new spaces where it is possible to challenge historic issues of stigma and prejudice. There are also sometimes occasions where conflict, bullying and angry confrontation can be found and where different groups and individuals run the risk of being marginalised. Psychotherapists are aware of such different challenges, contradictions and disparities, which can affect the client. Some of these issues are particularly pertinent for those working in therapy.

Principle 10.d: Working with artificial intelligence (AI) [4]

The use of artificial intelligence (AI) is evolving rapidly, presenting opportunities and challenges for psychotherapists. AI has the potential to enhance psychological clinical decision-making and outcomes, improve access to care, and enhance provider workflow and efficiency.

Psychotherapists do not give AI any precedence in psychotherapy, nor in psychotherapeutic context, decision-making and interventions. Its use must be comprehensively controlled by a fully qualified psychotherapist at all times.

The use of AI in psychotherapy refers to the use of artificial intelligence to provide psychological support through applications like chatbots and virtual assistants, offering immediate support, accessible and cost-effective information about mental health care, and aid in writing documents, etc. The psychotherapist retains professional accountability for any machine (hardware or software) mistakes, errors, confidentiality breaches, malpractice or any unintentional damages incurred by patients, clients, supervisees, or students of the profession. The psychotherapist ensures that, if used, non-human systems are comprehensively insured.

While AI can provide tools like guided exercises, support during waiting times, greater accessibility, and initial triage, it is not a replacement for human therapists due to its limitations in emotional depth, in building rapport, understanding non-verbal cues, limited long-term memory, inadequate safety and a potential for invalidation, etc. AI aims to make mental health care more accessible and cost-effective (though it is currently seen as a supplement rather than a replacement for human therapists due to limitations in replicating human empathy and nuanced understanding).

Psychotherapists note the potential benefits of AI, but also the risks, like dependence, lack of validation for serious conditions, and inadequate safety protocols. [5]

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3 Social media is a collective term for interactive technologies and applications that facilitate the sharing of information, ideas and other forms of expression through virtual (internet) connections.

4 Mathematically computable algorithms, commonly referred to as "Artificial Intelligence".

5 See 2025 Statement from EAP's Ethical Guidelines Committee regarding the use of Artificial Intelligence in Psychotherapy (link)