

EDITED BY HAIM WEINBERG, ARNON ROLNICK,
AND ADAM LEIGHTON

ADVANCES IN ONLINE THERAPY

Emergence of a New Paradigm

The Library of Technology and Mental Health



“This is by far the best resource to access the accumulated therapeutic experience of remote working which has, by now, become part of all therapists’ routine practice. Every therapist, regardless of orientation, should be required carefully to study the brilliant advice from the collection of master therapists the editors assembled as these clinicians adapted their practice to online working. Packed full of immediately applicable practical wisdom, this immediate classic gives us hope that with creativity and flexibility, psychological therapists are able to modify their technique and generate remarkable improvement in their clients whatever limitations are imposed on their communication medium. Undoubtedly, the most helpful book of 2022.”

Professor Peter Fonagy, OBE, FMedSci, FAcSS, FBA, PhD.
*Head of the Division of Psychology and Language Sciences at UCL
Chief Executive of the Anna Freud National Centre for
Children and Families, London*

“This rich and comprehensive edited collection could not be more timely as we all grapple with the opportunities and challenges presented by online therapy. The editors have done an impressive job bringing together chapters on the main approaches and schools of psychotherapy inviting the contributors to reflect on how their approach has adjusted and learnt from the shift to online therapy. This is a wonderful resource and deserves to be the go-to reference book on all psychotherapy trainings.”

Professor Alessandra Lemma, *fellow of British Psychoanalytic Society
Visiting Professor, Psychoanalysis Unit, University College London and
author of “The Digital Age on the Couch”*

“Online therapy is no longer unusual. After the COVID years the average therapist now has now conducted psychotherapy in a video-based online form many times. The public has come to expect that they can access and benefit from expert therapists who live far from their own hometown. These are positive changes but making online therapy work requires acknowledging and addressing its challenges in a flexible, creative, and effective way. This comprehensive volume shows you how. In a careful, systematic way it addresses setting, engagement, and the alliance; adjustments in all the major forms of psychotherapy are explored across individuals, couples, and families. Regardless of your approach, setting, or population you will find something useful on almost every page. It should be obvious to all that online therapy is here to stay – it’s time to master this tool for the benefit of the lives of those we serve. Highly recommended.”

Steven C. Hayes, Ph.D. *Foundation Professor of Psychology
University of Nevada, Reno. Originator of Acceptance and
Commitment Therapy, and author of “A Liberated Mind:
How to Pivot Toward What Matters”*

“An amazingly comprehensive compendium of reflections on teletherapy from therapists working from a wider range of theoretical approaches. This span makes it a terrific textbook for students of psychology, social work and counseling who are learning not only teletreatment but the range of treatment approaches, and a helpful, and very timely resource for therapists who were forced into COVID-imposed teletherapy. There’s lots of useful information here on the impact of technology, the sense of intrigue that accompanies the transition from the office to the virtual space, the maintenance of empathy, the use of the whiteboard, and above all the otherness of the self that is discovered on the screen in video.”

Jill Savege Scharff, MD, FABP. *Co-founder of The International Psychotherapy Institute; Clinical Professor of Psychiatry, Georgetown University Washington DC; and editor of Psychoanalysis Online Vols 1, 2, 3 and 4*

“This well-written, comprehensive and authoritative collection of articles by experienced clinicians and researchers gives a complete and state-of-the-art overview of online therapy. Anyone considering to start providing online therapy should read this book and for therapists who already work with online therapies it provides a handbook to broaden their scope and knowledge. A highly recommended book.”

Professor Pim Cuijpers, Ph.D. *Department of Clinical, Neuro and Developmental Psychology, Vrije Universiteit Amsterdam, The Netherlands and director of the World Health Organization (WHO) Collaborating Centre for Research and Dissemination of Psychological Interventions, and the author of hundreds peer reviewed articles on internet based therapy*

Advances in Online Therapy

Advances in Online Therapy is the definitive presentation on online psychological intervention, which takes research and experiences of online therapy a step further by applying them to therapy in a post-pandemic world.

This book addresses most of the main approaches and schools of individual, couple and family psychotherapy that are prevalent in the therapeutic field nowadays and explores how each of them adjust to online therapy. The reader will explore the main challenges and obstacles unique for each approach and how leading experts of those approaches overcome these challenges. The book also offers a relatively unique collection of the most practiced therapeutic approaches. In addition, the reader will explore specific issues that anyone who meets clients online should be aware of, like who is suitable for online counseling and who should be excluded, how to overcome resistance to online meetings, how to create online therapeutic alliance, enhancing online presence, and more. This book develops further the ideas and areas explored in the authors' previous book, *Theory and Practice of Online Therapy*.

Advances in Online Therapy aims to help mental health professionals and graduate students responsibly explore and expand their own 'online comfort zone'.

Haim Weinberg, PhD, is a clinical psychologist, group analyst, and certified group psychotherapist in California, USA.

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Adam Leighton is a counsellor, group facilitator, wilderness therapy facilitator, and lecturer at Ruppin Academic Center, Israel.

Library of Technology and Mental Health

Series Editor: Jill Savege Scharff, M.D.

This series, established in 2011, features authors from various parts of the global economy discuss the effects of technology on our growth and development, our relationships, our society in general, and the relevance of communication by telephone and internet to the spread of psychoanalysis. They discuss the impact of internet addiction including pornography, the effects of screen time and social media, and the value of telepsychotherapy, telepsychoanalysis, and telesupervision, all illustrated with clinical examples, ethical considerations, and personal reflections. The series editor is Jill Savege Scharff.

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by Haim Weinberg, Arnon Rolnick, and Adam Leighton

Advances in Online Therapy

Emergence of a New Paradigm

**Edited by Haim Weinberg,
Arnon Rolnick, and
Adam Leighton**



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Contents

<i>List of Contributors</i>	x
Introduction HAIM WEINBERG, ARNON ROLNICK, AND ADAM LEIGHTON	1
SECTION I	
Theoretical Aspects of Online Therapy	19
1 Being Present and Together While Apart: Therapeutic Presence in Telepsychotherapy SHARI GELLER	21
2 Finding Closeness while Socially Distant: Clinical Considerations for the Therapeutic Frame and Process in Teletherapy DANIELLE MAGALDI AND LEORA TRUB	35
3 Reflections on Empathic Presence in Online Therapeutic Relations LOU AGOSTA	47
4 “The Untouched – Touched”: Intimacy and Intersubjectivity Online ATHENA MAROUDA - CHATJOULIS AND EVDOKIA NTALI	60
5 Me and My “Otherness” or: Who is the Other on the Screen Who Looks Exactly Like Me? VERED BAR	73
6 Zooming in Zoom: Mental-Body-Brain Perspectives on Online Psychotherapy Sessions HADAS MOR-OFEK	84

SECTION II	
Individual Therapies – Specific Modalities	99
7 Telehealth Delivery of Dialectical Behavior Therapy CHELSEY R. WILKS AND KYRILL GURTOVENKO	101
8 Schema Therapy in the Online Setting – from Challenges to Opportunities HAGARA FELDMAN	113
9 Implementing the Unified Protocol Online: Adaptations and Considerations ANDREW J. CURRERI, MOLLY E. FITZPATRICK, DAVID H. BARLOW, AND ELIZABETH H. EUSTIS	122
10 Remote Art Therapy: Engaging in a Shared Experience GALIT MOR	131
11 Zooming in on Experiential Dynamic Therapies JOOP MEIJERS	144
12 Online-IPT - Not Necessarily a Second Best BRUNSTEIN KLOMEK ANAT AND ANAELLE BENISTRI	155
13 Online EMDR Therapy in the COVID-19 Era and Beyond UDI OREN AND ISABELLE MEIGNANT	167
14 Getting a Little Closer in Every Session: The Unique Contribution of Remote Biofeedback to Psychotherapy YOSSI EHRENREICH, ARNON ROLNICK, AND ADAM LEIGHTON	176
15 Interactive Hypnosis and Hypnotic Psychotherapy Online JOSEPH MEYERSON	186
SECTION III	
Couples & Families	197
16 An Introduction to Online Couple and Family Therapy ARNON ROLNICK, ADAM LEIGHTON, AND HAIM WEINBERG	199
17 Emotionally Focused Couple Therapy Online: Handholding from a Distance LORRIE BRUBACHER AND TING LIU	205

18	Adapting Emotion Focused Therapies for Online Delivery	217
	MIRISSE FOROUGHE AND PRAKASH THAMBIPILLAI	
19	Gottman Method: Assessment and Treatment in the Age of Online Therapy	230
	SHOSHANA HELLMAN, DON COLE, AND ARNON ROLNICK	
20	Healing Through the Screen: Using Imago Relationship Therapy Online	240
	KALANIT BEN-ARI	
21	Online Contemporary Couples Gestalt Therapy “Two Become One” - and Then There are None!	249
	RITA F. RESNICK AND ROBERT W. RESNICK	
	SECTION IV	
	Specific Populations	261
22	Online Suicide-Focused Treatment: The Telehealth Use of CAMS	263
	MARY V. TIPTON, JOSH BRENNER, JENNIFER CRUMLISH, MELINDA MOORE, AND DAVID A. JOBES	
23	Reactivating Playfulness Online for PTSD Treatment	276
	MOOLI LAHAD, MIKI DORON, AND DORI RUBINSTEIN	
24	Adapting Focused Acceptance and Commitment Therapy for Individuals with Childhood-Onset Medical and Developmental Disabilities	290
	KRISTEN E. HOLDERLE AND JEFFREY ILER	
25	Diving into the World of Online Play Therapy	299
	BRIAN KEATING	
	<i>Epilogue</i>	308
	ARNON ROLNICK, ADAM LEIGHTON, AND HAIM WEINBERG	
	<i>Appendix: Looking Forwards – What and How Other Technologies will Impact Online Therapy?</i>	319
	ADAM LEIGHTON, HAIM WEINBERG, AND ARNON ROLNICK	
	<i>Index</i>	326

Contributors

Haim Weinberg, Arnon Rolnick, Adam Leighton, Introduction

Haim Weinberg, Ph.D., is a clinical psychologist, group analyst and certified group psychotherapist. He is the past president of the Israeli Association of Group Psychotherapy and of the Northern California Group Psychotherapy Society. He co-edits a series of books on the social unconscious and about online therapy.

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Section I Theoretical Aspects of Online Therapy

1 Shari Geller, Cultivating Therapeutic Presence in Teletherapy.

Shari Geller, Ph.D., C. Psych., is an author, clinical psychologist, and mindful self-compassion (MSC) teacher. Shari offers training modules in therapeutic presence internationally as part of a longer-term vision of having therapeutic presence be a foundational training across psychotherapy approaches. Her publications include the books: *A Practical Guide for Cultivating Therapeutic Presence*, and *Therapeutic Presence: A Mindful Approach to Effective Therapy* co-authored with Dr. Leslie Greenberg (second edition available in October, 2022). Shari is the co-director of the Centre of MindBody Health. www.cmbh.space www.sharigeller.ca

- 2 Danielle Magaldi, Leora Trub, Finding Closeness while Socially Distant: Clinical Considerations for the Therapeutic Frame and Process in Teletherapy

Danielle Magaldi, Ph.D., is an Associate Professor at the City University of New York, Lehman College and a practicing psychologist. She has authored numerous chapters and articles on two under-explored research areas: the clinical implications for therapy when working with religious patients, and the impact of new technologies on our many relationships—in families, romantic attachment, adolescent development, and the therapeutic dyad. She maintains a private practice in New York City, where she works with children, adolescents, adults and couples.

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- 3 Lou Agosta, Reflections on Empathic Presence in Online Therapeutic Relations

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- 4 Athena Marouda – Chatjoulis, Evdokia Ntali, The Untouched – touched: Intimacy and intersubjectivity online

Athena Marouda-Chatjoulis, MSc, Ph.D, is the founder and the director of the Institute of Psychosocial Development (IPSA), Larissa, Greece. She is psychodynamic psychotherapist, group analyst, member and trainer at the Hellenic Institute for Group Analytic and Family Psychotherapy. Her research and publications are in the field of Social Psychology in the areas of interpersonal relationships, conflict resolution and decision making, and in the field of Group Analysis. She has recently retired from the position of Associate Professor in the Department of Communication and Media Studies at the University of Athens.

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5 Vered Bar, Me and my “Otherness” or Who is the other on screen who looks exactly like me?

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Author of the book “The Split Whole - Benign Dissociation in Groups and Organizations”. (Resling, 2021)

6 Hadas Mor Ofek, Zooming in Zoom: Mental-Body-Brain perspectives on Online psychotherapy sessions

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Section II Individual Therapies – Specific Modalities

7 Chelsey R. Wilks, Kyrill Gurtovenko, Telehealth Delivery of Dialectical Behavior Therapy

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8 Hagara Feldman, Schema Therapy in the Online Setting – from Challenges to Opportunities

Hagara Feldman is an advanced schema therapist, supervisor and trainer; the director of “Schema Therapy Kfar Saba”, which provides an ISST approved Schema Therapy accreditation program in Israel; and also, an accredited CBT supervisor. She practiced in both the public and the private sectors, in mental health and in bariatric services. She is working with various cultural groups in and outside of Israel and develops international workshops focusing on Online Schema Therapy.

- 9 Andrew Curreri, Molly Fitzpatrick, David Barlow, Elizabeth Eustis, Implementing the Unified Protocol via Telehealth: Adaptations and Considerations

Andrew Curreri, M.A. is a doctoral candidate in clinical psychology at Boston University, where he studies transdiagnostic approaches to understanding and treating emotional disorders. He is particularly interested in cognitive processes in emotional disorders, including repetitive negative thinking, and innovations in transdiagnostic interventions, including psychedelic-assisted psychotherapy.

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- 10 Galit Mor, Remote Art Therapy: Engaging in a Shared Experience

Galit Mor - MAAT, BFA and a clinical Art therapy Ph.D. student at Bar-Ilan University (BIU). Her current research focuses on processing transference - counter transference through art interventions in supervision. She is an Art Therapist since 2004, an experienced supervisor, certified by the Israel Association of Art Therapists (YAHAT), and an artist. Galit practices clinical and Art -Based- supervision at her private clinic and in the public sector. As a supervisor, she works with university students of Art Therapy, therapists, and treatment teams including educational institutes, dealing with patients, experiencing mental health issues. Galit leads workshops and teaches therapist art-based interventions, assessment methods and remote art-therapy interventions.

11 Joop Meijers, Zooming in on Experiential Dynamic Therapies

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12 Brunstein Klomek Anat, Anaelle Benistri, Online-IPT- not necessarily a second best

Anat Brunstein Klomek, Ph.D., is the Dean of Baruch Ivcher School of Psychology, a clinical psychologist, Head of the Master's Program in Clinical Psychology between 2018 and 2021 at Reichman University (IDC Herzliya). Prof. Brunstein Klomek completed her post-doctoral fellowship and was an Assistant Professor in the Department of Child and Adolescent Psychiatry at Columbia University in New York. In the last years she is the academic advisor of the Israel Ministries of Health and Education as part of the national suicide prevention program.

Anaelle Benistri is a clinical psychology intern, with a B.A in psychology and education from The Hebrew University of Jerusalem and a M.A in clinical psychology from Reichman University in Israel. Her current internship is at Baruch Ivcher School of Psychology clinic in Reichman University, she provides psychotherapy to adults, children and adolescents with a variety of psychological distress. She was co-author of a research article about the moderating role of working alliance in the association between depression and suicide ideation in messaging therapy.

13 Udi Oren, Isabelle Meignant, Online EMDR Therapy in the COVID-19 Era and Beyond

Udi Oren, Ph.D., is a licensed clinical and medical psychologist. He is an EMDR Europe accredited senior trainer, the co-founder and chairman of the Israel EMDR Association, and is the past president of the EMDR Europe Association. He is also the founder of the Israeli EMDR institute, the Israeli Center for EMDR, and of iMotion Wellness Solutions LTD.

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- 14 Yossi Ehrenreich, Arnon Rolnick, Adam Leighton, Getting a Little Closer in Every Session: The unique contribution of remote Biofeedback to psychotherapy

Yossi Ehrenreich, Ph.D., is a Senior School Psychologist (Supervisor). Licensed in Hypnosis, a certified Biofeedback and Neurofeedback practitioner and supervisor in Israel. Yossi is the chairman of the Israeli Association for Applied Psychophysiology and Biofeedback, and an adjunct lecturer at the Peres Academic Center, Rehovot. Yossi specializes in technology-based integrative psychotherapy that includes Biofeedback, Neurofeedback, and tDCS within a psychotherapy session. Yossi was the professional director at Neuroclinic: non-pharmaceutical psychiatric clinic.

- 15 Joseph Meyerson, Interactive Hypnosis and Hypnotic Psychotherapy Online

Joseph Meyerson, Ph.D., is a clinical and medical psychologist, hypnotic psychotherapist, supervisor, and manager at HypnoClinic, a state-approved institute for hypnosis education and training in Tel Aviv. Joseph is a Co-President of the Israeli Psychosomatic Society, Past President of the Israeli Society of Hypnosis, and Senior staff member of the Master of Arts program in Medical Psychology at Max Stern Yezreel Valley College. Joseph Meyerson has authored several papers and a book chapter on hypnotic and strategic psychotherapy, particularly on the use of dissociative-associative strategies and paramnesias in hypnotherapy.

Section III Couples & Families

- 16 Arnon Rolnick, Adam Leighton, Haim Weinberg, Introduction to Couple and Family Therapy

Haim Weinberg

Arnon Rolnick

Adam Leighton

- 17 Lorrie Brubacher, Ting Liu, Emotionally Focused Couple Therapy Online: Handholding from a Distance

Lorrie L. Brubacher is the Founding Director of the Carolina Center for EFT (Emotionally Focused Therapy). A certified trainer with the International Centre for Excellence in EFT (ICEEFT), she trains internationally, is an adjunct at University of North Carolina, Greensboro and is a therapist since 1989. Her book *Stepping into Emotionally Focused Couple Therapy: Key Ingredients of Change* (Routledge, 2018) is currently in 7 languages. She co-developed EFT's first interactive video training program on the EFT Attachment Injury Resolution Model and has produced many EFT couple and individual training videos.

Ting Liu, Ph.D., is a certified EFT trainer, supervisor and therapist. She is the clinical director of the Philadelphia Center for EFT and the director of the Asian Association of Emotionally focused Couple and Family Therapy. She maintains a Private Practice in Wayne, PA and provides EFT trainings internationally. Dr. Liu received her doctorate in Child Development and Family Studies with a specialization in Marriage and Family Therapy from Purdue University. She completed a postdoctoral fellowship at the Center for Family Intervention Science at Children's Hospital of Philadelphia.

18 Mirisse Foroughe, Prakash Thambipillai, Adapting Emotion Focused Therapies for Online Delivery

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Prakash Thambipillai is a M.Sc candidate in Clinical Psychology at Queen's University. He worked closely with Dr. Mirisse Foroughe studying the effectiveness of Emotion-Focused Family Therapy interventions at the Family Psychology Centre. His research interests are related to the physiological basis of emotion regulation, and the role of trauma and the family system in the emotion socialization process.

19 Shoshana Hellman, Don Cole, Arnon Rolnick, Gottman Method: Assessment and Treatment in the Age of Online Therapy

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20 Kalanit Ben Ari, *Healing Through the Screen: Using Imago Relationship Therapy Online*.

Kalanit Ben-Ari, Ph.D., is a psychologist, psychotherapist and author. She has worked as a senior family and couples therapist for over 20 years and has a private clinic in London. Kalanit is also the Chair of Imago Relationship Therapy UK since 2013, trainer, an international speaker, supervisor, and she is an Associate member of the Imago International Training Institute.

21 Bob and Rita Resnick, *Online Contemporary Couples Gestalt Therapy “Two Become One” - and Then There are None!*

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Robert W. Resnick, Ph.D. Trained, (Passed away as this book went to press) mentored and certified by Fritz Perls the co-developer of Gestalt Therapy. Chosen by Perls in 1969 to introduce Gestalt Therapy to Europe where he spent several months each year for almost fifty-five years where there are now tens of thousands of Gestalt Therapists. Awarded the APA Division 29 (Psychotherapy) 2019 Distinguished Award For the International Advancement Of Psychotherapy.

Section IV Specific Populations

22 Mary V. Tipton, Josh Brenner, Jennifer Crumlish, Melinda Moore & David A. Jobes, *Online Suicide-Focused Treatment: The Telehealth Use of CAMS*.

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23 Mooli Lahad, Miki Doron, Dori Rubinstein, Reactivating playfulness online for PTSD treatment

Mooli Lahad, Ph.D., full professor of Psychology Tel Hai College, has two PhDs. Founder and president of the Community Stress Prevention Center (CSPC). One of the world leading experts on the integration of the artsform therapies and psychotrauma /coping with disasters Author and co-author of 35 books, recipient of six national and international awards.

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24 Kristen Holderle, Jeffrey Iler, Online ACT: Adapting Focused Acceptance and Commitment Therapy for Individuals with Childhood-Onset Medical and Developmental Disabilities.

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25 Brian Keating, Diving into the World of Online Play Therapy

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Introduction

Haim Weinberg, Arnon Rolnick, and Adam Leighton

Why Another Book on Online Therapy?

In the midst of 2019, a few months before the outbreak of the COVID-19 pandemic, two of the editors of this book (Weinberg & Rolnick) published their needed and well-received book “Theory and Practice of Online Therapy”, which since has been translated into multiple languages. What’s happened since then that necessitates a new book?

The quick answer is the COVID-19 pandemic. During the pandemic there was a mass transition of therapists to online therapy, according to one survey an estimate of 98% of therapists used online therapy during the pandemic (Sampaio et al., 2021). This vast amount of health care professionals working online have created a huge body of experience, knowledge, research, and academic articles. The number of research studies about online therapy jumped exponentially in the past two years. This book attempts to share a carefully chosen part of this accumulated knowledge.

The massive transition to online therapy and online work in general has indirectly influenced other aspects. Online therapy is rapidly becoming more available due to improvements in technology, user experience, and slowly reduced internal barriers (such as our fears and ambivalent approach). Although there are still barriers, as you will read in Lou Agosta’s chapter (Chapter 3), they are rapidly diminishing, therefore the scope and boundaries of what is perceived as possible in online therapy are changing. Our “online comfort zone” may still be presently limited by client characteristics, such as age or suicidality (Chapters 25 by Keating & 22 by Tipton, Brenner, Crumlish, Moore & Jobes), and possibly by therapeutic modality (can you really perform online hypnosis? Biofeedback? EMDR? Read Chapters 15 by Meyerson, 14 by Ehrenreich, Rolnick & Leighton, and 13 by Oren and Meignant).

Our previous book, mentioned above, was divided into four parts, relating to working online with individuals, couples, groups, and even organizations. In this book we go even further: we tried to address most of the main approaches and schools of psychotherapy that are prevalent in the therapeutic field nowadays, and to explore how each of them adjust to online therapy.

What are the main challenges and obstacles unique for each approach and how do leading experts of those approaches overcome these challenges? Without a deliberate intent, we also created a collection of the most practiced therapeutic approaches in this book. It was not easy to choose the methods to be represented in the book. There are hundreds of methods of different psychological modalities (Wikipedia for example counts approximately 200 different approaches. Other sources present even higher numbers). We received dozens of suggestions and abstracts, from which we selected those who were able to describe the modality and its adaptation to remote work.

At first glance, one might think that dynamic psychotherapy and especially the intersubjective approach – is only partially represented. However, at closer look, the question of the therapeutic relationship appears in almost every chapter, again some chapters dealing with more general issues come from a dynamic orientation.

Describing their proposed framework, Process Based Therapy, Hayes and Hoffman (2021) wrote: “While useful knowledge has emerged from each of these eras, it is time to focus on a set of organizing principles that will allow what is most important in our knowledge base to be used by all researchers and practitioners interested in evidence-based care. For that to happen, we need to reconsider what evidence-based care even is.” (p. 368)

We believe that the transition to online therapy offers another opportunity to reexamine psychotherapy in general and our own practice specifically and we believe that this book will facilitate this process. We hope that this book will furthermore help mental health professionals responsibly explore and expand their own “online comfort zone.”

How do We Define Online Therapy and What is Included in this Book?

Online therapy is a broad term and can be interpreted in many ways. We have chosen to focus on video-based human-facilitated psychotherapy, that is to say psychotherapy sessions online, similar to those carried out in face-to-face sessions in a clinic.

This is not to say that other forms of online are less valid. There are various hybrid platforms offering text-based sessions combined with computer-assisted interventions, which provide considerable value to their users. We have examined AI-based text bots providing for example CBT-based sessions. In our epilog, we briefly describe additional technologies which may support remote therapy. However, our key interest is how the transition to online therapy may and can impact therapeutic elements of “traditional” psychotherapy sessions.

For those seeking to learn about the “mechanics” of online therapy, specifics regarding legal issues, ethical dilemmas, or detailed descriptions of setting or software platform, we suggest either reading through “Theory and Practice of Online Therapy” or additional books available on the topic.

Flexibility and Creativity as the Main Factors:

Keywords: Flexibility and Creativity

“The secret of change is to focus all of your energy not on fighting the old, but on building the new” – Socrates.

We asked the authors of the chapters for this book, each of them representing a different approach to therapy, to clarify the main challenges for shifting their frame of reference to online therapy. Reviewing the many different approaches to therapy throughout the book, we found out that many of them related to factors pointed out in our first book (in Weinberg & Rolnick 2020: introduction to the book): mainly the questions of presence, the disembodied environment, and the loss of the ability to construct the setting and to create the holding environment. Some of the authors expand and elaborate on these factors beyond what we have written in the first book, and we join them, adding some more thoughts about these factors in this introduction.

However, we also noticed that some of the writers emphasized, directly or indirectly, another factor: the question of flexibility, which is probably one of the main factors that impacts the outcome of online therapy. Once we stop being obsessed with the question how similar online therapy is to in-person therapy (still a common error which we warned against in our previous book) and acknowledge that it is NOT the same as in-person therapy, that the setting is not controlled and structured by the therapist, that failures of communication are inevitable, that it's difficult to establish conditions of safety and a holding environment – we have to flex the usual rigid boundaries and rules of conservative psychotherapy. Perhaps this is the main threat for more traditional therapists, since immediately the question that might pop up is: “how flexible should we become?”

Here is an example: A client in online meetings seemed quite constrained and quiet for a long time in the sessions. When the therapist inquired what is happening to him and why he is so quiet and passive, he revealed that he is having serious problems in his marriage, but since he is connecting from home and the walls in his house are thin, he does not feel that it's safe to talk about his intimate issues and difficulties in his relationship with his wife when she is behind the wall. The therapist suggested that the patient will go to his parked car and connect from there.

This simple example shows that if we want to adjust ourselves to the new conditions of online therapy, we must be flexible, especially regarding the setting and boundaries of the sessions. This flexibility negates the long tradition of psychodynamic psychotherapy, which assumes that the therapist should establish rigid boundaries in order to guarantee a better holding environment. Since we should be aware that online, at least half of the setting is determined by the clients (they choose a quiet room with privacy), we cannot strictly attach to the old notion that the therapist is the only one controlling

the setting. It means that we share responsibility with the clients for creating a safe environment, recruiting their ego functions and strength, and preventing some deeper regression.

Together with the need to become flexible when working online, comes the need to be more creative in finding solutions to the inherent obstacles. If you are an art therapist, how do you encourage your client to create their art piece, and how do you participate in the process of this creation? If you work with children, how do you set the boundaries from afar to keep them safe, and how do you join their spontaneous playing at home? If you are a psychodynamic oriented therapist, how do you use the personal information revealed through your natural home background (assuming that you decided not to use the virtual background or the blurred one), to advance the therapy and explore transference issues? All these examples and questions require creative answers. You can find some examples and creative ways for these questions in Galit Mor's (chapter 10), showing how to create a shared experience online, or in Brian Keating's chapter (Chapter 25) manifesting how he used his own countertransference in therapy. Using creativity, we can also overcome the challenge that is inherent in remote therapy: How to create a mutual shared experience when the therapist and the client are in different locations (see Mor, no. 10 and Ehrenreich, no. 14)

More About the Therapeutic Setting

Setting is an important concept in psychotherapy and is related to the "technical laws" according to Freud. Triest (2011) writes about the changes this concept went through along the history of psychoanalysis, creating different types of setting. He defines the setting as the characteristics of the framework and system of laws that are set a priori to ensure the environmental conditions necessary for the existence and effective conduct of the treatment. The therapist creates and maintains the setting in order to advance the work of treatment, ensure and secure it as much as possible from disturbances, "noises," and bruises, whether conscious or unconscious.

Trieste refers to two principal conceptions of the setting: The formal aspects ("the law of the father"): Meeting time, duration, frequency, payment, and method of payment. The basic rules included neutrality, anonymity, and abstinence of the therapist. They were emphasized by Freud's successors, and heightened the rigid aspect of the therapeutic setting, dictated by a rigid and forbidding father figure. In fact, most of those rigid elements of the setting do not change in online therapy (or can easily be obtained) and sometimes they are even strengthened by the new paradigm (e.g., abstinence).

With the formulation of object relations theory through the writings of Melanie Klein and later Winnicott, the concept of the treatment framework became more affected by the mother figure: The holding environment was conceived as a womb, warm, safe, containing, and protected from the outside world. This aspect is usually the one that psychoanalytic-oriented

therapists are concerned about while moving online. When we take care of this holding environment, instead of the patient being required to adapt to reality, reality (at least the interpersonal one) is required to adapt to the patient.

This interesting idea, of changing the reality to meet the patient's needs, is very relevant to the changes of the setting following the shift to online therapy. Clearly, the online setting is different from the traditional one in our office. In our previous book (Weinberg and Rolnick, 2020) we related to the fact that the therapist cannot control the conditions on the patients' side of the screen and should educate them how to create a safe environment. This is an important issue that should be emphasized again and again: prepare your patient for the online meeting, and instruct them how to keep privacy, stay focused, etc. Many of the chapters in this book teach us how to do that from different theoretical schools' perspectives. However, this is not the only aspect of setting that changes online: The entire physical framework is different, including the fact that therapists and patients sit in two different rooms. The question is how much we should try to replicate the situation occurring in our office, and to what degree we should accept that this is a different modality with different settings and different rules. Instead of trying to adapt ourselves and the setting to "reality" perhaps we accept virtual reality as a given and learn how to benefit from it. Various chapters in this book struggle with this dilemma as some of its answers are based on the theoretical frame of reference.

Harris and Tylim (2018) note that the concept of the framework has undergone far-reaching changes as social, cultural, and **technological** forces had a decisive influence on the concept of setting. In the case of online therapy, technology affects the setting tremendously. For example, the place of the camera affects our ability to appear looking directly at the patient.

Belcher (1967/2018) describes how the frame sometimes carries denied aspects of the patient as well as of the analyst. Changes in the framework, under certain conditions, can be catastrophic in their results. However, paying attention and discussing the materialistic aspects, the quality of light and sound, the location of the armchairs or the decoration, all of these can contribute to the positive effects of the frame. It is often the work of re-stabilizing the framework that enables the occurrence of a powerful change. Although he related to in-person therapy, taking this idea to our online setting, the main conclusion is that discussing the technical changes, obstacles, difficulties, and challenges can be the right thing to do in order to re-create a safe and holding environment. Belcher argues that the normal, quiet, ongoing presence of the setting offers the patient an opportunity for a body-level relationship that restores early symbiosis of the baby with its mother. As long as the setting is not disturbed, it remains imperceptible. The implications for the psychotherapeutic technique are that the setting itself must undergo analysis. These implications are especially true in on Cyberspace.

Online Therapeutic Alliance: Is Online Therapy Effective?

Therapeutic approaches can be classified as emphasizing one of the two axes: Those who emphasize the therapeutic techniques (CBT therapies) vs. those who emphasize the therapeutic relationship (psychodynamic-oriented therapies). The chapters in this book represent both of those approaches. When reading the chapters dealing with techniques (e.g., no.14 and 15), and the tips that the writers add at the end of their articles, it became clear that those approaches have little difficulty in moving the techniques to the online environment. For example, Lahad and Doron (Chapter 23) present the SEE FAR CBT model, using imagination as their main tool of intervention. There is no problem in instructing clients to use their imagination online, since it doesn't necessitate the therapist's presence in the same room, and the online setting poses no challenge to the therapeutic process since it's a protocol-based therapeutic method. The only problem is how to use the therapeutic cards online, and this is an easy to solve problem.

However, approaches emphasizing the relationship between the therapist and the client are concerned whether we can create the same kind of relationship online. It is well established through research that the therapeutic or working alliance is the best predictor for positive outcomes in all psychotherapies (Horvath & Symonds, 1991; Martin et al., 2000). If this is the case, it is imperative that we explore whether this alliance can be transferred to online relationships. In order to do so, we should check the ingredients of the therapeutic alliance to find out whether all these ingredients can be established online. Bordin (1979) analyzed three components composing the therapeutic alliance: 1. The therapist and client agree about the goals of therapy. 2. They also agree about the tasks (how to achieve these goals). 3. The quality of the relationship that develops in therapy. This analysis was confirmed later by Norcross and Lambert (2018) and Flückiger et al. (2018). The first two factors (agreeing on the goals and tasks) can easily be achieved online by discussing the goals and tasks before beginning the group (usually, in the online first meeting or the intake). As for the question whether the same kind of relationships can be developed online as in-person, reviewing studies that measured therapeutic alliance in video conference meetings, Simpson and Reid (2014), found that "studies overwhelmingly supported the notion that therapeutic alliance can be developed in psychotherapy over video conference." Cook and Doyle (2002) compared the working alliance between in-person and online therapy and found no significant difference. Following the massive use of videoconferencing in COVID-19 time by therapists, Simpson et al. (2021) summarized (p. 409): "Historically, the uptake of videotherapy has been hindered by psychotherapist expectations of inferior therapeutic alliance and outcomes, in spite of considerable research evidence to the contrary. Research suggests that videotherapy provides a powerful pathway for clients to experience enhanced opportunities for self-expression,

connection and intimacy.” This conclusion is echoed by Frye et al. (2021) finding that pediatric patients rated a high level of therapeutic alliance following psychological services provided through either telehealth via videoconferencing or in-person modality. Kaiser et al. (2021) in their meta analysis concluded that therapeutic alliance and outcome are significantly correlated in internet-based therapy.

So, is online therapy using videoconferencing effective? In a meta analysis examining pre-post changes within Video Delivered Psychotherapy (VDP) and comparing the outcomes with In-Person Psychotherapy (IPP), Fernandez et al. (2021) concluded (p. 1535): “Substantial and significant improvement occurs from pre- to post-phases of VDP, this in turn differing negligibly from IPP treatment outcome. The VDP improvement is most pronounced when CBT is used, and when anxiety, depression, or PTSD are targeted, and it remains strong though attenuated by publication bias. Clinically, therapy is no less efficacious when delivered via videoconferencing than in-person, with efficacy being most pronounced in CBT for affective disorders.”

Beyond therapeutic alliance, there is enough research using randomized control trials showing that VDP is equally effective as face-to-face psychotherapy in many dimensions, such as overall treatment outcome (Kingsley & Henning, 2015; Sucala et al., 2012) and client satisfaction (King et al., 2014; Simpson & Reid, 2014). These results have been found positive for a variety of disorders such as anxiety (Backhaus et al., 2012; Chavooshi et al., 2016), depression (Berryhill et al., 2019; Giovanetti et al., 2022), and addictions (Backhaus et al., 2012; King et al., 2014), but also for personality disorders, such as Borderline type (Zimmerman et al., 2021).

However, we should also pay attention to a critical commentary by Smith et al. (2021) reminding us that research results on online therapy depends on how video therapy is defined. They conclude that while the current evidence whether video therapy is effective, and whether the working alliance and therapeutic relationship functions in video counseling is promising, it is limited in quantity and applicability and hence generalisability.

This book examines the important factors that construct the therapeutic relationship and how they are manifested online: Intimacy (Magaldi & Trub, Chapter 2; Chatjoulis & Ntali, Chapter 4, Eherenreich et al., Chapter 4), presence (Geller, Chapter 1), trust (Mor-Ofek, Chapter 6), empathy (Agosta, Chapter 3), holding and containing (Ben Ari, Chapter 20; Meyerson, Chapter 15, Mor, Chapter 10), etc.

Rupture and Repair: The Online Challenge

Lately, there has been an increase in the number of articles relating to the topic of rupture and repair in therapy (Larsson et al., 2018; Miller-Bottome et al., 2019; Humer et al., 2021; Dolev-Amit et al., 2022). Some of the articles connect this topic to the therapeutic alliance claiming that a rupture is “a deterioration in the therapeutic alliance, manifested by a disagreement

between the patient and therapist on treatment goals, a lack of collaboration on therapeutic tasks, or a strain in their emotional bond” (Eubanks et al., 2018, p. 508). In our opinion, since human beings are prone to make mistakes, there will always be some ruptures in our therapeutic alliance, and the important issue is not to be perfect, trying to prevent them, but to focus on repairing them when they happen. Focusing on repairing empathic failures and mistakes in therapy can become more powerful in the therapeutic process than intellectual interpretations, since they touch a deep unconscious wish that our care-givers acknowledge and apologize for their mistakes and unattuned responses from our childhood. Incidentally, frequently, apology is not enough to repair a deep rupture since it can be expressed or perceived as lip service or social norm with no deep meaning.

Moving to online therapy, the therapist immediately faces an abundance of challenges, many of them seem technical. Interrupted Internet connections, freezing video, time gap between lips movement and the voice, and difficulties to focus and be present, are some of the obstacles that affect online therapy. The failing technology is tiring, distracting, disappointing, and frustrating. However, if we look at it as another kind of psychological rupture, we can change our view about these failings and see them as opportunities for repair. In fact, the online modality may allow for more opportunities to work on repairing ruptures than face-to-face meetings.

The question to follow is when is repair impossible? Beyond a possible psychological answer to this question (e.g., when the patient is too hurt by the therapist’s comments and is only seeking revenge), from a technical aspect, there is of course a moment when the internet connection cannot be resumed as it breaks down. However, the therapist can still bring the topic of failure to discussion in the next session, exploring the impact of this rupture and finding a way to make amends. We recommend that the therapist will use this technique every time that a technological rupture occurs online, thus enriching the opportunities to work on repairs.

Dolev-Amit, Leibovich and Zilcha-Mano (2021) provide detailed guidelines for therapists on how supportive techniques developed in traditional face-to-face treatment can be effectively used in telepsychotherapy to resolve alliance ruptures. They point out that confrontation ruptures (characterized by overt expression of anger and dissatisfaction) are easier to detect both online and offline, but withdrawal ruptures (moving away from the therapist through avoidance or detached behavior) that can go unnoticed by therapists in face-to-face treatment, are even more challenging in telepsychotherapy. This is due to both the disembodied environment and the technical failures. In the transition to telepsychotherapy, identifying ruptures, especially withdrawal ruptures, may be challenging. They suggest that therapists create an appropriate setting and basic technical conditions and pay greater attention to the nuances of the patients’ in-session behavior. With online therapy, we need to work even harder to make sure our clients see us as completely engaged.

Is Online Therapy Suitable for All?

It is a common myth that certain disorders and situations are not suitable for online therapy; however, there is sparse solid research that supports this belief. Many therapists believe that online therapy is suitable only for less severe cases (Richards & Viganó, 2013), and that severe depression (especially with suicidal threats), borderline personality disorders, and PTSD cases, should not be treated online. This belief stems mainly from the assumption that such cases need the physical presence of the therapist, and an ability to reach out in person in case of emergency. However, as in some of our book chapters (Chapters 22 and Chapter 23, Tipton et al; Lahad, Doron and Rubinstein, respectively) you will read that online therapy is particularly relevant for working with suicidal patients or those dealing with PTSD. As mentioned before, Fernandez et al. (2021) found in their meta-analysis of research studies that Videoconference therapy outcomes are positive when anxiety, depression, or PTSD are targeted. In fact, the high availability of online therapy in many ways makes it particularly suited for such extreme and urgent situations. While editing this book we were surprised to find out that these assumptions of ours were faulty. Client age is also frequently mentioned as an important criterion. This book covers online therapy for all age groups including younger children (25, Keating).

Barker and Barker (2021) found that “The effectiveness of online therapy was more strongly associated with client characteristics and treatment approaches than with diagnoses and treatment goals” (p. 66). Although their study examined effectiveness rather than suitability, we believe that client characteristics possibly offer more criteria for online therapy suitability. Clients who are “physical-oriented,” who are very sensitive to bodily cues (theirs or of others), who use all their senses (including smell) in their communication – might find the online connection too difficult. Clients who are easily distracted by intrusive stimuli, might also feel that the online meeting is not for them, since they cannot stay present. Fisher et al. (2021) add: “Transition to VCP [Video Conference Psychotherapy] requires a stance of willingness to change flexibly to adapt to a changed external reality, and a sense that such a transition is, or will be, of personal benefit, even if this is not entirely clear at first.” (p. 513).

Another question the reader may ask is whether online therapy is suitable for all therapists. Although we do not cover this question directly in the book, a consistent understanding of many of the authors in this book (examples can be found in the chapters of Athena Chatjoulis & Evdokia Ntali, Lou Agosta, Vered Bar, Galit Mor) is that therapists’ attitude towards technology in treatment can have considerable effect on the treatment itself. Furthermore, this attitude can also predict the likelihood of the therapist to adopt technology in their treatment plans (Bagarić & Jokić-Begić, 2020). Bekes et al. (2021) similarly found that therapists’ *perceived* obstacle regarding connectedness during online therapy predicted their negative view of online therapy and

its effectiveness. As discussed below, inclusion of training for online therapy psychotherapy training programs is crucial in order to reduce therapists' objections and difficulties. We will outline what is needed in such training in the next section.

Since we question the myth of who cannot benefit from online therapy, we dare say that some patients benefit MORE from remote treatment. One of the advantages of the COVID-19 pandemic is that it enabled a comparison of pre (doing only in person therapy) and post (moving online), almost the classical conditions of a scientific study. Comparing pre and post sessions, therapists discovered, to their surprise, that some of their clients do BETTER in the virtual environment. Possibly, for those patients, who felt more overwhelmed when meeting the therapist in the same room, the computer screen provided a barrier that reduced their anxiety and allowed them to make better use of therapy. In general, it seems that those patients were using an avoidant-dismissive attachment style, which helped them withdraw from being too emotionally invested in the therapeutic relationship. Our experience shows that patients with social anxiety disorders, some with borderline personality disorders, and some who suffered from PTSD, felt more protected when we shifted to online meetings at the outbreak of the pandemic (Weinberg, 2021). They became more self-disclosing, more communicative, and less defensive online.

Are We Psycho-Technologically Proficient?

Imagine visiting a dentist who is renowned for his professionalism, the best dentist in the region. As he is about to use his drill, a jet of water shoots out soaking your shirt. The dentist apologetically explains that it is the latest motor drive system, and he has just received it. He approaches you and as he is about to apply the pressure, the dental light switches off. How would you feel at this stage? Do you believe the hypothetical dentist is in a position to deliver the best care at the given moment? His lack of technical skills in this case impedes his ability to deliver his core skills. It would be reasonable to say that in this case – his ability to operate his equipment is in fact a core skill.

All schools of psychotherapy require that the therapist has certain basic skills. The minimally required skill set may include empathy, rapport, communication skills, or flexibility.

We suggest that a basic requirement for online therapists is “psycho-technological proficiency.”

Merriam Webster Dictionary – Psychotechnology (Merriam-Webster, n.d.):
1. the practical application of psychological principles, as in economics, sociology, and business. 2. the application of psychological principles to alter or control the behavior of an individual.

We choose this term to emphasize that this is not a purely technical aspect. This skill requires understanding how to use the technology and its relevant application and implications in the clinical setting.

The therapist who is not comfortable with the video conferencing software may find his attention partly focused on the software, possibly at the expense of the attention towards his client. If we do not arrange the setting properly (e.g., camera location, lighting), the session will be directly affected (see Weinberg & Rolnick, 2020). If we do not feel comfortable sharing a video on the screen, we probably will not do it – even if it offers a great opportunity for the therapeutic process. If I sit too close to the camera, how can I lean forwards compassionately? If my internal laptop microphone is not sensitive – how can I sit at the suitable distance? As we shall discuss, if we can't use the latest immersive features of Zoom, we are certainly missing out on opportunities to improve the therapy itself.

We should remember that being somehow techno-knowledgable and advising/directing the patient how to overcome technological difficulties, is interpreted as taking care of the client and providing the holding environment. Many of us did not become therapists expecting to be required to develop technological abilities, however, we believe that psycho-technological proficiency is now a basic required skill. Just as we attempt to stay updated with the latest reading on the modalities we work with, we now need to accept that staying up to date with psycho-technological development is also necessary. We have passed the point where being a “technophobe” is an acceptable reason for not developing these crucial skills. Or to paraphrase Lou Agousta (Chapter 3) “you are definitely the help desk!”.

The Pandemic and Its Consequences

The Covid pandemic, already with us for more than two years when writing this introduction, created havoc globally, affecting the world of psychotherapy as well. Therapists had to shift to “virtual” meetings without any preparation or training within days. The danger of physical proximity because of the virus, and the lockdown that followed the epidemic in many countries, forced therapists to shift to “screen relations” (Russell, 2015). Therapists who in their worst nightmare never imagined they would even attempt to treat patients online found themselves doing it daily. Many of our colleagues vehemently objected to online therapy, claiming that it is impossible to create the same connections, presence, transference, and dynamics online as it occurs offline. The only caveat was that they never experienced it. Their resistance was based purely on their fantasy.

When the pandemic erupted, therapists were pushed to meet their clients over the Internet. Indeed, in some countries authorities and health insurance companies doubted whether this modality is secure or effective enough. However, in most countries, therapists who shifted to therapy on the screen were surprised to find out that it is no less powerful than in-person meetings.

In our opinion, even when (or if) the vaccine for COVID-19 eliminates the pandemic and life returns to what is considered normal – online therapy is here to stay. Its legitimacy increased dramatically following the world crisis,

and although it has some limitations, some of the advantages (e.g., the comfort of connecting from home, no traffic jams, the fact that the therapist does not have to be local and can have clients from other places) are very tempting. In the coming future more therapy sessions would be conducted online, and more specific research would be carried out about them. The pandemic clearly legitimized online therapy and it's probably going to stay as another equal modality for providing therapy, and not a less valued one.

Dynamic Aspects of Remote Therapy

While we structured this book around different therapeutic approaches and schools of thoughts, asking each writer to explain what challenges their approach faces online, we do not want to lose the broader psychodynamic view of online therapy and the challenges that working online pose to this approach. Psychoanalytic psychodynamic approaches include many schools nowadays, such as object relations, ego psychology, self psychology, and relational approaches. One way to define and understand what unifies all psychodynamic approaches is to point out that they all focus on transference and resistance. However, Shedler (2010) suggested seven factors that include these dimensions and go beyond them. We will explore how these factors can be applied online:

- 1 Focus on affect and expression of emotion: Psychodynamic therapy fosters inquiry and discussion of the patient's emotions. The therapist assists the patient to articulate emotions in words, including recognizing feelings that the patient initially may struggle to identify.

In order to help patients to express their emotions online, the therapist should help them overcome the screen barrier, and their tendency to use it to distance themselves. Asking questions that focus on feelings, noticing facial expressions and bodily gestures that might hide emotions and being curious about those expressions can help overcome this barrier.

- 2 Exploration of attempts to avoid distressing thoughts and feelings: In order to avoid stress and pain, people use (consciously and unconsciously) defense mechanisms and resistance. These may appear in more obvious behavioral manners, such as canceling sessions, patients using mobile phones during sessions, or lashing out at the therapist. They may take more subtle forms such as changing the topic when certain issues are discussed, focusing on others' behaviors, or shifting to intellect to avoid talking about emotions.

In addition to the usual forms of avoidance and defense, online, it can be challenging to distinguish between real technical difficulties and those that point to a deeper resistance. When the patient is late for a Zoom meeting it can be a result of an Internet failure and not a sign of avoidance. When the communication is terminated abruptly, it can mean that the computer crashed and not that the patient ended the session in

order to avoid the topic and the pain involved. A more careful examination and exploration of each situation is needed online in order to be sure that resistance is involved.

- 3 Identification of recurring themes and patterns: People frequently repeat their maladaptive behaviors or respond to certain triggers in the same problematic way. Psychodynamic therapists work to identify and explore recurring motifs and patterns in patients' internal experiences and external behaviors. This factor can easily be explored in online treatment since the repeating patterns are either reported verbally by the patient or are easily noticed in the behavior during the meetings. There are some recurring behaviors, containing some emotional meaning, that are specific to the online interactions (e.g., pushing the chair away from the screen) and the therapist should pay attention to them as well. The fact that the session is often carried out in the patient's own home may even increase the likelihood that certain patterns may present themselves in the session.
- 4 Discussion of past experiences (developmental focus): Our past experiences influence our current interpretation of the situation and behavior. Early experiences of attachment figures impact how we relate and experience the present. Psychodynamic therapy helps the patient examine early experiences in order to develop the understanding of how they affect the patient's present. The purpose of this examination is to allow the patient to live more fully in the present.

Since this factor is explored through discussion, the transition to online is straightforward. The therapist should be aware that it is easier to discuss past experience online in a distant/non-involved manner, and take measures to avoid this intellectualization.

- 5 Focus on interpersonal relations: Object relations and attachment are central in psychodynamic therapy. When interpersonal patterns prevent a patient from fulfilling his/her emotional needs, psychological suffering is frequently the outcome.

We can certainly help our patients to explore interpersonal patterns when carrying out therapy online. Relational oriented therapy is particularly powerful in a virtual context because it allows us to be subjective and use our subjectivity in ways that have the potential to bridge the technological separation.

- 6 Focus on the therapy relationship: A special position is given to the relationship between the patient and the therapist – the transference. The repetitive themes in a person's relationships and manner of interacting, mentioned above, tend to emerge in some form in the therapy relationship. These themes appearing in the therapy relationship (transference and countertransference) allow the therapist to help the patient examine and develop new ways of interacting during the here and now of the therapy session.

Perhaps this is the main question that psychodynamic therapists ask themselves: Is the transference online "the same" as the transference when

we meet in-person? In our previous book (Weinberg and Rolnick, 2020), Gily Agar discussed in length transference phenomena online, and distinguished between modalities that can be attributed to “one person psychology” (e.g., transference modalities that stem from the technical characteristics of the medium) and “two person psychology.” She concludes that: “The transference that occurs in video therapy is therefore characterized by duality. On the one hand, projective and phantasmatic transference qualities of ‘one-person psychology’ occur, and on the other hand, there are qualities of mutuality and a rich encounter with the therapist’s subjectivity in ‘two-person psychology’ terms. These two poles do not cancel each other out, but coexist, providing a unique dualism from an early stage of the relationship.” (p. 76).

Hickey et al. (2022) focused on Davanloo’s intensive short-term dynamic psychotherapy asking how technology impacts psychodynamic psychotherapy in general and transference in particular. They note that this approach makes use of a close, emotionally intimate relationship with the therapist. They concluded that “Even without the face-to-face sessions, mobilization can be achieved with the proper application of Davanloo’s techniques by applying the maximum pressure within the patient’s capacity to tolerate anxiety and painful affects and thereby removing resistance ...” (p. 129).

- 7 Exploration of fantasy life: Psychodynamic therapy by definition is unstructured, the patient is urged to freely share his/her thoughts. As patients learn to do this, the emergence of desires, emotions, memories, fantasies, and dreams may occur. The content shared by the patient can provide important insight and understanding about the patient’s unconscious world ultimately facilitating his or her attempt to reduce emotional suffering and live a more satisfying and meaningful life. Fantasy life is an inner phenomenon and occurs whether we are in the office or behind the screen. Creating a safe space for the patient to speak about their dreams, fantasies, inner thoughts, and images, can be achieved in online therapy, albeit the difficulties. It might take more time. Since one of our recommendations for the online therapist is to use his/her imagination, and to encourage the patients to use theirs, it can help us open the road to use this factor.

How to Read this Book

After the reader may likely start his journey through the book by reading the chapter describing the modality he or she usually works with, we would like to suggest a journey through the “scenic route.” As with any other journey, reading about the background always makes the journey more interesting and richer. The first part of the book describes underlying theoretical aspects of therapy and specifically online therapy. Reading this part first will certainly add to the rest of the route. Follow the scenic route through the variety of

different modalities. Each will offer a different angle, another view. Examine how this scenic route with its fascinating views can contribute to how you, our reader, experience your home modality of which we all know the perfect place to finish any journey is where you started – at home.

We have worked hard planning the route, covering a diversity we believe is relatively unique, offering not just practical information on enhancing on-line therapy but also an opportunity to visit modalities outside the comfort of our own neighborhood.

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