Skype therapy: More or less confidential than traditional therapy?

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Skype therapy: More or less confidential than traditional therapy?

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Skype is often used for psychotherapy, especially where face-to-face alternatives are unavailable. Some suggest that Skype is not suitable, because of concerns about confidentiality. We believe it is at least as secure as many other ways psychotherapists communicate with clients.

Remote therapy is therapy provided in a context in which therapist and client are not present in the same room as each other. It includes therapeutic interventions using media such as letters, phone calls, email, text messaging, social media and voice over Internet Protocol methods (VoIPs) such as Skype. Remote therapy predates the internet, but is becoming much more available because of the possibilities the internet offers.

Benefits of remote therapy

Remote therapy offers benefits that are sought after by many clients. It saves time, travel and money. It makes therapy available to people in remote locations, as well as people who are housebound or find travel difficult, and people with reduced immunity who want to reduce the risk of infections encountered on public transport, in waiting rooms and in the clinical room itself. Remote therapy allows for greater choice of therapist, as distance is no barrier. While many clients and therapists prefer face-to-face contact, some clients do *not* want to be in the room with the therapist. Remote therapy can reduce the risk of abuse, and the client has more control as they can terminate the call at any point. Research suggests that forms of remote therapy may be at least as effective as some face-to-face therapy (Hailey et al., 2008; Morland et al., 2010; Richardson et al., 2009).

Therapy by Skype

Remote therapy clearly has its limitations too, and is not suitable for every client. We are not concerned here with evaluating remote therapy in itself. Rather, we observe that many of our clients are requesting therapy remotely, and especially by Skype, because there is no reasonable alternative. This paper concerns the question of whether Skype therapy has adequate confidentiality.

Familiar to many as a way of speaking to family and friends around the world, and dominating the VoIP market, Skype has become a popular medium for remote therapy. Skype allows free calls to anywhere in the world where the internet is available. It is easy to download and use, without requiring technical expertise. There is no need to hold a phone, thus reducing neck strain and leaving hands free to write. Calls can be made with sound only, or with video, using a webcam so that the callers can see each other. The quality of connection varies, but is often at least as good as using a mobile phone, including for international calls to developing countries (though sometimes better with the webcam switched off). Skype also allows a form of instant messaging similar to phone text messages, which many find useful to supplement verbal communication.

We provide therapeutic support to emergency relief and development workers around the world, and to their families, including people who respond to health emergencies (such as the Ebola epidemic of 2014), natural disasters, accidents, terrorist attacks, hostage situations and warfare. Our clients (including non-governmental organisations – NGOs) often request Skype consultations to help deal with trauma and build resilience when responding to such tragedies. Many of these NGOs are already familiar with Skype and have the software on their equipment. We have found Skype a good way to speak to workers in Sierra Leone, Liberia, Pakistan, Kenya, Tunisia, Nepal, Iraq, Burundi and many other countries where clients do not have access to face-to-face psychotherapy in English.

Concerns about Skype confidentiality

In North America we would not be allowed to offer therapy by Skype. In the United States, the Health Insurance Portability and Accountability Act (HIPAA) has led regulators to state that Skype is not 'HIPAA-compliant' and therefore must not be used for psychotherapy (PlusGuidance, 2015). A Skype spokesperson has been quoted online as confirming that Skype is not HIPAA-compliant (Online Therapy Institute, 2013). The Legal and Regulatory Affairs staff of the American Psychological Association (APA) have advised that, "If you opt to use Skype to communicate with patients, be aware of the risk that HIPAA rules *may* be violated" (APA, 2014, italics added). Concerns seem to be mainly about Skype not guaranteeing sufficiently to safeguard the privacy of the identity and personal details of those making Skype calls.

At least one British organisation, the United Kingdom Council for Psychotherapy (UKCP), appears to have taken the view that Skype is not acceptable for therapy, because of doubts about its security (Weitz, 2014a). The British Psychological Society (BPS), the Health and Care Professions Council (HCPC), and the British Association for Counselling and Psychotherapy (BACP) have yet to issue guidance about Skype therapy. What advice should they give? In our view, the answer needs to be based on a clear view of the standards we are setting for privacy and confidentiality, as well as an understanding of the advantages and limitations of the internet in comparison to other settings for therapy.

It seems to us that the growth of the internet, with revelations about security breaches and snooping by individuals, governments, and information technology (IT) providers, has led to widespread suspicion of big data and big government, and set new standards for information privacy. According to some, no data is secure unless we can be sure that no hostile third party will be able to obtain or hack it. There is a good case for suggesting that no data currently online passes this test, including all public or private health service data stored on any server connected to the internet, particularly

when considering future developments such as quantum computers (The Conversation, 2014).

Concerns about confidentiality of traditional therapy

It is surely relevant to compare the confidentiality of Skype to the confidentiality of traditional interactions between therapists and clients. Therapy was (and is) traditionally provided in therapy rooms and clinics. There is a reasonable expectation of confidentiality, within its normal limits (supervision, consultation with relevant colleagues, risk of harm, and so on), even though it often seems compromised. For example, in settings where we have worked, clients took the risk of sitting in a waiting room in a psychiatric setting, knowing that someone they knew might see them. In some clinics, based on which waiting area a client sat in, it was obvious to anyone who walked past which psychological condition they were being treated for. In one setting, our clients were asked to sign in and could read the names of everyone else who had attended the clinic that day. Even when signing in was made more anonymous, the waiting room was not. In a number of clinics we have been in, the rooms have not been sound-proof, and consultations could be heard from the waiting room or corridor. Therapists working privately in small communities have clients coming to their home one after another, clutching their wallets, leaving everyone who sees their car to draw their own conclusions about what they are doing alone with the therapist during that hour. Add to this the reality of any health work in an acute setting, where bedside consultations are easily overheard even with a curtain around the bed. Then there are the letters which are lost in the post, files which are mislaid, phone calls overheard, faxes and emails sent to the wrong address, and the possibility of a third party intercepting any of them. There is no fool-proof guarantee of absolute confidentiality.

None of this stops therapy being effective, with a working assumption of privacy. On the whole, the potential leaks in the system are so small, few, or insignificant, as to be negligible. How does this compare to remote therapy by Skype?

Comparative confidentiality

Skype built its reputation on being more secure than other forms of communication. Because it encrypted voice calls, Skype could not be tapped like telephones, hacked like email, or intercepted like conventional postal services. After Microsoft bought Skype in 2011, questions began to be raised about whether it was still as secure as it had been seen. Microsoft did not ensure Skype's HIPAA-compliance, and instead sells Office 365 software which incorporates HIPAA-compliant videoconferencing (Microsoft, 2015a). One wonders whether Microsoft's approach is little more than a marketing ploy.

Curiously, considering the comparison to conventional communication, the same unsourced Skype spokesperson whose quotation is cited online as evidence of Skype's HIPAA noncompliance, states that "Skype is merely a conduit for transporting information, much like the electronic equivalent of the US Postal Service or a private courier". How could we be absolutely sure, in conventional therapy, that someone could not steal our notes, or at least find out our clients' identities? The quotation continues, "Skype has implemented a variety of physical, technical and administrative safeguards (including encryption techniques) aimed at protecting the confidentiality and security of the [personal health information] that may be transmitted using Skype's calling and video calling products" (Online Therapy Institute, 2013). Our own enquiries with the Skype helpdesk (Microsoft, 2015b) have resulted in similar reassurances that "Skype encrypts the conversation from beginning to end", and "conversations that takes place on Skype are *not* recorded, even on our servers," including Skype chat.

However, research by IT professionals suggests that Skype is not immune to interception (Sophos, 2013). One online therapy provider has suggested that HIPAA-compliant VoIP platforms such as VSee (2015) should be used for therapy and Skype should not (Weitz, 2014c), though later Weitz (2015) noted that, "Although VSee, for example, is more compliant, it is not totally". Weitz (2014b)

reported the view of an official of the UK's Information Commissioner's Office (ICO) to be that Skype is not suitable for psychotherapy. But when we contacted the ICO, we were told that it takes no view on the use of Skype for psychotherapy (ICO, 2015). Have Skype's over-cautious detractors overestimated the risks of Skype in the same way that people with paranoid delusions can overestimate the risk of low-probability events such as their mail being intercepted?

Many NGO workers are aware that no method of communication is entirely risk-free. The head of IT at one major NGO confirmed:

> Skype is encrypted at a high level and is therefore largely as good as any 'secure' communication channel, for instance Google Hangouts which I am equally happy with for [organisational] communications. Skype is no better or worse than any other, including a conversation in a supposedly sound-proof and non-bugged room. Even laptops or mobile phones can be hacked and microphones remotely activated by hostile bodies - which is why in some countries [people] remove batteries from phones before starting meetings. Nothing is secure as there are too many factors to mitigate, but on balance I am happy with the toolsets and ways of working we currently adopt (May, 2015).

Skype therapy requested by aid workers

Single-session assessments or interventions in the context of disaster work are akin to first aid, which cannot always be provided in ideal circumstances or complete privacy. When we have told aid workers that Skype might not be completely confidential, and suggested using VSee instead, all have replied that they are willing to take the risk rather than spend their time trying to set up a more confidential medium. As well as saving time, using Skype helps us to keep their costs down. Users may not be able to access or purchase VSee, which is not available on free operating systems such as Linux.

Some of our clients work in contexts where eavesdropping by governments or hostile third parties is a real possibility, and even clinics can be bugged. They are careful not to say anything that would endanger themselves or others. Workers in insecure settings have told us that they are not willing to use any medium which seems especially secure (such as the dark web), because they need to show that they have nothing to hide. Staff of NGOs take considerable risks working in insecure environments. To them, the risks of their Skype call being listened to are among the least of their concerns. They consider this a risk worth taking, for the benefit of receiving support in building their resilience. They do not see less available VoIPs as an alternative: the alternative would be to receive no help.

Conclusion

Our view is that no modality is perfectly secure. Clearer guidance about relative risks would be helpful. The important issue to consider is which is the best option available for any client, ensuring a reasonable level of privacy. Whilst we personally prefer being in the same room as our clients when possible, remote therapy can be an effective alternative. Skype is sometimes the best option available, and as it is encrypted it is more secure than telephone conversations and at least as confidential as much traditional therapy. Aid workers have told us that Skype appointments have been a lifeline for them, as they in turn save lives.

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