

Virtual Relationships and Systemic Practices in the Digital Era

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Introduction

Information and communication technologies (ICTs) deeply changed the way people communicate in their professional and personal lives and created new relational models based on a network society. The use of ICTs influences not only family life and relationships, but it introduces new interactional modalities in a wide range of human activities and social practices, including health services and education.

Despite the fact that ICTs' use developed and expanded since the early 1990s, the literature regarding their influences on relationships and family life, their use in family therapy and training, the consequences of problematic use and the therapeutic strategies to face them, has not yet flourished within the systemic approach (see Blumer et al. 2014 for a publication overview)—as distinct from other therapeutic perspectives (Saddichha et al. 2014; Andersson 2009).

Given this situation, the idea for this Special Issue developed during the follow-up to a symposium organized by the guest editors at the European Family Therapy Association

(EFTA) conference in Athens, 2016. As regards the interest in ICTs of family therapists and systemic professionals in Europe and beyond, we are grateful to Russel Crane and Springer Publishing Company for offering us the opportunity to focus on this subject in *Contemporary Family Therapy*. Enriching the symposium material by inviting a number of colleagues to contribute with their expertise, we bring together a variety of topics, including reviews of scientific knowledge relevant to couple and family therapists (part 1), original research papers (part 2), clinical issues (part 3) and an outreach to prevention work and education (part 4). The Special Issue focuses on multiple aspects linked to the diffusion of ICTs in families and societies, the potentialities but also the challenges, which arise from their use, and some fields of their application that might interest the systemic community. As since the last decades ICTs globally have shaped our and our clients' lives at various levels of human activities, the selection can obviously give only glimpses into the new digital universe that we became a part of.

In the following paragraphs of this introductory article, we draw the reader's attention to relationships and digital technology, e-mental health, couple and family therapists' use of ICTs, ethical issues in online therapy, online training and training in ICT use, as well as online supervision.

Our general aim is to increase the dialogue on new relational modalities resulting from the diffusion of ICTs in our personal and professional lives.

Relationships and Digital Technology

There is a growing scientific expertise and clinical acknowledgement that ICTs shape all kind of relations, including couple and family lives (see e.g., Carvalho et al. 2015;

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Murray and Campbell 2015; Morgan et al. 2016; Vossler 2016). Besides, we have to consider the impact of ICTs on psychological development and individuation processes since early stages of life (e.g. Morey et al. 2013; Davou et al. in this issue), and the creation of new, virtual relational forms through technology.

A good starting point for research as well as for clinical application for couple and family therapists is the framework by Hertlein (2012; in detail: Hertlein and Blumer 2014). The multi-theoretical model is an integration of a family ecology, structural–functional and interaction–constructionist perspective towards understanding technology in couple and family life. The ecological impacts related to technology are described as anonymity, accessibility, affordability, approximation, acceptability, accommodation and ambiguity (for details *ibid.*). They are interrelated with two types of changes in relationships: changes in the structure of couples and families (in rules, boundaries and roles) and changes in the process of couple and family relations (intimacy; relationship initiation, formation and maintenance). The framework helps clinicians to address technology-related issues in couple and family relationships, such as online dating, online infidelity, online pornography, internet addiction, online video-gaming, cyberbullying, cyberstalking, and others and is a valuable model for research (e.g. Curtis et al. 2017; Norton et al. 2017).

Couple dynamics are studied in two recent publications in this journal (CoFT), illustrating the variety of possible areas of investigation. Northrup and Smith (2016) examine the Facebook maintenance behavior with relation to partners' experience of love. The results show (with the limitation of studying only 75 heterosexual couples) that partners who perceive higher levels of love in their relationship actually participate in less Facebook maintenance behavior and vice versa. Spencer et al. (2017) explore the interrelation of problematic media use, relationship satisfaction and demand-withdraw/criticism-defensiveness patterns. As foreseen, the demand-withdraw/criticism-defensiveness patterns were found to be negatively associated with relationship satisfaction, while the association between problematic media use and relationship satisfaction was partially mediated by the same. This individual online survey (n = 242; half being between 18 and 27 years old, the majority female) can give first insight into process variables in relationship dynamics and media use. Given the complexity of the interrelatedness of individual habits and couple and family dynamics, far more investigation is needed (for an overview of this topic: Eichenberg et al. in this issue).

One powerful aspect of ICTs is bringing people into conversation who wouldn't communicate otherwise, frequently creating virtual relations. Cravens et al. (2015) researched publically accessible tweets after a media-story of intimate partner violence of a well-known football player

and his fiancée (they subsequently married). Twitter users posted their own stories of why they stayed in or left abusive relationships. The qualitative content analysis revealed 7 themes/5 subthemes in “#WhyIStayed” (n = 409) and 4 themes/3 subthemes in “#WhyIleft” (n = 267) tweets. While Cravens et al. (2015) use the material to gain more insight into intimate partner violence and its dynamics, it is remarkable that far more persons responded in the same way the media-model behaved (“WhyIStayed”) than contrariwise. The self-disclosure of the fiancée has to be regarded as a performative act that gives legitimization to voice a decision normally hard to understand and therefore usually kept unuttered. Precariously, if ICTs are used as mass media, content and language styles can become re- and self-enforcing, even irrational or pathological, like the study by Campaioli et al. (in this issue) shows with regard to harm-advocating materials online.

Miller and Gergen (1998) realized early that the communication in topically based computer networks is worth closer examination. They analyzed conversational moves in social networks dealing with depression and suicide identifying “help-seeking interchange”, “informative interchange”, “supportive interchange”, “growth-promoting interchange” and “punitive interchange”. The vast majority of network interchange belongs to the area of self-revelation (help-seeking) on the one hand and empathic and encouraging responses on the other. Even if these conversations can be considered “therapeutic” in a wider sense, the major difference is, according to the authors, that “electronic communities have little means of generating interpersonal responsibility” (p. 201), and that this kind of online support had little transformative effect (see also the commentary by Lebow 1998). Yet, many years have passed since this publication and meanwhile the internet offers a variety of health and mental health applications.

E-Mental Health

Whilst the use of ICTs by health professionals has been widely established (Cabieses et al. 2013; Bacigalupe 2011), this is not equally the case with mental health professionals, who hesitate to adopt digital communication tools in their work compared with their colleagues in other fields (Sprenger et al. 2017). A survey conducted in USA investigated the provision of online treatment by mental health professionals, their concerns and their needs regarding its delivery (Wells et al. 2007). In a sample of 2170 professionals, only 2% reported providing online treatment. Professionals' main concerns were confidentiality regarding client's information (48%), misinformation through clients (11%) and inadequate training to conduct online therapy (12%). Some professionals described advantages in the use

of e-mailing and other digital tools in their work, at the same time expressing their concern regarding the risk of providing online therapy without previous face-to-face interaction.

A more recent Canadian study explored mental health professionals' attitudes toward using ICTs (mainly video-conference) for mental health work, with a specific focus on those professionals who work in rural and remote contexts (N = 63) (Gibson et al. 2009, 2011). The study focused “on the professionals' views on the usefulness and appropriateness of the technology, its ease of use, the perceived advantages and disadvantages, and perceived barriers to use and ways to overcome them” (Gibson 2009, p. 1). Half of the respondents did not use teleconference at all, while the 10% of those who did used it each week or more frequently (Gibson et al. 2011). Among the latter, the majority found videoconferencing useful and easy to use, but at the same time most believed that some types of mental health services are less suitable to being provided via videoconferencing, particularly psychotherapy (Gibson et al. 2009). Client characteristics may also make videoconferencing less suitable, e.g., young children, clients presenting psychotic symptoms, or discomfort with ICTs. Furthermore, 81.8% of the respondents indicated barriers to the use of ICTs, citing limited access or skills, technical difficulties, privacy and confidentiality concerns, as well as financial costs of purchasing and using technology. In conclusion, the authors expressed the need for adequate training of mental health professionals regarding the correct use of ICTs.

A recent online survey distributed in Europe and USA among health and mental health professionals working in the field of pregnancy assessed professionals' attitudes towards the use of e-mental practices for the prevention and treatment of maternal depression (Sprenger et al. 2017). A total of 131 completed surveys were returned by various health (midwives, nurses, medical doctors, etc.) and mental health (psychologists, psychiatrists) professionals. Results showed that e-mental health applications were judged to be useful in the context of maternal depression during general mental healthcare processes as screening and follow-up, whilst psychologists and psychiatrists were skeptical regarding their use in the process of assessment, diagnosis and particularly treatment. Hence, mental health professionals “do not use technology for their work as often as other health professionals and they do not judge technology to be useful or beneficial for their work compared to doctors and midwives/nurses” (ibid. p. 10). Lal and Aidar (2014) reported the lack of technology usage, the fear of being replaced by technology and reducing funding for conventional services, lack of quality control and evidence base as main reasons explaining mental health professionals' hesitancy in the use of e-mental health applications.

Among the psychotherapeutic approaches, cognitive-behavioral therapy (CBT) has a consolidate history of

therapists' ICTs use (Andersson 2015). Computer-aided CBT (cCBT), Internet delivered CBT (ICBT) and online interventions named Low Intensity Cognitive-Behavior Therapy (LICBT) aim to facilitate the access to effective therapeutic support for a larger number of clients, minimizing costs (Andersson 2009; Montano 2014). Online material, with even partial or any mediation by a therapist, CD-ROM, phone plus workbook, are some of the tools addressing a range of mental health disorders like depression, anxiety disorders, obsessive compulsive disorders and others (Montano 2014).

In the context of behavioral couple therapy, Doss et al. (2013) translated Integrative Behavioral Couple Therapy (IBCT) to a web-based intervention. IBCT is focusing first on the development or improvement of emotional acceptance within the couple, followed by concrete change strategies in relationship satisfaction. While couples are moving through the online program together (in a 4–6 week period), most activities are completed individually (around 8 h per person). A nationwide randomized control trial of 300 couples showed significant improvement in their relationship compared to a waitlist control (Doss et al. 2016). Research was extended to a brief version of the program (Roddy et al. 2016) as well as on couples with specific characteristics such as intimate partner violence (Roddy et al. 2017). While this program is an outstanding example of couple online intervention, it is worth mentioning that at least in the short version of the program, coach contact significantly reduced program non-completion and improved program effects (Roddy et al. 2016).

The role of technology (use of websites, social media forums, e-groups, etc.) has been crucial in recent innovative approaches aiming at improving mental health in local communities (see also Dalai in this issue). This “global mental health” practice, while respecting cultural diversity and context characteristics, assures equal access to mental health services, equity in distribution of resources and focus on treatment outcome (Bischoff et al. 2016). *The Reducing Mental Health Disparities One Community at a Time* (RDICT) model offers an example of integration of conventional and unconventional mental health practices that include nonprofessional members of the local community working together with mental health professionals and researchers (ibid.). In such common efforts, the knowledge and use of ICTs become a necessary tool (see also Doherty et al. 2010).

Couple and Family Therapists' Use of ICTs

In an early study by Negretti and Wieling (2001) a random sample of 250 clinical members of the American Association for Marriage and Family Therapy (AAMFT)

active in private practice was addressed. A 30-item paper-and-pencil survey focusing on their use of communication technology from traditional devices like telephones to mobile phones and internet tools was mailed to the participants. From the 42 respondents (18.4%), most were female, with a mean age of 51 years (sic!), a sub-sample of 8 respondents were interviewed by phone on the same issues. Results showed that clinicians at that time were comfortable with older technology (e.g. answering machine) but not yet with “the new” one (devices such as mobile phones and tools such as e-mail). While most respondents viewed distant communication as a way to improve their availability and the therapeutic relationship with their clients, clinicians’ expressed concern regarding boundaries violations, confidentiality issues, and technology costs.

The results of a more recent US-survey showed that slightly more than half (56.4%) of AAMFT licensed members, students and supervisors (N = 227) use mainly asynchronous online communication like e-mailing in order to communicate with colleagues or trainees, whilst the majority of them (66.1%) have neither participated in online professional networks nor ever used videoconferencing (67.8%) (Twist and Hertlein 2015). The authors hypothesized that respondents’ age might have influenced the results, with the new generation of professionals being more proficient in ICTs use.

Besides the influence of age, we agree with Akyil et al. (2017) that family clinicians are “exposed to contradictory information posed by media and influenced by their personal/family histories and current relationships” (p. 102) in the same way as representatives of other professional groups or as private individuals. To understand the eco-systemic context of ICTs in clinicians’ personal and professional lives, the current ethos of technology as well as cultural values where professionals live and practice have to be considered. Adding to a previous study with clinicians from Canada, Mexico, Spain and the United States (N = 258; see Bacigalupe et al. 2014), this survey (N = 97) was conducted in Turkey. While in the original study family clinicians who used more ICTs themselves saw more benefits for families in general, the Turkish sample, despite using overall more ICTs for non-clinical purposes than their English- and Spanish-speaking counterparts 3 years ago, had a less favorable attitude toward its use in clinical practice. Cultural values and mores might have an impact on these effects, as well as a lack of ethical and legal regulations in the country, including training on ICT use in clinical practice (for a cross-national survey in Europe see Borcsa and Pomini, in preparation).

Ethical Issues in Online Therapy

Ethical concern in providing online psychotherapy or other e-mental health interventions (by means of video conferencing, e-mail, texting, chat or virtual reality technology) has been reported by many authors as one of the main worries expressed by mental health professionals regarding the use of ICTs (e.g., Hecker and Murphy 2015; Wilcoxon 2015; Wells et al. 2007; Negretti and Wieling 2001).

Central concerns can be summarized as follows: to what extent and how does digital communication facilitate or limit therapeutic relationship and therapeutic alliance? To whom can online therapy be delivered and what evidence is available regarding its effectiveness? What kind of professional responsibility arises in providing online treatment differently than in traditional interventions (e.g. with regard to crisis intervention)? What are the risks (e.g., to what extent are therapists able to conduct a correct assessment) and the benefits (e.g., overcoming geographical distance and reducing travel costs) of online therapy? How is it possible to assure confidentiality to clients and at the same time reduce miscommunication and misinformation by clients? What kind of awareness do the therapists need regarding boundary issues? What legal problems may arise in providing online treatment? What additional skills do therapists need in order to effectively provide online treatment, and how much training is necessary? (Sprengr et al. 2017; Sucala et al. 2012; Gibson et al. 2011; Andersson 2009; Childress 2000).

Therapists’ and counselors’ concern about ethical and legal issues must be even greater when working with children and adolescents. Treating a minor implies an informed consent signed by parents. As Sori and Hecker (2015) observed, “the role of computing and social media can enhance relationships for children, or be sources of stress or trauma. While social media can help bridge the ‘generation gap’ between counselors and minors, additional concerns may arise regarding clinicians’ decisions to share any concerns gleaned online with parents” (p. 461). Therapists must be aware that “issues of privacy, confidentiality, and legal privilege can be challenging due to competing interest of parents and children” (p. 450), as e.g., in the situation of therapist assessing a child’s or adolescent’s risky behaviors. This is moreover the case when gauging abuse or neglect of a child.

The American Association of Marriage and Family Therapy (AAMFT) recently released best-practice guidelines for online practice of couple and family therapy (Caldwell et al. 2017; see also the Code of Ethics, AAMFT 2012). They summarize existing knowledge about: (a) what our stakeholders’ needs, wants and preferences are with regard to online practice (e.g., access to qualified and appropriate care, insurance reimbursement) and (b) the current realities and evolving dynamics of our environment (e.g., utilization,

research, legal recognition, licensing). Ethical implications are discussed and guidelines for online psychotherapy are given regarding (1) compliance, (2) infrastructure, (3) advertising and marketing, (4) informed consent, (5) initial assessment, (6) ongoing services, (7) crisis management, (8) failures and breaches, (9) accountability and review. Caldwell et al. (2017) note that most therapists are using ICTs before professional standards have been developed and state regulations have been settled—or state regulations might be available but professionals are not aware of them. Issues of training, licensing, ethical principles, and other focal matters are far from being solved, while technology is rapidly evolving and the variety of ICTs make services more accessible to clients, even crossing state borders while complicating the legal situation even more.

A current content analysis of professional organizations' ethical codes and state licensure laws/rules in the United States by Pennington et al. (2017) reveals that 13 out of 50 states' documents failed to include any technology-related key terms. Those mentioning them (California scoring highest) focused upon six major themes: supervision, continuing education, advertising, confidentiality, informed consent and licensing. "It was surprising that more recently developed forms of technologies (e.g., blogging, texting, various social media networks) were not addressed in the codes or state documents" and "that themes were limited to specific clinician domains and/or tasks, and the majority of the themes that emerged are related to work outside direct interactions with clients" (p. 8). The authors conclude that professionals should use caution and review state-specific licensure laws/rules as applicable to their individual state of residency, while the mental health field should continue developing comprehensive guidelines for the use of technology, be it for direct interactions with their clients or for non-direct clinical practice.

Online Training and Training in ICT Use

Along with therapy practices, training and supervision are influenced by ICTs. Utilization of e-mailing, chat, texting and similar tools has become a routine; video-conferencing for educational purposes and online lessons are also well established in academic contexts. Similarly, distance learning using various digital tools has been developed in the couple and family therapy education field (Pereira 2016).

In systemic literature, particularities of online training are seldom reported (Blumer et al. 2014). The obvious advantage in providing e-learning platforms in couple and family therapy training programs is in overcoming geographical distance and thereby offering training to professionals settled in zones where there is no availability of similar training, or to professionals who prefer to enter a specific training of

their choice, e.g., because it is provided in their native language. In both cases, distance training saves cost and time and in many cases allows education which would otherwise be unaffordable.

Many questions arise as regards the use of communication technology in training, such as: the extent to which training practices are changing under the influence of digital technology; the advantages and disadvantages of the utilization of ICTs in training programs, the percentage in which they ideally might be used with respect to traditional classroom training; to what extent training programs include trainees' education in the appropriate use of ICTs in their professional (and personal) life, offering them expertise in clinical online practice and making them aware of the risks and benefits of such practices.

Nowadays, the use of ICTs in CFT training activities may vary in frequency and intensity: from sporadic use (see, for example, early experiences like Guanipa, 2003, referring computer simulation to enhance trainees' multicultural skills, and Lim and Hernandez, 2007, describing trainees' web-based inquiry learning), to adopting ICTs as the main, if not the only, method of providing education (Pereira 2016).

Training courses use ICT tools to enhance not only dialogue, circulation, and exchange of information and didactic materials between teachers and students (see Boe et al. in this issue) but also peer interaction among students (e.g., ad hoc web social forum, Pomini et al. 2016). Hybrid programs combine classroom-based training with online training; in this way, the amount of available didactic material dramatically increases, with two consequences: on the one hand, students become more autonomous and can actively contribute to relevant information; on the other hand the teacher's role becomes more supportive in suggesting how to critically choose and approach the vast information in cyberspace (Pereira 2016).

The second main topic pertains to education in online practices within systemic training courses. The use of social media is particularly common with younger professionals in training (Williams et al. 2013) and we can easily imagine that this trend is increasing. Students as well as trained therapists must be aware that their posts on social networks are potentially viewed by colleagues and clients, with risks of privacy violation. The phenomenon of patients searching for online information about their therapists has been defined as "therapist-targeted googling"—TTG, while the therapists' searching online about clients as "patient-targeted googling"—PTG (Eichenberg and Sawyer 2016). Both behaviors present risks and may have consequences for the therapeutic process (see also Manfrida and Albertini 2014). Thus, it is important to address these issues during a training course and to provide trainees with education and guidelines on the use of ICTs both for professional and personal purposes. A study conducted on the directors of couple and family

therapy training programs in USA (N = 43) highlighted that in approximately 40% of the programs they encountered a problem resulting from student misuse of social media, such as “posting inappropriate content about self” (30.2%) or “about a client” (7.0%) (Williams et al. 2013). Furthermore, 45.2% of the program directors reported problems related to clients’ misuse of social networks. Most program directors agreed that some form of prevention policy and disciplinary measures should be adopted in the case of a student who posts inappropriate content about another student (52.8%) and especially in the case of a therapist who posts inappropriate content regarding a client (94.4%).

In this given situation, the insufficiency of adequate education offered by systemic training programs to their students has been underlined by various authors (Jordan 2014; Blumer et al. 2015; Twist and Hertlein 2015). This is the case particularly regarding: (a) the influence of ICTs on human relationships and family life, (b) the management of ICTs misuse by their clients, and (c) the appropriate use of ICTs in therapy and supervision. Blumer et al. (2015) reported that only 16.2% of licensed couple and family therapists and AAMFT clinical, student and approved supervisor members declared that ICTs issues were covered in their training. Much more remains to be done in stimulating appropriate education (Borcsa and Hille 2016).

Online Supervision

Online supervision has been defined as a supervision activity via digital tools, ranging from the use of cellular phones, texting, instant messaging, and e-mail to video-conferencing, all of which offer sophisticated options to enable the review of sessions and even to conduct “live” supervision (Twist et al. 2016; Lyness 2014; Bacigalupe 2010).

The advantages of online supervision lie in overcoming geographical distance, and offer chances of supervision to supervisees located in remote zones (Pomini et al. 2016; Twist et al. 2016; Blumer et al. 2015). This opportunity to receive online supervision in those cases where no supervision would otherwise be available, enhances the quality of the services provided to patients (Bacigalupe 2010) and combat the sense of professional isolation (Pomini et al. 2016). The *sine qua non* is keeping the ethical and professionally appropriate supervisory characteristics based on “the traditional components of the supervision relationship: the setting, quality of relationship, self of the therapist, theoretical model, accountability, time, evaluation, liability and ethical issues” (Bacigalupe 2010, p. 2). However, while benefits of online supervision seem to be numerous, this practice also presents some risks. For example, issues related to diverse cultures between supervisor and supervisee located in different countries and sometimes continents, might be

undervalued or ignored, with negative consequences for all the participants in the supervisory system (client, supervisee, supervisor) (Seponski and Jordan 2017). Thus, supervisors (like therapists) working with non-native contexts must adopt a “culturally responsive stance” and develop a “culturally responsive supervision style” that assists also therapists to be aware of culture-related issues (ibid.).

A recent online survey regarding the use of electronic communication between marriage and family therapy supervisees and supervisors was conducted on 227 marriage and family therapists, students and supervisors who completed either a paper (N = 101) or an online survey (N = 126) (Twist et al. 2016). Adopting both quantitative and qualitative methods, the wider aims of the study were “to assess online clinical, supervisory, educational, ethical, and professional networking practices and perceptions of such practices” (ibid. p. 426). Results showed that most supervision is conducted in a face-to-face modality (2.28 vs. 0.24 h/week for online supervision), furthermore only 31% of participants reported some level of comfort with supervision solely online and 54% reported feeling some degree of comfort with online supervision as an adjunct to offline supervision. Compared to supervisors, supervisees were significantly more comfortable with supervision conducted solely online. This result may be related to the generational difference of most supervisors being “digital immigrants” and most supervisees being “digital natives” (Prensky 2001; Bacigalupe 2010; Perry 2012). Online supervision was perceived to be appropriate in meeting distance needs (57.1%), or as an adjunct to face-to-face supervision (31.6%), especially after comfort and confidentiality have been established (11.3%) (Twist et al. 2016). While half of the participants (49% of supervisees and 59.5% of supervisors) reported often communicating via e-mail with their supervisor/supervisee, the majority (81.7 and 76.2% respectively) had never used video-conferencing for supervision purposes (ibid.).

A recent experience in Greece utilized online supervision in a training course in systemic couple and family therapy for mental health professionals working mainly in child and adolescent mental health services of the public sector, located in remote regions/islands of the country (Pomini et al. 2016). A mixed modality of supervision was provided, including in-person group supervision during classroom meetings as in any traditional training course, plus online individual and small group supervision of trainees working in the same services. The program evaluation results (both quantitative and qualitative) showed a general high level of satisfaction, while some of the supervisors and supervisees continued to practice online supervision in other contexts even after the conclusion of the program.

Generally, professionals’ attention to technology-mediated supervision seems to increase: In a study focused upon family therapists’ perceptions of education and training

around couple and family therapy technology practices, the majority of participants (60.3%) expressed strongest and strong interest in information about online supervision and willingness to learn about its effectiveness in comparison with face-to-face supervision (Blumer et al. 2015).

As in online therapy, assuring confidentiality is a main issue, not only regarding supervisee's clients personal data, but also concerning supervisee's information and the supervisee's/supervisor's professional interaction (Bacigalupe 2010). According to The American Association for Marriage and Family Therapy Code of Ethics (AAMFT 2012), therapists and supervisors need to be trained in the use of technology before providing any kind of online activities and be aware of national legislation and eventual guidelines regulating those (Lyness 2014). "Technology can both hinder and facilitate the supervisory relationship, and supervisors may need to develop creative ways to connect to supervisees when using only technological means of supervision (e.g., paying attention to joining issues, being explicit about sharing certain personal information between supervisor and supervisee, etc.)" (ibid. p. 3). Supervisors must provide supervisees with detailed information on the technology that will be used as well as supervise them on their eventual use of technology with clients. Furthermore, supervisee therapists should inform clients on what technology might be used in supervision. All the subjects involved in the supervision process should be aware that full security in the internet might not be easily ensured, and that security measures such as encryption might be difficult to be set up.

Following these introductions into relevant fields for couple and family therapists, we will now turn to the content of this Special Issue.

Overview of the Special Issue

The Special Issue, composed of four parts, opens with *part 1: Scientific expertise* and a review by *Christiane Eichenberg, Jessica Huss and Cornelia Küsel*. The authors follow ICT users on their way to creating, savouring, maintaining, repairing and—maybe later—dissolving a couple system: *From online dating to online divorce: An overview of couple and family relationships shaped through digital media*. The article further examines, how the internet is integrated into the creation of new family models through surrogacy, egg cell and sperm donation—even finding biological half-siblings who were also conceived via these means. A look on intergenerational aspects of ICT use concludes the article, building a bridge to *Bettina Davou and Anthi Sidiropoulou* who explore *Family life around screens: Some thoughts on the impact of ICTs on psychological development and the development of relationships*. Founding their argumentation in statistical records and empirical research of media

technology and ICT use, the authors focus on cognitive, emotional, and relational development of the digital natives from early childhood to adolescence. Using object relation theories as a frame, they discuss how the altered perception of time and space might in turn influence the development of the self. The (side-) effects of these changes have consequences for the individuation process as well as for investments in real relationships.

In *part 2: Contributions to research* the reader finds original research papers dealing with family communication, family functioning and family dynamics with offspring of different age. *Patrícia Dias, Rita Brito, Rita Francisco and Stephane Chaudron* examine *Family dynamics in digital homes: The role played by parental mediation in young children's digital practices around 14 European Countries*. Their study explores the role of parental mediation in young children's digital practices, and reports the results of an exploratory and qualitative European-scale project conducted in 18 countries in the year 2015. Particularly in the case of young children (under 8 years old), parents play an important role in their exposure to and use of digital media, not only as examples and role models that children imitate, but also as gatekeepers of access to devices and online content. The authoritative mediation style was the most common found in this study (in 9 out of 14 countries), where the parents set and explain clear rules in order to foster responsible behavior and self-regulation. Family therapists should empower parents to adopt effective strategies of internet parental mediation. In their descriptive research *ICTs and family functioning: A study with Portuguese families with adolescents and emerging adults*, *Joana Carvalho, Rita Francisco and Ana P. Relvas* evaluate reports from 157 Portuguese families, from both parents and children that currently live in the same household. Two groups of families, those with young children and those with emerging adults (Arnett 2004) were compared with regard to ICTs use and family functioning. With both family groups, the number of ICTs used was negatively and significantly related to the age of participants, and positively and significantly related to family functioning. As expected, families with adolescent children reported more problems related to ICT use. The results underline the importance of prevention programs and parental support for the management of these issues, at the same time showing the positive potentialities of ICT use within family life. *Gonzalo Bacigalupe and Iris Bräuninger* examine in their study *Emerging technologies and family communication: The case of international students* how families with members living in different countries take advantage of the use of ICTs. The qualitative study uses in-depth interviews and focus group methods with higher education exchange students from 14 different countries. The authors present how emerging technologies mediate communication in these families. They explicate the choices of

tools, decisions and changes in patterns of virtual communication, how technological communication enables meaningful connections and the way intergenerational relationships are influenced. Further, they describe how familial care is mediated through ICTs, those being a source of emotional wellbeing but, under certain circumstances, also of stress.

The two articles in *part 3: Clinical issues* show the dialectics of digital technologies: They draw our attention on the one hand to online material with potentially harmful content for adolescents and young adults, on the other hand to therapeutic practice that integrates digital communication. *Giulia Campaioli, Eleonora Sale, Alessandra Simonelli and Valeria Pomini* examine *The dual value of the web: Risks and benefits of the use of the internet in disorders with a self-destructive component*. The authors introduce us to the phenomenon of websites promoting self-destructive behaviors such as eating disorders and non-suicidal self-injury behaviors, and offer an updated overview on the subject. These sites are readily available to digitally experienced teen-agers and young adults, who—epidemiologically—are the very subjects at risk for developing these often concurrent disorders. Mental health professionals, and particularly family therapists, need to be aware of the possible use of these sites by their patients. Therapists should have knowledge of the dual value of this online material, since in some cases online sites offer help and support recovery, whilst in other cases promote and reinforce the disorders. A list of pro-recovery websites concerning both disorders is indicated in the appendix to this article. *Gianmarco Manfreda, Valentina Albertini and Erica Eisenberg* share with us how they as therapists use technology for distance communication: *Connected: Recommendations and techniques in order to employ internet tools for the enhancement of online therapeutic relationships. Experiences from Italy*. Online mental health services in Italy have rapidly increased: According to a report from 2013, around 6000 sites offered a kind of psychological service online. Out of 1947 sites those which provided online professional psychological services were 270; 134 by private practitioners, 47 by associated practitioners and 93 by networks/associations (CNOP 2013). Manfreda and colleagues touch on significant clinical issues: how can we read e-mails or SMS of our clients in a “diagnostic” way? What is implicitly expressed with regard to the therapeutic relationship by *how* those messages are composed (frequency, style etc.)? Most importantly: how can we respond to them therapeutically? Along with a variety of examples from clinical practice, it is worth highlighting the use of conclusive session feedback (Selvini Palazzoli et al. 1978) via e-mail, where classical systemic thinking and contemporary digital devices meet (see also Hunt et al. 2005).

Finally, *part 4* focuses on *ICTs in prevention work and education*. *Jacopo Dalai* takes us on a ride on *Web waves and positive resonance in the community in Milan*. His paper

describes a dialogically-oriented drug prevention project realized in a local community, involving teachers, students, family members, mental health professionals, and the local authority. This innovative venture used the cyberspace as an opportunity to approach the digital native generations, aiming to enhance empowerment practices and protective factors at both the individual and the group level (see also Bacigalupe 2011). A remarkable aspect of this social practice was the increasing passage from online communication to real life interaction (“from cyberspace to cyberplace”) including the progressive degree of initiatives taken by the youths and their families on different levels, leading to “a systemic and dialogical regeneration of local welfare”. *Joshua L. Boe, Jerry E. Gale, Annika S. Karlsen, Leslie A. Anderson, Valerie A. Maxey and Jenna L. Lamont* tell us their story about *Filling in the gaps: Listening through dialogue*. A professor and a group of postgraduate students in a family therapy training program experiment with a digital platform as a means for course communication. Redefining collective authorship by co-constructing their learning outcome in terms of content, structure and process, they experience second-order cybernetics by way of a ‘person-technology blend’. The technological tool offers a framework to *enact* postmodern pedagogy in challenging features of origin, identity and power.

Final Personal Notes

“Although originally generated under U.S. military auspices, the Net has grown with little planning or restriction by government or industry since it was made available to the public” (Miller and Gergen 1998, p. 190). Even 20 years later, legislation seems continuously two steps behind factual developments. As we probed into the influence of ICTs in human relationships and in clinical and training contexts, we realized that we are only at the tip of the iceberg, far from being able to address the weight, complexity and diversity of the issues surrounding the effects of the digital revolution. As ICTs touch existential aspects like space and time, the two of us—Maria and Valeria—being “digital immigrants”, we still follow and observe the developments with incredulous amazement. Being a migrant makes you cognizant of and attentive to cultural differences and changes. While making use of the benefits ICTs offer, we have to learn, adapt and tame technology if we do not want to end up like the Sorcerer’s Apprentice by having called the virtual world to join our lives.

Organizing this Special Issue was only possible thanks to the use of ICTs. This work offered to us an opportunity to increase our own understanding of its virtues and risks. Far from being exhaustive, we hope that our effort will give systemic and family practitioners—to those who

are enthusiastic about technology as well as to those who are hesitant, valuable insights into this common but salient subject.

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