OSVRT NA KNJIGU „ADVANCES IN ONLINE THERAPY-EMERGENCE OF A NEW PARADIGM"

/ BOOK REVIEW: "ADVANCES IN ONLINE THERAPY - EMERGENCE OF A NEW PARADIGM"

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Kada sam čula za ovu knjigu, pomislila sam: „Izvrsno! Sada ću saznati nešto što će mi pomoći u radu *online*." Prvenstveno sam mislila na rad s grupama. Međutim, ova knjiga nije posvećena grupi, već psihoterapijskim pravcima individualne, bračne i obiteljske psihoterapije. Urednici navode da će njihova sljedeća knjiga biti posvećena grupnoj psihoterapiji i superviziji *online*. Dakle, urednici su si zaista dali truda da okupe što više različitih psihoterapijskih pravaca. Nije lako okupiti osobe koje imaju drukčije psihoterapijske pristupe. Ima ih 19: ja ih neću nabrajati, ali mislim da je dobro prelistati knjigu jer će svatko pronaći nešto što će ga zaintrigirati. Zaista, mnogi pravci mogu naći nešto novo i korisno tijekom prelaska na *online* i obratno. Osjećala

When I first heard about this book, I thought: "Excellent! I will now learn something new that will help me with my online work." I was primarily thinking of group therapy. However, this book is not dedicated to group, but rather to individual, couple and family psychotherapy approaches. The editors state that their next book will address group psychotherapy and online supervision. It is, therefore, evident that the editors have made significant efforts to include as many different psychotherapy approaches as possible. It is not easy to gather people who have differing psychotherapeutic views. There are 19 of them: I will not list them, but I think it is good to flip through the book since everyone can find something that intrigues them. Indeed, it is possible in many approaches to discover something new and useful while transitioning to online therapy and vice versa.

sam se kao u dućanu mješovite robe. Iznenadilo me da je svaki navedeni psihoterapijski pravac uzeo nešto iz psihodinamičkog pristupa i razumijevanja psihopatologije. Svaki je pravac iskoristio dosadašnja teorijska razmatranja i razvio svoj pristup na teorijskim temeljima psihoanalize, teorije objektnih odnosa, *selfa*, *attachmenta* i mentalizacije.

Knjiga se sastoji od četiri dijela, a vrlo su interesantni i prolog, epilog te pogled u budućnost. U samom predgovoru autori nas vrlo detaljno uvode u sadržaj knjige i daju uputu kako je čitati. Ja nisam slijedila upute, već sam čitala knjigu kao roman koji ima kontinuirane nastavke. U prvoj Haimovoj i Arnonovoj knjizi „Theory and Practice of Online Psychotherapy", koju toplo preporučujem, isti je sustav dijelova i puno autora. U prvoj je knjizi teorijski dio za kojim slijede Couple Therapy, Group and Organisational Therapy. U ovoj knjizi imamo također teorijski dio, a zatim individualnu, bračnu i obiteljsku sekciju i sekciju posvećenu posebnim skupinama.

U uvodnom dijelu urednici objašnjavaju zašto nova knjiga o *online* terapiji. Naime, 2019. godine izdali su gore navedenu knjigu upravo prije pandemije. U ovoj knjizi dali su prednost psihoterapijskim pravcima i kako je svaki od njih prišao *online* radu i rješavao pro-

I felt like I was in a grocery store. What surprised me was that each of the listed psychotherapy approaches took something from the psychodynamic approach and the understanding of psychopathology. Each direction used previous theoretical considerations and developed its own approach based on the theoretical foundations of psychoanalysis, the theory of object relations, self, attachment, and mentalizing.

The book consists of four parts, and the prologue, epilogue and look into the future are very interesting. In the preface itself, the authors introduce us to the content of the book in great detail and give instructions on how to read the book. I did not follow the instructions and instead read the book like a novel with continuous sequels. Haim and Arnon's first book, "Theory and Practice of Online Psychotherapy", which I highly recommend, has the same system of sections and many authors. The first book includes the theoretical part which is then followed by Couple Therapy, Group and Organisational Therapy. The theoretical part is included in this book as well, and is followed by individual, couple and family therapy sections, with a section dedicated to special groups.

In the introductory part, the editors explain why a new book on online therapy was necessary. They had published the aforementioned first book in 2019, just before the pandemic. In this book, they gave preference to psychotherapy approaches, and explained how each of them

bleme koji su se pojavili prelaskom na *online*.

Uvod započinje izrekom pripisanom Sokratu: „Tajna promjene je usmjeriti svu svoju energiju ne na borbu da zadržimo staro, već na izgradnju novog." Upravo su urednici inzistirali da autori u svojim poglavljima razjasne glavne promjene prilikom prelaska na *online*. Drugi je uvjet bio da se autori fokusiraju na fleksibilnost i kreativnost u okviru tehnike koju koriste.

Teorijski dio započinje s poglavljem o terapijskoj prisutnosti u telepsihoterapiji. Autorica ukazuje na važnost odnosnih čimbenika u terapijskom odnosu i važnost toga odnosa u stvaranju terapijskog saveza. Prisutnost terapeuta označava početak terapijskog procesa. Upozorava na neophodnost edukacije u vezi s terapijskom prisutnošću. Procjenjuje kolika je vulnerabilnost, traumatiziranost i ustrašenost terapeuta koji mora stvoriti osjećaj sigurnosti u tom virtualnom svijetu. Autorica naglašava važnost istraživanja i kultiviranja terapijske prisutnosti i eksplicitnog pokazivanja pacijentu/klijentu da je terapeut ovdje zbog nje(ga) da bi doživio emocionalnu i psihološku sigurnost te omogućio oboma da osjete zajedništvo iako su fizički razdvojeni. Pronalaženje bliskosti za vrijeme socijalne udaljenosti je sljedeće poglavlje. Autorice se pitaju kako kreirati novi okvir u promi-

approached online work and how they solved the problems that arose in the course of transitioning to online therapy.

The introduction begins with a quote attributed to Socrates: "The secret of change is not to focus all your energy on fighting the old, but on building the new." It was the editors who insisted that the authors clarify the main changes that occurred during the transition to online therapy in their chapters. Another condition was that the authors focus on flexibility and creativity within the technique they used.

The theoretical part begins with a chapter on therapeutic presence in telepsychotherapy. The author points out the importance of relational factors in a therapeutic relationship and the importance of that relationship in creating a therapeutic alliance. The presence of the therapist marks the beginning of the therapeutic process. The author warns about the necessity of education when it comes to therapeutic presence. She assesses the degree of vulnerability, traumatisation and fear of the therapist, who has to create a sense of security in that virtual world. The author emphasises the importance of researching and cultivating therapeutic presence and explicitly showing the patient/client that the therapist is there for them so that they could experience emotional and psychological safety and enable both of them to feel a sense of unity even though they are physically separated. Finding closeness while socially distant is the next chapter.

jenjenom *settingu*. Mnogi se terapeuti ne snalaze ili ne mogu prihvatiti da ne osjećaju pacijentovu prisutnost u tom *remote settingu*. Smatraju da promjenom *settinga* gube iskustvo dijeljenja seanse tamo gdje smo prisutni, ali ne invazivni. Upozoravaju na potrebu vremenskog prozora i pripreme za novog pacijenta i na činjenicu da ni pacijent nema vremenski prostor za pripremu i proradu seanse. Podcrtavaju kolika je promjena prelaskom *online* jer se terapijski okvir mijenja iz temelja koji čine vrijeme i prostor. Pacijent, a ponekad i terapeut, nalaze se u posve novom terapijskom okviru, te se nalaze u prijelaznom prostoru. Time se mijenja privatnost pacijenta i terapeuta koja je postojala uživo. U *remote* seansama postoji kontakt očima i doživljaj bestjelesnog odnosa.

Sljedeće poglavlje govori o empatiji u *online* terapijama. Čitatelji koji su pročitali prvu Haimovu i Arnonovu knjigu lakše će pratiti sadržaj ovog poglavlja. Autor empatiju definira kao praksu, način odnosa, komunikacije i bivanja s drugom osobom. Pita se kako je to moguće u virtualnom prostoru. Digitalni jaz kreira nezadovoljstvo za svakoga. Istina, digitalni jaz kreira magično mišljenje i novi vid paraprakse. Empatija dijeli i spaja kao i odnosi na ekranu koji dijele i spajaju. *Online* komunikacija može dovesti u pitanje naš empatijski kapacitet i koliko novonastala situacija

The authors wonder how to create a new framework in a changed setting. Many therapists cannot manage or cannot accept that they do not feel the patient's presence in this remote setting. They believe that by changing the setting, they lose the experience of sharing a session in which we are present, but not invasive. They warn of the need for a time window and preparation for a new patient, as well as of the fact that the patient does not have a time window to prepare for the session and work through the session either. They emphasise the extent of change that occurs when transitioning to online therapy because the therapeutic framework is changed from the very foundation, which is made up of time and space. The patient is in a completely new therapeutic framework, sometimes the therapist too, and they find themselves in a transitional space. This impacts the privacy aspect between the patient and the therapist which existed during in-person therapy. Eye contact and the experience of a disembodied relationship are present in remote sessions.

The next chapter discusses empathy in online therapy. Readers who have read Haim and Arnon's first book will find it easier to follow the content of this chapter. The author defines empathy as a practice, a way of relating, communicating and being with another person. He wonders how this is possible in virtual space. The digital divide creates dissatisfaction for everyone involved. It is true that the digital divide also creates magi-

omogućava *reverie*. Pitamo se je li terapeut svjestan kada mu odluta pažnja i nije stvarno prisutan u *online* seansi te događa li se to i pacijentu i kako to prepoznati. Autor zaključuje da je nedostatak fokusa nedostatak empatije. Po njemu, kontakt očima je *furtive* - potajan. Kao opće pravilo navodi da kontekst pruža manji otpor kognitivnoj empatiji „odozgo prema dolje" (*top down*), dok fizički kontekst pruža manji otpor afektivnoj empatiji „odozdo prema gore" (*bottom up*).

Sljedeće poglavlje posvećeno je intimnosti i intersubjektivnosti *online*. Autori su stavili simbolički naslov „Nedodirljivost-Dodirljivost" („*The Untouched - Touched*"). Smatraju da treba istražiti kreira li „nova intimnost kroz medijske susrete" novi prijelazni prostor. Oni dijele intimnost na fizičku, informativnu i emocionalnu. Ta tri elementa u interakciji dijele misli i osjećaje u privatnosti. Po njima, internet i *e-mail* mijenjaju način komunikacije. Nova privatnost u novom socijalnom okruženju vodi do promjene privatnosti i osjećaja sigurnosti. „Kameleon efekt" je dijeljenje pažnje internetom što daje osjećaj subjektivne bliskosti, ali istodobno i osjećaj „biti sam s drugima". Potrebno je razumjeti kako promjena u komunikaciji utječe na intimnost u kontekstu psihoterapije. *Disinhibition* efekt na jedan način plaši terapeuta jer gubi kontrolu oko granica. Efekt

cal thinking and a new kind of parapraxis. Empathy divides and unites, just as on-screen relationships divide and unite as well. Online communication can bring into question our empathic capacity and the extent to which the new situation enables reverie. We wonder if the therapist realises when his attention wanders and he is not really present in the online session, and if this also happens to the patient and how we can recognise it. The author concludes that the lack of focus is a lack of empathy. According to him, eye contact is furtive. As a general rule, he states that the context offers less resistance to cognitive empathy "top-down", while the physical context offers less resistance to "bottom-up" affective empathy.

The next chapter discusses intimacy and intersubjectivity online. The authors decided on a symbolic title "The Untouched – Touched". They believe that it is necessary to investigate whether "new intimacy through media encounters" creates a new transitional space. They divide intimacy into physical, informational and emotional intimacy. Those three elements interact in sharing thoughts and emotions in privacy. According to the authors, the Internet and e-mail are changing the way we communicate. New privacy in a new social environment leads to a change in privacy and sense of security. The "Chameleon effect" is the effect of sharing attention via the Internet which creates a feeling of subjective closeness, but also a feeling of "being

bestjelesnosti šalje poruku „Nedodirlji-vosti-Dodirljivosti". Posebnost *online* komunikacije može limitirati slobodne asocijacije što pacijent može doživjeti kao da je stavljen u poziciju „Nedodir-ljivosti-Dodirljivosti". Terapeut treba pokušati facilitirati razvoj transfera. „Realna" terapijska komunikacija po-tiče verbalnu i neverbalnu komuni-caciju. U *online* situaciji verbalna komu-nikacija postaje izrazito intelektualna. Doživljaj bestjelesnosti može dovesti do porasta anksioznosti kod oba sudi-onika. Autori navode da kada ugleda-mo sami sebe na ekranu može doći do self-monitoringa, gubitka spontanosti u intervencijama i potrebe za ideal-nim ponašanjem, što može rezultirati „denaturalizacijom" terapeutovog po-našanja. Paradoksalna koegzistencija blizine i udaljenosti stvara jedinstve-ni *online* „prijelazni prostor". *Screen* je istodobno „daleko od mene", ali i „u meni". U takvim uvjetima nesvjesna dinamika može omogućiti potencijal-ni prostor za terapijske interakcije, a to pruža prijelazni prostor, adekvatan za eksploraciju identiteta i rast. Autori smatraju da virtualni prostor ima dosta zajedničkog s prijelaznim prostorom. To nije stvarno unutarnje carstvo, ali leži negdje između vanjske stvarno-sti i našeg unutarnjeg svijeta. To pri-jelazno područje omogućuje individui da se osjeća sigurno i rasterećeno od očekivanja. Računalom omogućena

alone with others" at the same time. It is necessary to understand how a change in communication affects intimacy in the context of psychotherapy. On the one hand, the disinhibition effect scares the therapist because it causes them to lose control over the boundaries. The disembodied effect sends an "Untouched – Touched" message. The peculiarity of online communication is that it can lim-it free associations, which the patient can experience as being placed in the position of being "Untouched-Touched". The therapist should try to facilitate the development of transference. "Realistic" therapeutic communication encourages verbal and non-verbal communication. In an online situation, verbal communi-cation becomes highly intellectual. Expe-riencing disembodiment can lead to an increase in anxiety in both participants. The authors state that seeing ourselves on the screen can lead to self-monitoring, loss of spontaneity in interventions and the need for ideal behaviour, which can result in a "denaturalisation" of the ther-apist's behaviour. The paradoxical coex-istence of proximity and distance creates a unique online "transitional space". The screen is at the same time "away from me" but also "in me". Under such condi-tions, unconscious dynamics can provide a potential space for therapeutic inter-actions, and this provides a transitional space adequate for identity exploration and growth. The authors believe that the virtual space has a lot in common with the transitional space. It is not a real in-ner realm, but it lies somewhere between

komunikacija dozvoljava korisniku da se igra s realitetom i identitetom. Sadrži prijelazne elemente koje je definirao Donald Winnicott: prijelazni objekt leži na pola puta između Ja i NeJa, između realiteta i fantazija, između blizine i daljine, između onog što smo kreirali i onog što smo otkrili. Što se promijenilo? Samo uvjeti pod kojima se sastajemo, a želja i potreba ostale su iste. Potrebe za susretom su pod utjecajem redefiniranja intimnosti.

U sljedećem poglavlju autor se bavi s pojmovima Ja (*Me*), moja Drugost (*Otherness*) i tko je Drugi na *screenu*. Važni Drugi obično su ugrađeni unutar *selfa*. Doživljaj *selfa* izgrađen je od našeg subjektivnog unutarnjeg iskustva. U virtualnom svijetu naš osjećaj *selfa* obaviješten je od našeg „subjektivnog" iskustva uz dodatak našeg „objektivnog" iskustva iz vanjskog svijeta. Možemo doživjeti rascjep unutar našeg „*selfa*" na subjekt (kako ja doživljavam sebe) i objekt (to nisam ja). U tom slučaju „objektni self" reprezentira Drugost. Za vrijeme virtualnog rada iskusimo suprotno. Mi iskusimo kako naša psihička realnost javlja kako smo izloženi vanjskoj realnosti. U susretu s našom unutarnjom realnošću nalazimo prazninu (*gap*), različitost, lažnost i autentičnost *self* stanja. Kada postoji velika praznina između unutarnjeg i vanjskog stanja javlja se osjećaj „otuđenja" (*estrangement*). To je prisustvo

the outer reality and our inner world. This transitional area allows the individual to feel safe and relieved of expectations. Computer-enabled communication allows the user to play with reality and identity. It contains the transitional elements defined by Donald Winnicott: the transitional object lies halfway between Self and Non-Self, between reality and fantasy, between near and far, and between what we have created and what we have discovered. What has changed? Only the conditions under which we meet, while the desire and need remain the same. Needs for meeting are influenced by the redefinition of intimacy.

In the next chapter, the author discusses the notions of Me and my Otherness and who the Other on the Screen is. Important Others are usually embedded within the self. The experience of the self is built from our subjective inner experience. In the virtual world, our sense of self is informed by our "subjective" experience in addition to our "objective" experience from the outside world. We can experience a split within our "self" into a subject (how I perceive myself) and an object (that is not me). In this case, the "object self" represents Otherness. During virtual work, we experience the opposite. We experience how our psychological reality reveals how exposed we are to external reality. When we encounter our inner reality, there is a gap, a difference, wrongness and authenticity of the state of self. When there is a big gap between the inner and outer state, the feeling of

selfa na *screenu* - „Ja sam stranac" koji reagira i ponaša se različito od „prisnog Ja" *(familiar me)* što još više stvara prazninu, a time i „prisnost" *(familiar)* i „neobičnost" *(strangeness)* unutar nas. Autor postavlja pitanje: Što je to moćno u „Drugosti" da se osjećamo odbačenima? Što susret na *screenu* sa samim sobom proizvodi da ne prihvaćamo to što vidimo? U virtualnom svijetu sve je amplificirano. Na *screenu* vidimo detalje svoga lica i lice pacijenta. Na *screenu* susrećemo diskonektirane aspekte sebe koji su manje u kontaktu s „Ja" nego s „NeJa". Manje integrirani dijelovi *selfa* imaju priliku biti integrirani i potrebno je ohrabriti ih na eksploraciju. Ako prihvatimo i asimiliramo „Drugost" trebamo premostiti prazninu između „objektivnog *selfa*" na *screenu* i našeg „subjektivnog *selfa*". Drugi mogu biti percipirani s negativnom konotacijom, kao da je nešto defektno ili nedostaje. Puno je ugodnije sebi reći „to nisam ja" nego vidjeti taj dio kao dio *selfa*. Virtualni rad zahtijeva od terapeuta povezivanje s „Drugosti", a kako bi prihvatio „Drugost" drugih u virtualnom prostoru, treba omogućiti sebi da se proširi, a ne da ga iskorijeni ili surađuje s razlikom između Ja i Ne Ja. Autor donosi dva kognitivna zaključka: 1. U virtualnom svijetu skloni smo „Drugosti" pripisivati ponašanja s kojima se ne poistovjećujemo u vanjskom okruženju dok ponašanja drugih pripisujemo onome tko

estrangement appears. It is the presence of the self on the screen – "I am a stranger" who reacts and behaves differently from the "familiar me", which creates a wider gap, but also a familiarity and strangeness within us. The author asks the question: What is so powerful in "Otherness" that makes us feel rejected? Why does the encounter with oneself on the screen cause us to not accept what we see? In the virtual world, everything is amplified. On the screen, we see the details of our face and the patient's face. On the screen, we encounter disconnected aspects of ourselves that are less in contact with "Me" than with "Not Me". Less integrated parts of the self get the opportunity to be integrated and we need to encourage patients to explore. If we accept and assimilate our "Otherness", we need to bridge the gap between the "objective self" on the screen and our "subjective self". Others may be perceived with a negative connotation, as if something were defective or missing. It is much more pleasant to say to oneself "that is not me" than to see that part as part of the self. Virtual work requires the therapist to connect with the "Otherness", and in order to accept the "Otherness" of others in the virtual space, one should allow oneself to expand and not eradicate it or cooperate with the gap between Me and Not Me. The author proposes two cognitive conclusions: 1. In the virtual world, we tend to attribute the label "Other" to behaviours that we do not identify with in the external environment, while we attribute the behaviours of others to who

oni jesu. Time se učinkovito izbjegava proces ponovnog ujedinjenja i povezivanja s „Drugosti". 2. Mržnja gubitka – virtualni susret kreira iskustvo koje mi definiramo kao gubitak jer su to izazovi naše bivše percepcije nas samih. To nam daje mogućnost rasta u virtualnom svijetu.

Autorica sljedećeg poglavlja razmatra kako vratiti tijelo na scenu. Prisustvo i ugađanje stvaraju rezonance između tijela, mozga i mentalnog iskustva dvaju partnera i grade povjerenje i otpornost prema nedaćama. Neurocepcija je podržana od prefrontalnog, temporalnog korteksa s projekcijom prema amigdalama i periakveduktalnoj sivoj masi. Neurocepcija je vitalna za interpersonalnu vezu. Tjelesna sinkronizacija povezana je s neverbalnim signalima koji operiraju izvan svjesnih dijelova svijesti.

Sljedeća dva dijela pripadaju psihoterapijskim tehnikama individualne, bračne i obiteljske psihoterapije.

Drugi dio posvećen je različitim individualnim psihoterapijskim tehnikama. Prikazano je devet psihoterapijskih pravaca: *Dialectical Behavior Therapy, Shema Therapy, Unified Protocol for Transdiagnostic Treatment of Emotional Disordes, Art Therapy, Experiential Dynamic Therapies, Interpersonal Psychotherapy, EMDR therapy, Biofeedback i Interactive hypnosis.* Sve

they are. This effectively avoids the process of reunification and connection with the "Other". 2. Loss aversion – a virtual meeting creates an experience that we define as a loss because these are challenges to our former perception of ourselves. This gives us the opportunity to grow in the virtual world.

The author of the next chapter discusses how to bring the body back to the scene. Presence and attunement create resonances between the body, brain and mental experience of the two partners and build trust and resilience in the face of adversity. Neuroception is supported by the prefrontal, temporal cortex with projections to the amygdala and periaqueductal gray matter. Neuroception is vital for interpersonal connection. Bodily synchronization is connected with non-verbal signals that operate outside the conscious parts of consciousness.

The following two parts discuss psychotherapy techniques of individual, couple and family psychotherapy.

Section two discusses different individual psychotherapy techniques. Nine psychotherapy approaches are presented: Dialectical Behaviour Therapy, Schema Therapy, Unified Protocol for Transdiagnostic Treatment of Emotional Disorders, Art Therapy, Experiential Dynamic Therapies, Interpersonal Psychotherapy, EMDR therapy, Biofeedback, and Interactive hypnosis. All the above-mentioned psychotherapy techniques provide an insight into the foundations of the list-

navedene psihoterapijske tehnike naj-prije daju uvid o temeljima navedenog psihoterapijskog pravca i što je potreb-no promijeniti u radu *online*.

Treći dio posvećen je bračnoj i obitelj-skoj terapiji. Nakon uvodnih objašnje-nja o *online* bračnoj i obiteljskoj terapiji slijede pojedine psihoterapijske bračne i obiteljske terapije kao što su *Emotio-nally Focused Couple Therapy Online, Gottman Method, Imago Relationship Therapy Online, Online Contemporary Couples Gestalt Therapy.* Autori su vrlo praktično i uz primjere iz prakse doku-mentirali kako prijeći s uživo na *online* i da nisu svi pacijenti za *online* pristup, kao ni svi psihoterapeuti.

Vrlo specifičan i koristan za sve psi-hoterapeute svih škola je četvrti dio. Urednici su se izvanredno sjetili uključiti i psihoterapeute koji se bave grupama pacijenata kao što su suici-dalni, PTSD, *Chidhood-Onset Medical and Developmental Disabilities* i *Play Therapy.* Poznato je da je najveći rizik u psihoterapijskom radu suicidalni pacijent. Psihoterapeuti se boje suici-dalnog pacijenta i prijedlog timskog pristupa je izvrstan način dijeljenja odgovornosti i brige za tu grupu paci-jenata. Nadam se da će kolege u tom poglavlju naći nove ideje u pristupu i liječenju te skupine pacijenata. Naši su kolege vrlo dobro upoznati s problema-tikom PTSD i kako im je teško pomoći

ed psychotherapy approaches and the changes required in online therapy.

Section three discusses couple and fam-ily therapy. After introductory expla-nations referring to online couple and family therapy, focus is placed on indi-vidual psychotherapeutic couple and family therapies, such as Emotionally Focused Couple Therapy Online, Gott-man Method, Imago Relationship Ther-apy Online and Online Contemporary Couples Gestalt Therapy. In a very prac-tical manner, the authors documented the methods for transitioning from live to online therapy, with examples from practice, also pointing out that not all pa-tients and psychotherapists are fit for the online approach.

The fourth section is very specific and useful for all psychotherapists of all schools. The editors brilliantly remem-bered to also include psychotherapists who work with patient groups such as suicidal patients, patients with PTSD, Childhood-Onset Medical and Develop-mental Disabilities and Play Therapy. It is well-known that a suicidal patient rep-resents the greatest risk in psychother-apy work. Psychotherapists fear suicidal patients and the suggestion of a team ap-proach is an excellent way of sharing re-sponsibility and care for this group of pa-tients. I hope that our colleagues can find new ideas in the approach and treatment of this group of patients in that chapter. Our colleagues are very familiar with the issues of PTSD and how difficult it is to help the patients with the sufferings they

u patnjama kroz koje prolaze. Vjerujem da će u ovom poglavlju naći ne samo potvrdu za svoj dosadašnji rad, već i mogućnost proširenja terapijskih mogućnosti *online* putevima. Dječji psihijatri i psihoterapeuti u zadnja će dva poglavlja o dječjoj psihijatriji naći primjere iz prakse te kako se snaći u *online* situaciji.

Mislim da bi čitatelji knjigu „Advances in online therapy" trebali koristiti na način koji u uvodniku preporučuju urednici, odnosno napraviti scensku rutu. U prvom dijelu psihoterapeuti svih psihoterapijskih pravaca mogu naći korisne savjete za rad *online*. Vrlo je koristan epilog. U njemu su urednici sumirali sve komponente koje je prijelaz na *online* uzdrmao ili promijenio, bilo s pozicije pacijenta ili terapeuta.

Ujedno, na kraju, urednici nas suočavaju s budućnošću; što nas očekuje u susretu s novim tehnologijama.

are experiencing. I believe that in this chapter our colleagues will not only find a confirmation of their previous work, but also the possibility to expand their online therapeutic options. In the last two chapters focusing on child psychiatry, child psychiatrists and psychotherapists can find examples from practice, as well as methods enabling them to manage online situations.

I believe that the readers should use the book "Advances in Online Therapy" in the way recommended by the editors in the introduction, i.e. taking a scenic route. In the first section, psychotherapists of all psychotherapy approaches can find useful tips for working online. The epilogue is very useful. It contains a summary of all the components that have been challenged or changed by the transition to online work, both from the viewpoints of the patient and the therapist.

Finally, in the closing part the editors confront us with the future; what awaits us when we meet new technologies.