



The future of online therapy



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ARTICLE INFO

Article history:

Available online 24 October 2014

Keywords:

Internet
E-therapy
Clinical psychology

ABSTRACT

The digital world, and the Internet in particular, have a significant impact on almost all aspects of our lives. The realm of psychotherapy is an area in which the influence of the Internet is growing rapidly. This paper suggests a model for comprehensive online therapy online with a therapist at its center. We start by explaining the main components of both traditional therapy and online therapy. We discuss the principal criticisms leveled against online therapy and assess the efficacy of various responses. The paper moves on to explain the advantages of online therapy, focusing on the unique aspects of this approach. The paper proposes that online therapy should exploit other online resources, including online techniques for information gathering. This is true both in the therapeutic session and outside of it. In addition, the paper suggests that therapists incorporate online role play, online CBT and intervention techniques using the smartphone. All of these tools are suggested as important components in a process of comprehensive therapy run by a therapist working online.

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1. Introduction: E-therapy-should we go there?

The Internet has created an alternative to psychotherapeutic services offered in person (face-to-face) by mental health professionals. In fact, many psychoanalysts and psychotherapists have utilized the opportunities offered by the Internet, thus prompting change in parts of the psychotherapeutic world (Litowitz, 2012). China, for example, is currently employing psychoanalytic intervention and even training via Skype (Fishkin, Fishkin, Leli, Katz, & Snyder, 2011).

E-therapy has been defined in various ways (Barak, Proudfoot, & Klein, 2009). One of the more comprehensive definitions is “a licensed mental health care professional providing mental health services via email, video conferencing, virtual reality technology, chat technology or any combination of these” (Manhal-Baugus, 2001). Mental health services conducted on the internet have been described as web-based therapy, e-therapy, cybertherapy, e-mail therapy, e-interventions, computer-mediated interventions, online therapy/counseling, internet-based therapy, and a combination of these terms.

There are different types of interventions in e-therapy. This paper will focus on one-on-one psychological intervention via the internet. Such interventions resemble “face-to-face” therapy in that a patient meets a therapist for a therapeutic dialogue. The internet may prove most effective as a therapeutic tool in specific short term, skills based interventions, where the focus is on the here and now. Such psychotherapeutic interventions, especially Cognitive Behavioral Therapy (CBT) have been the focus of research in the internet arena (e.g. Barak, Hen, Boniel-Nissim, & Shapira, 2008; Spek et al., 2007). The advantages and disadvantages of such one on one online therapy are discussed below, after which the paper will go on to describe four innovative directions that could be included as part of the one-on-one online intervention.

2. E-therapy: Pros and cons

2.1. Criticism of e-therapy

Online psychotherapeutic interventions have provoked debate among both researchers and practitioners (e.g. Dunn, 2012; Fenichel et al., 2002; Rochlen, Zack, & Speyer, 2004). Many professionals oppose e-therapy on the basis that it is impossible to surmount the limitations of distance (e.g., Lester, 2006; Wells,

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Mitchell, Finkelhor, & Becker-Blease, 2007). This is a broadly based criticism which includes within it adverse consequences for many aspects of the therapeutic process. For example, due to the different locations of therapist and patient there may be considerable differences in the space, hour, and season of the setting for each of them (Scharff, 2013). It may initially make it more difficult to create the treatment contract and working alliance between therapist and patient, as compared to traditional therapy. It may also make it more difficult for the patient to commit to therapy and therefore may be easier to discontinue treatment. In addition, the distance between therapist and patient may impede the formation of important features of therapy such as transference (client's unconscious redirection of feelings from a person in his life to the therapist), countertransference (therapist's unconscious/conscious redirection of feelings toward a client) and handle other aspects such as regression (reliving earlier experiences and behaviors). Others have criticized the lack of face-to-face visibility which, they believe prevents the transmission and detection of nonverbal cues and body language as well as voice qualities. Issues of confidentiality and privacy, as well as a variety of potential ethical challenges and legal problems have also been raised (Ragusea & VandeCreek, 2003).

Closely related are concerns surrounding disruptions in setting: because they are both working online, the internet itself may prove a distraction for both the therapist and the patient. Managing crises is another aspect of internet therapy that raises disquiet. For example: a patient becoming resistant to therapy or even becoming suicidal and/or homicidal. Another issue of criticism is the cultural, racial and ethnicity differences between patient and therapist that maybe even more apparent in the global diverse online world as compared to traditional psychotherapy (Sue, 2006).

Opponents of this mode of treatment also highlight potential technical glitches. On the internet there may be a slight delay in the voice and the image may be fuzzy.

Some are concerned with possible internet infrastructure failures or failures in power-supply during sessions. In addition, others question the payment issues which may be more challenging online.

There is no correlation between being a good psychotherapist and being proficient in technology and it is worth noting, as Wells, Mitchell, Finkelhor, and Becker-Blease (2007) points out, that many psychotherapists are extremely technophobic (e.g. Wells et al., 2007). Perhaps the most pivotal point is that, although the use of internet is increasing internationally, there is a lack of long term research and official guidelines to justify its use.

2.2. Countering criticism of e-therapy

Proponents believe that although there is a physical distance, e-therapy maintains the standard tenets of traditional one-on-one treatment. For example, Fishkin et al. (2011) believe that the degree of physical communication via the internet approximates that of the in-person analytic session. Other supporters of e-therapy maintain that when the route of touch or smell in the communication is blocked, as it is online, other modalities will, in all probability, compensate, (Andersson & Cuijpers, 2009). In addition, some proponents emphasize manifestation of "telepresence," the feeling of being in someone's presence without sharing physical space, as a vital component of online therapy (Fink, 1999). Concerns over confidentiality and privacy are well-founded, although software solutions are available. It is important to point out that in traditional interventions security and confidentiality are also a major concern. In addition, the internet has advantages, including components such as online written assessments (e.g., self-report questionnaires) as well as computerizing and recording verbatim

and videos of the sessions, which help therapist and patients monitor the progress in the therapeutic process, assist in training and supervision and may also help in medical-legal issues.

For many people the internet is perceived as a safer, more secure environment than the offline world, (Amichai-Hamburger & Hayat, 2013; Hamburger & Ben-Artzi, 2000), which in itself will aid in the creation of a therapeutic relationship online. As for the therapeutic contract and commitment, internet studies indicate that people tend to feel that the internet is a "secure arena". Thus, the removal of face-to-face interaction may actually increase self-disclosure and honesty. Some people feel less shame and anxiety online and therefore the transition to an intimate level may be faster than in a traditional therapeutic setting. It may be easier for some people to enter online treatment as opposed to traditional face to face treatment because of it may have less of a stigma associated with it. In addition, online therapy may help some people to start traditional psychotherapy (Amichai-Hamburger & Barak, 2009).

The internet may help in establishing the patient-therapist relationship. Potential patients may learn about the therapists by conducting an official authentication procedure. Clients may locate an online therapist by an internet search, referral or web link. Similarly, therapists may learn about the patients from online information. In any case, it is important that online patients understand that this type of intervention has unique advantages and that it need not always be the second choice, after traditional psychotherapy. The online therapist should explain that e-therapy's long-term effectiveness has yet to be fully studied (Recupero & Rainey, 2005).

Supporters of e-therapy believe that it is functionally equivalent to an in-person analysis and integrates traditional components in the analytic process such as transference and countertransference experiences, resistance, and working with unconscious communication (Fishkin et al., 2011; Scharff, 2013). Those welcoming e-therapy believe that resistance in psychotherapy via the internet may take both similar and/or different forms from that of face to face psychotherapy. Examples of resistance may be forgetting to go online/call, speaking softly, not using a headset, moving away from the microphone, accepting other calls, and chatting as if on a social call, in addition to silence, hesitation, coughing, lateness, nonpayment, displacement and so on.

At times of crises the use of the internet, while highly challenging, may in fact, not be wholly different from offline crises. Although there may be advantages to traditional face-to-face risk assessments, online assessments maybe accessible and reduce waiting time in public or private practices. Online therapists can be trained in assessment of suicide risk online by examining risk and protective factors as well as warning signs, as is the practice when assessing suicide risk in traditional clinical face-to-face evaluations (e.g. Posner, Melvin, Stanley, Oquendo, & Gould, 2007). Today, it is common practice throughout the world that crisis hotlines are run through the phone and online (Witte et al., 2010). Therapists should work with adequate emergency backup systems in the early stages of treatment with all patients, even if a patient does not think such a backup is relevant or important. For those who pose a suicide risk a safety plan should be conducted (Stanley et al., 2008).

Both traditional and online therapy should take into account legitimate cultural concerns. Psychotherapists in any medium are required to develop their cultural awareness and sensitivities (Gelso & Mohr, 2002; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Sue, 2006). The internet has a particular advantage in that it may facilitate translations and cultural adaptations. The internet also enables patients from a minority culture or those living in smaller communities, to find a therapist who shares their culture or religious belief and receive treatment, even if he or she is based in another state or even another country. Similarly,

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