

Telepsychology: Research and Practice Overview

Eve-Lynn Nelson, PhD^{a,b,*}, Thao N. Bui, MA^c,
Sarah E. Velasquez, MAB^b

KEYWORDS

- Telepsychology • Child telemental health
- Videoconferencing • Telemedicine

The rationale that drives growing psychiatric services over televideo has also led to telepsychology interest and practice. There are significant workforce shortages for psychologists with expertise in evidence-supported therapies with children, particularly in nonmetropolitan areas. For example, urban/suburban areas have approximately 39 psychologists per 100,000 residents, whereas rural areas have less than half the number of psychologists, with approximately 16 psychologists per 100,000 residents.¹ Telepsychology, or psychology services delivered by real-time videoconferencing, helps bridge this access gap.

This article first reviews the telepsychology literature and then builds on early telepsychology guidance for the current practice environment. The practicalities of telepsychology implementation and the lessons drawn from the more well-established telepsychiatry practice are described. Although promising, telepsychology research is in its early stages and information can also been gained from best practice guidelines/documents. As such, the authors also provide an update to pioneering interdisciplinary telehealth principles presented a decade ago.²

The authors have nothing to disclose.

^a Pediatrics Department, University of Kansas Medical Center, G005 HC Miller, Mail Stop 4004, 3901 Rainbow Boulevard, Kansas City, KS 66160, USA

^b University of Kansas Center for Telemedicine and Telehealth, University of Kansas Medical Center, 2012 Wahl Annex, Mail Stop 1048, 3901 Rainbow Boulevard, Kansas City, KS 66160, USA

^c Clinical Psychology Program, University of Kansas, 426 Fraser Hall, 1415 Jayhawk Boulevard, Lawrence, KS 66045, USA

* Corresponding author. University of Kansas Center for Telemedicine and Telehealth, University of Kansas Medical Center, 2012 Wahl Annex, Mail Stop 1048, 3901 Rainbow Boulevard, Kansas City, KS 66160.

E-mail address: enelson2@kumc.edu

Child Adolesc Psychiatric Clin N Am 20 (2011) 67–79

doi:[10.1016/j.chc.2010.08.005](https://doi.org/10.1016/j.chc.2010.08.005)

childpsych.theclinics.com

1056-4993/11/\$ – see front matter © 2011 Elsevier Inc. All rights reserved.

METHOD

Studies included in this literature review met the following criteria: the studies (1) used real-time videoconferencing (also called televideo) and (2) approximated face-to-face psychological evaluation and/or treatment. Other technology-based interventions are beyond the scope of this review; the authors do not address telephone, e-mail, and nonvideo web-based interventions or other health technologies. Because of the limited number of studies published on child and adolescent telepsychology meeting the authors' criteria, lessons and downward extensions are drawn from adult telepsychology and telemental health studies. The reader is referred to the article by Van Allen and colleagues in this issue on telehealth interventions specific to pediatric psychology. Telemedicine applications that focus on medication management are not included in this literature review but are covered in more depth in the article by Myers and colleagues elsewhere in this issue. Telemental health studies that included psychological assessment tools common in psychology practice are included across psychologist and psychiatrist raters.

TELEPSYCHOLOGY ACCEPTABILITY

As in other telemental health reviews, the authors refer to the broader research concerning the acceptability of telemental health because of limited research specific to psychology.³⁻⁶ Across telemental health reviews, the authors have noted high levels of clinician and client satisfaction across a range of populations and across diagnostic groups. Overall, studies examining therapeutic alliance have not found significant differences between the therapeutic alliances developed in face-to-face and videoconferencing groups.^{3,4} Because therapeutic alliance is a key component of mental health treatment across disciplines, it is reasonable to assume that these predominately telepsychiatric findings can be generalized to telepsychological treatment. Preliminary evidence suggests that telemental health services are cost effective to clients when factoring in reduced travel requirements, time off work, and childcare needs.^{3,6,7} Randomized controlled trials document that beyond financial savings, telepsychiatry increases access to specialty services and achieves comparable clinical outcomes without compromising client satisfaction or treatment adherence.^{8,9} Cost effectiveness and increased access associated with telemental health studies apply to telepsychology because therapy often requires more frequent appointments and specialized psychologists also tend to cluster in urban areas.

PSYCHOLOGY-RELATED ASSESSMENT

Studies of telemental health assessment are predominately composed of telepsychiatry applications. Although there are differences in time duration and approach, there is definitive overlap in psychological and psychiatric assessment to determine diagnoses and treatment plans. A growing body of research has demonstrated that telemental health assessments are feasible, reliable, and acceptable across a variety of adult patient populations, specifically in geriatric patients, veterans, forensic settings, psychiatric inpatient settings, American Indian communities, neuropsychological evaluation, and rural populations.¹⁰⁻¹⁶ Studies have described that assessments of obsessive-compulsive disorder (OCD), major depression, bipolar disorder, panic disorder, alcohol dependence, schizophrenia, posttraumatic stress disorder (PTSD), cognitive functioning, suicide assessment, and forensic competence can be accurately assessed over videoconferencing.^{11,13,14,17-22}

Download English Version:

<https://daneshyari.com/en/article/4150814>

Download Persian Version:

<https://daneshyari.com/article/4150814>

[Daneshyari.com](https://daneshyari.com)