

View Point

E-THERAPIES ARE GOING TO REPLACE OUT PATIENT BASED PSYCHIATRIC CONSULTATION-IS IT THE WAY FORWARD?

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E-therapy has been defined in various ways. One of the more comprehensive definition 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”(1). It may be synchronous-taking place at the same time (like live chats) or can be asynchronous-taking place back and forth over a period of time (like over emails) or a combination of both.

There are various drawbacks of e-therapy like: 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. 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 is also more difficult for the patient to commit to therapy and therefore may be easier to discontinue treatment. The distance between therapist and patient may impede the formation of important features of therapy such as transference, countertransference and handle other aspects such as regression (reliving earlier experiences and behaviours). The lack of face-to-face visibility 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. Both the therapist and the client are working online, the internet itself may prove a distraction for both of them. Managing crises is not possible like a patient becoming resistant to therapy or even becoming suicidal and/or homicidal. The cultural, racial and ethnicity differences between patient and therapist maybe even more apparent in the global diverse online world as compared to traditional psychotherapy. Potential technical glitches like slight delay in the voice and the image may be fuzzy. Possible internet infrastructure failures or failures in power-supply during sessions may impede the consultation process. The payment issues may be more challenging online.

There is no correlation between being a good psychotherapist and being proficient in technology and it is worth noting that many psychotherapists are extremely technophobic. There may be resistance to e-therapy like 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, non-payment, displacement and so on. Although the use of internet is increasing internationally there is still a huge way to go.

In spite of various such drawbacks e-therapy also has potential advantages. Maintaining the standard tenets of traditional one-on-one treatment e-therapy does hold its promises. Degree of physical communication via the internet approximates that of the in-person analytic session “telepresence,” the feeling of being in someone’s presence without sharing physical space, is a vital component of online therapy and can enhance therapeutic alliance. 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. Internet is perceived as a safer, more secure environment than the offline world which in itself will aid in the creation of a therapeutic relationship online(2). 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(3). 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. Online therapy may help some people to start traditional psychotherapy. 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. E therapy can be 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(4). 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 may be 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(5). Today, it is common practice throughout the

world that crisis hotlines are run through the phone and online. 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. 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. The patients can receive interventions from experts around the world.

Regarding the issue of technical difficulties, these definitely still exist, but they are decreasing, and nowadays there are solutions including software for privacy and online threats, secure payments, etc. Therapists and patients have to be aware of these technical issues and take them into account as another component of the intervention.

As for distortions in voice or image, online therapists should learn the various possibilities for misinterpretation when working with each specific technology. It is crucial that the therapist makes sure that the patient fits the type of intervention he/she is providing in terms of technical and writing skills. As for the psychotherapists who are technophobes, it seems that the younger generations who have grown up conducting intimate communication on the internet, are generally less resistant as compared to older generations. The relative lack of long term research and official guidelines is something that should be rectified in the next few years. Online interventions have advantages of logistics. For many people online therapy may be the more available and affordable than any offline alternative, and certainly gives people in outlying areas a far greater choice of therapists to choose from as compared to the number and variety in their community. It may allow access to people with disabilities who could not otherwise benefit from traditional psychotherapy (e.g., people who are unable to leave the house (agoraphobics), those with hearing impairment, prisoners, etc.)

For those who have little time or are frequent travellers, the ability to receive therapy in their own home or office is a boon. Online interventions may make treatment cheaper, reduce time and expenses of travel and reduce waiting lists.

There are currently various online websites which do provide e-consultations and e-therapy.

As internet access is cheap and accessible currently in India it is an upcoming mode of therapeutic alliance in various settings. Thus, it can be a way forward but it is a matter of time to see its position vis-a-vis face to face therapies.

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