

**THE USE OF TECHNOLOGY
IN MENTAL HEALTH**

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Kate Anthony, MSc, FBACP, is a psychotherapist, consultant and international expert regarding online therapy and the impact of technology on mental health. She is cofounder of the Online Therapy Institute. She is widely published on such topics as the use of email, bulletin boards, IRC, videoconferencing, stand-alone software, and more radical innovative use of technology within therapeutic practice, such as virtual reality. She coedited *Technology in Counselling and Psychotherapy: A Practitioner's Guide* with Stephen Goss in 2003, coauthored *Therapy Online [a practical guide]* with DeeAnna Merz Nagel in 2010, and coauthored all three editions of the British Association for Counselling and Psychotherapy's *Guidelines for Online Counselling and Psychotherapy*.

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THE USE OF TECHNOLOGY IN MENTAL HEALTH

Applications, Ethics and Practice

Edited by

KATE ANTHONY, MSc, FBACP

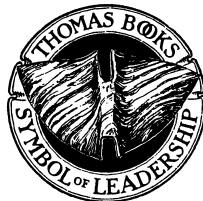
Online Therapy Institute

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CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62794-9265

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ISBN 978-0-398-07953-6 (hard)
ISBN 978-0-398-07954-3 (paper)

Library of Congress Catalog Card Number: 2010018410

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MM-R-3*

Library of Congress Cataloging in Publication Data

The use of technology in mental health : applications, ethics and practice /
edited by Kate Anthony, DeeAnna Merz Nagel, and Stephen Goss.

p. cm.

Includes biographical references and index.

ISBN 978-0-398-07953-6 (hard) – ISBN 978-0-398-07954-3 (pbk.)

1. Mental health services. 2. Communication in medicine. 3. Medical infor-
matics. I. Anthony, Kate. II. Nagel, DeeAnna Merz. III. Goss, Stephen,
1966-. IV. Title.

[DNLM: 1. Counseling--methods. 2. Telecommunications. 3. Internet. 4.
Professional-Patient Relations--ethics. 5. Psychotherapy--methods. WM 55
U84 2010]

RA790.5 U84 2010
362.1967893--dc22

2010018410

*For Julie, ATWABA; and for my nephew Oscar, my Legend of Zelda hero.
Also for P, for making space for me in his shed and his life. ^ ^*

*Oh Captain! My Captain! . . . For my dear Pete whose boat rides helped to
inspire this work! Love, DA.*

*For Catriona, Andrew, and for E, working hard through the night. Together.
^ ^*

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John Wilson, PG Dip, MBACP, is a counsellor in private practice working with individuals and couples face-to-face, on the telephone, and online using email, chat, and virtual environments. He is a lecturer in counselling skills at Stevenson College, Edinburgh. He also runs onlinevents.co.uk which streams events live to the Internet and records for future distribution with the express purpose of making professional development for mental health professionals more affordable and accessible.

John Yaphe, MD, CM (McGill University), MClSc (Western Ontario) is a family physician and associate professor in community health in the School of Health Sciences of the University of Minho, Portugal. He has been an active online counsellor with Shepell-FGI since 2004, contributing to the development of the theory

and practice of online counselling and the training and supervision of new E-counsellors.

FOREWORD

AUDREY JUNG, ISMHO PRESIDENT 2010–2011

I used my first text messaging system in 1986. Impossible, you say? Digital cell phones didn't introduce texting capabilities until the late '90s? Wrong. This was a large keyboard attached to an acoustic coupler, a two-inch digital screen, and a thermal paper printer. Known as a TeleTYpewriter, or TTY, I used that machine to text a deaf friend through my telephone landline. At that time, the TTY cost over \$400, was not portable, and had many incompatibility issues with other machines. Despite it all, the TTY enabled its users to establish relationships with each other from remote settings using only text. Nine years later, my graduate school professors and classmates used this same modality to discuss mental health related concepts, to provide clinical supervision and, naturally, simply to stay in touch with each other during off-campus internships.

Web browsing, texting, im'ing, emoticoning—all gave birth to a new language development in the 2000s which enhanced the ability of an individual to express himself thoroughly and deeply without needing to travel for face-to-face meetings or to call or to send a letter. Similar to the American Sign Language used by deaf individuals in the United States, this new form of written communication appears to have its own grammar and syntax—utilizing obscure abbreviations, punctuation symbols, and pace to convey emotional content. Commercials reflect this shift in modern culture as a young child retorts to her mother, “IDK, my BFF Jill?” Pop songs are currently using the abbreviated language of texting in their refrains “I let my fingers do the talk, talk, talkin, They say lolololol, they say lolololololol, they say lolololololol yeah” (Sinai Rose, *Kidz Bop 16*, 2009). People are using online dating sites to meet their soulmates.

The virtual realm is not based in any one country. It exists in the ether and is crossing political territories. International businesses are capitalizing on the

virtual gold they can earn in MMORPGs by selling it back to the gamers for a very real price. And very real people are reaching out for psychological help online. Websites have emerged that have offered psychoeducational literature, hypnosis, and self-help merchandise and finally—counseling in synchronous or asynchronous modalities. Regardless of the localized reservations of a vocal minority, the global socio-cultural response for the provision of mental health services online has been resoundingly positive.

The International Society for Mental Health Online and the Online Therapy Institute have been instrumental in establishing best practice criteria and ethical codes for clinicians who have extended their practices to the virtual realm. Both entities have established wiki compendiums for professionals to use to better understand the cultures, psychosocial values and legal concerns of individuals in remote locales. But there is so much more work to be done.

Thankfully, Kate Anthony, DeeAnna Merz Nagel and Stephen Goss have been instrumental in responding to the call for increased resources in training and supervision of international clinicians. Whether you have been a therapist for eons, or are a student new to the field, *The Use of Technology in Mental Health, Applications, Ethics and Practice* is an important tool for better understanding the psychological struggles of our clients and the impact that technology will have on our practices.

INTRODUCTION

KATE ANTHONY

As our authors can testify, this book has been a long time in preparation. The sheer scale of the different uses of technology in the mental health professions is now vast and as each cycle of manuscript preparation came about, we decided to extend our reach and include as many up to the minute technologies as possible. It is testament to the profession that we are now accepting these technologies as the way forward rather than the avoidant attitudes that were apparent just ten years ago, although caution is still rightly exercised, for the most part, when employing technology.

The range of technologies now apparent in the profession—from the simple use of a website to advertise and promote offline services to full immersion in online virtual worlds to conduct therapy—shows that this is no longer a new field in mental health. We have empirical research to back up the use of technologies, training programmes dedicated to their use and a growing ethical base from which to develop services and practice. Each technology has its own benefits and limitations, as evidenced in these chapters, but no one can deny it is a fascinating and exciting field to be in. As new generations of clients and mental health practitioners emerge into a world where the Internet and mobile technology—to name just two facets of the field—have always existed, reliance on, and acceptance of, technologies as melded into everyday life indicates that using technology is unlikely to disappear from the profession.

OVERVIEW

It is the intention of this book to give the reader a wide range of chapters that may be read in isolation depending on the needs of any service provision, or as a complete study of as many technologies as are available at the time of writing. We, as editors, are aware that new technologies will emerge

even as it is in production and look forward to including these in future editions of the book.

It should be noted that each author may have a different view of how these technologies are best implemented. As example, the editors conclude that the use of encryption is paramount and nonnegotiable, but the legal implications of what service, product or platform to utilize is not within the purview of this book. The editors advise practitioners to seek legal counsel regarding such matters, particularly concerning terms of use and privacy issues.

What you will also find in the book is a wide range of styles, from the individual practitioner exploring a new technology and writing anecdotally about their personal experience, to medical practitioners writing an academic overview of a technology and its uses in the profession.

Within each chapter, you will find reference to definitions of the technology, application to the therapeutic intervention being discussed, case material and illustrations, ethical examination and concluding thoughts on the future impact of the technology on the profession. All case illustrations are fictionalized, although all are based on the authors' direct, practical experience. This book is an extensive body of work on the topic and we hope you find it of use professionally and personally in your online and offline life.

In Chapter 1, "Using Email to Conduct a Therapeutic Relationship," Patricia Ryan Recupero and Samara Harms look at the impact of the use of email for therapeutic use, its application and ethical issues such as risks to confidentiality, appropriateness for client work, standards of care and administrative issues before turning to the cases of clients "Sheila" and "John" by way of illustration. They conclude, as do many other authors in the book, that further research is still needed to be able to provide an ethical, practical and beneficial service via the technology discussed in the chapter.

In Chapter 2, "Using Chat and Instant Messaging (IM) to Conduct a Therapeutic Relationship," Kathleene Derrig-Palumbo considers how to conduct a therapeutic relationship via chat rooms and instant messaging. She discusses issues such as identity, how the therapeutic relationship is formulated and maintained, practical strategies for encouraging progress of the work via text and some theoretical orientations that successfully underpin the work. She then gives a chat room session with a client "Joshua," who was unable to communicate face-to-face, but through chat rooms developed an ability to open up and therefore communicate better with his parents. She concludes that in the future, online therapy may well be regarded as no different than in-person therapy.

In Chapter 3, "Using Cell/Mobile Phone SMS for Therapeutic Intervention," Thomas A. Merz looks at the use of mobile or cell phone texting (SMS or "Short Message Service") and how this has emerged and developed from casual communication to a vehicle utilized for targeted therapeutic

interventions and support in clinical settings. He describes it within a medical setting as well as a therapeutic support setting, before going on to consider the ethical implications of using text. Case study material includes a client texting her therapist within a face-to-face session. He concludes that SMS has become a bridge between service providers and clients and as such its use is likely to expand.

Chapter 4, “Using Social Networks and Implications for the Mental Health Profession,” is by Allison Thompson and studies the impact of online communities and their role in impacting on mental health. Her extensive description of this focuses on MySpace.com. She examines the dangers of dual relationships and the importance of boundaries and gives two clear examples of when this can impact negatively on therapeutic or professional work. Ethical consideration looks at the attitude of professional organisations, in particular the American Counseling Association (ACA) and the British Association for Counselling and Psychotherapy (BACP), and the lack of clear guidance elsewhere on using social and professional networks. She concludes with the need for research in this topic, which is much underestimated by the profession in the opinion of the editors.

In Chapter 5, “Using Forums to Enhance Client Peer Support,” the book shifts towards looking at technologies for peer support with Azy Barak’s work. He describes and defines online support groups and points out the differences between them and conducting therapy online. Procedures and the practice of providing online support groups are looked at, before examination of the psychological processes that occur within these online groups and the importance of facilitation. He discusses the research into the field and concludes that the advent of online support groups has significantly positively changed the mental condition of many people suffering from various types of personal distress.

Chapter 6, “Using Cell/Mobile Phone SMS to Enhance Client Crisis and Peer Support,” by Stephen Goss and Joe Ferns, examines SMS Crisis Support and Peer Support, based on a presentation given at the first Online Counselling and Therapy In Action (OCTIA) conference in the UK in 2009. They explore the development process and use of SMS text messaging systems in counselling and support services, in particular The Samaritans in the UK. They include case material—text messages sent and responded to—to illustrate the chapter and conclude that as in the case of many of the technologies examined in this book, the initial fears and doubts about the use of SMS in mental health services are steadily being dispelled.

Chapter 7, “Using Websites, Blogs and Wikis Mental Health,” is by John M. Grohol, who offers an examination of websites, blogs (covered further in Chapter 8) and wikis. He defines the latter two in relation to Web 2.0 technologies, a theme you will find runs through the book. He discusses the

application of these technologies and also the ethical implications and issues that are inherent in them. For example, wikis can be a huge source of *misinformation* as well as information and blogs “can provide people with all sorts of potentially harmful (or at the very least, useless) personal opinions that carry some legitimacy if the blog is popular.” The case example of “Jane” describes her journey in exploring options to treat her depression via websites and blogs on the topic, before finally taking the plunge to seek professional help from an individual. He concludes with thoughts on the role of the Internet in lessening isolation and the stigma around seeking help for mental health issues.

In Chapter 8, “The Role of Blogging in Mental Health,” DeeAnna Merz Nagel and Gregory Palumbo take a look at blogging in detail, noting how the Internet brought change not only to how people could distribute their writings, but also to how those writings could remain dynamic and alive. The most popular example of technologies that support this interactivity is blogging. The authors examine the business applications of blogging as well as the use of blogs in mental health for disseminating information and education and also as a form of journaling for clients. They also visit microblogging sites such as Twitter. They conclude that “whether for professional or personal pursuits, when used responsibly, blogging can make a substantial and positive impact on the counseling profession and the world at large.”

At Chapter 9, “Using the Telephone for Conducting a Therapeutic Relationship,” the book again shifts towards nontext-based technological interventions with Denise E. Saunders’ chapter on using the telephone for mental health services. She defines “telephone counseling,” examines the state of it in practice via evidence-based findings, the benefits and limitations, the ethical considerations of telephone use such as security and confidentiality and the practical applications. She offers the case examples “May” and “John,” describing their experience working by telephone. She concludes with thoughts on the possibility that “one day it will be commonplace for counselors to provide distance services to clients exclusively” and states the prominent role the telephone will have in this.

Continuing the theme of voice-based interactions, Chapter 10, “Using Videoconferencing for Conducting a Therapeutic Relationship,” is by Susan Simpson and Emma Morrow, who look at the role of videoconferencing. They discuss how the therapeutic alliance works over video links and the role of the available visual clues while still working at a distance. Their extensive case study, “Angela,” provides an illustration of a complex case using schema-focused therapy to treat Bulimia Nervosa, depression and chronic low self-esteem. They examine legal and ethical issues of videoconferencing and also the benefits with particular regard to breaking down geographical barriers. They conclude with thoughts for future research.

In Chapter 11, “Using Virtual Reality to Conduct a Therapeutic Relationship,” John Wilson discusses his experiences of working therapeutically with clients in virtual environments, specifically Second Life. He describes the growth of Massively Multiplayer Online (MMO) environments and games and what it is like to exist in a virtual space. He then goes on to apply this to conducting therapy inworld and compares its opportunities in relation to the limitations of offline therapy sessions. He also describes the applications of theories such as outdoor and wilderness therapy and how these can easily be applied inworld. This is extended to discussion of Virtual Reality (VR) Exposure Therapy (discussed in Chapter 13) and further implications for potentially damaging psychological issues such as acting out and different sub personalities. Wilson closes with ethical implications and points out the importance of seeing virtual environments as an extension of the offline world rather than a substitute.

Extending the theme of virtual environments, in Chapter 12, “Using Virtual Reality Immersion Therapeutically,” Guiseppe Riva examines immersion in four virtual environments: full, CAVE, augmented and desktop. He gives an examination of the role of virtual reality (VR) in clinical psychology in relation to conditions such as phobias, posttraumatic stress and anxiety disorders. He also notes, however, that VR has further implications for treatment beyond desensitisation and exposure therapy, such as being immersed in the environment with the practitioner in such a way that is indistinguishable from the nonvirtual world via the role of “presence.” Riva identifies four major issues that limit the use of VR in practice and how he and colleagues have addressed this.

In Chapter 13, “The Use of Computer-Aided Cognitive Behavioural Therapy (CCBT) in Therapeutic Settings,” Kate Cavanagh gives a history of the evolution of Cognitive Behavioural theories into providing these interventions via Computerised Cognitive Behavioural Therapy (CCBT). She introduces various software packages before focusing down on *Beating the Blues* and *FearFighter* and the evidence of outcomes for such programmes. Ethical consideration is given to their use and the importance of balancing this with in-person intervention. She concludes with showing how CCBT is important as a hands on early option for effective self-help in a growing number of mental health problems. CCBT is further discussed in Chapter 25.

Chapter 14, “The Role of Gaming in Mental Health,” by Mark Matthews and David Coyle, discusses the use of games to engage adolescents—a client group notoriously reluctant to access counselling—in the therapeutic process. He shows how appropriately designed games (in contrast to the other types that receive so much negative media coverage) can be used for this purpose and to help adolescents get the mental health assistance they need. Matthews starts with ethical discussion before giving a history of the limited previous

research and noting some of the benefits defined by such research, advocating caution in trusting results without further examination. He describes *Personal Investigator*, a 3D computer game based on Solution Focused Therapy, its use in clinical settings and by way of a case study, the opinions of a therapist who has used the game with clients, before looking to the future of the genre.

In Chapter 15, “Web-based Clinical Assessment,” Reid Klion considers web-based clinical assessment, including its history, application in relation to therapeutic intervention and ethics. He goes on to discuss the case of “Robert,” before concluding with a look to the future, where he postulates that tests will be developed specifically for Internet-based delivery and that we are at the edge of the revolution when it comes to web-based assessment.

In Chapter 16, “The Role of Behavioral Telehealth in Mental Health,” Thomas J. Kim discusses behavioural telehealth, showing how technology has transformed healthcare and defining its role through historic examination, looking at the current landscape and offering opinions based on clinical and program development experience. Kim starts with a case study to illustrate postdisaster intervention via psychiatric telehealth, before offering a telehealth model. He goes on to show the challenges the profession faces in this field such as licensure and malpractice suits, some future directions and a call for meaningful healthcare reform.

At this point, the book takes a turn towards using nontext-based interventions, as in the previous eight chapters, and applies similar technologies to peer support. In Chapter 17, “The Use of Virtual Reality for Peer Support,” Leon Tan takes a look at the use of Virtual Reality for this purpose. He describes both in-vivo exposure therapy (IVET) and Virtual Reality exposure therapy (VRET) before discussing mental health affordances, defined as the “opportunities and risks provided by a social environment to affect the mental health of individuals” and its application to VR, in this case Second Life (SL). He illustrates his chapter with reports from CBS news about a woman, “Patricia,” who suffered from agoraphobia but overcame her difficulties through SL. Tan discusses some of the psychological processes a client can undergo in such environments and in which peers can assist. He concludes with pointing out the powerful impact such environments can have on an individuals’ mental health.

In Chapter 18, “The Use of Podcasting in Mental Health,” Marcos A. Quinones describes his work with podcasting in helping clients improving their mental and physical health by downloading MP3 (or similar) files on various topics. He also defines best practice for testing in Mental Health and gives anecdotal evidence to support the success this method of communicating to clients. He recommends structures for content and the hardware and software required, before examining the ethical considerations needed when

planning to podcast.

Chapter 19, “The Use of Online Psychological Testing for Self-Help,” is a study of online psychological testing, by Mark Dombek, as it applies to self-help efforts. Dombek reviews how online testing supports mental health self-help efforts, discusses problems and concerns associated with online testing and self-help practices and offers informed speculation concerning the ways in which online psychological testing and self-help technologies are likely to develop in the future. He also examines in detail the downsides of this technology.

The book takes another turn with Chapter 20, “Using Email to Enrich Counselor Training and Supervision,” by John Yaphe and Cedric Speyer, towards using text-based technologies to enrich counsellor training and supervision. Yaphe and Speyer examine the use of email for supervision, using their own model—InnerView—and describe how e-counsellors within an Employee Assistance Program (EAP) setting receive supervision online. They discuss some of the challenges of this method and illustrate their work with several case vignettes, before concluding with the need for more research into the topic.

In Chapter 21, “Using Chat and Instant Messaging (IM) to Enrich Counselor Training and Supervision,” DeeAnna Merz Nagel and Sara Riley discuss the use of chat and instant messaging for online supervision and illustrate this with their own experience of working together in an agency setting that offered in-home counseling and evaluation services to clients in rural locations. They define chat, clinical supervision, peer supervision, and field supervision and conclude that chat supervision can be used as a stand-alone method of delivery or it can be combined with other technology and face-to-face supervision, enriching any supervisory experience.

Chapter 22, “Using Forums to Enrich Counselor Training and Supervision,” is by Linnea Carlson-Sabelli. Her goals are to provide definitions, applications, ethical considerations, illustrations of supervision techniques and speculation on the future of online text-based clinical supervision based on extensive experience supervising graduate level Psychiatric Mental Health Nurse Practitioner students at a major medical university located in the Midwest United States. She also looks at future applications of technologies using virtual reality environments and how they may best be implemented in the future to enrich counsellor training and supervision.

In Chapter 23, “Text-Based Credentialing in Mental Health,” Daniel M. Paredes examines how text-based continuing education (CE) in the USA and continuing professional development (CPD) in the UK can meet the requirements imposed by credentialing bodies for the profession. He defines what text-based CE/CPD is and examines some of the issues inherent in it. He also examines the ethical considerations needed and a framework to classify

CE activities according to general content area, including research into the topic to illustrate it.

The book takes a final turn towards using other, nontext-based technologies to enrich counsellor training and supervision, starting with Chapter 24, "Online Research Methods for Mental Health," by Tristram Hooley, Jane Wellens, Clare Madge and Stephen Goss. The chapter focuses on online methods for counselling and psychotherapy research, including a brief history and considering the ethical issues inherent in conducting research in this way. They conclude that although online research should not be seen as a replacement for traditional onsite methods, they will continue to be an essential part of the researchers' toolkit.

Chapter 25, "Evaluating the Role of CCBT in Mental Health," returns to the subject of Computerised CBT (CCBT) from Eva Kaltenthaler, Kate Cavanagh and Paul McCrone. They give an evaluation of stand-alone computer software programmes for depression and anxiety, with attention to issues of trial design and the components of CCBT packages. Program and client considerations are taken into account, as well as logistical and ethical balances.

In Chapter 26, "Traditional Uses of Technology in Counseling Trainee Supervision," Ginger Clark gives an overview of the traditional use of technology in counseling education and supervision. She defines various types of technologies used for this purpose and examines the ethical issues in each, the effect on the trainee practitioner, the client and the therapeutic process itself, illustrated with case vignettes. She concludes that it is unlikely that any of these technologies will disappear in the near future but that their implementation will change and develop.

In Chapter 27, "The Use of Telephone to Enrich Counselor Training and Supervision," Mellissa Groman gives an analysis of the use of the telephone for supervision and consultation. Among the questions she considers are how the relationship between consultant and therapist gets established and develops, whether the benefits of clinical consultation and supervision can apply across the airways and whether the goals of supervision can be met without visual cues and sight induced transferences. She concludes that "phone supervision's appeal will likely continue to grow as technology continues to dissolve geographic limitations."

Chapter 28, "The Use of Videoconferencing to Enrich Counselor Training and Supervision," by Diane H. Coursol, Jacqueline Lewis, and John W. Seymour, considers the same field but in relation to the use of videoconferencing software and hardware. They discuss the concept of what they name "cybersupervision," its implementation and the process, illustrating these with two case examples. They give an overview of the ethical implications of cybersupervision, before concluding that there is increasing evidence for its viability and the likelihood of this perception growing.

In Chapter 29, “Online Training for Online Mental Health,” Nicole Gehl and two of the coeditors of this book, Kate Anthony and DeeAnna Merz Nagel, turn to issues of experiential training using technology, defining the types of online learning environments and their benefits and limitations. The chapter is illustrated by the lead author’s Personal Learning Statement—the final piece of coursework from her online training to apply her counselling experience to online work at OnlineCounsellors. co.uk. The authors conclude that although online learning environments are established, caution should be exercised in “making sure the training offered does not attempt or imply that it can train people to have skills that are not actually provided.”

In Chapter 30, “The Role of Film and Media in Mental Health,” Jean-Anne Sutherland turns the reader’s attention to the use of films and media in educating counsellors and supervisors by noting how they provide an opportunity for clients in a therapeutic setting to recognize, struggle and potentially identify with deep-seated conflicts. She reviews the literature and notes cautions and considerations before concluding that films can be an ideal tool for illustrating life and how it is the work of the therapist is to frame those representations in such a way as to provide meaningful analysis for the client.

The book concludes with two essays by two of the editors which were published at The Future of Innovation project at www.thefutureofinnovation.com. We also include an introduction to the work and mission of the Online Therapy Institute, which we hope will be of value to readers as a useful resource in bringing mental health and technology together.

NOTE ON THE SCOPE OF THE TEXT AND THE LANGUAGE USED

The collaboration of the editors from both sides of the Atlantic is deliberate, as addressing an audience that is international is appropriate when discussing a topic that provides therapeutic, peer support and education services globally, regardless of geographical limitations. Our range of authors reflect that international spread.

The scope and language of the book has been kept as internationally applicable as possible, while US and non-US spellings (e.g., of “counselor” or “counsellor”) have generally been retained to reflect each author’s original use in their own country. However, some language has been edited for the sake of consistency, such as using “therapy” to indicate counselling/counseling and psychotherapy, which are also used interchangeably (McLeod, 1994) only using the more specific terms where they are clearly applicable. Also, we have adopted “therapists” or “practitioners” in a similar vein and used the term “mental health” to indicate that much of the material here is

applicable to different tiers of the profession. Although sometimes the term “patient” may be applicable to the person seeking therapeutic help, the authors, for the most part, use the term “client” throughout. The editors recognise that many of the technologies and their applications from chapter to chapter may overlap and be applicable to other technologies. Duplication of some basic information in chapters is deliberate to allow for each chapter to be read in isolation if preferred.

We hope you enjoy this collection of chapters on technology and mental health.

REFERENCE

McLeod, J. (1994). The research agenda for counselling. *Counselling*, 5(1), 41–3.

ACKNOWLEDGMENTS

We would like to thank the authors who have contributed to this volume for their wide-ranging expertise and their patience, the team at Charles C Thomas, likewise, Audrey Jung for contributing the foreword, and our friends, family and the many colleagues from the online and offline world, too numerous to mention, but particularly the members and friends of the Online Therapy Institute.

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**THE USE OF TECHNOLOGY
IN MENTAL HEALTH**

Chapter 1

USING EMAIL TO CONDUCT A THERAPEUTIC RELATIONSHIP

PATRICIA RYAN RECUPERO & SAMARA HARMS

INTRODUCTION

Written communication between therapists and clients dates back to the origins of psychotherapy. Sigmund Freud corresponded with his patients (Pergament, 1998) and electronic mail (email) has been available for nearly two decades. Unfortunately, there are relatively few studies that evaluate email applications in psychotherapy. This chapter defines email as asynchronous electronic communication. Email offers the benefit of eliminating “telephone tag” difficulties. However, delays in replies may be problematic for clients needing a quick response.

Email may be conducted in any of several formats. Emails may be sent directly through a server to recipients within that server; from a server and routed to a recipient through another server; or through a password-protected connection on a secure website (secure, web-based messaging, sometimes referred to as a web board). Emails sent through servers rather than directly through a secure website may be com-

posed and directed online in an Internet browser window, or they may be sent through an email client such as MS Outlook or Eudora. Emails may also be sent through cellular-phone or personal digital assistant (PDA) based messaging (“mobile email”).

In the clinical practice of psychotherapy and mental health counseling, the use of email ranges from incidental emails for prescription refills and appointment setting to therapeutic emails (Anthony, 2004). Incidental emails may be analogous to routine telephone calls. Therapeutic emails range from brief follow-up emails (e.g., brief motivational tips for exercise or quitting smoking, food diaries for eating disorders, etc.) to therapy or treatment conducted, at least in part, via email. Risks associated with the use of email tend to increase as the communication moves away from incidental matters and toward therapeutic uses, just as providing psychotherapy in one’s office arguably involves greater risks than confirming or rescheduling a

client's appointment.

Email has numerous potential therapeutic uses and in some situations may be especially helpful to clients. A Deloitte study reports that 75% of patients want their physicians to provide online services including email and 25% say they would be willing to pay more for such services (Deloitte, 2008). This replicates a 2006 Harris Interactive poll finding that 74% of adults would like to be able to email their doctors directly (Harris, 2006). Email has been shown to improve communication between clinicians and patients and to improve patient satisfaction scores in family medicine (Leong et al., 2005). However,

physicians have been slow to adopt regular email communication with patients (Brooks & Menachemi, 2006). Therapists and mental health professionals seem to have been earlier adopters of the technology. Some psychotherapy clients may be even more receptive to communicating with providers via email, particularly for issues that may be difficult to discuss in person. People with low self-esteem generally prefer email to face-to-face communications, particularly when communications involve an element of risk. This chapter discusses some relevant applications of the use of email as well as some important ethical considerations.

APPLICATION

The use of email by psychotherapists and counselors varies considerably. Even providers who do not communicate with clients through email may address email-related concerns in therapy. Malater writes of clients for whom email becomes an important element of issues explored in therapy (2007). Email may occupy such an important part of the client's life that he may bring in copies of emails with third parties, such as family members, to discuss in therapy. Therapists should be aware of the role of email in a patient's life and should be aware of the patient's use of email as a potential area to explore during sessions. The clinical use of email may be adjunctive (Peterson & Beck, 2003) or offered as a sole form of treatment. Therapists should have a well-thought-out email policy that should be communicated to clients, just as one has a policy for telephone calls. The policy should clarify expectations about the use of email, when it is and when it is

not appropriate, as well as the various risks associated with email and the available safeguards; this chapter details additional suggestions for email policies in the section on Ethical Considerations.

Adjunctive applications of email may be among the most common. Yager, an early adopter of the technology, uses email with his clients for both administrative and clinical purposes. He has written extensively about his experience using email with adolescents in treatment for eating disorders (Yager, 2003) and his observations and recommendations will be helpful to many clinicians who use email or who are contemplating it. He notes the utility of email for encouraging clients to report daily food diaries, which enhances accountability and self-awareness.

Eating disorders are among the most studied indications for the clinical use of email (Robinson & Serfaty, 2007; Yager, 2003). There is some evidence that

automated email messaging may help to improve outcomes in smoking cessation (Lenert et al., 2004) and, interestingly, that email CBT with minimal therapist contact may be helpful for social phobia (Carlbring et al., 2006). Email has shown some potential for helping abuse victims in increasing rates of abuse disclosure and facilitating communication among parents, children and treatment providers; these applications were originally suggested by women in domestic violence shelters (Constantino et al., 2007). Self-directed writing exercises with therapist email were found to be helpful for posttraumatic stress and grief (Lange et al., 2001). Conditions for which email may be helpful range from clinical disorders such as depression to subclinical, “worried well” difficulties, such as work stress (Ruwaard et al., 2007). Email has been proven effective for weight-loss counseling, even when using automated, computer-tailored feedback instead of email counseling by a therapist (Tate et al., 2006).

Email may elicit more honest information about a client’s conditions. The Samaritans, a UK-based charity best

known for its work with suicide hot-lines, noted that their email contacts describe suicidal feelings more frequently than phone contacts (Armson, 1997). Turkle (1999, p. 643) notes: “The relative anonymity of life on the screen . . . gives people the chance to express often unexplored aspects of the self. Additionally, multiple aspects of self can be explored in parallel.” As email communication between therapist and client delves more deeply into clinical matters and psychological difficulties, ethical considerations abound.

Practically speaking, emails offer numerous benefits, including the ability to compose and send communications at any time, even from numerous different locations. Many consider email’s automatic documentation a benefit, although having a complete and literal record carries some risks as well (Recupero, 2005). Email can be used in conjunction with other forms of electronic technology for therapeutic purposes. Tate and Zabinski (2004) provide a helpful review of technological applications that may be useful adjuncts to therapy, such as online support groups.

ETHICAL CONSIDERATIONS

Most of the important ethical considerations for email are merely extensions of existing ethical standards and problems in the practice of psychotherapy in general. Among the central ethical concerns for the use of email are:

- confidentiality and privacy;
- the appropriateness of email communication in a particular clinical situation;
- the implications of email for professionalism and the standard of

care and

- administrative issues, such as licensure and reimbursement.

Because clinical scenarios vary significantly among different clients, it is impossible to address every potential ethical concern that may confront the therapist who uses email. This chapter aims, instead, to offer some starting points for reflection and to encourage the reader to seek out additional resources, such as existing ethical guidelines for