



TelePsychology or TeleMentalHealth in the Digital Age: The Future Is Here

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Editor's Note: Dr. Zur will participate in a session at the CPA 2012 convention with Drs. Jeffrey Younggren and Michael Donner entitled *What We Know (and Don't Know) About Telepsychology* on Friday, April 20, from 2:00-3:30 p.m.

Telehealth, also referred to as Telemedicine or E-Health, is a general term describing the delivery of medicine via digital means rather than an in-person situation. For psychotherapy counseling and mental health services, it has been called TeleMentalHealth, TelePsychology, E-Counseling, E-Psychotherapy, TelePsychiatry, Internet-based psychotherapy, TeleAnalysis, and similar names.

TeleMentalHealth is generally defined as the use of the telephone, text, e-mail, chats, interactive tele-video-conferencing technologies, or virtual reality (VR) for the assessment and treatment of mental health disorders, mental health consultations and supervision, or the prevention of mental health disturbances. The definitions of telehealth and telemedicine are still evolving and often vary among states, organizations, licensing boards, and jurisdictions. For example, the California Business and Professions Code (Section 2290.5) does not include phone and e-mail as part of telemedicine. It states:

1. "Telemedicine" means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient constitutes "telemedicine" for purposes of this section.
2. "Interactive" means an audio, video, or data communication involving a real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information (California Business and Professional Code, 2011).

In contrast, the recently adopted Ohio Rules of Professional Conduct (OAC 4732-17-01) does include phone and email in their revised definition of TelePsychology (Ohio Board of Psychology, 2011).

TelePsychology practices cover a wide range of services and modalities, including:

- Crisis intervention or other contacts between in-person sessions.

- Conducting sessions with patients who are not able to attend in-person sessions because they are homebound due to physical or mental health issues, due to physical distance, lack of transportation or resources, or other reasons.
- Providing assessment, consultation, supervision, prevention or treatment of mental disorders or related services to an individual in a different location with or without in-person face-to-face contact.
- Conducting psychotherapy via phone or Internet *synchronously* (i.e., at the same time, such as on the phone or via video-conferencing or virtual reality) or *asynchronously* (i.e., sequential, via text, e-mail or chat).

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Telemedicine has been increasingly embraced by the medical communities and has been successfully implemented in preventative and nursing care, as well as in military, rural and forensic settings. In contrast, TelePsychology has been slower to be adapted by federal programs such as Medicare, insurance companies, and psychologists and mental health providers themselves. Medicare limits the use of technology to real-time, interactive audio-video telecommunications and technology such as email. Eligibility for reimbursement is limited to services provided to beneficiaries located at an “eligible site” in specified geographic areas such as “rural health professional shortage areas” or a county outside a Metropolitan Statistical Area. Additionally, CMS limits the sites where beneficiaries may be located when receiving telehealth services to provider’s offices, hospitals, skilled nursing facilities, rural health clinics and federally qualified health clinics (FQHCs).

Efficacy of Telepsychology in the Digital Era

There is ample evidence of the efficacy of TelePsychology. The most obvious is the more than half century of suicide crisis lines, where simple phone technologies have been effectively used for suicide prevention. Studies have shown that TelePsychology is effective in the treatment of anxiety, agoraphobia, PTSD, depression, and has been utilized effectively in consultation, supervision, and assessment.

The digital revolution and the proliferation of social networking and online commerce can easily predict the efficacy of TelePsychology and can explain the important role it plays in the delivery of mental health services. Modern consumers, most notably the younger generation known as “digital natives,” are accustomed to communicating, socializing, shopping, playing, connecting and even having sex online. This directly implies that online communication is common, familiar, speaks the consumer language, and is within these consumer’s comfort zone.

Resistance to Change

TelePsychology is highly suited as a delivery method for psychotherapy and counseling. These practices rely extensively on the spoken word and visual observation and generally do not require sophisticated medical and other technologies or physically intrusive medical interventions. Digital technologies dominate our social life, communication, leisure, play, commerce, and relationships. Despite this, psychologists and most other mental health providers have been, at best, slow to adapt, and more commonly, resistive to adapt. It is my opinion that such resistance is rooted in at least four factors:

1. Most psychologists are not highly technical and some are technology-resistant or even phobic. After all, we psychologists chose to get a doctorate in psychology and not in engineering, and we elect to focus on human behavior rather than on technology.
2. Many psychologists are in their 50-60s and, as such, belong to the group known as “digital immigrants” (Zur & Zur, 2011). While most of the recent graduates entering the profession are “digital natives” and feel comfortable with technology, the older generation, are more likely to fall within the “reluctant digital immigrants” category.
3. Psychotherapists as a group have not been known to be highly adaptive or flexible. Many new ideas, approaches, and tech-

niques are often met with resistance and skepticism. In spite of the token commitment to individual differences and cultural diversity, psychologists often fail to acknowledge or say “This is foreign to me,” “I don’t understand,” or “I am intimidated” but instead often say “It is inappropriate and . . . unethical.”

4. Some of the main objections to phone, email, chat, virtual reality (VR), text or other non face-to-face forms of communication meet with the resistance of therapists who, rather tyrannically, claim that without being able to read body language, therapy is rendered obsolete. This argument is repeatedly made in spite of ample research demonstrating the efficacy of these techniques, and the psychological theories that describe the disinhibition effect (when people are more likely to reveal personal information when there is no face-to-face contact), and the fact that some people prefer to be ‘side-by-side’ without eye contact (one can argue that Freud was one of those).

Obviously, TelePsychology is neither suited for all clients nor for all therapists, but it will work quite well for many. Most of the objections to TelePsychology are ideological, fearful, and baseless as they bluntly ignore the research of the efficacy of telementalhealth and disregard our commitment to honor, if not celebrate, individual and cultural diversity.

Challenges Facing the Field of TelePsychology

Confidentiality & Privacy: Concerns with confidentiality and privacy are some of the most prominent concerns regarding telehealth, and include unauthorized access to digital data on computers, servers, video-conferencing platforms, and online (cloud) storage.

Crossing State Lines: One of the hottest topics in telehealth is the issue of inter-jurisdictional; across state or country boundaries. This relates to situations where the psychotherapist and the client are not in the same state or even the same country. The issues at hand are whether psychologists can treat patients if they are not licensed in the state where the clients resides, and concerns of U.S. practitioners treating clients who reside overseas and visa versa.

Use of Skype in Telepsychology: While Skype encryption levels are definitely adequate, the concerns of service reliability, potential interruptions of services, security, confidentiality and the fact that Skype does not provide a HIPAA Business Associate contract have raised questions regarding its suitability for telepsychology.

Scope of Practice: Psychologists who use digital technologies to conduct therapy, assessment or supervision must be familiar with, competent in, and aware of their limitations.


Identifying the Client: How does a therapist know if the person on the other side of the Chat is a man or woman, young or old? Concerns with verifying clients’ age, gender, identity, capacity to give consent to treatment, and mental state are some of the challenges embedded in telepsychology.

Informed Consent: Clients must understand the risks, benefits and vulnerability of telemedicine delivery systems so they can make an informed decision regarding their participation. Clients must be informed that video conferencing and Internet service may unexpectedly drop, and unauthorized people may have access to unencrypted e-mails.

Record Keeping: Keeping records of video conferencing, texts, or phone sessions are similar to records of live face-to-face sessions. Meaningful clinical information must be recorded in the clinical notes. Of course, email records are easily stored on one's computer. Many cloud storage platforms are already HIPAA compliant and provider friendly.

Local Emergency Resources: Due to the fact that the psychologist is often in a different geographical area than the client, special attention must be given to concerns with medical and psychiatric emergencies and referrals.

Summary

As digital technologies continue to proliferate and dominate our lives in the 21st century, TelePsychology will become a major method of delivering mental health services. Obviously, the standard of care is still evolving and psychologists need to tolerate this transition period. Hopefully, psychologists realize that "the train has left the station;" digital technologies dominate the way people communicate, play, learn, heal and connect. Telehealth has the potential to be less expensive and, therefore, more affordable. My hope is that psychologists recognize its value, find ways to overcome their fears of the new, eliminate their rigid loyalty to the familiar, and embrace these exciting new possibilities so we can serve our clients in the most helpful, effective, affordable, and readily available ways. 

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For more information go to www.zurinstitute.com/telehealthresources.html.

Ofer Zur, PhD, is a psychologist and director of the Zur Institute, LLC, which offers 130+ online CE courses, including courses on Telehealth and Digital Ethics, and many free articles, guidelines and resources on telepsychology at www.zurinstitute.com. He can be reached at info@zurinstitute.com.



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Since publication of this article, professional organizations -- including the APA -- have released additional guidance and ethical codes regarding telehealth practice:

- APA (2013) Guidelines for the Practice of Telespsychology: <http://www.apapracticecentral.org/ce/guidelines/telepsychology-guidelines.pdf>
- ACA (2014) Code of Ethics. This code introduces a whole section (section H) on distance counseling and digital technology in counseling: <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>

For more information about ethics codes and professional guidelines on telemental health practice, see our article: Professional Association Codes of Ethics and Guidelines On TeleMental Health, E-Therapy, Digital Ethics, & Social Media