Chapter XLIII
Computer Mediated Communication for the Enhancement of Psychotherapy

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ABSTRACT

Psychotherapy and psychosocial interventions rely mainly on verbal communication and language. With the expanding use of computers as well as the capacity of the Internet to bridge geographic distances and to increase access, computer mediated communication (CMC) plays an increasing role for the delivery of psychosocial interventions. This chapter focuses on the advantages and limitations of CMC for psychosocial and psychotherapeutic approaches and introduces three specific CMC-based interventions developed for the provision of step-down treatments in psychotherapy, in which e-mail, Internet chat and the Short Message Service (SMS) were used. Empirical findings on the feasibility, user acceptance, and effectiveness of these interventions are reported. Finally, future perspectives for CMC in psychosocial and psychotherapeutic contexts as well as research directions are outlined.

CMC for the Enhancement of Psychotherapy

Parallel to the rapid distribution of modern communication technologies, the number of ideas for their use in health care increased. Soon the term "eHealth" was coined, defined as the use of interactive technologies (e.g., Internet, CD-ROMs, personal digital assistants, interactive television, and voice response systems) to enable health improvement and health care services (Eng, 2001). Technological innovations and computer mediated communication (CMC) have opened new possibilities of care delivery for patients with mental disorders such as depression, anxiety, or eating disorders, that have traditionally been treated in outpatient or inpatient face-to-face (f2f) psychotherapy.

CMC-enhanced interventions have been developed for prevention, self-help treatment, counselling, relapse prevention, or as an adjunct to outpatient psychotherapy using various forms

of media such as e-mail, online forums, message boards, chat rooms, and text messaging. Some of them are Internet-based, that is, they are used online and others are used off-line, that is, the programs are installed locally on a PC (e.g., via CD-ROM). Online programs can potentially be used by any person who has Internet access and are thus accessible by a large number of users. They allow interactions between several users, for example, in a chat room or via a message board. In contrast, off-line programs are more difficult to access and they are usually used by one person at a time, that is, communication with other users is not supported by the program. Within this growing field of e-mental health a number of on- or off-line programs has been developed and found to be helpful for a wide range of populations and clinical situations (Rochlen, Zack, & Speyer, 2004; Wantland, Portillo, Holzemer, Slaughter, & McGhee, 2004).

For example, a number of online prevention approaches have been evaluated with positive outcomes, targeting, for example, individuals who are at risk for developing an eating disorder (Cook Meyers, Swan-Kremeier, Wonderlich, Lancaster, & Mitchell, 2004; Newton & Ciliska, 2006). The most prominent of these interventions is "Student Bodies," an 8-week, Internet-based cognitive-behavioral intervention, which has been shown to significantly reduce weight and shape concerns in young women who have an elevated risk for an eating disorder (Taylor et al., 2006; Winzelberg et al., 2000).

Other technology-based preventive treatments and early interventions have been found to be helpful for individuals with anxiety disorders (e.g., Andersson et al., 2006; Kenardy, McCafferty, & Rosa, 2003), depressive complaints (Patten, 2003), or symptoms of posttraumatic stress (Lange et al., 2000). A number of studies also report on (guided) online self-help programs addressing different kinds of mental health issues (Eysenbach, Powell, Englesakis, Rizo, & Stern, 2004; Pull, 2006).

For a comprehensive literature overview on technology-based interventions in the field of psychotherapy see Barak (2007).

The objectives of this chapter are 1) to highlight advantages and limitations of CMC for psychosocial and psychotherapeutic contexts, 2) to describe three specific interventions illustrating how CMC can help to optimize mental health care, and 3) to outline future trends in this field.

BACKGROUND

Since the beginning of e-health, a number of potential benefits and harms of the use of CMC in psychotherapeutic care have been discussed (e.g., Budman, 2000; Childress, 2000). The most important of these are listed below.

Advantages of CMC in Psychotherapy

Flexibility and availability. Internet-based programs are universal. They can be used from anywhere at any time. There is no travel required to participate in the program, clients can access it from home or from any other convenient place with Internet access. This saves immense time and cost, and is of especial advantage for people with limited mobility, and people in remote areas.

Internet-based programs provide an enormous flexibility to their users. In general, underserved populations seem to benefit substantially from technology-based interventions (Gustafson et al., 2001). Moreover, such programs extend the reach of specialists or specialized institutions. For example, CMC allows patients to participate in an online aftercare program immediately following an inpatient treatment although they might live far away from the specialized hospital.

Anonymity and exchange. Many people who suffer from mental disorders feel ashamed because of their illness and thus hesitate to seek professional help. Consequently, many clients report a

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