

Chapter 34

Modes of Delivering Psychotherapy: Investigating Technology

Ebrahim Oshni Alvandi

Monash University, Melbourne, Australia

George Van Doorn

Federation University Australia, Churchill, Australia

Mark Symmons

Monash University, Melbourne, Australia

ABSTRACT

The ubiquity of telecommunications technologies and the internet facilitates offering different mental health services to the public, and the ongoing advancement in technologies introduces new venues to a range of psychotherapeutic services. It is critical to all clinicians and professionals in information and communications technology to have a clear understanding of the opportunities and challenges of these technologies. This article outlines the technologies that are currently used as part of psychotherapy. In particular, the paper discusses some of the current state of clinical research, advantageous and disadvantageous that relate to the use of these technologies.

INTRODUCTION: HISTORICAL BACKGROUND AND TELEPHONY-BASED APPLICATIONS

Counselling services traditionally offer ‘treatment’ in a private, face-to-face setting (e.g., an office or clinic). Technology-based counselling services, however, have surfaced as an alternative means of therapy where patients do not have access to in-person services. These services have been available for several decades. For example, the Australian Royal Flying Doctor Service (RFDS) used the Morse Code,

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a coding system to transmit messages via the electromagnetic telegraph, was used in 1928-1929 by the Royal Flying Doctor Service (RFDS) in Australia to provide telehealth to remote areas (Margolis & Ypinazar, 2008; Persson, 2010). It was in the 1930s that the service called 'Voice Radio Therapy' was introduced and serviced remote areas of Australia by telephone. The use of telephone technology in psychotherapy continued in later years. For example, in an attempt to prevent suicides, the Samaritans¹ began the first telephone counselling service (called Lifeline) in London in 1953 (Hornblow, 1986) and four years later in 1957, three telephone counselling providers were established in the United States of America (Hornblow, 1986). In Australia, the first Lifeline service was officially introduced in 1963 (Coman, Burrows, & Evans, 2001), but it was during the 1970s that telephone technology services have provided psychotherapy services (see Lester, 1974 and Regan, 1997).

Since the 1980s, telephone psychotherapy has been recognised as a valued alternative to traditional face-to-face therapy and has been used to deliver various mental health services (Reese, Conoley, & Brossart, 2006; Robinson, 2009b), for instance, to provide care for obsessive-compulsive disorder (OCD) and depression (Lam, Lutz, Preece, Cayley, & Walker, 2011; Lerman et al., 1992; Marcus et al., 1993; Turner et al., 2014). Telephone counselling has also been effective in helping clients with the psychological issues associated with cancer (Badger, Segrin, Pasvogel, & Lopez, 2013; Bastian et al., 2013), with disability as an adult (Evans, Halar, & Smith, 1985), with smoking cessation (Bastian et al., 2013; Stead, Hartmann-Boyce, Perera, & Lancaster, 2013; Zhu et al., 1996), and with HIV infection (Velthoven, Brusamento, Majeed, & Car, 2013).

Given the success of telephone counselling, it is not surprising that the usefulness and appropriateness of other technologies for therapeutic purposes has been assessed. Several studies have identified the benefits or disadvantages of those services, ethical and organizational issues, and the therapeutic outcomes achieved using differing technologies (see Haberstroh, Parr, Bradley, Morgan-Fleming, & Gee, 2008; Lovejoy, Demireva, Grayson, & McNamara, 2009; Richards & Viganó, 2013a; Schultze, 2006). For example, instant messaging, chatting, and video conferencing facilitate a person's ability to access services in spite of one's geographical distance from the service. These telecommunication systems open up new possibilities for communication between therapists and clients. This was the reason the current article outlines the story of use of technology in psychotherapy. The review will classify the technologies that have been used in psychotherapy and will also discuss some of the advantageous and disadvantages that relate to the use of these technologies.

As a basis for this literature review, technologies have been categorised into four categories. Firstly, Internet-based technologies are covered with attention to the advantageous and disadvantages of these technologies as a common medium of therapeutic delivery. Secondly, stand-alone platforms including mobile applications and technologies designed for automated self-help services are reviewed elucidating some of the challenges in using such automated systems in psychotherapy. The third category covers the use of 3D, and Virtual Reality (VR) therapeutic technology tools and the final category focuses in assistant therapists.

The material for this study was mainly drawn from the peer-reviewed literature in which the terms "computer-mediated therapy," "tele-counselling," "e-health," "internet-online counselling," "videoconferencing," "asynchronous therapy," "synchronous therapy," "Virtual Reality" were used. These terms were also used in a search of the databases EMBASE, PubMed, PsychINFO, and Google Scholar to gather articles on technology-based therapies, but no specific method was used to filter the clinical or experimental content of the papers reviewed.

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