

E-THERAPY DURING A PANDEMIC IN POLAND AND WORLDWIDE - A TEMPORARY TREND OR A NEW REALITY?

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ABSTRACT

Aim: The purpose of this article was to present the benefits and difficulties of online psychotherapy and to highlight the ethical context of this form of therapy.

Concept. Conducting psychotherapy online is not a new phenomenon. However, the spread of this form of therapy has changed in recent years and for that reason, the literature on e-therapy focused on the period just before and during the Covid 19 pandemic was analysed.

Results and conclusion. Despite the initial costs associated with implementing e-tools and training psychotherapists, e-therapy is a financially beneficial mode of operation for institutions. On the other hand, a barrier may be the quality of equipment and Internet connections available in offices and insufficient staff training.

For patients, the benefits of e-therapy are primarily related to easier access to services. Both increased time flexibility and reduced mobility barriers are essential, especially when combined with financial savings. However, attention should be paid to patients with limited network competence or difficulty accessing equipment or the Internet. The spread of e-therapy may result in the exclusion of this still large population.

The online therapeutic process involves greater risk and patient concerns about recording, storing, and securing confidential information. The key in this situation seems to be the psychotherapist's awareness, caution, and transparently informing patients about how to work and secure data.

Keywords: e-therapy, online therapy, psychotherapy

INTRODUCTION

The COVID-19 pandemic and associated restrictions aiming to curb the spread of the virus have forced significant changes in human functioning. The changes have affected the lives of both individuals and entire communities.

The direct introduction of changes has been very rapid, often involving many restrictions on the operation of certain services. In the field of public health, the growing need for psychological help became apparent. Many people, previously skeptical of psychological therapy, expressed a desire to take psychological action because of the stress related to COVID-19 (fear for their own lives and those of their loved ones), loss of jobs, uncertainty about the future, as well as because of lifestyle change, working conditions and reduced social contacts.

During the pandemic, online therapy became commonplace in Poland and worldwide due to high demand and the need for social distancing. However, before the pandemic, many therapists had concerns about conducting therapy over the Internet. Therefore, the question arises, is e-therapy a temporary trend caused by the global epidemiological situation, or will it settle permanently and displace the traditional form until e-therapy finally becomes the norm?

E-THERAPY- EFFECTIVENESS

Preliminary studies confirm the effectiveness of ICT solutions for the therapeutic process in, among other things, alleviating symptoms of anxiety and depression during the COVID-19 crisis (Al-Alawi, Al-Maniri, Panchatcharam, & Al Sinawi, 2021).

More and more modern solutions are being introduced that have not been used much before, such as VR (virtual reality): "In the future, as networked, immersive virtual reality becomes more widely available, therapists and patients in physically different locations will be able to 'meet' in a shared, computer-generated world designed for therapy sessions, potentially including group sessions. Telepsychology and virtual reality may become increasingly valuable tools to help therapists mitigate the consequences of COVID-19." (Sampaio, Haro, De Sousa, Melo, & Hoffman, 2021).

In addition to individual sessions, e-tools can also facilitate group and couples therapies. Although this is challenging, therapists are generally optimistic about online work with couples, believing such endeavours are practical. At the same time, they admit that they did not have much experience conducting online couples therapy prior to the pandemic. They cite online therapy's most significant difficulties: establishing a strong therapeutic bond with both partners, dealing with escalating conflict, and interrupting therapy (Machluf, Abba Daleski, Shahar, Kula, and Bar-Kalifa, 2021).

Research on the effectiveness of e-therapy was also conducted before the pandemic. At that time, it was treated as an innovation and a complement to traditional therapy. Among other things, one can find studies whose results indicate that e-therapy is effective in treating many mental disorders. Even then, however,

the authors stressed the need for further research on the level of client/patient engagement in therapy and, consequently, on the effectiveness of e-therapy (Abbott, Klein, and Ciechomski, 2008).

Pandemic restrictions accelerated the development and dissemination of online therapies. Although we are now seeing the end/silencing of the pandemic in many countries, some of the solutions are still not withdrawn and may already remain in therapeutic practice.

E-therapy can be a convenient solution for doctors/therapists and patients to get help without leaving home. The benefits to the patient of such a form include saving time and money associated with getting to the office in the traditional form. Patients are also not limited in their choice of a therapist by where they live, as they can benefit from therapies conducted by someone living in a distant city or another country. Moreover, patients may receive therapy in their home or other therapy-friendly location, which can enhance a sense of security, contributing to greater engagement and openness to the therapeutic process.

Rudzik-Sierdzińska and Sierdziński (2018, p. 55) include among the benefits of telemedicine solutions:

“fewer hospitalizations, shorter hospitalizations;
Improved quality of life for patients, lower cost of travel to the doctor;
shorter queues;
more efficient use of qualified medical personnel’s time;
databases for researchers;
lower treatment costs for certain diseases.”

Telemedicine and e-therapy are currently becoming increasingly common phenomena in health care. Contributing to this is the development of tools that enable carrying out certain medical and health-related activities at a distance. The end of the pandemic is not certain, and the benefits of telemedicine solutions are clear, so the development and deployment of e-tools continue.

BARRIERS AND THE FUTURE OF E-THERAPY

Rudzik-Sierdzińska and Sierdziński (2018, p. 55) define telemedicine costs as follows: initial costs of systems implementation; creation of databases; hardware and software; personnel training costs; telecommunications.” While most of these are initial costs, once e-tools are implemented and the staff is trained, the financial savings appear to be the most significant benefit to the institution. On the other hand, what may encourage a patient to use e-therapy is more significant time savings and easier access to a doctor/therapist. Unfortunately, many patients have become discouraged by remote counselling despite the apparent benefits. From the practice and observations of the authors of this text, it appears that patients are less confident in the effectiveness of online appointments. Sometimes they do not feel competent when using the equipment, and sometimes they experience the lack of intimacy due to the presence of household members during teleprompting/online counseling.

Patients may also feel lost when searching for and selecting solutions present online. For example, in a study conducted among young people with psychotic disorders during a first episode, it was noted that some people valued the flexibility of online therapy, increasing their motivation to engage in it. In contrast, other participants, on the contrary, were overwhelmed by the amount of choice available to them through online therapy, so their motivation to engage in treatment decreased (Valentine et al., 2021).

From the therapist's perspective, we note two primary barriers: the quality of the equipment/Internet connection the institution has and the difficulty in adapting some of the tools for online practice. Implementing online practice quickly meant there was not always enough time or opportunity to fully train the staff. A survey conducted on the sample of 768 U.S. professionals shows that before the pandemic, most therapists provided only face-to-face therapy in the office. In contrast, during COVID-19, almost all therapists used a wide range of telecommunications technologies. They used various tools to communicate with quarantined patients, including texting, telephones, video conferencing, and virtual reality. Therapists noted the effectiveness of telepsychology, while they felt professional burnout more often than before. The study authors emphasize that: "Although APA ethical guidelines encourage therapists to use telepsychology with patients during a crisis, gaps in respondents' knowledge indicate the need for increased specialised training and education" (Sampaio, Haro, De Sousa, Melo, & Hoffman, 2021).

Questions also arise among researchers about the process of conducting e-therapy, or at least the time required to conduct sessions in the online space. Due to the doubts that arise, some suggest the need to create standards for online therapy. There is also the question of the place of e-therapy in overall therapeutic activities - whether it should be an addition and supplement to the traditional therapeutic model or it should function as a separate form (Makara-Studzińska and Madej, 2017).

The research provides preliminary qualitative evidence that online therapy can be a valuable extension to the traditional face-to-face therapy. However, therapists require more training when implementing remote therapy (Kotera, Lloyd, Edwards, & Ozaki, 2021). In addition, research on the effectiveness of long-term e-therapy also seems necessary (Makara-Studzinska & Madej, 2017).

ETHICAL ISSUES

Supervision is used to avoid mistakes in psychotherapy and control the therapeutic process. The need for training and improving one's competence and openness to constructive criticism is written into the psychologist's code of ethics. It is essential both for the safety of patients and for the proper orientation and training of therapists. During the pandemic and the associated need to work remotely, the essence of supervision did not change. In addition, professionals also had to pay attention to new technological aspects of this method, such as image sharpness,

lighting quality, and sound, which also affect the quality of therapy (Sahebi, 2020). New possibilities related to remote work have also arrived. For example, the supervisor can chat one-on-one with the therapist during therapy. Also, reviewing a session can bring new and beneficial learning experiences (Sahebi, 2020). As in offline psychotherapy here, there is also the ethical aspect of protecting data collected via the Internet and recording sessions. Because of the greater risk of information getting through, the psychotherapist and the supervisor must be especially careful when securing therapy data. Aware of the technicalities of electronic communication, the patient may also be more concerned about the security of the information they present.

Studies conducted just before the pandemic highlighted similar concerns. The study's authors note the lack of standardised ethical standards in e-therapy regarding the information a client has access to once they have accessed the therapists' website. "From an ethical point of view, equally important are the rules for selecting clients (indicating which patients cannot participate in online therapy, enforcing the client's age of majority rule)" (Rudnicka, Pindych and Probiez, 2018). In addition, the researchers noted that the sites lacked information on security rules and the protection of client data online. The authors postulate that new codes of ethics should "introduce separate sections with recommendations strictly related to online therapy while highlighting information that should be included on such sites" (Rudnicka, Pindych and Probiez, 2018). Such information includes the therapist's data, including his name, education, career, and academic record, and the institution's details where the veracity of the posted information can be confirmed. The therapist's website should also include information about how the service is provided and its limitations so that the recipient can make an informed decision about the service. It seems necessary to provide information at the outset about the need to check the identity and age of the recipient. "Equally important is information on the limitations of the various ways of providing services, e.g., email exchange, chat, video call, as well as the obligation of security. The purpose of code solutions should be to indicate how to protect against the negative consequences of using online services (e.g., having an anti-virus program, securing the computer with a password, or requiring verification of the identity of the person with whom the conversation is conducted)" (Rudnicka, Pindych and Probiez, 2018).

The study, which involved 226 couples and family therapists, asked them to identify ethical issues and drawbacks that may result from using technology in therapy practice. Five related issues were identified: confidentiality, impact on the therapeutic relationship, licensing and liability issues, issues related to crises and risky clinical situations, training, and education. (Hertlein, Blumer, & Mihaloliakos, 2015).

Patients who opt for online therapy should be aware of the psychotherapist's code of ethics. While these codes do not contain separate sections on online therapy, they fit into e-therapy activities' principles. The codes mention integrity, which, in the context of e-therapy, would be further realised by specifying how e-therapy is conducted, truthfully discussing the possibilities and limitations of

not having face-to-face contact. Taking care of the recipient's data is essential for safe collection and storage. It is also necessary to seek scientific knowledge that can be derived from online therapy. One should search for the best solutions and implement them in their work based on the achievements and successes of other psychologists/psychotherapists described in specialised publications.

CONCLUSION

Online therapy has increased access to psychotherapy, especially in the times of the pandemic. Despite the refinement and proliferation of e-tools, many people still approach this form of therapy with distrust. In studies designed to determine differences in attitudes toward online therapy, face-to-face therapy was valued more than online therapy in almost all demographic groups. However, those participants who had more experience with online therapy valued it similarly to face-to-face therapy. Also, those who had heard of online therapy valued it more than those who had had no idea it existed. The study concludes that simply raising awareness of online therapy may be the key to its increasing uptake (Knechtel and Erickson, 2021)

By typing the phrase psychological therapy online into a search engine, one can find many offers from psychological offices and inquiries from interested parties regarding the effectiveness of such therapy. Among the benefits described is a lower cost of service, more flexible hours, time savings, or the possibility of continuity of therapy during the participant's vacations/travels. E-therapy may be better for those who are busy, disabled, or have to constantly care for others who cannot be left alone at home. In addition, those living permanently abroad can benefit from e-therapy in their native language. On the other hand, it is essential to remember that people with low networking skills with limited access to equipment do participate in online therapy. Such people may feel excluded and may not have the opportunity or motivation to participate in this form of therapy.

The answer to whether online therapy will permanently remain in psychological practice remains open. After months of enforced social distancing, people need to meet face to face. On the other hand, some people have become accustomed to working remotely, studying, and doing many things online: shopping, taking medical consultations and resolving official matters. It also seems natural to have this form of therapy, as a mark of progress of the human civilization. The general provision of this type of therapy will probably open the field for further discussion and it is undoubtedly a topic worth observing. Perhaps the postulate on introducing ethical issues concerning strictly online therapy (due to the transition from the traditional form of therapy to remote therapy) will prove to be a necessity in the future.

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