

Treatment at a distance

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INTRODUCTION

The era of globalization has brought easy access to communication technologies, allowing for contacts not only by telephone, but also in writing and even real-time visual communication. The possibilities inherent in these new technologies are catching the interest of psychologists, who are considering the positive and negative aspects of using technological communication tools for the provision of treatment. It is important to note that we are still at a very early stage in terms of knowledge on this subject and thinking about the ethical implications, not to mention mastery of the technology available to professionals. This fact leads many psychologists to be cautious in order to avoid causing detriment to their clients, despite the demand for remote or distance services caused, among other things, by the increase in travel. Clients who are travelling often wish stay in contact with the professional providing needed psychotherapeutic services even while they are away. What is more, the availability of technological resources legitimately leads some professionals to want to reach out to certain clientele who seek access to psychological services. These clientele may currently lack access because they live far from urban centres where specialized services are located, or have mental health problems or physical limitations that restrict their mobility.

This issue has been the subject of consideration for at least the last decade¹. In Quebec, attempts have been made to establish guidelines on this matter or initiate thinking about ethical concerns². The Agence d'évaluation des technologies et des modes d'intervention en santé (2006a, 2006b) has produced two reports for the Government of Quebec on clinical guidelines for telerehabilitation and telepsychiatry and has proposed a number of directions. In November 2006, a draft regulation to amend the Act

respecting the Régie de l'assurance-maladie was tabled by the Minister of Health and Social Services. It considers the possibility of treating telehealth services as services that could be insured³. At present, the Ordre des psychologues does not have any specific standards for treatment at a distance. However, this situation is about to change. A committee has been charged with examining this issue and developing guidelines for members on how to provide these types of services while fulfilling all the necessary requirements. This committee's findings may lead to the establishment of new rules, depending on the decisions of the Bureau of the Order. In the meantime, this guideline⁴ will consider the current ethical issues associated with treatment at a distance and present some suggestions to psychologists.

SOME CLARIFICATIONS

To facilitate our examination of distance psychotherapy, we need to make a few distinctions.

Information given in public

A psychologist who delivers counselling services by telephone on the radio or television or responds to requests made in an Internet chat room, should focus not on the specific problems experienced by a client, but rather, the general issues related to these concerns. Extreme caution is advised, due to the impossibility of ensuring confidentiality given the public nature of the relationship and the uncertainty about the accuracy of information on the client. If the goal is to deal specifically with the client's problems, it is preferable to suggest a meeting with the client in the psychologist's consulting room or to refer him to another psychologist working in private practice or a public institution.

Access to digital and the need to provide specialized services to certain clients are creating a new reality on which the Order is preparing to take a position.

When providing counselling publicly through the media, psychologists should focus on explaining the general issues raised by a client's problem, rather than treat the problem itself, especially when time is limited and they do not have all the necessary professional and scientific information.

Psychotherapeutic follow-up by telephone or e-mail and other professional activities using technology

Some situation already exists where a psychologist treats a client without seeing him face-to-face in the consulting room. For example, a psychologist may, in some instances, provide services over the telephone. This may be justified when the client's condition has deteriorated since the last meeting, or for another reason. It is even possible for periodic telephone communication to be part of the treatment plan, depending on the problem for which the client is seeking treatment. The psychologist is able to decide what treatment is appropriate in the interests of the client. Another example may be a client who is travelling; he may contact his psychologist by telephone or e-mail in order to discuss a matter of concern to him, which is related to the psychotherapy already underway.

These are examples of common situations in which a psychologist can act, regardless of his theoretical orientation, in full compliance with accepted professional practice. But in these situations, the psychologist is already familiar with his client's problems. He can refer to the treatment plan that was drawn up with the client's consent. The history of his relationship with the client enables him to decide how best to help the client and gives him sufficient professional and scientific information to support his treatment decisions. If he lacks some of this information, he must immediately obtain further details and clarifications from the client in order to be able to direct his skills and provide adequate treatment in the given context.

The situations discussed above involve periodic or one-off treatments of limited duration, which are follow-ups to a previously-initiated therapy process. The work is done with the client's agreement on the assumption that ethical requirements will be met. These ethical requirements include, for example, obtaining consent to discuss certain matters that the psychologist may consider inappropriate to raise given the inherent limitations of telephone and e-mail use. The psychologist must also recognize the limits to professional acts in this type of environment. In addition, any fees for services rendered should be specified in an agreement. The psychologist must also be vigilant with respect to the confidentiality of any discussion, given his responsibility to preserve professional secrecy.

Industrial and organizational psychologists sometimes use technology to conduct coaching or distance supervision with respect to specific client groups (for example, managers of a firm), in contexts that are very well defined (for example, for improving behaviour in the workplace) and linked to professional or organizational objectives. Likewise, supervisory or group discussion activities among profes-

sionals may take place at a distance. For all such situations where a psychologist is involved, the psychologist must take care to obtain the individuals' consent and take into account the limitations of the situation with respect to confidentiality and reliability of the technology used. Security benchmarks or guidelines should be implemented to ensure the quality of the work done. The clients involved and the purpose of the work are factors to be considered in establishing these guidelines.

Psychotherapy exclusively by telephone or e-mail

In 2004, the Ordre des psychologues published an information document on psychotherapy aimed at the general public⁵. Psychotherapy is defined therein as a process of change requiring close cooperation with the psychologist. The document also states that psychotherapy begins with an assessment, which is conducted using tests and questionnaires and/or a clinical interview. The purpose of the assessment is to help the client by establishing "[Translation] the best possible treatment program" (p. 10). More recently, the committee of experts⁶ mandated by the Office des professions du Québec to modernize the professional system defined psychotherapy as "[Translation] psychological treatment for a mental disorder, behavioural disorders or any other problem causing suffering or psychological distress; it possesses the following characteristics: a structured interactive process between a professional and a client; a rigorous initial assessment; the application of therapeutic procedures based on communication; procedures based on valid treatment methods that respect the dignity of persons, the legislative framework and accepted professional practice" (p. 6).

The consensus emerging in our profession about the nature of psychotherapy is sorely tested by the prospect of treatment provided solely by telephone or e-mail, as this gives the psychologist no access to the client's non-verbal signals. Questions also arise about the possibility of proposing an appropriate treatment plan when there is no direct contact between the psychologist and the client during an initial assessment. In addition, the assessment tools generally used in psychology require interaction, which is not possible with telephone or e-mail communication.

Therefore, we are led to conclude that the technology available even in the best cases and the lack of an initial in-person assessment make it impossible for a psychologist to provide psychotherapeutic services exclusively by telephone or e-mail.

In this regard, the Canadian Psychological Association has proposed, for discussion purposes, some preliminary principles concerning the services that could be provided through electronic media⁷. The Association reminds its

members of the many requirements to be taken into account in order to deliver services that fulfill the professional obligations. These obligations include the necessity to respect the dignity of persons, the obligation to provide services responsibly, the concern to preserve integrity in dealings with the client and the duty to fulfill all aspects of the psychologist's role within society.

According to the draft tabled by the Canadian Psychological Association, compliance with all these principles requires that many different measures be taken. Psychologists must be capable of mastering sophisticated technology to ensure the quality of communications, and their reliability, accessibility and confidentiality. They must also keep their knowledge up-to-date, based on available scientific information, to ensure the appropriateness of their interventions for the type of clients they wish to serve. Another variable that must be taken into account is clarifying with the client the impact of this type of treatment, its effects on confidentiality and security in emergency situations, and the limits to the type of work that can be conducted at a distance. All these aspects must be explained to the client in order to obtain his free and informed consent. The Canadian Psychological Association also suggests that all communications taking place as part of treatment should be recorded. This point is debatable given the current regulatory framework.

Psychotherapy via videoconferencing

Distance psychotherapy is sometimes described using terms such as telehealth, telepsychotherapy, distance psychotherapy via videoconferencing and online assistance. These expressions are all synonymous and refer to approaches that use technology. Their purpose is to put the client in contact with a professional using digital technology that allows for the real-time/live transmission of images.

It is important to note that this type of treatment raises the same ethical problems as that discussed earlier. Despite the availability of the client's image in real time, there is usually no certainty that the treatment is really psychotherapy within the meaning of the cited definition.

The many conditions for the implementation of a psychotherapeutic service using this medium require the establishment of a strict protocol. Experiments performed in university clinical environment⁸ have demonstrated that it is possible to provide distance treatment to clients suffering from panic attacks and agoraphobia with a level of effectiveness comparable to that obtained through psychotherapy in a consulting room. However, the authors of the experiments clearly defined their clientele and the nature of the problem that would be treated. A prior assessment of the participants was done. The client sample selected based on

this assessment was as a positive factor, ensuring that the cognitive-behavioural treatment used was well suited to the problem being treated. The clients were seen "remotely" in the psychologist's office in a mental health clinic. Therefore, we can assume that qualified resources were available in case any action was needed. The professional himself was functioning in a university environment.

The authors concluded that a psychotherapeutic relationship can be established through videoconferencing. This creates a scenario that could be of interest in potentially treating other problems. In fact, another clinical study is being conducted at UQAM on the treatment of post-traumatic stress⁹ via videoconferencing.

Treatment via videoconferencing, as just described, requires a rigorous approach in the prior assessment, during all the distance treatment sessions, and in regard to the reliability of the equipment used, in order to create the impression of an authentic psychotherapeutic environment, which includes the feeling that the psychotherapist is really present, despite the constraints arising from the situation.

The authors of reports on telerehabilitation and telepsychiatry clearly specify the technological standards and physical, organizational and human structures that must be put in place to ensure the quality of this type of treatment. They also mention the issues raised by the existence of two locations where several persons are necessarily present (technician, health-care coordinator and coach where the client is located) and the ethical requirements that measures be taken, for example, with regard to consent and record-keeping.

Outlook for psychologists regarding distance psychotherapy

Although the recommendations contained in these reports favour the implementation of certain distance clinical activities, the special characteristics of psychotherapeutic work demand that there be clear guidelines. The process undertaken by the Ordre des psychologues was initiated for this purpose, as part of the Order's mission of defending access to psychological services and ensuring the quality of the services provided.

It is hoped that future research on treatment at a distance will shed additional light on clinical considerations that are important for psychologists. This research should add to the early thinking about possible technological and ethical guidelines to ensure that the therapy provided by psychologists meets the requirements of their profession.

In the meantime, substantial challenges must be met to ensure compliance with ethical requirements and avoid causing detriment to the client. First, there is the obligation to possess all necessary professional and scientific information before giving an opinion when there

The nature of psychotherapeutic work is irreconcilable with the exclusive use of the telephone or e-mail.

Videoconferencing used as a means of communication for distance psychotherapy has proven useful in very specific conditions. Additional research may help identify other treatment avenues that meet the requirements of our profession.

has been no prior in-person meeting. A failing in this regard is critical, considering the consent needed for treatment, which could not be obtained in a fully informed manner from the client as the psychologist would be unable to further develop his opinion. Additional problems include difficult access to the latest technology and the creation of an environment that lends itself to maintaining confidentiality, which cannot be achieved with a simple Webcam.

In view of the above and until procedures are developed that allow distance psychotherapy to be delivered using appropriate technology permitting compliance with the accepted practices of our profession, caution is advised with regard to the nature of services provided. Unless treatment can be given in a reliable environment, like that of the university clinical studies, or have

support from an ethics committee capable of assessing the intended project, it is preferable to restrict activities to specific interventions. For example, a psychologist could, while ensuring that he takes full account of the ethical requirements, conduct a needs assessment at a distance for the purpose of making a referral, providing short-term support treatment, or delivering professional training, coaching or supervision to clearly defined client groups. However, in such cases, the psychologist should ensure access to resource persons able to care for a person being treated at a distance should an emergency occur.

Further information on this subject will be made available once the Bureau of the Order makes some decisions on the issue of treatment at a distance.

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2. See: *Ordre des psychologues du Québec*. (1996); *Collège des médecins*. (2000); *Ordre des psychologues du Québec*. (2000).
3. See *Gazette officielle*.
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5. See: *Ordre des psychologues du Québec*. (2004).
6. See: *Ordre des psychologues du Québec*. (March 2006).
7. See: Canadian Psychological Association (June 2006)
8. See Bouchard, S. et al. (2004)
9. See research projects in the Department of Psychology at UQAM, under André Marchand, at the following Web address: <http://gersub.uqam.ca>



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