TECHNOLOGY IN MENTAL HEALTH

Applications in Practice, Supervision and Training

Second Edition

Stephen Goss
Kate Anthony
LoriAnn Sykes Stretch
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TECHNOLOGY IN MENTAL HEALTH

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Edited by

STEPHEN GOSS, PH.D., MBACP
Metanoia Institute

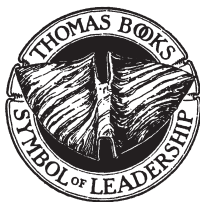**KATE ANTHONY, D.PSYCH., FBACP**
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For Catriona, Andrew and for E
for the best motivations I will ever know.

For my nephew Azza Kemp (SuperStar) and as ever for P
for keeping my warmest dreams afloat.

To my two beautiful children, countless students, mentors and peers
who inspire me to be my best.

To Stephen and Kate for your dedication and commitment
to this project while supporting my career at the crossroads.
I have landed in a very different yet familiar place
with our collective experience to guide my work
with coaches and healers. XO!

INTRODUCTION

Kate Anthony

It was with excitement and also trepidation that we received the invitation from our publisher to produce a second edition of this textbook. Excitement at the opportunity to refresh and update the valuable work from the extensive list of colleagues who contributed to the first edition, but also trepidation in considering the task of assessing what to include this time around and deciding what information needed to be assigned to the history of using technology in mental health. In addition, it was an opportunity to include a whole new section on the use of technologies in the field of supervision, both clinical and peer, and to ensure that this vital strand of input into the professions of counselling, psychotherapy and coaching got the attention it deserves.

In the half-decade since the publication of the first edition, we have seen changes in society brought about by the rise of technology in our everyday lives that also have a distinct impact on our mental health. The most important of these has been the shift in the way human interaction itself is conducted, with electronic text-based exchanges becoming more normal than the picking up of the telephone to use our voices and the ubiquity of social media leading us to consider even the core nature of privacy itself. The large consumer organisations have become verbs themselves – we are likely to Google a mental health problem before making an appointment at the doctors, or Facebook a friend before dialling their number. We tweet information we want to disseminate, and we YouTube how-to videos rather than consulting a manual. Even the early formation of human relationship making is changing – we swipe until we find a potential match or, conversely, may not wish to meet a stranger unless we have searched all the information the Internet has to offer us about them.

Alongside these shifts, the mental health field has rushed to keep up. Amongst the following pages, you will see the theoretical development about human behaviour as we witness it playing out in Cyberspace; the ethical development as each new technology brings its own concerns about how it is affecting the client and the practitioner (and the therapeutic process itself); and the exciting application of those technologies in delivering innovative and robust ways of improving the mental health of human beings in a

world where our connections are available 24 hours a day and our electronic devices have (for many) become our constant companions.

Perhaps the most fundamental shift in our thinking since the last edition is in the attitude to how we approach it. From the caution employed (rightly) in the first decade of this century in the application of technology within counselling, psychotherapy and its associated professions such as coaching, we have matured into no longer being surprised by its existence. Text-messaging is used to make, remind and cancel appointments as standard. Our medical records, including those about our mental health, are electronically stored in "the cloud." We use videoconferencing to conduct sessions with clients and create whole virtual worlds to explore the inner workings of our psyches. We are no longer restricted by geographical boundaries to communicate, or beholden to time zones in choosing when to do so. The global environment of society and how we relate to each other has changed fundamentally. It has been an incredibly exciting time to be a professional in the field of mental health.

So where did we start in producing a second edition of such a potentially vast area of study? We decided early on to cover better the area of supervision, and brought a fourth editor on board, LoriAnn Sykes Stretch, to add her expertise to the core of the original editors in myself, Stephen, and DeeAnna. We then approached our original authors to revisit and revise their specialist topic, or to suggest a new author where their own careers had taken a different turn, and invited new specialists in the field of cybersupervision to add their voices. As with the first edition of the book, its creation and development had taken time, but we hope you agree it has been worth waiting for. We have included the new technologies that we were looking forward to in our last edition, and now eagerly anticipate the technologies of the future for our next edition!

OVERVIEW

As before, the book is designed to be both useful to the reader wishing to dip into information on a certain technology and its application to their service provision, or for the reader looking for a comprehensive overview of the state of the art as a whole at the time of writing. It should be noted that each author may have a different view of how these technologies are best implemented. As example, the editors conclude that the use of encryption is paramount and nonnegotiable, but the legal implications of what service, product or platform to utilise is not within the purview of this book. The editors advise practitioners to seek legal counsel regarding such matters, particularly concerning terms of use and privacy issues.

What you will also again find in the book is a wide range of styles, from the individual practitioner exploring a new technology and writing anecdotally

about their personal experience, to medical practitioners writing an academic overview of a technology and its uses in the profession. Within each chapter, you will find reference to definitions of the technology, application to the therapeutic intervention being discussed, case material and illustrations, ethical examination and concluding thoughts on the future impact of the technology on the profession. All case illustrations are fictionalized, although all are based on authors' direct, practical experience. This book is an extensive body of work on the topic and we hope you find it of use professionally and personally in your online and offline life.

Finally, the book is now in two clear sections, the first addressing the technologies as they apply to being used in counselling and psychotherapy itself and second section applying to training and supervision.

PART ONE: THE USE OF TECHNOLOGY IN MENTAL HEALTH

In Chapter 1, "Using Email to Conduct a Therapeutic Relationship," Patricia Ryan Recupero and Samara Harms revisit the impact of the use of email for therapeutic use, its application and ethical issues such as risks to confidentiality, appropriateness for client work, standards of care and administrative issues before turning to the cases of clients "Sheila" and "John" by way of short illustration. They conclude, as do many other authors in the book, that even now further research is still needed to be able to provide an ethical, practical, and beneficial service via the technology discussed in the chapter.

In Chapter 2, "Using Chat and Instant Messaging (IM) to Conduct a Therapeutic Relationship," Kathleene Derrig-Palumbo considers how to conduct a therapeutic relationship via chat rooms and instant messaging. She discusses issues such as identity, how the therapeutic relationship is formulated and maintained, practical strategies for encouraging progress of the work via text, and some theoretical orientations that successfully underpin. She then gives a chat room session with a client "Joshua," who was unable to communicate face-to-face, but through chat rooms developed an ability to open up and therefore communicate better with his parents. She concludes that in the future, online therapy may well be regarded as no different than in-person therapy.

In Chapter 3, "Using Mobile Phone Communication for Therapeutic Intervention," Roy Huggins looks at the use of mobile phone texting (SMS or "Short Message Service") and how we as humans connect in the modern world. Such modern use of text to communicate with each other has shifted our expectations of being in demand and also our definitions of what is private and what is not. In a therapeutic context, this "asynchronous yet semi-interruptive" technology has meant that many clients perceive their mental

health practitioner to be available all of the time, creating boundary issues that didn't exist pre-smartphones. Keeping up with the new rules for keeping in touch with our clients, and how we do this, is fast becoming essential within the modern practitioner's service provision, alongside a close consideration of how such convenient communicative tools can be ethically used.

Chapter 4, "The Rise of Social Networks and the Benefits and Risks to the Mental Health Profession," is by Allison Thompson and studies the impact of online communities and their role in impacting on mental health. She examines the dangers of dual relationships and the importance of boundaries and gives two clear examples of when this can impact negatively on therapeutic or professional work. She concludes with the need for research in this topic, and also points out that social media may influence on how organizations around the world may monitor the private lives of counselors who belong to online communities.

In Chapter 5, "Using Forums to Enhance Client Peer Support," the book shifts towards looking at technologies for peer support with an updated chapter on the topic from Meyran Boniel-Nissim. She describes and defines online support groups, looks at both the positive and negative aspects within them, and points out the differences between them and conducting therapy online. She discusses the research into the field and concludes that the advent of online support groups has significantly positively changed the mental condition of many people suffering from various types of personal distress. Future research into how peer communities are flourishing on social networking sites is rightly identified as being essential.

Chapter 6, "Using Cell/Mobile Phone SMS to Enhance Client Crisis and Peer Support," by Stephen Goss and Joe Ferns, examines SMS Crisis Support and Peer Support, based on a presentation given at the first Online Counselling and Therapy In Action (OCTIA) conference in the UK in 2009. They explore the development process and use of SMS text messaging systems in support services, in particular The Samaritans in the UK. They include case material – text messages sent and responded to – to illustrate the chapter and conclude that as in the case of many of the technologies examined in this book, the initial fears and doubts about the use of SMS in mental health services are steadily being dispelled.

Chapter 7, "Using Websites, Blogs, and Wikis in Mental Health," is reviewed and updated by John M. Grohol, who offers an examination of websites, blogs, and wikis. He discusses the application of these technologies and also the ethical implications and issues that are inherent in them. For example, wikis can be a huge source of *mis*information as well as information and blogs "can provide people with all sorts of potentially harmful (or at the very least, useless) personal opinions that carry some legitimacy if the blog is popular." The case example of "Jane" describes her journey in exploring options to treat

her depression via websites and blogs on the topic, before finally taking the plunge to seek professional help from an individual. He concludes with thoughts on the role of the Internet in lessening isolation and the stigma around seeking help for mental health issues.

In Chapter 8, "The Role of Blogging in Mental Health," DeeAnna Merz Nagel and Gregory Palumbo take a look at blogging in detail, noting how the Internet brought change not only to how people could distribute their writings, but also to how those writings could remain dynamic and alive. The most popular example of technologies that support this interactivity is blogging. The authors examine the business applications of blogging as well as the use of blogs in mental health for disseminating information and education and also as a form of journaling for clients, all with examples. They also visit micro-blogging sites such as Twitter. They conclude that "whether for professional or personal pursuits, when used responsibly, blogging can make a substantial and positive impact on the counseling profession and the world at large."

At Chapter 9, "Using the Telephone for Conducting a Therapeutic Relationship," the book again shifts towards non-text-based technological interventions with an updated chapter on using the telephone for mental health services from Denise Saunders and Debra Osborn. They define "telephone counseling," examine the state of it in practice via evidence-based findings, the benefits and limitations, the ethical considerations of telephone use such as security and confidentiality and the practical applications. They offer the case examples of "May" and "Jonathan," describing their experience working by telephone. They conclude with thoughts on the possibility that "one day it will be commonplace for counselors to provide distance services to clients exclusively" and state the prominent role the telephone will have in this.

Continuing the theme of voice-based interactions, Chapter 10, "Therapeutic Alliance in Videoconferencing-Based Psychotherapy," is by Susan Simpson, Lisa Richardson, and Corinne Reid, who look at the role of videoconferencing. This particular technology has seen an increase in its use since the first edition of this book and this valuable chapter is updated accordingly. As well as examining what we already know about videoconference use in mental health services, the authors examine the factors associated with the quality of the therapeutic alliance and give extensive recommendations for enhancing the quality of the interaction. They also examine what videoconferencing platforms are suitable for professional mental health services and, perhaps more importantly, which aren't (and why).

In Chapter 11, "Using Virtual Reality Immersion Therapeutically," Guiseppe Riva and Claudia Repetto re-examine immersion in four virtual environments: full, CAVE, augmented, and desktop. They give an examination of the role of virtual reality (VR) in clinical psychology in relation to conditions such as phobias, posttraumatic stress and anxiety disorders. They also note,

however, that VR has further implications for treatment beyond desensitisation and exposure therapy, such as being immersed in the environment with the practitioner in such a way that is indistinguishable from the non-virtual world via the role of "presence." Riva and Repetto identify four major issues that limit the use of VR in practice and discuss how they and colleagues have addressed this.

In Chapter 12, "The Use of Computer-Aided Cognitive Behavioural Therapy (CCBT) in Therapeutic Settings," Kate Cavanagh and Rebecca Grist give a history of the evolution of cognitive behavioural theories into providing these interventions via Computerised Cognitive Behavioural Therapy (CCBT). They revisit various software packages before focusing down on Beating the Blues and FearFighter and the evidence of outcomes for such programmes. Ethical consideration is given to their use and the importance of balancing this with in-person intervention. The authors conclude with showing how CCBT is important as a hands-on early option for effective self-help in a growing number of mental health problems.

Chapter 13, "The Role of Gaming in Mental Health," by Mark Matthews and David Coyle, revisits and updates us on the use of games to engage adolescents – a client group notoriously reluctant to access counselling – in the therapeutic process. They show how appropriately designed games (in contrast to the other types that receive so much negative media coverage) can be used for this purpose and to help adolescents get the mental health assistance they need. Matthews and Coyle start with ethical discussion before giving a history of the limited previous research and noting some of the benefits defined by such research, advocating caution in trusting results without further examination. He describes *Personal Investigator*, a 3-D computer game based on Solution-Focused Therapy, and SPARX, a self-help, stand-alone fantasy game to battle depression literally. The authors conclude by looking to the future of gaming for mental health treatment services.

In Chapter 14, "Web-based Clinical Assessment," Reid Klion considers web-based clinical assessment, including its history, application in relation to therapeutic intervention and ethics. He goes on to discuss the case of "Robert," before concluding with a look to the future, where he postulates that tests will be developed specifically for Internet-based delivery and that we are at the edge of the revolution when it comes to web-based assessment.

In Chapter 15, "The Role of Behavioral Telehealth in Mental Health," Thomas J. Kim discusses behavioural telehealth, showing how technology has transformed healthcare and defines its role through historic examination, looking at the current landscape and offering opinions based on clinical and program development experience. Kim starts with a case study to illustrate post-disaster intervention via psychiatric telehealth, before offering a tele-health model. He goes on to show the challenges the profession faces in this

field such as licensure and malpractice suits, some future directions and a call for meaningful healthcare reform.

In Chapter 16, "The Use of Virtual Reality for Peer Support," Leon Tan takes a look at the use of Virtual Reality for this purpose. He describes both in-vivo exposure therapy (IVET) and Virtual Reality exposure therapy (VRET) before discussing mental health affordances, defined as the "opportunities and risks provided by a social environment to affect the mental health of individuals" and its application to VR, in this case Second Life (SL). He illustrates his chapter with reports from CBS news about a woman, "Patricia," who suffered from agoraphobia but overcame her difficulties through SL. Tan discusses some of the psychological processes a client can undergo in such environments and in which peers can assist. He concludes with pointing out the powerful impact such environments can have on an individual's mental health.

In Chapter 17, "The Use of Podcasting in Mental Health," Marcos A. Quinones describes his work with podcasting in helping clients improving their mental and physical health by downloading audio or video files on various topics. He also defines best practice for testing in Mental Health and gives anecdotal evidence to support the success this method of communicating to clients. He recommends structures for content and the hardware and software required, before examining the ethical considerations needed when planning to podcast.

Chapter 18, "The Use of Online Psychological Testing for Self-Help," is a study of online psychological testing, by Mark Dombeck, as it applies to self-help. Dombeck reviews how online testing supports mental health self-help efforts, discusses problems and concerns associated with online testing and self-help practices and offers informed speculation concerning the ways in which online psychological testing and self-help technologies are likely to develop in the future. He also examines in detail the downsides of this technology.

In Chapter 19, "Text-Based Credentialing in Mental Health," Daniel M. Paredes examines how text-based continuing education (CE) in the USA and continuing professional development (CPD) in the UK can meet the requirements imposed by credentialing bodies for the profession. He defines what text-based CE/CPD is and examines some of the issues inherent in it. He also examines the ethical considerations needed and a framework to classify CE activities according to general content area, including research into the topic to illustrate it.

Chapter 20 is about "Online Research Methods for Mental Health," by Tristram Hooley and Vanessa Dodd. The chapter focuses on online methods for counselling and psychotherapy research, including a brief history and considering the ethical issues inherent in conducting research in this way. They conclude that although online research should not be seen as a

replacement for traditional onsite methods, they will continue to be an essential part of the researchers' toolkit.

Chapter 21, "Evaluating the Role of Electronic and Web-Based (e-CBT) CBT in Mental Health," returns to the updated subject of Computerised CBT (CCBT) from Eva Kaltenthaler, Kate Cavanagh and Paul McCrone. They give an evaluation of stand-alone computer software programs for depression and anxiety, with attention to issues of trial design and the components of CCBT packages. Program and client considerations are taken into account, as well as logistical and ethical balances.

In Chapter 22, "The Role of Film and Media in Mental Health," Jean-Anne Sutherland turns the reader's attention to the use of films and media in educating counselors and supervisors by noting how they provide an opportunity for clients in a therapeutic setting to recognize and potentially identify and struggle with deep-seated conflicts. She reviews the literature and notes cautions and considerations before concluding that films can be an ideal tool for illustrating life and how it is the work of the therapist to frame those representations in such as way as to provide meaningful analysis for the client.

PART TWO: THE USE OF TECHNOLOGY IN TRAINING AND SUPERVISION

In Chapter 23, "An Approach to the Training and Supervision of Online Counsellors," the authors Cedric Speyer and John Yaphe offer us one model of online supervision as it applies to asynchronous communication, as well as reviewing practices that have emerged within the framework of an established e-counselling service. They present the principles of online supervision used in their service, discuss common challenges faced by counsellors and present some online supervisory interventions using composite case excerpts. The authors conclude with reflections on future developments for Internet supervision of distance counselling.

In Chapter 24, "Using Chat and Instant Messaging (IM) to Enrich Counselor Training and Supervision," DeeAnna Merz Nagel and I discuss the use of chat and instant messaging for online supervision and illustrate this with the experience of the authors of the first edition of the chapter working together in an agency setting that offered in-home counseling and evaluation services to clients in rural locations. We define chat, clinical supervision, peer supervision, and field supervision and conclude that chat supervision can be used as a stand-alone method of delivery or it can be combined with other technology and face-to-face supervision, enriching any supervisory experience.

Chapter 25, "Using Forums to Enrich Counselor Training and Supervision," is by Linnea Carlson-Sabelli. Her goals are to provide definitions, applications,

ethical considerations, illustrations of supervision techniques and speculation on the future of online text-based clinical supervision based on extensive experience supervising graduate-level Psychiatric Mental Health Nurse Practitioner students at a major medical university located in the Midwest United States. She also looks at future applications of technologies using virtual reality environments and how they may best be implemented in the future to enrich counsellor training and supervision.

In Chapter 26, "Traditional Uses of Technology in Counseling Education and Supervision," Ginger Clark gives an overview of the traditional use of technology in counseling education and supervision. She defines various types of technologies used for this purpose and examines the ethical issues in each, the effect on the trainee practitioner, the client and the therapeutic process itself, illustrated with case vignettes. She concludes that it is unlikely that any of these technologies will disappear in the near future but that their implementation will change and develop – as it already has in the years since our first edition.

In Chapter 27, "The Use of Telephone to Enrich Counselor Training and Supervision," Mellissa Groman gives an analysis of the use of the telephone for supervision and consultation. Among the questions she considers are how the relationship between consultant and therapist gets established and develops, whether the benefits of clinical consultation and supervision can apply across the airways and whether the goals of supervision can be met without visual cues and sight induced transferences. She concludes that "phone supervision's appeal will likely continue to grow as technology continues to dissolve geographic limitations."

Chapter 28, "CyberSupervision: Supervision in a Technological Age," by Diane Coursol, Jacqueline Lewis, and John Seymour, considers the same field but in relation to the use of videoconferencing software and hardware. They discuss the concept of what they name "cybersupervision," its implementation and the process, illustrating these with case examples. They give an overview of the ethical implications of cybersupervision, before concluding that there is increasing evidence for its viability and the likelihood of this perception growing.

In Chapter 29, "Mentoring Therapists to Work Online Effectively," I team up with DeeAnna and also our respected colleague Audrey Jung and one of our graduates, Karen Turner. We examine the history of how training has been provided – both face-to-face and online – and conclude that the future of training therapists to be effective when working online seems to invite blended technologies – including face-to-face work where appropriate – to provide a suite of trainings in the use of technology for mental health that reflect the increasing blending of online and offline aspects of day-to-day living.

Chapter 30 presents "An Updated Ethical Framework for the Use of Technology in Supervision," which was written originally in 2012 by three of this book's editors – LoriAnn Sykes Stretch, DeeAnna Merz Nagel, and I. Presented as part of the suite of Ethical Frameworks by the Online Therapy Institute, the Supervision Framework covers such areas as: ethical and statutory considerations; informed consent; appropriate qualifications; screening; the types of modality used; contracting and record keeping; security; gatekeeping; and research.

In Chapter 31, Michèle Mani and Barbara Veder look at "Supervising the Delivery of Online Counselling Services in an Employee and Family Assistance Program (EFAP) Setting." The chapter looks at Employee Assistance Programs (EAPs): employer or group-sponsored programs that are designed to alleviate workplace problems due to a variety of issues including mental health, substance abuse, personal problems and workplace difficulties. They look at the specific EAP resources, structure and supervisory practices at Morneau Shepell, a Canadian EFAP provider, that works within a short-term counselling framework.

Chapter 32, "The Use of Technology in Clinical Supervision: A Case Report from Cape Fear Clinic," looks at a specific case study by Jennifer Askew Buxton and John Devaney. The Cape Fear Clinic is a nonprofit clinic that has served low-income and uninsured patients in southeastern North Carolina for 22 years. The clinic's mission is "to provide compassionate and affordable patient-centered health care to low income individuals and families in the Cape Fear region, regardless of ability to pay." The authors describe their journey in turning to technology to address the operations of the clinic, which they describe as tedious and time-consuming in the early days. They conclude by looking to the future of how technology can assist them becoming even more efficient in meeting the needs of their client population.

Chapter 33, considers is given to supervision *in* private practice, rather than *of* private practice and is authored by Anne Stokes. Ways of conducting online supervision are discussed, including advantages and disadvantages. Anne includes the pros and cons of a private online supervision practice itself and concludes by noting that an important area for the online supervisor to consider is the value of undertaking a specific training in online supervision. She notes that "in the same way as it is now considered sound ethical practice to undertake post initial F2F training to work as an online counsellor, there is a growing recognition of importance of online supervision training to adapt to the particulars of online supervision."

In Chapter 34, one of this book's editors, LoriAnn Sykes Stretch, and her colleague Kristin Vincenzes visit the interesting topic of "Distance Group Supervision for Play Therapy," noting that one client population that requires a unique skill-set is children. The authors offer us a model for distance supervision based on the work in a small private practice in a rural portion of North Carolina,

which had four mental health practitioners seeking supervision for play therapy. The authors conclude by noting the needs of future distance group supervision models, where facilitators will be encouraged to utilize more secure videoconferencing software. They note that professional associations, such as the ACA, NBCC, and APT, are providing more guidance regarding the use of distance technologies in both clinical practice and supervision. Finally, as with many of the authors in this book, they note that more research needs to be conducted to better understand best practices for distance supervision.

Chapter 35, by Jonathan Lent, Andrew Burck and LoriAnn Sykes Stretch, is an overview of "Practica and Internship Field Placements Using Cybersupervision". Their work in this case study drew them to identify some important lessons to consider when implementing a cybersupervision program, including: "factor in time to work out technical glitches, provide training for new technologies, assess readiness for technology-assisted supervision, understand legal and ethical requirements, review raw clinical data, provide ongoing evaluation of supervisee skills, ensure a secure transmission of information and engage in a continuous program evaluation process."

In Chapter 36, KaRae' Carey and LoriAnn Sykes Stretch examine the topic of "Teaching Counseling Techniques Using Technology" and note that in the modern world, "students are being taught professional counseling techniques in both land-based and hybrid (combined online/land-based) classroom environments." They also note that research supports both land-based and online methods of learning as effective tools for teaching and learning counseling techniques. They identify that the challenge now is for programs to focus less on justifying the use of technology and moving more toward maximizing the use of technology for counselor educator training.

Chapter 37 is by Tristram Hooley and Siobhan Neary, who visit the strongly documented relationship between positive career building and good mental health and, specifically, "The Role of Online Careers Work in Supporting Mental Health." The growth of online recruitment, e-learning and online career support has transformed the lived experience of those in work and learning and the authors examine the growing range of career guidance practice taking place in online spaces in recent years. The chapter demonstrates how the development of such practice is rapidly outpacing evidence and research, meaning that the efficacy and appropriate use of such technologies is often poorly understood. The authors identify "a clear need for a concerted research effort in this space in order to highlight the opportunities that new technologies offer."

Chapter 38 of the book is by Ginger Clark, "Using Technology to Enhance Supervision at The University of Southern California." She notes how USC believe technology has made their program more agile and "has allowed us to more easily stay current and relevant as the field changes, because we have easy access to new information and tools."

The final chapter is by Glenn Duncan, "The Use of Supervision in a Community-Based Treatment Program" using Hunterdon Drug Awareness Program as an example. Duncan notes that live supervision using technology "enhances… functioning as a supervisor while helping to deliver the best array of services to the client and… an ethical fidelity to consumer protection" which is a fitting end to part 2 of the book.

The book concludes with the editors' thinking about the future directions of technology in Mental Health. We note how the question is no longer, as it once was, whether we *should* use technology in the delivery of mental health services, counsellor training, or clinical supervision. Instead the question now is *how to best use technology, with whom, and when.*

NOTE ON THE SCOPE OF THE TEXT AND THE LANGUAGE USED

The collaboration of the editors from both sides of the Atlantic is deliberate, as addressing an audience that is international is appropriate when discussing a topic that provides therapeutic, peer support and education services globally, regardless of geographical limitations. Our range of authors reflects that international spread.

The scope and language of the book has been kept as internationally applicable as possible, while US and non-US spellings (e.g., of "counselor" or "counsellor") have generally been retained to reflect each author's original use in their own country. However, some language has been edited for the sake of consistency, such as using "therapy" to indicate counselling/counseling and psychotherapy, which are also used interchangeably (McLeod, 1994) only using the more specific terms where they are clearly applicable. Also, we have adopted "therapists" or "practitioners" in a similar vein and used the term "mental health" to indicate that much of the material here is applicable to different tiers of the profession. Although sometimes the term "patient" may be applicable to the person seeking therapeutic help, the authors, for the most part, use the term "client" throughout. The editors recognise that many of the technologies and their applications from chapter to chapter may overlap and be applicable to other technologies. Duplication of some basic information in chapters is deliberate to allow for each chapter to be read in isolation if preferred.

We hope you enjoy this collection of chapters on technology and mental health, supervision, and training.

REFERENCE

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Part One

**THE USE OF TECHNOLOGY
IN MENTAL HEALTH**

Chapter 1

USING EMAIL TO CONDUCT A THERAPEUTIC RELATIONSHIP

Patricia Ryan Recupero and Samara Harms

INTRODUCTION

Written communication between therapists and clients dates back to the origins of psychotherapy when Sigmund Freud corresponded with his patients (Pergament, 1998). Today, such communication often takes the form of electronic mail (email). Although email has been available for well over two decades, unfortunately there are relatively few studies evaluating its use in psychotherapy. This chapter defines email as asynchronous written electronic communication and excludes short-form texting and instant messaging. Email is poised to become more popular as a means of electronic communication between clinicians and clients, as it can offer more data security than text messaging (Cohall, Hutchinson, & Nye, 2007).

Email may be conducted in several formats: directly through a server to recipients within that server; from a server and routed to a recipient through another server; or through a password-protected connection on a secure website (secure, web-based messaging, sometimes referred to as a web board). Emails sent through servers rather than directly through a secure website may be composed and directed online in an Internet browser window, or they may be sent through an email client such as

Microsoft Outlook. Emails may also be sent through smartphones and mobile phones, via the phone's web browser or through an email application on the phone. However, it should be noted that not all of these would be suitable for exchanging emails as part of therapy, given the need to ensure adequate levels of privacy and data security.

In the clinical practice of psychotherapy and mental health counseling, the use of email ranges from incidental emails for prescription refills and appointment setting to therapeutic emails (Anthony, 2004). Incidental emails may be analogous to routine telephone calls. Therapeutic emails range from brief follow-up messages (e.g., brief motivational tips for exercise or quitting smoking, food diaries for eating disorders, etc.) to therapy or treatment conducted, at least in part, via email. Risks associated with the use of email tend to increase as the communication moves away from incidental matters and toward therapeutic uses, just as providing psychotherapy in one's office arguably involves greater risks than confirming or rescheduling a client's appointment.

Email has numerous potential therapeutic uses and in some situations may be especially helpful to clients. Email has been shown to improve communication between clinicians and

patients and to improve patient satisfaction (Leong et al., 2005). Although physicians have been slow to adopt regular email contact with patients (Brooks & Menachemi, 2006), client demand is high (Stanfill et al., 2014), and recent years have seen significant growth in doctor-patient electronic communication (Ye et al., 2010; Yellowlees & Nafiz, 2010). Therapists and mental health professionals seem to have been earlier adopters of the technology.

Some psychotherapy clients may be even more receptive to communicating with providers via email, particularly for issues that may be difficult to discuss in person. Women are more likely to seek support through email than via face-to-face (F2F) contact (Lim et al., 2013) and people with low self-esteem often prefer email over F2F communications, particularly when communications involve an element of risk (Joinson, 2004). Persons in the armed forces have also found email follow-up with mental health clinicians helpful, especially for sharing links to informative websites (Stanfill et al., 2014). Furthermore, there is some indication that email communication may facilitate engagement with treatment among clients with particularly challenging case presentations (Roy & Gillett, 2008).

This chapter discusses some relevant applications of the use of email as well as some important ethical considerations.

APPLICATIONS

The use of email by psychotherapists and counselors varies considerably. Even providers who do not communicate with clients through email may address email-related concerns in therapy. Malater writes of clients for whom email becomes an important element of issues explored in therapy (2007). Email may occupy such an important part of the client's life that he or she may bring in copies of emails with third parties, such as family members, to discuss in therapy. Therapists should be aware of the role of email in a client's life and should be aware of the client's use of email as a potential area to explore during sessions. The clinical use of email may be adjunctive (Peterson & Beck, 2003) or offered as a sole form of treatment. Therapists should have a well-thought-out email policy that should be communicated to clients, just as one has a policy for telephone calls. The policy should clarify expectations about the use of email, reasonable expectations for turnaround time for clinician response to client messages (Mattison, 2012), when it is and when it is not appropriate to use email, as well as the various risks associated with email and the available safeguards; this chapter details additional suggestions for email policies in the section on Ethical Considerations.

Adjunctive applications of email may be among the most common. Yager, an early adopter of the technology, uses email with his clients for both administrative and clinical purposes. He has written extensively about his experience using email with adolescents in treatment for eating disorders (Yager, 2003), and his observations and recommendations will be helpful to many clinicians who use email or who are contemplating it. He notes the utility of email for encouraging clients to report daily symptom and behavior diaries, which enhances accountability and self-awareness. Adjunctive email (e.g., for medication reminders and personalized case management) has also been found helpful in the treatment of depression (Watkins et al., 2011; Vernmark et al., 2010; Robertson et al., 2006) and substance use disorders (Collins et al., 2007).

Eating disorders are among the most studied indications for the clinical use of email (Sánchez-Ortiz et al., 2011; Robinson & Serfaty, 2007; Yager, 2003). There is some evidence that automated email messaging may help to improve outcomes in smoking cessation (Lenert et al., 2004) and, interestingly,