Expert Views on …

… Online Therapy

[DP] How would you define online therapy?

Thomas Berger: Defining online therapy can be difficult as there are different conceptualizations and viewpoints. Moreover, many terms have been used to describe therapeutic activities conducted online, such as internet-delivered therapy, web-based treatments, online interventions, or internet-delivered cognitive behavioral therapy (iCBT). Because the internet can be used for various activities, such as communicating with the client and providing information, there are different forms of online therapy, and it is not always clear what is meant by which term.

Generally, internet approaches to psychotherapy can be divided according to various criteria, such as therapist involvement, communication mode, therapeutic approach, and the combination with in-person therapy. For instance, there are online therapies such as e-mail, chat, or video-conferencing therapies, in which the internet is used as a communication medium between the therapist and the patient, unguided and guided treatments in which the main component is a self-help program or smartphone app, and blended treatments, the combination of in-person therapy and online interventions. Finally, we should not forget that the internet is mainly a medium for content delivery. Thus, internet-delivered treatments differ concerning the therapeutic approach and content on which treatment is based. The majority of research and implementations have focused on iCBT.

[DP] Why use digital media in the context of therapy?

Johanna Boettcher: There are several good reasons to use digital media. Maybe we should differentiate between using media as a supplement to face-to-face therapy or as a substitute. Adding digital media to face-to-face therapy facilitates homework and promotes learning in daily life. For example, a patient using a mood tracking app is able to record mood swings in the situations they occur. This can help patients and therapists identify patterns they might want to address in session.

Using digital media instead of face-to-face therapy holds different advantages. These are mainly overcoming organizational barriers such as constraints of time and location, difficulties to access therapy, as well as limited psychotherapist resources. For some patients, accessing online therapy is also easier because of the reduced stigma and fear of judgment. Many patients still fear the stigma associated with mental health treatment.

[DP] Are there any contraindications for online therapy?

Johanna Boettcher: Not any that can be identified in our data. Some might assume that digital interventions are not suitable for older patients or are less beneficial for patients with lower levels of education. However, data does not show this. In fact, when we think of age, we tend to see an opposite trend, with some studies reporting that older patients adhere better to online treatments. Another common prejudice regarding online treatments is that they are made for patients with mild symptoms. Severely impaired patients or even patients with co-morbid personality disorders will not benefit. This is not true. Studies examining symptom severity as a predictor of outcome replicate the pattern found in face-to-face therapy. High initial symptom severity is associated with lower end-state functioning but with comparable rates of improvement. Regarding personality disorders, too few studies investigated them as a predictor of outcome.

However, my own clinical impression is that it seems easier for some patients with difficult interaction styles to communicate asynchronously online. Also, the format seems to help them to concentrate more on the content and the specific interventions of the therapy.

With all this said, we should keep in mind that most forms of psychotherapy are somewhat exclusive. While internet interventions might help us reach patients who went unnoticed before, they naturally exclude other groups, such as the illiterate or those not accessing the internet.

[DP] An often voiced critique from therapists is that the "human factor" is missing online. Is this a valid objection?

Thomas Berger: It is a valid critique if the human factor is actually missing in an internet-delivered treatment. I believe that the human factor is just as important in online therapies as in face-to-face therapies and that this human factor, just as in face-to-face therapies, can be realized in a better or a worse way. This is not only true for video-conferencing therapies, which can be associated with a good or bad therapeutic alliance. Even unguided self-help programs can be written and designed more or less human and touching, just as novels can be more or less moving. Research shows that the therapeutic relationship can be established in various forms of online therapy. Moreover, there is an important research line on internet interventions focusing on the degree of human support and guidance required to be

effective during unguided self-help interventions. The current literature suggests that unguided internet interventions with no human support at any stage tend to be associated with higher dropout rates, lower adherence, and also lower effects than treatments including human support. Thus, therapists also seem to play an essential role in online treatments.

[DP] From a practical perspective, what are the key challenges in online therapy?

Thomas Berger: Probably the most critical challenge is data privacy and security. As we all know, internet-based communication is never completely secure, even if we take all known measures to secure data and preserve confidentiality. The question, then, is whether we accept some risks concerning data protection in exchange for other benefits such as increased access to therapeutic services. During the corona pandemic lockdown, many patients and therapists accepted some data security risks because there was no other solution than online therapy. However, discussions on the balancing of risks and opportunities have rarely been conducted so far. Rather, stakeholders and providers tend to pretend that there can be 100% security.

A second challenge has to do with the dissemination and implementation of evidence-based online treatments. Despite the extensive body of research and potential benefits of internet-delivered interventions, the actual use and implementation of evidence-based internet interventions into routine care lag behind the possibilities. The implementation of internet interventions, which is likely to move forward in the next few years, should also take ethical aspects into account. For example, it must be ensured that the implementation is not simply a secondary financial interest of program developers and providers but is significantly driven by patients' interests and scientific findings. It is also important to ensure that new technical solutions do not exacerbate inequities in the health care system. For example, it should be ensured that everyone has access to the new technical solutions and can choose whether they want this or would prefer to be treated conventionally.

[DP] From a scientific perspective, what are the key challenges in online therapy?

Johanna Boettcher: Well, in general, online interventions are a psychotherapy researcher's dream. Large sample sizes, repeated assessments, getting insight into therapy content, all more easily realized in digital interventions. This, in addition with a lot of enthusiasm, explains why research on digital interventions drew level with traditional psychotherapy research so quickly. Now, both fields are facing the same scientific challenges. From my point of view these are mainly improving patient-intervention fit and understanding the mechanisms of change. But there are, of course, a million other interesting questions regarding psychotherapy in general, whether delivered face-to-face, online or in a blended format.

[DP] Online therapy in 10 years – where are we heading?

Thomas Berger: Internet interventions are most likely here to stay and will hopefully increase client access to evidence-based psychological treatment. The blending of internet and face-to-face therapies will become very common, and clinicians will work with face-to-face and internet interventions. I hope that in 10 years, people with mental health problems will have more options for getting professional help than today, including evidence-based unguided and guided self-help interventions, blended treatments, therapy via videoconferencing and e-mail, but also conventional face-to-face therapy. I also hope that internet-delivered treatments will improve current psychological treatments because, as Johanna said, internet studies make it possible to generate large enough samples to investigate mechanisms of change and isolate treatment components.

Johanna Boettcher: Online therapy in 2031? I agree with Thomas that online therapy is here to stay. In the future, artificial intelligence applications will become more important. Communication with chatbots will improve and will enliven programs and apps. Furthermore, analyzing data collected unobtrusively on phones and other devices will improve, patterns will be identified reliably and will inform the psychotherapeutic process. Programs will learn with their patients and will adapt to patient's characteristic behaviors. All this will make online interventions more efficacious, more parsimonious and more fun, but it will not substitute the human factor. We will still need psychotherapists caring for their patients, communicating with them online and in session.

Info Interviewees

Johanna Boettcher
Professor of Clinical Psychology and Psychotherapy at Psychologische Hochschule Berlin, Germany.
johanna.boettcher@phb.de

Thomas Berger
Professor and Head of the Department of Clinical Psychology and Psychotherapy at the University of Bern, Switzerland.
thomas.berger@psy.unibe.ch