

ONLINE PSYCHOTERAPY – IMPLEMENTATION IN DAY TO DAY PRACTICE

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Accepted September 17 2019

Objectives. Research on psychotherapy through Internet has promising results, both in the world and in Romania. What we set out to do was an observational study, for a period of 18 months in a private practice, of cognitive-behavioral psychotherapy, carried out through several delivery methods (at the clinic, on skype, through an online psychotherapy platform). *Material and method.* The novelty of the data obtained is represented by the methodology used – observational study – which captures the addressability for psychotherapy (in all forms mentioned above). Also, the selected group allowed us to make a series of comparisons between face-to-face and online sessions. *Results.* The results show that the online forms of psychotherapy prove to be as effective as the classical forms, and the structured platforms have a number of significant advantages. *Discussions.* We can see from the data obtained a series of advantages regarding online psychotherapy: lower drop-out and better adherence to psychotherapeutic treatment. Our work shows that the implementation of online forms in everyday practice can be done efficiently. *Conclusion.* Our research is a starting point for psychological, psychiatric and prevention education programs for different vulnerable categories of population.

Keywords: online psychotherapy, online psychotherapy platform.

INTRODUCTION

In addition to the need for medical services in the field of mental health, we need to profit from the online psychotherapy for vulnerable populations who do not have easy access to professionals in the field. The advantages are multiple: it reduces the level of stigmatization, it increases the level of the alliance for the psychotherapeutic process, the contemplative process of writing about the problems or conflicts of someone being therapeutic¹ and, at the same time, it can be used as a tool for psychoeducation.

Besides the advantages, there are a number of limitations. First and foremost – the absence of nonverbal language, which is undoubtedly an important ingredient in the counselling process². Another concern is the crisis situations. Also, both the therapist and the client must be comfortable in conducting the online therapy and be able to deal with the technology in a consistent manner and to overcome any technical difficulties.

Therefore, in order to be able to capture the efficiency and ways of overcoming these problems,

research on psychotherapy conducted through the Internet is carried out by numerous research groups: Australia³, the Netherlands⁴ and Germany⁵, United States⁶ and Switzerland⁷. Most of the studies presented included at least minimal clinical support and moderate to large effects were observed for psychiatric disorders such as depression⁸, panic disorder, social anxiety disorder, generalized anxiety disorder⁹, specific phobia, post-traumatic stress disorder, hypochondria, obsessive-compulsive disorder, body dysmorphic disorder. Online psychotherapy, either through video conferencing or through structured programs, has proven to be at least as effective as classical psychotherapy^{10,11,12}.

METHOD

Scientific research methods provide us with an important basis for developing norms that align with standards of good practice and therefore an evaluation of how they are implemented in the day to day activity is also needed.

In this regard, we conducted an observational study for which we selected a group of partici-

pants who required psychotherapy services in a private practice between January 1, 2015 – June 30, 2016. This analysis is a complementary work to the research of several working groups, both abroad and in Romania.

The hypothesis is that an online structured program of cognitive-behavioural psychotherapy represents a support in the psychotherapeutic healing process. We analyzed the efficiency, the average number of sessions and the dropout degree.

The main objective was to study the addressability and perspectives of online psychotherapy in Romania (through a structured program of cognitive behavioural psychotherapy).

We aimed to evaluate the efficiency of the online platform as compared to the classical therapy or on Skype for the main disorders for which clients addressed during the chosen period of time.

Another objective was the description of the population that uses psychotherapy and how this influences the possibilities of psychotherapy development in the future.

ONLINE PSYCHOTHERAPY PLATFORM

The program, Think Healthy, is an online application for psychotherapy and personal development. The format of this program is one lesson per day, including assessments, explanations, indications and interaction with a psychologist. In parallel with the lessons, there are also classic sessions of 50 minutes, on Skype or in the office. The platform consists of 93 lessons structured in 3 modules with different strategies depending on the symptomatology of each user and periodic evaluations¹³. It has a flexible structure, the therapist being able to add articles and information as needed, depending on each individual user. The assessments are periodic, so that the evolution of the symptomatology is constantly monitored. It also includes a journal where each person can complete the information on a daily basis, which helps greatly in the therapeutic process. The program was developed by a team of psychotherapists.

THE RESEARCH GROUP

The research group consists of subjects who went to psychotherapy in a private practice, between January 2015 – July 2016. Being an observational study, the groups of subjects were structured according to the personal choice of the way the treatment is delivered (online or face to face), without external intervention to influence this. They agreed to

use the results from psychotherapy, respecting the anonymity. The sessions were held with psychotherapists accredited by the College of Psychologists in Romania, according to the profession's deontology and trained in cognitive – behavioural psychotherapy.

Each user was evaluated at the beginning of psychotherapy with the help of the semi-structured interview SCID, according to DSM-IV, TR criteria. At the end of the therapy, each subject was evaluated and it was established whether he/she still meets the criteria necessary for the initial diagnosis, being considered in remission if this does not happen. We also evaluated clients who have benefited from improvements in their symptomatology, but who still meet the DSM diagnostic criteria as “improved” and those who did not see any changes at the end of psychotherapy as “stationary”.

Number of subjects, total: 646

Generalised anxiety: 241

- Sex
 - Women – 66.87%
 - Men – 33.12%,
- Age average – 33.81,
- Marital status:
 - single – 46.59%;
 - married – 45.97%;
 - widow – 1.54%;
 - divorced – 5.88%,
- Education:
 - elementary – 2.78%;
 - high-school – 24.76%;
 - superiors – 72.44%
- Treatment:
 - With medical treatment – 24.30%;
 - Without medical treatment – 75.69%.
- Online:
 - 45.04% face to face
 - 54.95% have an online form involved in the treatment.

The groups were evaluated also from the point of view of the presence or absence of the drug treatment followed by the clients who accessed the practice. As part of the current practice we constantly work with psychiatrists who recommend and monitor the evolution of medication treatment. The evaluation, recommendations and decisions related to changes and/or withdrawal of the medication is made entirely by the psychiatrist. In our comparisons we have taken into account the fact that the recommended treatments are the classic ones and according to the standard protocols in Romania.

Table 1
Diagnosis

Anxiety disorders	
Generalized anxiety disorder	37.3%
Panic disorder	12.7%
Obsessive compulsive disorder	6.3%
Agoraphobia	5.9%
Social phobia	2.0%
Affective disorders	
Major depressive disorder	20.6%
Bipolar disorder I	0.6%
Somatoform disorders	
Hypochondria	1.1%
Sexual and sexual identity disorders	1.7%
Impulse control disorders	0.5%
Disorders of eating behaviour	0.3%
Without Clinical Diagnosis (Personal Development)	6.8%
Couple therapy	3.4%

STATISTICAL METHODS

For the statistical analysis we used the Student's T test and the data were entered and analyzed using SPSS. For the categorical variables (sex, marital status, education, etc.) we used relative frequencies. A p-value of 0.05 or less represented a statistically significant difference. We also applied for each group ONE WAY ANOVA to see if we have significant differences between the different types of treatment.

RESULTS

We analyzed the group of subjects (N = 646) and selected the first three diagnostic results (generalized anxiety disorder, major depressive episode, panic disorder) and investigated each of the same points of view presented above and using the same tools.

We made comparisons for the following groups of subjects:

- Psychotherapy performed in the online platform with sessions in the office (GS-C) compared to face-to-face psychotherapy (C).

- psychotherapy performed on the online platform and sessions through Skype (GS-S) compared to psychotherapy performed only through Skype (S).

The groups and analysis were divided according to medication (with and without drug treatment) and according to how the psychotherapy was performed (at the clinic or on Skype).

The main results for the whole group of subjects are promising for using the online platform, which has significantly better results as the degree of remission, dropout and average number of sessions compared to the other forms of psychotherapy. This was confirmed for both subjects who had drug treatment and those who did not.¹⁴

GENERALISED ANXIETY DISORDER

No of subjects: 241

Sex

- Women 70.95 %
- Men 29.05 %

Age average: 33.81

Marital status:

- single – 46.89 %
- married – 42.74 %
- widow – 1.24 %
- divorced – 9.13 %

Education:

- Elementary: 2.07 %
- High school: 24.48 %
- Higher education: 73.44 %

Treatment:

- With medication 26.56 %
- Without medication 73.44 %

Online

- Face to face 34.02 %
- Has one form of online psychotherapy 65.98%.

Table 2

Results

Comparison	p – remission	p – average number of sessions	p – dropout
	without med /with med	without med /with med	without med /with med
Face to face vs GS-C	0.49 / 0.64	0.4 / 0.9	0.29 / 0,18
Skype vs GS-S	0.32 / 0.65	0.4 / 0.9	0.34 / 0,02

DISCUSSIONS

Looking at the analysis of the whole group, we can see that within the selected population there is addressability regarding online psychotherapy (54% have chosen an online mode – Skype sessions or the online psychotherapy platform). Although the main preferred mode of psychotherapy is face-to-face, we can notice an important opening to online forms of psychotherapy and to the online psychotherapy platform. This represents a starting point for further research and for the pursuit of programs in the direction of psychological and psychiatric education among the population to reduce the stigma and prejudices related to these medical and psychological services¹⁴.

Although an increasing number of people are turning to psychotherapy, this is mainly the case for adults, with higher education and a stable income. These data are similar to those identified in the specialized literature^{15,16,17}. Therefore, it is necessary to be able to assess the psychological needs of vulnerable populations from disadvantaged economic and social areas and to develop accessible online psychotherapy platforms. Also, the use of online delivery methods can help in using the financial and time resources gained in the direction of categories that require face-to-face meetings.

We will continue to analyze the results for generalized anxiety disorder.

From the point of view of the degree of remission, we can see that the efficiency was equivalent between the forms of psychotherapy delivery. These results were the same for both medication group and the non-medication group. Analyzing the data obtained, we can see in the group without medication, subjects who performed psychotherapy through the online platform, namely GS-C and GS-S, had a higher degree of remission compared to the classic face-to-face therapy, respectively Skype. The average number of sessions was relatively equal for all forms of treatment. The dropout rate was significantly lower for the subjects who conducted sessions through the Skype with online platform (GS-S), for the drug treatment group.

Also, 65% of the population studied involved an online mode (either Skype sessions or the online psychotherapy platform).

Our work, being an observational research, presents a number of factors that we must consider for future batches: being an exploratory study, the data obtained must be verified with further studies and research in the presence of standardized tests for the evaluation of subjects.

Regarding the subjects with the diagnosis of panic disorder and major depressive disorder, the data showed similar trends. Unfortunately, the number of subjects resulted was, in some situations, too small or there were very different treatment groups by weight, making it necessary to carry out further analyzes and studies.

CONCLUSIONS

What we could notice, first of all, regarding the data from an empirical point of view is a favourable evolution of users who have carried out psychotherapy with the online platform.

Secondly, we have a lower dropout rate for Skype sessions and Skype with the online platform. Online psychotherapy offers the facility to carry out the meetings in one's own environment, saving a significant amount of time. Also, the average number of sessions is higher for GS-C and GS-S for the different diagnostics. Thus, the existence of a platform that provides a constant “anchor” in which participants record their evolution, keep notes and exercises performed offers greater adherence to treatment. The reminders offered by the program are also an advantage.

Online forms of psychotherapy help avoiding stigma. The results regarding the dropout rates can help us adjust the expectations, both of the clients and of the psychotherapists regarding the rate of the improvement of the symptoms as well as the length of time needed to maintain them.

This data can be used by many professionals in the field. In addition to psychologists and psychiatrists, data may be of interest in meeting the

need for mental health services for further research and for initiating targeted government programs for vulnerable groups without access to these services.¹⁸

The psychotherapy platform represented a significant support in the psychotherapeutic process, a support felt during the review of the information and exercises, as well as for the motivation of the users to continue the treatment.

The research conducted indicates a preference for a certain form of psychotherapy delivery, depending on the diagnosis received and we can use the analysis of these particularities in order to improve online psychotherapy so that each user can receive optimal treatment.¹⁹

In the future, further studies would be needed to be able to capture the particularities of online psychotherapy for each individual diagnosis, as well as drafting optimal norms for psychotherapeutic treatment, so that they can work consistently with the technological tools developed. Also, we will look at the relapses among the users of the online psychotherapy program and how it influences the remission of symptoms.²⁰

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