Training Postgraduate Psychology Students to Deliver Psychological Services Online

Kerrie Shandley, Britt Klein, Michael Kyrios, David Austin, Lisa Ciechomski, and Greg Murray

Faculty of Life and Social Sciences, Swinburne University of Technology, and Faculty of Life and Social Science, Swinburne University of Technology

Information and communication technologies are increasingly being used to remotely deliver psychological services. This delivery method confers clear advantages to both client and therapist, including the accessibility of services by otherwise unserved populations and cost-effective treatment. Remote services can be delivered in a real-time or delayed manner, providing clients with a wealth of therapy options not previously available. The proliferation of these services has outstripped the development and implementation of all but the most rudimentary of regulatory frameworks, potentially exposing clients to substandard psychological services. Integrating mandatory training on the delivery of online psychological services into accredited postgraduate psychology courses would aid in addressing this issue. The purpose of this article is to outline issues of consideration in the development and implementation of such a training programme. An online therapy training programme developed by Swinburne University’s National eTherapy Centre will be used as an example throughout.

Key words: anxiety; CBT; eTherapy; online training; student; therapy.

What is already known on this topic
1. There is substantial knowledge about the effectiveness of online treatments for high prevalence mental disorders.

What this paper adds
1. This paper adds to our knowledge by considering how the online modality can be introduced into the clinical psychology curriculum.

The use of information and communication technologies in the delivery of psychological services has been viewed with varying degrees of concern by health professionals, particularly psychologists, who have traditionally trained and worked in mostly face-to-face contexts. Issues of concern have included management of client confidentiality, fears of “being replaced” or losing work, doubts about forming therapeutic relationships through electronic media, and scepticism about meaningful therapeutic outcomes. In the face of mounting evidence, however, a shift in acceptance can now be discerned across the profession, and it is timely to consider the issues in the context of postgraduate psychology training.

Research has shown that the effective use of technology can deliver outcomes equivalent to face-to-face therapy and can reach individuals who were previously unable, or unwilling, to access more traditional forms of therapy (Kirooulos et al., 2008). Furthermore, Internet-based supports can aid in early intervention and augment traditional psychotherapeutic processes and outcomes (e.g., relapse prevention and stepped care). Moreover, online-manualised treatments can help to train professionals, particularly in the early stages of training, or to support therapists who have limited access to support, training, and supervision in specialised treatments for specific disorders. In the absence of regulations by professional bodies, and given proliferation in the format, content, and uses of Internet-based interventions, it is imperative that relevant skills are integrated into training and regulatory processes in order to align competencies to training curricula. Our group has made a start in building online psychological services and training and in considering and responding to the ethical, professional, and other implications of such developments.

The specific purpose of the current article is to provide a point of discussion on the development of an online training programme for postgraduate psychology students in the delivery of therapeutic services online. Anxiety Online (http://www.anxietyonline.org.au) will be used as the case example throughout.

Online Therapeutic Services

Therapeutic services delivered online fall into one of two categories: synchronous (real-time) exchanges (e.g., via Internet Relay Chat, Skype-like facilities, and Internet video conferencing) or asynchronous (delayed) exchanges (i.e., via email). Web sites offering some form of online therapy or support are abundant; for example, searching “counselling online” via Google (Australia) returned 6,500,000 results in 0.10 s at the time of writing this article. The proliferation of these services is easy to
understand as the Internet is a highly accessible medium providing a cost- and time-effective method of delivering and receiving psychological services.

The opportunistic development of online services has outstripped the implementation of all but the most rudimentary of regulatory frameworks. While psychologists are required to operate according to legal and ethical guidelines irrespective of the medium of delivery, they are not required to undertake any specific training or achieve a minimum level of competency before delivering online services. Although many skills considered essential in a face-to-face setting are transferable to online work, it is unreasonable to assume that a psychologist skilled in providing face-to-face therapy will be likewise skilled in providing therapy online or necessarily understand the potential pitfalls that come with online work and how they can be managed.

Integrating training into Australian Psychology Accreditation Council approved postgraduate psychology courses (specifically clinical and counselling psychology streams) would help to address this issue. Additionally, introducing approved training courses (e.g., a Certificate IV) in the delivery of online psychological services for registered psychologists already conducting online therapy (and those seeking to do so) would aid in the creation of a minimum standard of competency across the profession. A similar process was undertaken for the Alcohol and Other Drugs (AOD) sector with the implementation of the Victorian Alcohol and Other Drugs Minimum Qualification Strategy that came into effect July 2006. The purpose of the strategy was to ensure that the AOD workforce developed and subsequently maintains a consistently competent and professional standard (Victorian Government Department of Human Services, 2004).

What Is Anxiety Online?

Anxiety Online (http://www.anxietyonline.org.au), launched October 2009, is an online clinical assessment and treatment service provided by Swinburne University’s National eTherapy Centre (NeTC). Anxiety Online comprises five main parts: (1) an open access psychoeducational information Web site; (2) an automated, online psychological assessment (e-PASS) and referral system that assesses DSM-IV disorders; (3) a fully automated expert reviewed self-help and therapist-assisted version of a 12-week cognitive–behavioural therapy (CBT)-based treatment programme developed for seven disorders (bulimia, depression, generalised anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, and social anxiety disorder) with further programmes under development (e.g., insomnia, gambling, and AOD); (4) online training programmes for therapists and clinical supervisors consisting of nine modules each; and (5) a health-care professional portal into the Anxiety Online system. This last feature allows therapists to monitor client progress and to communicate with their client through a secure information technology (IT) environment. It also affords registered healthcare professionals (external to the NeTC) the opportunity to access the suite of online treatment programmes (free of charge), should they wish to integrate it within their face-to-face professional practice work (interested health professionals can register for this service at http://www.anxietyonline.org.au/health-professionals). Klein (2010) provides a useful recent discussion of models for integrating online psychological services into professional practice. However, the online training programmes are the focus of this article.

Anxiety Online workforce is drawn from the placement students enrolled in postgraduate psychology courses from a number of universities across Australia. Before commencing the online therapy training programme, students must be either provisionally or a fully registered psychologist. Furthermore, students are required to have a clinical supervisor from their home university who has completed the online supervisors training programme offered through Anxiety Online. At present, supervision occurs in the traditional face-to-face format between the student and the supervisor. However, it is intended that an online model will be developed in the near future whereby supervision can take place within the Anxiety Online portal system using various communication modalities (i.e., group and one-to-one Internet video conferencing, real-time chat, and Skype-like facilities). Supervision will include an online space so that the student and the supervisor can share and work on documents together in real time.

Individuals interested in undertaking Anxiety Online treatment programmes are first required to complete the e-PASS. While the e-PASS can be completed over multiple sittings, it must be completed within a 24-hr period. The e-PASS is automated and consists of over 500 items based on the criteria specified in the DSM-IV, Text Revision (American Psychiatric Association, 2000). It is programmed with branching logic to minimise the number of irrelevant items presented to respondents. Consequently, the number and types of items presented will differ depending upon the psychological symptoms reported. On average, the e-PASS takes 25 min to complete. A comprehensive personalised feedback report is generated upon completion of the e-PASS specifying whether the individual has symptoms consistent with one of the 21 psychological disorders currently assessed by the e-PASS. The feedback report includes the primary diagnosis, any secondary condition/s, whether each diagnosis is within a clinical or subclinical range with clinical severity labels of mild, moderate, and severe provided (and hyperlinked to explanatory information), and a recommended course of action (referral options) in addition to flagging any issues of critical concern (e.g., the endorsement of suicidality items, decisions and occasions where a disorder may be a consequence of a medical condition etc.). Anxiety Online therapist-assisted treatment programmes are recommended to individuals identified as having a clinical disorder, and self-help treatment programmes are recommended to individuals identified as having subclinical symptoms of one or more anxiety disorders. In the event an individual scores in the clinical or subclinical range for a disorder for which Anxiety Online does not offer a treatment programme, a variety of links to organisations providing relevant services are offered. Regardless of the recommendations provided through the Anxiety Online service, individuals remain free to choose whatever course of action they desire. Furthermore, where an individual scores in the clinical or subclinical range for multiple anxiety disorders, the individual is free to undertake the online treatment programme of their choice even though the automated recommendation will be to address the disorder that
received the highest severity rating (i.e., the disorder identified as the respondent’s primary diagnosis).

Students who have successfully completed the online training programme (referred to as “etherapists” hereafter) are then allocated clients who have signed up for a therapist-assisted programme by NeTC management. Once etherapists are allocated a client, they are able to view their client's e-PASS report and individual responses to e-PASS questions via the Anxiety Online etherapist portal. Etherapists are therefore aware, prior to their first email exchange with the client, of a broad range of issues facing their client as well as any comorbid condition/s that may affect or influence treatment. This gives the etherapist time to consult with his or her supervisor and/or read up on any appropriate material if necessary. All exchanges between the etherapist and the client occur via email (from within the Anxiety Online etherapist portal). Clients can email their etherapist as many times as they desire for the duration of their 12-week programme, whereas etherapists are directed to email their client only once per week (except where a clear duty of care issue arises). In the context of Anxiety Online, the primary role of the etherapist is to guide their client through the treatment programme in such a way that the client attains the maximum benefits possible for their circumstance. This will often require that the etherapist assists clients in overcoming obstacles that are impeding their progress (including challenging them where appropriate), providing motivation and support, and helping them to set realistic and achievable goals, and reflect honestly and accurately on their progress. Although clients commence treatment aware that the programme is of 12-week duration, etherapists are directed to remind their client that treatment conclusion is approaching 2–3 weeks prior to the client’s treatment end date. This provides the client with ample opportunity to ask any final questions they may have and for the etherapist to assist the client with mapping out a post-treatment plan including the provision of appropriate referrals if required or information on undertaking a further 12 weeks of the same, or perhaps different, Anxiety Online treatment programme. This model for electronic communications was determined on the basis of previous research undertaken by members from the NeTC showing that the frequency of etherapist support appears to be independent of therapeutic outcome (Klein et al., 2009). Additionally, this option can provide for a highly sustainable and cost-effective model depending upon uptake by both client and student.

**eTherapy Training Models**

The first step to devising a training programme is to determine an appropriate theoretical foundation. A training approach generally used to good effect in psychology is the Experiential Learning Model (ELM). At its core, ELM comprises four parts: concrete experience; observation and reflection of experience; development of abstract concepts based upon reflection; and (repeated) testing of new concepts. This model encourages the application of therapeutic techniques to oneself with the purpose of gaining deeper levels of understanding and confidence that the techniques work and lead to personal change (Bennett-Levy, Lee, Travers, Pohlman, & Hamernik, 2003; Bennett-Levy et al., 2001; Kolb, 1984).

Klein (2002) proposed a simple reduced/remote therapist Internet-intervention treatment model, which included explicit assumptions about change mechanisms in an online therapeutic environment. The model consisted of three separable entities that interact in a dynamic fashion during the online treatment process. The three key entities were (1) the active CBT technique information and treatment programme; (2) the therapist; and (3) the client. The fundamental premise of Klein’s model rested upon adult learning principles, in that the client has the capacity to be an active agent in their own learning and the behavioural change process. Psychological treatment, per se, was viewed as a specific type of learning process whereby adults become more aware of their disorder, themselves (i.e., thoughts, behaviours, and emotions), and their environment through the provision of evidence-based information, the “prescription” of CBT activities and therapist support. Therefore, adult learning and behavioural change becomes an interconnected part of the online therapeutic process. Given that a student is also embarking on their own learning process (e.g., how to be a competent CBT therapist and more specifically in the Anxiety Online environment, how to become a competent CBT etherapist), the same principles of adult learning and behavioural change still apply in this context.

Anxiety Online etherapy online training programme teaches students about legal and ethical issues, how to communicate effectively in a therapeutic online environment, and basic CBT principles. etherapists are also provided with access to each of the seven treatment programmes currently offered via Anxiety Online. Although the bulk of placement students have had some exposure to psychopathology and CBT in their coursework, they are rarely provided or exposed to such a comprehensive and integrated CBT treatment resource prior to (and potentially during) their first placement experience. This is a highly valuable learning experience, further strengthened by students being able to apply directly this “at-your-fingertips” information in real-world psychological work while responding to their clients.

Furthermore, the asynchronous nature of reading client emails and constructing therapeutic responses allows the etherapist to develop a greater awareness and deeper understanding of the CBT therapeutic process as their client’s questions and subsequent responses are objectified on their computer screen, allowing for reflection and (re)editing to occur in an uninterrupted way (e.g., Klein, 2002; Murphy & Mitchell, 1998). This process also allows the student greater latitude in that they are able to take more time to construct their therapeutic responses and confer with their supervisor as necessary. The student is therefore less pressured and able to provide a more considered (and at times a more evidence-based) response in comparison with when they must think and respond more or less instantaneously during face-to-face sessions. Consequently, communications between the trainee etherapist and their client may in fact become clearer and more thoughtful as they have the opportunity to draw upon pertinent evidence-based material in the moment and then directly apply this knowledge, coupled with having more time to reflect upon and construct a therapeutic response. This should further assist the student to assimilate, process, elaborate, integrate, and differentiate their CBT therapeutic knowledge base and skills. Furthermore, this
relatively non-pressured environment provides the student with a genuine opportunity to gain confidence and mastery when it comes to treating clinical disorders.

These two models therefore were deemed appropriate for Anxiety Online eTherapist training programme as a way to extend upon students’ limited CBT skills by providing them with the CBT disorder-specific online treatment programmes and by teaching them how to apply that treatment in an online and asynchronous setting. A series of learning activities included at the end of each module encourages the etherapist not only to consider how they would manage a range of challenging situations but also to adopt the perspective of a client. In addition, Anxiety Online provides trainee etherapists with a wealth of information as soon as they are assigned a new client, including demographic, history taking, questionnaire, and comprehensive clinical assessment data. Throughout the therapy process, etherapists also monitor their client’s mood (weekly anxiety and depression ratings) and track client progress in terms of the time remaining in the treatment programme and time spent logged into their specific programme. Being able to access clinical client data and to monitor client progress provides the student with opportunities to fine-tune their clinical assessment skills.

In summary, because of the provision of the interactive disorder-specific treatment and etherapist training programmes, the asynchronous nature of therapeutic communications, and the ability to monitor client status/mood/online activities, the Anxiety Online training model provides a strong learning foundation. This is ideal as a component of an initial placement for students, allowing them to develop practical skills in the delivery of CBT in both online and offline contexts.

The Anxiety Online eTherapist Training Programme

Legal and all issues

It is essential that students are made aware of any existing pertinent professional guidelines for working online. The Australian Psychological Society (2011) has recently produced an updated version of their ethical guidelines for working with technology, “Guidelines for providing psychological services and products using the Internet and telecommunications technologies.” The guidelines include information relevant to all clinicians working (or planning to) work online, irrespective of the type of service. While the updated guidelines provide students with a reasonable working knowledge of online legal and ethical issues, it is worth noting that this is still a relatively new domain for the psychological profession, and the guidelines will require regular updating to stay abreast of the rapidly developing world of information and communications technology. Topics in the updated guidelines include informed consent, confidentiality, communication of client information, psychologist competence and limits of online psychological services, client’s use of Internet and other telecommunication technologies, research using the Internet, record keeping, legal aspects, managing professional boundaries when using the Internet and telecommunication technology, ethical considerations in relation to the provision of online testing and assessment services, general ethical considerations for a Web site-related issue, and financial arrangements.

In addition to the professional guidelines, training should provide students with detailed information on the unique elements of confidentiality as they relate to an online environment, such as what measures are required to ensure the IT system being used to collect/store data and communicate through meets industry-based IT security standards with respect to the limits and risk levels regarding breaching confidentiality and privacy laws. In addition to IT security, human factors must also be considered with respect to confidentiality, for example, how the clinician deals with high-risk situations online (i.e., clients who disclose self-harm intention via email correspondence). The Anxiety Online etherapist training programme includes a module on ethical and legal issues that in addition to covering the aforementioned guidelines, presents students with a range of ethical dilemmas that may be experienced and how these dilemmas should be handled according to the ethical guidelines. For example, risks associated with social networking sites are discussed, particularly in terms of dual relationships.

The value of comprehensive information on ethical and legal issues is shown in our experience with Anxiety Online, where anecdotal data suggest that etherapists often return to this training module throughout their placement.

Communicating Online

Effective communication is one of the hallmarks of a good therapeutic relationship; however, being well versed in verbal communication is no assurance that a psychologist will be effective communicating in writing. Providing thorough training in this area is critical as clients may choose to print or keep electronic copies of emails (or transcripts) long after therapy has ceased. While clients may continue to benefit from re-reading the emails beyond therapy, this behaviour also heightens the risk of exchanges becoming public domain. Consequently, ill-considered, or poorly worded exchanges can readily become problematic. Students need also be reminded that there is an ethical and legal obligation to keep these exchanges for 7 years, which could potentially be subpoenaed at any time.

A comprehensive module in the Anxiety Online etherapist training programme is dedicated to effective online communication. Topics include writing styles (impact of informal vs formal language), language use (i.e., the use of cultural and religious references, complexity of language, and humour), symbols and expressions (i.e., the use of emoticons and abbreviations), identifying underlying feelings and how to respond, minimising misunderstandings and misinterpretations, and presence techniques. Example emails are used frequently in this module to illustrate various points and provide contrasts between emails containing poor and effective communications. The use of example emails has been particularly well received by etherapists undertaking the training programme with feedback consistently requesting the inclusion of even more examples. Mock transcripts simulating exchanges between clinician and client would be an equally effective method of demonstrating synchronous exchanges.
Clinical Issues

Anxiety Online etherapy training programme covers a range of clinical issues pertinent to an online environment including dropout, avoidance, client distress, and self-disclosure. Clients exhibiting signs of distress can be an especially stressful experience for clinicians working in an online setting, particularly as online work can be conducted off-campus and outside business hours. Consequently, it is crucial that etherapists are provided with clear steps to take, should high-intensity duty-of-care issues arise.

Providing strategies for managing non-responsive and non-compliant clients is also an important part of training. Constructing appropriately toned emails that let the client know support is available to them when, or should, they need it without leaving them feeling harassed is challenging. The written word can easily be misinterpreted, particularly if clients are in a vulnerable state of mind. Therefore, it is also important to provide example emails that give the etherapist a clear indication of wording that conveys the intended meaning and content. However, it is worth noting that it is empowering for clients to be able to determine how much (or little) they wish to be in contact with their etherapist. Additionally, research indicates that fairly minimal levels of support are needed by clients engaged in online treatment programmes. Simply being aware that support is available if needed can be enough for some clients (Klein et al., 2009; Klein, Shandley, Austin, & Nordin, 2008).

Assessing Competency

As the purpose of implementing a training programme is to ensure that students achieve a minimum level of competency, employing some form of assessment is necessary. Students undertaking training with Anxiety Online are required to complete a learning activity at the end of each module. Learning activities comprise three types: true/false quizzes, designed to test attention to module content; case scenarios, where students are asked to construct appropriate emails in response to a range of realistic scenarios based upon experiences of NeTC staff who have previously worked as etherapists dating back to the early 2000s; and critical thinking exercises, designed to get the student thinking about what they would do if faced with a range of ethical situations. Upon completion of the training programme, students must achieve a passing grade (≥80%) on an online multiple-choice assessment task and meet with their clinical supervisor before being approved as a competent etherapist. Multiple-choice items were created from the topics covered in the training programme and online treatment programmes.

Students are also required to complete an evaluation of their placement experience. Evaluation questions ask students to provide feedback on the training programme, supervision, clients, and the overall placement. Student feedback and performance on competency tasks will play a critical role in informing future developments and improvements of varying aspects of the placement. At the time of writing this article, the first group of Anxiety Online etherapist has only recently completed their placement, consequently, we are unable to provide data relating to performance on assessment tasks and in-depth feedback on their placement experience and any relative successes or drawbacks to the training model employed.

Supervision

It is not only essential to develop a workforce of psychologists competent in delivering therapeutic services online but also necessary to have a workforce of competent clinical supervisors who understand the unique challenges of working with clients online. Supervisory relationships where the supervisor has limited or no experience in this area may become ineffectual, especially where the student is anxious about working online or encounters a complex legal or ethical issue. To address this issue, Anxiety Online also provides a training programme for supervisors to ensure that they have at least the same baseline level of working knowledge as their student. At this time, the training programme for supervisors is fundamentally a replication of the training programme for etherapists. As Anxiety Online matures as a service, the two training programmes will become more distinct as they are further developed to meet the individual needs of student and supervisor. Nevertheless, the two training programmes will likely always share core components essential to delivering therapeutic services online.

Developing an Online Supervisory Model

It is anticipated that a fully online supervisory model will be implemented in the future. This model will allow for a greater experiential learning process. For example, role-playing exercises could be incorporated into the training where the student is required to carry out a variety of case scenarios online with their supervisor. Online supervision would also provide students with a more naturalistic learning experience. By virtue of discussing supervisory issues online, the student will be given the opportunity, first-hand, to experience what it is like to communicate about therapeutic issues remotely, first via email, and in the future, by Internet video conferencing, Skype-like facilities, and real-time chat.

Recognition of Online Competencies by Accrediting Bodies

Appropriate contemporary guidelines for the recognition of online competencies have not yet been articulated by the bodies accrediting postgraduate psychology training programmes in Australia. Currently, for example, the APS College of Counselling Psychologists recognises that a maximum of 30 of 400 required client contact hours can be undertaken in the online modality. Ironically, given its defining interest in structured evidence-based therapies, the APS College of Clinical Psychologists does not recognise any online therapy as client contact hours (30 hr of online therapy are recognised as administrative-related hours). We believe that this is a problem from both a professional and practical point of view. Without an appropriate allocation of client contact hours, students will most likely not want to take on etherapy clients. Additionally, without training, it will be impossible to regulate fully online psychological services and to ensure that they are being offered at a competent standard. An Anxiety Online etherapy placement is an ideal
training ground for a student to learn about and implement CBT for the high-prevalence psychological disorders, especially for the more difficult to place first placement students. We argue that as the APS clinical placement guidelines allow students undertaking rural placements with up to 100 contact hours via tele/videolink, it is already apparent that the guidelines recognise that not all client hours need to be in traditional face-to-face contexts. In addition, as all etherapy activities are directly supervised, we believe that this strengthens the case that etherapy contact hours should be considered “client contact.” As the mental health professional-services landscape is rapidly changing, we believe it is vitally important that the psychological profession work diligently to remain progressive and an important part of the ongoing development and improvement of mental health services.

Conclusion

It is essential that the psychology profession urgently moves to regulate online psychological-service delivery. One method of doing this is to integrate training into approved postgraduate psychology courses. This article provides an example of the development and implementation of Anxiety Online online etherapy training programme.

References


