Clinical psychology offers in the internet in Spain

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Abstract

This paper analyzes the situation of on-line clinical psychology in Spain. Internet is becoming one of the principal tools for people to access to psychological information. Thus, users will be biased by the contents of the sites they contact to. Psychologists should pay attention to what kind of services are being spread through the Internet. To do this, a few characteristics such us interaction, security, theoretical approach or treated disorders have been revised in 185 Spanish psychology websites. Results shows that there are critical differences between public and private sites suggesting that the public sector should make un effort to keep up with the advances on this field, that private sites could improve their services in some ways such as security or the interaction user-professional and some interesting findings referred to the relation between the theoretical approach of the sites and the kind of help they provide.

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1. Introduction

The influence of new communication technologies in our society is unquestionable and covers all the aspects of human activity. Health sciences are not an exception. Medicine was the pioneer in this field: in 1948 first scientific reference to ‘telehealth’ appears (Field,
Computers and the Internet have a broad use in clinic psychology: from typing a report to implementing all of the therapeutic process on-line. Smith and Senior (2001) suggest three applications of these technologies: (a) a mean of communication between professionals, (b) a teaching tool, and (c) an investigation tool (the authors show that data collected through the Internet are as valid as those traditionally gathered). They did not mention the possibility of using the net in clinical practice.

McCarty and Clancy (2002) have revised the problems of on-line treatments. One of those problems is professional’s accreditation. Clients should be confident that the therapy they are in has all the required ethic and scientific guaranties. Another one is the absence of client–therapist real contact. Far from being a problem, the authors state that it could even improve the therapeutic relation by increasing the client’s sense of autonomy, and by producing a less hierarchical relation with the therapist. Among the tools that substitute the real contact the e-mail stands out. Spielberg (1998) shows that its use among sessions is superior to telephonic follow-up because it allows the client to think thoroughly about the problem he wants to discuss and the therapist is allowed to file the client’s e-mail as part of his clinical history. Besides, the therapist spends less time when answering by e-mail rather than by telephone.

Some actual experiences with on-line psychotherapy suggest that they are as effective as conventional treatment. Lange, van de Ven, Schrieken, and Emmelkamp (2001) is a controlled study about the treatment of post-traumatic stress. In the Internet treatment group more than 80% of the subjects reduced their symptoms and improved their general functioning. Participants reported satisfaction with on-line support and they did not miss real contact. In Carlbring, Ekselius, and Anderson (2003) two different treatments were applied via internet (progressive relaxation and CBT) to help in panic disorder cases.

Assessment through the web is studied too. Farvolden, McBride, Bagby, and Ravitz (2003) test a depression/anxiety assessment instrument, a kind of ‘screening’ that could be used by any people in order to determine whether he or she needs professional help. The authors suggest that this instrument could avoid diagnosis errors in primary attention which leads to the delay of the treatment and a worse prognosis. This instrument is brief, free for the user and it is based on DSM-IV (APA, 1994) ICD-10 (WHO, 1993) criteria. Agreement to SCID (First, Spitzer, Gibbon, & Williams, 1997) was between moderate to high.

The increase of the number of clinical psychology websites has to do with ‘de-intermediation’ (Zuckerman, 2003): people look actively for information and try (and need) to do things by itself. Then, some people try to get therapy without a therapist. Following this author, a psychology website should provide: (1) information about diagnosis criteria, etiology and a full description of the available treatments including cost and duration; (2) motivating material showing the patient that some strategies have already worked with similar cases; (3) support material to conventional treatment; and (4) e-mail to follow the progress. In contrast, the study shows that most of the revised Internet material was commercially focused, of dubious quality and based on out of date information (Zuckerman, 2003).

Internet is becoming a popular way for people to contact with psychology. The users try to find information that could be helpful or where to go to be helped. We are before people with problems and they are going to be influenced by the information they get: the way
they will look at their problem, their behavior about it and even their attitude over psychology and psychologists in general are at stake. Just a few clicks and the user may have good counseling and a satisfactory impression about psychology, or he/she could get some dubious information and be encouraged to engage a not too well-validated therapy. But before we could talk about the quality of the services we must check them. We have no references of studies of this kind which were focused exclusively on psychological on-line attention. Into the health field Evers et al. (2003) analyze websites which try to help in problems like tobacco addiction, diet, or lack of exercise. They conclude that, in general, the studied websites lack the necessary elements to lead to behavior change.

With this work, we pretend to impel the systematic exploration of on-line clinical psychology services. Thousands of people are acquiring psychology knowledge on the net and this could have consequences on them as well as on psychology in itself. To fulfill this goal, we have analyzed in which way clinical psychology in Spain is taking advantage of this technological and communication resource.

2. Procedure

The analyzed sample of sites ($n = 185$) was obtained by introducing terms like ‘clinical psychology’, ‘anxiety’, or ‘depression’ into different search engines. We collected some general characteristics from each site: the URL, whether it was a public or private resource, whether it was attached to some organization, the contents of its publicity and links (whether there were psychology related or not) and whether the general contents were in agreement to validated psychology knowledge. In addition, we collected some other more specific characteristics: professional accreditation of the psychologists who supply the clinical attention, the goal of the site (treatment, counseling, etc.), the intervention area, whether it had a theoretical model and which one, the degree of interactivity and its security systems.

The axis of further analysis of our data is the division between public ($n_1 = 75, 41\%$) and private websites ($n_2 = 110, 59\%$). Also, an important subdivision has been made among private websites: private organization-attached websites and private-owned websites, which represent 48 and 62 pages, respectively (Fig. 1).

Fig. 1. Web distribution between public and private sector.

1 A link to the pages is available at: https://www.terapiacognitivoconductual.uned.es/terapia/WebsDoc.htm.
3. Descriptive analysis

3.1. Accreditation

Accreditation can be implicit when the site is owned by an identified private or public organization (universities, hospitals, foundations, etc.). Nevertheless, it is more common to find explicit information (name, association membership, qualifications, etc.) about the staff in the private sector.

Fig. 2 shows private sites with and without accreditation. The 3 to 1 proportion in the number of accredited sites holds for private-owned websites (47 out of 62; 75.8%) and private organization-attached sites (36 out of 48; 75%). Public ones are not shown because all of them had their accreditation.

Taking as a reference the dichotomic variable ‘accreditation/non-accreditation’, Figs. 3 shows us the distribution of other related characteristics among private-owned websites. In general, there are more accredited private-owned websites in which those characteristics appear. It stands out the absence of postal address and verified contents in more than half of the non-accredited private-owned sites. Fig. 4 shows the same variables in private

Fig. 2. Proportion of accredited/non-accredited websites.

Fig. 3. Proportion of websites of its own category (private-owned websites). Relation between accreditation and other characteristics.
organization-attached sites. It appears the same pattern than in private-owned ones but more distinct: if the site has no accreditation then is more probable that it lacked of verified contents, postal address, etc. Curiously, none of non-accredited private organization-attached site had e-mail.

Fig. 5 shows the situation in public websites. Compared to private-owned ones, we observe a similar profile except for their contents: only 15 public sites (out of 75; 20%) have this characteristic.

3.2. Goal and theoretical approach

These characteristics give essential information about a psychology website. The user has a wide range of possibilities similarly as it happens in common therapy.

The 62 private-owned websites are distributed over three goals (Fig. 6): on-line counseling (24; 39%), on-line treatment (20; 32%) and the spreading of its in situ services (18;
None of these sites has investigation as its goal. Regarding the theoretical approach, all the traditional psychology trends are represented by some sites, but cognitive-behaviorist approach clearly prevails (44; 71%). The eclectic approach is well represented by 10 sites (16%).

The most spread goal among private organization-attached sites (Fig. 7) is the disclosure of its in situ services (35 out of 48; 73%), although there is an important 15% (seven sites) which declares investigation as its goal being all of them attached to a cognitive-behavior approach. These sites are distributed over this approach (16; 33%), the eclectic one (13; 27%) and sites without a declared approach (15; 31%). It is remarkable that the seven investigation sites sum up the 44% of the cognitive-behavior oriented private organization-attached sites. We noted as well that none of them are of a gestaltic approach.

The disappearance of the non-majority theoretical approaches is more salient in public websites (Fig. 8), in which sites without a defined approach are 73% (55 out of 75). Only cognitive-behaviorist (9; 12%) and eclectic (11; 15%) approaches are represented. Regarding its goals, the spreading of its in situ services monopolizes 95% of the sites (71), leaving just two counselling sites and two investigation ones. It points out that none of the public websites are treatment orientated.
3.3. Intervention area

In this section, we have distributed the sites according to the kind of disorder for which they provide help. The categories are: substance-related disorders, eating disorders, mood/anxiety disorders, childhood diagnosed disorders, sexual and gender identity disorders, interpersonal disorders, personality disorders, and general information without mentioning any definite disorder (Fig. 9).

Public websites opt for a broad field of action, not because they had specific sites for each kind of disorders but because 60 of its 75 sites are referred to psychological problems in general. On the other hand, private-owned sites offer services for six kind of disorders and none of them talks of problems in general. Only they offer help in sexual and gender (15 sites), interpersonal (8), or personality disorders (1). Finally, private organization-related websites are the only ones to face eating disorders (five sites).

Fig. 9 also shows that independently of the kind of the site, the disorders that receive more attention are the mood related ones, and they are faced by a good number of websites of all kinds.
3.4. Interactivity

Interactivity is one of the characteristics which define communication through the Internet. To avoid that non-authorized people interfered the communication or share private information without permission different kinds of devices are needed: only-registered-people sites, privacy certificates as those provided by HiEthics or HON, and to have a save server (identified by the prefix ‘https’ in the URL), among others.

Interaction in itself can materialize in tools like e-mail, chats, or mail lists. We have already seen that e-mail is a widespread tool. However, another interactive options (‘others’ in Fig. 10) are common only in private-owned websites (41 sites; 66%), are difficult to find in private organization-attached websites (18; 38%) and even more difficult in public ones (15; 20%).

Regarding the safe server, again only private-owned websites bet on this security guarantee (37; 60%). In general, private organization-attached websites (2; 4%) as well as public ones (7; 9%) do not have this kind of server.

4. Discussion

We are going to interpret this data. First, we will analyze accreditation. To know what and who are behind a website is essential to produce confidence. That is easy for public sites because it is nonsense that a public organism does not appear as responsible for its own site. In fact all of the analysed public sites were accredited. Private sites should improve its 75% of accreditations but it seems a good sign. Apart from accreditation there are more characteristics which help to bring about confidence: links to other psychology sites, verified contents, traditional, and electronic mail, psychology related publicity are components which transmit accessibility, transparency, and usefulness. According to data, it is easier to find all those characteristics in accredited sites, especially in private-owned websites. Then we can take accreditation as a necessary sign of the seriousness of the website, although it is not enough. We shall interpret later why public sites, all accredited, have not, in general, validated contents.

We will analyze next the goals, the theoretical approach and the intervention area. To do that, we propose to outline a profile of a standard site for each of our categories (i.e.,
public, private-owned, and private organization-attached websites). That is to say, we are going to state what is most probable for a user to get when trying to find help in each one of these categories.

The user who makes contact with private-owned websites will find help for different kinds of disorders (mood, childhood, sexual/gender, and interpersonal disorders basically); this help could be, with almost the same probability, counselling, treatment, or the spreading of its “face-to-face” services, and with high probability, the site would be cognitive-behavior orientated. If we add their accreditation concern, it could be said that these sites offer, in general, different kinds of help in a group of disorders in which the theoretical approach that most of them follows (cognitive-behaviorist) has already proved its efficiency, and they will also transmit confidence. It looks encouraging for the user, but the probability to find one of those sites it is not so big: just 25% of the sample was accredited private-owned sites, and only 23% private-owned sites followed a cognitive-behaviorist approach.

Most of the private organization-attached websites offers help for emotional, substance abuse and eating disorders. In this group, 45% of the offer is related to addictions and eating disorders. These problems are treated almost exclusively at private or public institutions, because of the infrastructure that it is needed in case of confinement. This is consistent with the data: 3 out of 4 organization-attached websites only offer its face-to-face services. Regarding the theoretical model, the user will find most probably three kinds of sites: cognitive-behaviorists, eclectics and with non-defined approach. This could have to do with the kind of private clinics which treats addictions and eating disorders. In both cases, the private resources used to be focused on people from middle-high or high class, and the exclusiveness of the clinic is reflected in the exclusiveness of the treatment and the theoretical approach, sometimes putting aside scientific guarantees. Nevertheless, a high percentage of these sites has a cognitive-behaviorist approach (that perhaps is correlated with anxiety disorders focused ones).

With respect to public sites, we can establish an even more defined standard: with high probability, it will not help in particular disorders but offer just general information; it will not have a defined approach, and it will be restricted to the disclosure of its in situ services. Given this lack of concision, we could understand now why public websites do not offer validated contents: it is quite difficult to validate anything so vaguely defined.

We have seen how private-owned and private organization-attached websites offer their clinical psychology services according to the economic and therapeutic means at their disposal. What should we attribute to the underdevelopment in the public sector? The lack of therapeutic resources and the vagueness of the goals could be explained by: (1) a poor inversion (e.g., public hospitals without connection to Internet) and (2) the little value that clinic psychology has in the sanitary field. As it is known, in Spain the psychology services do not appear in the organization chart in many public hospitals, but they are embedded in the psychiatric services. A bigger independence of psychologists in the public sanitary system could help to transfer the advances in clinical psychology faster and easier to the practice in public health.

Some of private organization-attached and public websites have investigation as its goal. The recruitment of experimental subjects, the application of on-line treatments to be compared with already validated ones and the communication among investigators are some of the functions for which a website could be used. There are only two investigation sites (3%) among public sites. In this field too, the public sector does not seem to be taking advantage of new technologies. In contrast, 44% of private organization-attached
sites are focused on investigation, all having a cognitive-behaviorist approach. This and the eclectic model are the only ones which have any site of investigation. To validate its results was not a traditional goal of the rest of psychology approaches, and so it seems to be the situation on the Internet.

Finally, we will analyze interactivity which includes interaction in itself, the security of the site and its accessibility. Whilst almost every site has e-mail available, regarding other kinds of interactive tools private-owned websites stand out (62% are interactive), followed a long way behind by private organization-attached (38%) and there are even less interactive sites among public ones (20%). With respect to security, only seems important to private-owned websites. This situation matches the previous analysis: the more on-line treatment or counselling possibilities have a website, the more common is for that site to be safe and interactive. It is understandable that public sites were usually neither safe nor interactive given that they offered very few on-line therapeutic alternatives.

5. Conclusion

Although they should improve aspects such as security or interactivity, private clinical psychology resources in Spain are way ahead of public ones concerning the use of the Internet. Given the results that psychologists are obtaining all around de world with different kinds of on-line therapy, we propose that Spanish public health should try to move forward in this field. The required investment would reveal itself as very profitable, clearing in some way the in situ services and, at the same time, spreading the access to effective solutions to psychological problems.

But there are many things to investigate yet. First, we found ourselves before the lack of validated criteria to analyze psychology websites. Apart from those taken in this article, we point at the five A’s: Advise, Assess, Assist, Anticipatory guidance, and Arrange follow up suggested by Evers et al. (2003). To search for proper evaluation criteria is an essential task.

Interactivity is another salient characteristic of the Internet. There are multiple possibilities: chats with or without a therapist, debate forum, mail lists, instant messages, e-mail, web cams . . . all of them are used in some sites. Research will show which ones fit better for on-line therapy or counselling. Findings mark some lines: Carlbring et al. (2003) failed to prove that reducing the contact with the therapist kept the results of an Internet therapy. Why did this happen? Perhaps due to the standardized answers that participants received. Some of them argued ‘to feel alone in the cyberspace’ and they proposed a chat room for participants. Another place of controversy could be to analyse what on-line communication favors and what obstructs compared to face-to-face communication (Sakerderud, 2003; Kaufman, 1993).

Lastly, we would like to mention the distinction between ‘e-therapy’ and ‘computer therapy’ (Gega, Marks, & Mataix, 2004). On e-therapy, a therapist is the one who gives feedback to clients (no matter that it is done through a computer), whilst in ‘computer therapy’ is a program the one ‘who’ does it (no matter that this program was available through the Internet). This difference leads to the concept of ‘brochure ware’ (Evers et al., 2003), or to translate a self-help program from the writing to a software program. Between “brochure ware” and pretended empathy, we can find computer programs in which the user could receive ‘empathic’ support: when the client answers ‘yes’ to the question: ‘has something unpleasant happened last week?’, the computer answers ‘I’m sorry to hear that’ (“Beating the blues” by Ultrasis). Apart from being a bad copy of
empathy, it could be said that the computer punishes the client to have been involved in this unpleasant events. The psychologists who develop this kind of programs need a new language to define the relation that emerges between the user and the computer program. An investigation line could be to compare computer therapy with some self-help manual that had already showed its effectiveness (Foa & Wilson, 1991). Anyway, the most attractive option seems to be e-therapy or e-counselling and its multiple possibilities of interaction between the client and the therapist.

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