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This section is set up to provide a ready-made Brown Bag Session for you to use with employees and/or managers. Use as is, or adapt this information for a general employee group. You may reproduce as many copies as needed.

E-Therapy Playing Emerging Role as EAP Resource

By Dr. Mark Attridge

Even though most EAPs today have some kind of website presence, the use of online or web-based tools for the delivery of clinical services between EAP counselors and employees is far less common. However, e-therapy is advancing as a new practice model.

What is E-Therapy?

Technological forms of mental health and addiction treatment are now widely available and are referenced by a variety of names:

- Online therapy;
- Cybercounseling;
- E-counseling; and
- Internet-based therapy, among others.

Online therapy has been defined as, *any type of professional therapeutic interaction that makes use of the Internet to connect qualified mental health professionals and their clients*.

The majority of online therapy today takes place via email, which is "asynchronous." This means that communication does not take place in "real time" but rather in delayed exchanges between client and therapist as they respond to one another – often within several days from the last contact.

The practice of online therapy using *synchronous* live exchanges is not as prevalent. This format takes place in "real time," often using chat-based computer interfaces (e.g., via instant messaging or IM) or specialized website tools (e.g. via Skype and others) for live video-conferencing sessions between client and counselor.

Other applications in this area feature the interaction of multiple clients at the same time for supportive group therapy, with the interaction managed by a counselor. As a result, a variety of Internet-based approaches for the clinical treatment of mental health and substance abuse disorders offer promising alternative and supportive methods for more commonly used in-person and telephonic methods.

Is it Effective?

A growing body of research indicates that — for many common mental health conditions conducted in clinical offices — Internet-based delivery of mental health services is actually as effective as traditional face-to-face treatment. The general finding from these studies is of positive clinical results, with many on par with traditional studies of in-person therapy.

One example specific to EAP comes from a recent Canadian study of EAP clients. These individuals were first assessed by telephone for risk and appropriateness and then assigned to either face-to-face or online counseling. The conclusion was that there were no differences in clinical outcome measures between the two therapy modalities.

These studies demonstrate that Internet-based clinical interventions are often able to produce favorable behavioral changes for a variety of mental health conditions.

These kinds of services also are uniquely appealing as an access point for professional care for some people who may otherwise go untreated because they do not like certain aspects of face-to-face therapy – and for those who already trust and use technology as an everyday part of their lives.

What is Appropriate for E-Therapy?

Most of the research on the effectiveness of e-therapy has focused on patients suffering from depression and has tested the use of cognitive behavioral therapy. Positive clinical outcomes for e-therapy have also been obtained for parents with disorders *other than depression*, including:

- Anxiety;
- Eating disorders;
- Panic disorder;
- Post-traumatic stress disorder; and
- Social phobias.

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However, cases involving the potential for crisis or suicide are NOT appropriate for online treatment.

Why is it Effective?

Given the lack of verbal and non-verbal interaction between therapist and client, some may wonder how email and related online forms of therapy can be effective. Obvious benefits include:

 • The ease of access;
 • Low or no cost; and
 • The sense of privacy that overcomes the stigma (for some) of going to a counselor's office.

However, these same benefits are shared by phone counseling. What is different? Two of the main reasons for the success of e-mail therapy are due to:

❖ The therapeutic role of writing that is involved and the investment of time required for personal reflection; and

❖ The reinforcement of getting prompt feedback from one's therapist and the tangible value of having actual written notes about the issue and the clinical advice that can be referred to when one confronts problems or at-risk situations in the future.

Implications

As with any advancement in clinical care, there are important ethical, professional, and pragmatic issues that must be addressed. (**Editor's note**: See the accompanying article, "Web-based Considerations.") Providing e-therapy is not the same thing as providing in-person or phone therapy. Many scholars have recognized the need for specialized clinical training and technical skills required for effective and ethical use of the Internet for mental health care delivery.

Clinicians providing e-therapy must also follow ethical guidelines as they apply to these new delivery models.

Finally, there is the important implication of licensing to consider in providing e-therapy services. According to the Employee Assistance

Professionals Association (EAPA) ethical guidelines, the geographical location of an EA professional should be clearly stated in the Informed Consent language. If the EA clinician is licensed within a specific jurisdiction, the *statement of understanding* that is shared with the client should state that the client understands that the services are provided under the laws or jurisdiction of the relevant country, state or region where the counselor resides.

"Internet-based clinical interventions also are uniquely appealing as an access point for professional care for some people who may otherwise go untreated because they do not like certain aspects of face-to-face therapy. …"

Summary

Research indicates that Internet-based clinical interventions can be effectively used either as an alternate access route to mental health care – or as a supplemental form of care. Certain sub-populations of employees and family members are also receptive to using technology-based mental health mental health care services. Internet tools and wireless applications are becoming more sophisticated and safer for clinical use.

As a result, it is time for employee assistance professionals to consider engaging their organizational clients in discussions about how to go beyond just having a website with educational resources – to *also* offering the option of technology-based mental health treatment services. ■

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Web-based Considerations

By Dr. Reid E. Klion

While web-based assessment brings with it significant benefits as well as some specific increased risks, the fact that an assessment is being delivered over the Internet does not alter many of the basic clinical and ethical considerations that apply when any form of clinical assessment is used. That is, web-based assessment is simply a means to an end – not an end in and of itself – and must be rooted within the principles of sound clinical work.

Even when compared to a phone call, web-based updates may be preferable for clients, their informants, as well as clinicians because they can be completed and accessed when it is convenient for the parties involved.

❖ **Ethical considerations** – There has been considerable discussion in literature about specific ethical considerations that may arise when web-based assessments are used. However, the most important concept for clinicians to bear in mind when using web-based assessments is that the same ethical practice standards pertain as they do when carrying out more traditional clinical work. That being said, there are some specific issues that come to the fore when web-based assessments are used that may require special consideration.

❖ **Security and information privacy** – Another factor that often arises is that of security and privacy. Most clinicians cannot be expected to have a deep understanding of the technical issues associated with web-based systems. As a result, they should only work with trusted providers of these services. However, basic considerations include ensuring that clinical and financial data are only transmitted with SSL encryption and that clinicians fully review their provider's privacy policy prior to u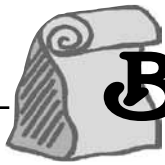sing it. In the U.S., awareness of HIPAA issues is also critical. An important issue to bear in mind, though, is that most Internet security breaches are due to end-user issues (e.g. carelessness with passwords, failing to log off systems, etc.), not technical malfeasance due to factors like hacking or interception of Internet transmissions.

❖ **Respecting intellectual property** – Another important issue to bear in mind is that unless an assessment is in the public domain, it is copyright protected. As a result, a clinician cannot legally create a web-based version of an assessment unless the copyright holder grants specific permission. In a similar vein, simply finding an assessment on a website does not mean that the website owner has the right to post the assessment unless copyright notices are prominently placed or the provider is a well-known test publisher. It is often best that clinicians rely upon reputably sourced web-based assessments.

Summary

In conclusion, we are at the edge of a revolution when it comes to web-based assessment. The surest path to this goal will involve creating a vision that is based upon a deep understanding of the benefits of web-based technology, and well-grounded in the principles of sound clinical practice. ∎

Online Care an Increasing Option

An online program can either supplement or replace other in-person aftercare options, depending on the employee's needs and barriers to traditional services.

A combination of both online and face-to-face options is ideal. With today's increasingly mobile workforce and work environment, it's more important than ever to provide portable, accessible employee assistance options. Online programs may include:

- Web-based support groups;
- Bulletin boards or chats;
- A series of email interactions; and/or
- Other social networking options.

Some online programs also include recovery education or links to recovery websites. Others offer libraries or portals to access support when an employee needs it most.

Whatever the specifics, the goal is the same: to get the employee the assistance that he/she needs – whether the individual is working at the home, remotely from home, on a business trip, or at a branch office.

Questions for the EAP & Their Clients to Consider

❖ *Why are technologically supported therapy options needed?* There are many reasons – insufficient use of face-to-face services, shortage of local providers, cost, and the stigma of seeking face-to-face services.

❖ *Do online services work?* Is technologically supported therapy clinically effective for common kinds of EAP relevant mental health and addiction problems? Many studies show this is true, and the clinical reasons for patient engagement are compelling.

❖ *Can the EAP provide the services?* What are some practical issues to consider for offering advanced training in online therapy for EAP clinical providers? For instance, online interaction with EAP client/patient and recordkeeping

are different and require special attention and supervision.

❖ *How do EAP customers typically react?* What are some issues to consider with the EAP corporate client in terms of the promotion and use of online clinical services? For example, common access, privacy, data security, and technical issues.

Summary

Web-based tools that once seemed futuristic are here to stay. Once questions are considered, addressed, and policies are established, online counseling programs – whether related to addiction, mental health or other areas – can help improve employees' work as they seek to transform their lives from despair to recovery. ∎