Contemporary Telemental Healthcare Delivery: The Therapeutic Relationship and Applied Considerations

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Telemental health, the provision of mental health services remotely using telecommunications, is increasing rapidly in uptake and usage in Canada and around the world. Due to its effective reduction of geographical barriers between clients and clinicians and its demonstrated cost-effectiveness to healthcare systems, telemental healthcare delivery is expected to expand and continue to be implemented in novel contexts. This article evaluates the impact of telemental healthcare provision and its implications on the client-clinician therapeutic relationship from ethical, practical, and legal perspectives. In this context, the online therapy service Talkspace is considered, and critical perspectives on its congruence with ethical standards for psychologists are presented.

Modern health systems are unable to support the number of patients who require mental health services (Hunsley & Lee, 2014). The delivery of effective remote mental health support, referred to as telemental healthcare, can reduce geographical barriers and deliver care to populations to whom mental healthcare delivery might otherwise be difficult (e.g., Indigenous persons; Savin, Garry, Zuccaro, & Novins, 2006). To this end, telemental healthcare has been shown to be reliable in addressing problems relating to accessing mental healthcare (Hilty et al., 2013; O'Reilly et al., 2007). However, clinicians have commented on the ramifications that the loss of in-person contact has on treatment, including difficulties in ensuring client safety during crises and in accessing all client information (Ferguson, 2016; Gibson, O'Donnell, Coulson, & Kakepetum-Schultz, 2011). This paper will review the ethical, practical, and legal issues within the clinician-client therapeutic relationship that occur in the context of telemental healthcare delivery. Since the American Psychological Association's Guidelines for the Practice of Telepsychology were published in 2013, new online services for telemental healthcare delivery have launched. The use of these services and how they may be used to enhance patient experience and patient outcomes as well as facilitate technology adoption by clinicians will be reviewed (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013; Lustgarten & Colbow, 2017).

Ethical Considerations

In offering telemental healthcare, there are ethical issues for clients and clinicians to consider. Secure Internet communication is difficult to guarantee, and awareness that numerous parties regularly attempt to gain unauthorized access to computer systems (e.g., governments and hackers looking to exploit persons for money) is necessary to understand the importance

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of cybersecurity (Lustgarten & Colbow, 2017). It is the clinician's responsibility to inform their client of the risks to confidentiality associated with telemental healthcare provision, including any that may be present in the privacy policies of the services used (Lustgarten & Colbow, 2017). Lustgarten and Colbow (2017) proposed that clinicians should treat this information-sharing process as a collaborative venture between the client and the clinician.

Discussions between clients and clinicians regarding cybersecurity must include their active participation to mitigate risk and to ensure both parties contribute to a secure digital environment (Lustgarten & Colbow, 2017). The threats to clients' privacy as a result of the terms, conditions, and privacy policies of technology or software used by clinicians must be clearly outlined to clients. Clinician consultation with cybersecurity experts or legal experts is recommended if clinicians do not believe they are able to accurately describe these security risks.

Specific psychopathologies may present challenges to clients providing informed consent to and in understanding the implications of telemental healthcare delivery on their privacy and care (Howe et al., 2005). This can be seen in situations where a client is suffering from a psychopathology that can cause psychoses (e.g., schizophrenia). Just as with traditional treatment modalities, the capacity to consent relies on the presence of symptomatology which may impair cognition (Howe et al., 2005). Studies suggest that telemedicine can be used successfully in acute psychiatric case managements for for clients experiencing psychosis (D'souza, 2000; Hilty et al., 2013). Previous studies indicate that the therapeutic alliance between the client and clinician has been shown to be important for supporting the acute and long-term recovery of clients with reality-altering pathologies, like schizophrenia (Hewitt & Coffey, 2005). As therapeutic relationships have been shown to form via telemental healthcare delivery, clinicians can feel confident that this key aspect of psychotherapy is retained (Hewitt & Coffey, 2005).

Cultural and religious considerations may present problems in providing telemental healthcare at a systemic level, in addition to client-specific needs. For example, a religious group who distrusts psychological science would require relationship building with community leaders before attempting to provide psychological care to community members. Telemental healthcare may be particularly valuable for the provision of mental healthcare to Indigenous populations who live in geographically isolated communities, partially due to severe clinician shortages in these areas (Savin et al., 2006). Savin and colleagues (2006) observed that Indigenous clients were initially trepidatious when videoconferencing with a clinician, in large part due to the novelty of the videoconferencing system that was employed. The clients had existing relationships with the staff and other clinicians at the videoconferencing location, and their own local clinician was present during the video chat. These strong existing relationships with those staff members and clinicians, and the presence of their own local clinician were noted to increase the clients' comfort with the technology. The remote clinicians' concerns about the difficulty in establishing a therapeutic relationship with clients were also alleviated through the strong relationships with on-site clinic staff (Savin et al., 2006). Clinicians stated that any other differences in therapy resulting from the use of telemental health had no effect on their ability to diagnose or treat their clients (Savin et al., 2006). This study evaluates the experience of clinicians at a single site, their experiences may not be generalizable to other Indigenous communities.

In all cases, clinicians are encouraged to engage stakeholders present within the bureaucratic structures of the communities they serve in order to determine how to best

accommodate each population's unique cultural and religious needs.

Practical Considerations

Forming relationships digitally is different as both parties interact through screens versus in person. Evidence suggests that the clients and clinicians are able to effectively establish a therapeutic relationship over video teleconferencing and conduct treatment successfully, as many of the aspects that facilitate relationship formation, such as seeing and responding to nonverbal cues, are present when using video teleconferencing (Morland et al., 2010; Myers & Turvey, 2013). Many studies on the use of video teleconferencing in telemental healthcare delivery relied on the use of expensive teleconferencing technologies (Savin et al., 2006). The use of lower cost alternatives such as smartphones should be considered for telemental healthcare delivery, as their ubiquitous presence and low cost make them cost-effective for this purpose.

In 2012, the US military conducted a study using an iPhone 4 and FaceTime (a video-calling app) on the effectiveness of telemental healthcare in a location with poor cellphone reception, and noted generally favourable results with respect to the experience of using the iPhone 4 for telemental healthcare delivery (Luxton, Mishkind, Crumpton, Ayers, & Mysliwiec, 2012). Participants noted the iPhone 4 was comfortable to use, and gave the device high ratings for the technical aspects of the interactions, such as ease in seeing the researchers' faces given the 3.5" diagonal size of the video feed (Luxton et al., 2012). This study fails to fully capture options for telemental health delivery using smartphones as the study has a small sample size; however, it provides a basis for future research (Luxton et al., 2012). Increases in size of cellphone screens since Luxton and colleagues' (2012) study is important to note; screen sizes in excess of 5.5" diagonally are common on mobile phones circa 2015, and cellular networks have increased in speed and data capacity. These factors are expected to contribute to further improved usability of smartphones in telemental healthcare. Further st udies investigating differences arising from the use of devices of varying sizes are recommended.

The use of large-sized screens can facilitate clinicians observing a client's affect, as nonverbal cues are important in doing so (Myers & Turvey, 2013). Nonverbal cues are also crucial for establishing rapport with clients, as both parties benefit from instantaneous and engaging feedback similar to experiences in in-person therapy (Myers & Turvey, 2013). Cameras are limited in what they are able to capture; clinicians must decide what field of view wold be of most use (Yuen, Goetter, Herbert, & Forman, 2012). Some telemental health treatments such as a text-only chat system does not allow clinicians to have influence on the physical setup of the space. In these cases, it is particularly important that the clinician is aware of the information they are missing, and ensure that the technical specifications of the tools used for telemental health delivery are sufficient for observing nonverbal cues (Myers & Turvey, 2013). The optimization of these technical aspects, such as having sufficient Internet bandwidth and an ability to capture high resolution video, may be insufficient as it does not allow clinicians to use all of their traditional tools. Some assessment materials require interaction with physical items, which requires the clinician to be present in the room with the client (Luxton, Pruitt, & Osenbach, 2014). Co-administration with a collaborator or assistant who lacks licensure by a professional body may pose a risk to the tool's integrity due to the accreditation requirements in place for many psychological tools (Luxton et al., 2014). This and other limitations may directly influence the assessment tools the clinician is able to use with patients, subsequently

affecting their ability to accurately diagnose a psychological disorder.

Clinicians are encouraged to consult the existing literature for recommendations on ensuring client privacy and confidentiality (Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013). Lustgarten and Colbow (2017) provide suggestions for mitigating some of these concerns, including the use of transmission encryption to make video feed data useless to third parties, and the use of devices dedicated to telemental health delivery (i.e., not using personal devices). Explaining these safeguards to clients and openly answering any questions they may have about telemental healthcare delivery would facilitate trust between client and clinician.

Legal Considerations

As technology continues to eradicate geographical and geopolitical barriers between clients and clinicians, the services that clinicians use to connect with clients play a central role in defining the scope of the client-clinician relationship. Talkspace, an Internet-based platform where clients can anonymously connect with therapists, is one such service. (Talkspace, 2017). All clinicans who use Talkspace hold licensure in fields related to mental health (Ferguson, 2016). The service is based inside of the United States, and clinicians may take clients who are outside of it, although this does not align with the American Psychological Association's (APA) recommendations for interjurisdictional practice, which is in place to protect both clients and clinicians (Ferguson, 2016; Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013).

Talkspace acts as both a platform for clinicians and clients to meet and as a tool for clinicians to manage the administrative aspects of their Talkspace clients. While this may sound efficient, multiple privacy and legal concerns are present. The Talkspace staff, who are not licensed clinicians, are allowed to read the chat logs between clinicians and clients, a practice which is against both the Canadian Psychological Association's and the APA's ethics requirements and guidelines for clinical psychologists (Canadian Psychological Association/Société canadienne de psychologie, 2017; Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013). The Talkspace staff are also able to terminate the service between the clinician and client without prior notice, including when therapists are thought to have broken Talkspace's rules (Ferguson, 2016). This can compromise the trust a client may place in their relationship with their clinician.

Clients may also elect to have some anonymity with their clinician, including withholding information such as their name and location (Ferguson, 2016). The anonymous nature of this relationship compromises clinicians' abilities to connect clients with additional services at their location and to continue their relationship outside of the Talkspace service. Geographical barriers pre sent a challenge in providing support during crises (e.g., self-harm, suicide); this is a problem that is also present with telemental health interventions outside of services like Talkspace. As some Talkspace users are international, clinicians may not know or have access to emergency service contact information, or may be unable to contact them easily should crises occur (Ferguson, 2016). Concerns regarding crisis situations may be mitigated by training clinicians in crisis management that are extensible to telemental health delivery modalities. Applied Suicide Intervention Skills Training is one such tool, and has been shown to be effective when used remotely over the phone (LivingWorks, 2014). Clinicians should also strive to be comfortable using these tools in such a context to ensure the safety of their clients.

Talkspace provides a compelling reason why legislatures and licencing boards should not only maintain an awareness of new products in telemental healthcare delivery services, but also be able to respond to concerns that may be brought up by clinicians. In 2017, the APA released an article discussing some of the advantages and disadvantages of such telemental healthcare services and highlighted how some of the companies' guidelines may not align with the APA's codes of ethics and licensure requirements (Novotney, 2017). If clinicians are concerned with practices they observe at telemental health delivery services, they are encouraged to reach out to the companies to advocate for change and to refer to their licencing boards for guidance. If ethical and legal requirements can be met, services such as Talkspace can have a legitimate place in the delivery of therapy. These services have the potential to facilitate meaningful, therapeutic relationships, and to provide support for individuals who may otherwise not receive care due to financial or geographical limits (Talkspace, 2017). Collaboration and dialogue between companies such as Talkspace, clinicians, and licensing boards is recommended to ensure that all stakeholders' needs are met, and that clients receive the best care possible.

Conclusions and Future Directions

Innovations in telemental healthcare delivery parallel those made in other areas of technology. All services provided through this modality should be based on the same ethical and legal foundations as in-person delivery: to provide appropriate care for clients and to support the development of strong client-clinician therapeutic relationships. Due to the plethora of technical considerations that must be made for telemental healthcare to be delivered, clinicians may consult with professionals in other fields, such as cybersecurity and law. To provide telemental healthcare in a safe manner, legal and licensure frameworks must match the rapidly changing pace of telecommunications modalities to ensure that telemental healthcare will be made available for persons who benefit from it. Future research should focus on how the continued proliferation of smartphones can play a role in telemental healthcare delivery, and on the development of tools to help clients and clinicians secure their devices to ensure facilitate private communications.

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