

Are you ready for the Shift?

From In- Person Therapy to Tele psychotherapy, In the Wake of the Covid 19 Pandemic

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ABSTRACT

This article has been arrived at from a nation level webinar presented recently to help prepare Indian counselling and clinical psychologists to move their practice onto an online service delivery format. This article offers details around competencies needed to offer psychotherapy via online modalities and also guidelines for offering these services in a legally and an ethically safe manner. These have been collated from best practices and guidelines being followed by countries where online delivery of psychotherapy started much earlier and also have evidence around what works and what does not work.

Keywords: *online therapy; competencies; guidelines.*

INTRODUCTION

WHO estimates that globally over 450 million people suffer from mental disorders. It was suggested way back in 1996 that by the year 2020, our world would be reeling under an increased health burden by 15% due to mental disorders (Murray and Lopez 1996). The pandemic that is now bringing our world to a standstill in 2020, was not even imagined or its repercussions included in these projections or predictions made till now. Almost 2.6 billion people are in a state of enforced lockdown across the globe (Dr Elke Van Hoof, 2020).

People are experiencing feelings of grief, resulting from loss of not just loved ones or health due to this pandemic but also a loss of normal routines, everyday daily life activities. The WHO guidelines mention social isolation, which is being looked at as one of the key ways to prevent the spread of this deadly virus. People have lost access to many services, activities and even medical facilities as outpatient departments have been shut down or restricted to only emergencies. Those with existing mental health conditions or struggling with psychological distress arising from fear and anxiety of them or their loved ones being infected with covid-19, are feeling lost and helpless. Most of the mental health professionals are based out of urban India whereas 70% of the population lives in the rural areas, leading to widening of the service provider and end use gap, as well as an increase in costs related to travel and time off from their work-space. (Prafulla, Murthy & Ramaprasad, 2010; Thara & Patel, 2010)

There was a study done to look at the impact of Covid-19 on mental health via responses or conversations done via digital mental health services (Becky et.al, 2020). One of these apps that was a part of this research was Wysa, a mental health AI-led conversational agent and text-based therapy platform. The identified themes included an overarching invisible loss, characterized by loss of safety, loss of routine, and reduction in the conduction of joy activities. It also identified fears of losing loved ones to Covid-19— especially for individuals whose

a loved one was a front-line worker. Given this recent forced change in the way people are now having to offer or access health services, the internet has established itself into a desired mode for providers to provide opportunities for private, instant communication, unlimited by geographic barriers. Even though Telemental health enters its sixth decade as a well-known practice in the medical field in the western world—resulting in increased access to care (Hilty et al 2004; Hilty et.al- 2013), the surge in demand for it now is definitely much more than ever.

It's then important to do in a check on the readiness of the clinical or counselling psychologists in India, where for many of them this shift from in person to online delivery of tele-psychotherapy /tele-counselling has come in more like a side effect of the pandemic to provide continuity in care to their clients than a well-informed decision.

I began the webinar with defining Tele-psychology services, as delivering psychotherapy/counselling and other psychological services using modalities like audio/video conferencing and text. Such services can bridge the geographical divide between healthcare providers and patients, enhancing accessibility and scalability of mental - health services.

Bloom has defined online psychotherapy/counselling as the “process of interacting with a therapist/counsellor online in ongoing conversations over time when the client and therapist are in separate or remote locations and utilize electronic means to communicate with each other” (Bloom 1998). A brief introduction was provided to field one would hear throughout the webinar and then explaining briefly about the various modalities available for offering telepsychology services.

These terms given below were used throughout the webinar:

1) Telemental health: Behavioural health care (clinical advice, consultation, administration, education, training, research) delivered via telecommunication (electronic)

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technology but for this article we will refer to telepsychiatry and psychological services primarily online psychotherapy.

- 2) Online therapy: delivering psychotherapy via internet using chat, audio/video mode
- 3) Face to Face: a situation where one can view the other person (perhaps electronically via video-based sessions.).
- 4) In Person Session: a session where one can touch the other person.
- 5) Online Clinical Practice: use of Technologies for therapeutic dialog at a distance
- 6) Time of service delivery— If the service was delivered synchronously (live in the here and now) like a video or a live text chat or If the service was offered with some delays or asynchronously like via email or chat with delays.
- 7) The mode of communication used to deliver the online therapy - text, by audio only, or by audio- video (utilizing a webcam).

Efficacy of telepsychology services

The next point to highlight in the webinar was the evidence that support usage and efficacy of telepsychology and various theoretical orientations via online modalities to provide tele psychotherapy. This was important to boost positivity in the attitudes of mental health professionals towards telepsychology.

Div.12, Society of Clinical Psychology published a systematic review of providers' attitudes towards TMH-V in *Clinical Psychology: Science and Practice* (Connolly, Miller, Lindsay, & Bauer, 2019). The results reflected that despite positive overall opinions towards Telemental health via videoconferencing, they also believed that:

- 1) Quality of therapy may be impacted by technological difficulties, such as poor audio and video quality
- 2) There maybe difficulties with forming therapeutic alliance as being on video may cause the relationship to be more impersonal and maybe more difficult to detect non-verbal cues
- 3) There could be extra hassles like equipment set-up and scheduling hassles
- 4) There could be false claims around one's identity or issues with licensure, or patient safety if they were in crisis, and provider liability.

While these may be true, comparative studies done on clinical outcomes of patients enrolled in programs offered via telepsychology modalities (e.g., videoconferencing, internet-based therapy) with those receiving in person therapeutic programs, revealed that telepsychology services are well received by clients, lead to better outcomes and are also pocket friendly (Richardson LK1, Frueh BC, Grubaugh AL, Egede L, Elhai JD.2009). Also it has been seen from experiences in the west that online therapy can be adapted for many uses including patient intervention and psychotherapy, assessment and evaluation, psycho-education and counseling and professional supervision and training (Glueckauf & Ketterson, 2004; Godleski,Nieves, Darkins, Lehmann, 2008).

Studies reveal advantages like increased access to care, improved efficiency and reduced stigma. It also enhances

help seeking behaviour in people with emotional challenges like social anxiety , which can be a barrier to seeking in person support (Aboujaoude, E et al., 2015)

Research around treatment efficacy for telepsychology services reveal people with panic disorder (e.g., Richards, Klein, & Austin in press.), phobias (Ken wright et al., 2001), obsessive-compulsive disorder (Clark et al., 1998), post-traumatic stress symptoms (Lange et al., 2003) and depression(Christens et al.,2004) can be treated effectively via online therapy programs.

Other common complaints clients usually report are body image or weight, family relationships, other relationships, and work or school.

The audience for the webinar definitely seemed eager to know at this point and refused to take a break in the session for any questions and wanted to dive into guidelines that one could refer to from assessment to formulation of a management plan to managing any crisis and have a successful and positive therapeutic alliance with their clients, so as to lead to positive outcomes.

Guidelines

Given the diversity in the ways coursework and training is carried out for counselling and psychotherapy across various universities or colleges, and an equal diverse background of therapists and clients, it becomes essential to lay out a framework that sets out competencies required by a mental health professional to offer therapeutic programs via online modalities as well knowledge and skill set to work with clients from various cohorts, say those diagnosed with a mental health condition versus someone needing help to manage everyday stressors. Competency is defined as the ability to do something successfully and efficiently. The guidelines shared below were arrived at by referring to guidelines laid out by the American Psychological Association (APA), American Telemedicine Association (ATA), National Institute of Mental health and Neurosciences, British Association of Counselling Psychologists (BACP) and my own experiences of setting up remote tele-psychotherapy platforms in an Indian setting.

We can follow these guidelines till we identify what works well for a multicultural/multilingual diverse nation like ours. It will be helpful to remember that these guidelines are to help lay down good practices of care or standards of care based on research compiling both providers and user experience of services following these guidelines.

These guidelines for psychological assessment have been collated from guidelines for assessment laid down by the AP (APA, 2020). This is to assist mental health professionals address any time sensitive or care needs of their clients even during the times of the pandemic.

1. Guidelines for Assessment

Current scenario poses a huge challenge with administering assessments due their need to be conducted in-person. This has resulted in psychologists going so far as to pausing the provision of this service. Even though a lot of test publishers are trying to create tests that can be administered and scored

remotely, yet any recommendations by any professional provided are to be carried out ignoring standardised practice.

1) Follow the same ethics for testing as one would follow in person settings. If stimulus material is developed for in person testing, then it should not be sent to the client in the forms of pictures or photocopies of the task material. One can try to monitor test administration remotely using audio visual aids. One needs to ensure that an informed consent has been obtained from the client and it should include limitations and challenges of assessment conducted via online modalities.

2) Technical knowledge of the modality being used for assessment by both the psychologist and their client needs to be assessed and efforts made to train oneself and one's client in it would help with smooth and ethical administration of the assessment session. Client suitability factors like age, condition, familiarity with using devices, if literacy levels could impact test taking skills, need to be kept in mind before offering online assessments to clients. Be mindful of duration of sessions.

3) Since there's paucity of research around conducting psychological assessments via tele - modalities, implementing all guidelines for assessment in face-to-face setting need to be followed in remote/online conduction of assessments. One also could be bring in the experience and observations of processes that underlie performance on these tasks in an in person session and compare if that's affected or changed in some ways during an online assessment before arriving at any conclusions about any attributes being measured in that assessment session. assessed online. For example, pure verbal tasks may not get impacted but non-verbal tasks or performance elements of some tests are likely to get affected when assessed online due to blurriness of images or poor video quality.

4) Don't be dependent on a single test score to guide your clinical decisions. It's best to integrate test data within an understanding of the individual, their background, their context, their culture and their circumstances in order to inform conclusions and clinical decisions.

Since tele-psychological assessment is still evolving, it is advised that mental health professionals wanting to bring this into their practice seek peer /mentor supervision or discuss results and engage in research around this area as well.

2. Ethical & Legal practice recommendations

What I am now going to share is drawn from a review article(Ursula et.al 2016) that has studied and summarised about 19 guidelines for delivering ethically and legally safe telepsychology services from various countries with a special focus on services offered via videoconferencing, delivering e-mental health services, with a particular focus on videoconferencing. Key areas covered are client suitability for telepsychology services, ethical and compliance issues, concerns around confidentiality and privacy and crisis intervention

1) Appropriateness of the Service

- The first step before deciding to consider a client as suitable for an online modality begins with an initial process, done offline or via video chat to determine appropriateness of online service for client, and signpost them to any other facility in their geographical region for an in-person service if they are found to be not suitable for telepsychology services.

The reasons could be lack of access to devices, lack of technical knowledge to use a device any age-related concerns or language barriers or any disability that could pose a challenge to appropriately participating in a telepsychology service session.

- It's also helpful to conduct relevant research for the choice of psychotherapeutic techniques or what kind of assessments would be most suitable for a particular online modality. For example, can one offer graded exposure on chat? Or should be done via video-based sessions.

- It's important to regularly monitor clients' progress to check if the intervention or modality is being helpful or not and also evaluate any changes in clients life that may pose a risk to them, and may need further escalation to an in person therapist /in-patient admissions for management of such concerns.

- Mental health professionals need to work on enhancing their skills for being a culturally competent telepsychology service provider, just as is needed for someone offering in person services. Services offered should be accessible and equitable for people from various communities, races, and ethnic groups.

- Discuss the availability and ease of access to the nearest emergency medical facility in case of a crisis scenario when the professional is not available or during session. 2) Type of service- This may seem like a repetitive point but its especially important to consider the type of service as well as the type of modality and concerns a client may be seeking help with before a particular service may be offered for the clients as well as providers.

- For example, it is important to share any limitations or risks associated with psychological assessments conducted online another place with regards to assessments, even when they may seem to need it urgently.

- If the service is psychotherapy, one needs to decide the best modality to offer it, one which is easily accessible for both client and therapist as well as most suited for the nature of concerns the client is bringing in. For example, video-based sessions are as efficacious as in person sessions for clients bringing in a wide variety of concerns like marital issues or depression or anxiety but may not be suitable to someone in crisis or experiencing hallucinations or delusions.

- If the service is group therapy or family therapy then consider video-based sessions and not audio or text based modalities

3. Legal and Ethical Issues

Offering legally and ethically safe mental health services cannot be emphasised enough. It's as important for considering legal and ethical challenges that one may

encounter in an online practice, as it is for face to face or in person services. There could be many factors from client side or therapist s side or the organisation offering telepsychology services side that can impact safe and ethical delivery of services.

Research done as early as in 1997 pointed out issues that could make a service unsafe or risky for both providers and Clients. Some of the concerns these researches revealed were e lack of awareness of location of the client accessing online psychology services, inadequacy of counsellor interventions for the nature of concerns a client may bring in, misuse of computer applications, threat to client's privacy or confidentiality privacy concerns, false information around credentialing , and issues with therapeutic alliance while using tele modalities (Sampson, Kolodinsky, & Greeno, 1997); Some other concerns were around not sharing informed consent; enhance in risk to clients health due to anonymity, and also data security issues. (Bloom, 1998; Childress, 1998; Shapiro & Schulman, 1996 Malhotra et al., 2013).

The first step to ensuring delivery of legally and ethically safe telepsychology services is to ensure one has the basic knowledge of relevant laws and regulations, like for psychologists practicing in India knowledge of Mental health Act; POCSO, or data privacy act regulating online services is particularly important.

It is also important that Psychologists offering in-person or telepsychology services are a member of their professional body /licensing body, like RCI or IACP and be familiar with the guidelines they have around delivering offline or online therapy services.

The next step is towards ethical and legally safe service delivery is obtaining informed Consent from client and documentation of professional work as well as session records, maintaining ones accounts of financial transactions and records of any crisis moments and steps undertaken to manage that crisis is as essential for tele psychotherapy/tele counselling practice as its for in-person sessions.

Informed consent should include:

- Modality that would be used for interaction and language, process, duration of interaction
- Advantages and disadvantages of the potential benefits and risks of online therapy • Details of fee per session ; any penalty fee for missing sessions etc, payment procedures and any refund procedures and terms and conditions
- Crisis management process
- Terms and guidelines around missed sessions or disruption in session due to technical failure or issues

4. Guidelines for Record keeping

- Same laws and standards of care to be adhered with for telepsychology services as it is for in person services.
- Follow national guidelines if any around data security and privacy by assuring and ensuring security of any information stored in the device/devices used by mental health professionals.

- An adequate record of any electronic communication like via emails, need to be maintained with time stamps.
- Documenting the details of service offered, like psychotherapy session notes and summaries, in addition to adding details such as date, time, duration, modality of sessions, any other information about the client and therapist/provider information, following a standard uniform template offered by the professional /governing body would be ideal.

NIMHANS Guidelines have outlined these processes in detail and have prepared templates for obtaining informed consent that can be used for one's practice.

Next step is based on one of the core skills needed to be a psychologist or a counselor.

5. Guidelines to Ensure Confidentiality

It is maintaining confidentiality of any data collected session records etc during the process of delivering mental health services via online modalities. It could sound repetitive but efforts around maintaining confidentiality of the data & information relating to the clients/patients accessing telepsychology services cannot be emphasised enough.

Given below are some steps one cans take to ensure confidentiality:

1. Obtain written informed consent reflecting that the client understands that telepsychology services could bring in various kinds of limitations and risks and ways to minimise and control these risks.
2. Ensure attendance for these services is by the same person who requested for it by asking for proof to establish identity.
3. Share terms and conditions for the telepsychology service being offered informing client about what data would be collected, where, how and till when will it be stored in provider's devices/systems and how will this data be, used, disclosed, and stored and their rights to forget/request for and delete their data.
4. Ensure that both provider and the client are using a safe, password protected, encrypted device to maintain privacy and confidentiality.
5. Make sure that any data or information is disposed of in a method maintaining confidentiality for example shredding any paper files or making sure that all data stored electronically is completely deleted from all systems a provider has stored the data on.
6. Also discuss with the client, the processes to be taken when a client feels unsafe or their privacy invaded by another person. For example, one can set code words or gestures to indicate to the therapist that the client is feeling unsafe or not in a private space anymore and the session can be ended, or the therapist can inform someone who can reach out to the client then to ensure safety.

As psychologists prepare themselves to make this shift, the most important factor to consider is Competence.

6. Guidelines to Build Competency

Competency is defined as the ability to do something successfully and efficiently. Given the diversity in the ways coursework and training is carried out for counselling and psychotherapy across various universities or colleges in India, and an equal diverse background of therapists and clients, it becomes essential for someone deciding to offer telepsychology services to be mindful of these core competencies and technical competencies as listed below :

1) Remember to provide these services within the boundaries of their skills learnt during one's training and supervised work experience and what is defined in their scope of work by their professional body or licensing body (Chenneville, T., & Schwartz-Mette, R. 2020)

2) To help build trust, telepsychology providers must furnish information about one's area of expertise, information on licensure, proof of membership with any professional or governing bodies with the client.

3) Should provide online services within the boundaries of their competence derived from their training, education, supervised experience, or other professional experiences, and should understand the limits and applications of different technologies

4) Tele psychology providers, just like for their in-person practice peers, need to work on enhancing their skills to work via different online modalities and to gain expertise and for professional development via training and academic pursuits.

5) It's mandatory for any organisation offering tele/digital mental health services to ensure their team has the competencies needed for such service delivery and encourage their team to train themselves especially around offering legally and ethically safe services. Also encourage team providing telepsychology services to monitor for quality, and work on filling in any gaps arising from lack of skills to use one's theoretical and therapeutic skills to offer effective and safe telepsychology services.

6) Engaging in research and keeping oneself updated with latest research will help telepsychology providers to offer services that lead to improved outcomes as they will then be able to bring in evidence-based interventions and assessments into their practice.

7) Maintaining professional boundaries can be difficult in an online space. It's helpful to use the same language as you would with your clients in an in-person setting.

Social media

- Follow any guidelines around maintaining privacy for your personal social media accounts.
- It will be helpful to not accept friend requests and keep personal interactions to the minimum on social media.
- Try and ensure the audience of social media posts before posting personal information online.
- Keep impulses to google your clients in check, unless it's in the client's best interest and with their consent.
- Therapeutic Alliance: One of the main issues in psychotherapy practice, especially online therapy is whether a working therapeutic alliance can develop when

the provider and the client are geographically separated or use a mode like email to connect. Review studies indicate that clients can form a positive therapeutic alliance on online modalities and is as satisfying and helpful as its for in person services (Klasen M, Knaevelsrud C, Böttche M.2013).

- Maintaining a Hybrid relationship managed across range of settings in-person, telehealth, and technologies (eg. Videoconferencing, email, phone) is considered to enhance therapeutic alliance.

- Setting expectations from therapy via Clear education on what to expect in therapy, about the therapist's orientation and also boundaries around frequency of contact outside of session times and when to communicate and over which technologies can help establish a transparent honest alliance.

- Attention to rapport, trust and comfort of the patient with each communication and also providing strategies to work around with any discomfort the client may be experiencing during the therapeutic journey can make them feel heard, understood and helped.

- Checking in on how patient is doing with regards to communication relationship

- Paraphrasing, checking or asking questions for clarifying the intent and meaning of content shared to avoid miscommunication and misunderstanding.

7. Skills to manage Crisis

While delivering Telepsychology services are of utmost importance due to the client accessing services remotely Crisis management strategies. It's helpful to crisis management procedures during the intake process itself, while obtaining informed consent. Talk about scenarios where a client reaches out to the provider at an hour, they are unavailable and help them think through alternative options /resources to access more help. It's also essential to educate them about the Duty of care law and also that it's during a crisis that the therapist may break the confidentiality clause to fulfil duty of care and inform authorities to provide appropriate help. Some other helpful strategies are:

- Monitor all clients throughout therapy to assess vulnerability of the client to self-harm or suicidal ideations or risk of abuse.

- To address high risk scenarios, help them prepare a list of in person crisis/emergency management services in and around their geographical location.

- To mitigate high risk scenarios, help the client list down contact details of trusted family/friends/medical professionals and instruct them to have this list handy even during their online therapy sessions.

- While sharing the informed consent also discuss the potential for misunderstanding on various online modalities and also share ways to deal with any such scenario so as to avoid any clinical safety issue during the session.

- Record all communication around any crisis event/plan made and referrals made. Technical competence

8. Technical Competence

Telepsychology providers must work on acquiring skills to manage the technicalities of the of the online modalities being offered say how does the video platform work or what could they do if there is a disruption in the service and what alternate modalities could they then offer to the client to complete the service initiated.

Technical competencies also involve updating one's practical knowledge of how to establish a good working alliance or how to manage the seemingly invisible but especially important relational/communicational aspects involved in providing psychology services via online modalities like what could one do if there are trust issues impacting therapeutic alliance or what could the provider do to reduce communication breakdown resulting from a tech issue during the service. It's recommended that providers entering into the space take supervision or guidance or complete a formal training in delivering telepsychology services. Some other suggestions to enhance technical competency for effective tele-psychology services delivery are:

- Continuous monitoring and evaluation of services being offered, user acceptability and useability of the services and efficacy of services being offered will help identify what skills or aspects of service need enhancement or replacement.
- Taking time out to help clients for tele psychology services feel confident about their own skills to be able to use the service effectively would help build a positive therapeutic alliance and lead to improved outcomes.
- Continuous /ongoing feedback from service users would help create a user centric service which always has better acceptability and engagement.
- A blended approach if possible where different modalities could be combined, say in -person sessions being scheduled intermittently with video sessions or video sessions along with live text sessions allows for ensuring client s wellbeing, reducing scope for misunderstanding and sharing best ways to reduce any technical issues with any one modality.

CONCLUSION

Even though research is clearly indicating that benefits of tele psychology services are way more than its limitations, it's the absence of good training, clear policies, regulations and guidelines about the delivery of tele psychotherapy that can make clients or therapists feel wary of using this modality. NIMHANS and IACP guidelines for telepsychology and tele counselling were framed just in time to help professionals feel comfortable and confident in initiating tele psychotherapy practice.

It is also important that tele psychotherapy or tele counselling is offered as a specialisation or a part of the post graduate courses in psychology/counselling as this indeed is one of the specialised fields and an early exposure to it will help with well- researched, improved list of skills and competencies specifically required for offering psychotherapy via various tele-modalities.

Remember, the key is to ensure following the same ethical, legal, and professional guidelines or good practices as a provider would in their in-person practice. There is a need to closely monitor and conduct research in this upcoming field in our country so as update the current guidelines to include any specific steps to take when addressing our multicultural and diverse population and create a set of best practices or standard operating procedures to be followed while offering telepsychology services via each of the modalities.

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