

ONLINE TERAPIJA: ŠTO I KAKO?

/ ONLINE THERAPY: WHAT IS IT AND TIPS ON HOW TO DO IT

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SAŽETAK/ABSTRACT

Psihoterapija putem novih medija i tehnologija sve se više primjenjuje i bez obzira na osobne stavove psihoterapeuta, ona postaje područje profesionalnog interesa. No uporaba novih tehnologija traži i posebnu prilagodbu, dodatne vještine i znanja. U ovom je članku naglasak stavljen na pregled novih aspekata psihoterapijskog *settinga* i postupka na koje treba obratiti pozornost kada se odlučimo na korištenje novih tehnologija u psihoterapiji.

/ Psychotherapy through new media and technology is used increasingly and regardless of the personal attitudes of a psychotherapist it becomes an area of professional interest. But the use of new technologies requires special adaptation, additional skills and knowledge. This article focuses on the review of new aspects of psychotherapeutic set-up and the process to which attention should be taken when deciding on the use of new technologies in psychotherapy.

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UVOD

Internet i moderna tehnologija značajno su utjecali na svakodnevni život. Na internetu tražimo sve, od kulinarskih recepata do zdravstvenih savjeta. Podatci iz 2016. godine pokazuju da 3,4 milijarde ljudi, gotovo polovica svjetskog stanovništva, ima pristup i aktivno se koriste internetom (1). Novije brojke govore da 77% Amerikanaca i 34% ostatka svijeta rabe neke oblike elektronske komunikacije (2). Istraživanje iz 2017. godine pokazuje da 77% hrvatskih kućanstava ima internet (3). Fox i Duggan su objavili da je u 2012. godini 72% američkih državljana pretraživalo internet o zdravstvenim informacijama, a njih 26% se u tu svrhu koristilo društvenim mrežama (4).

Primjena telekomunikacije u terapiji i savjetovanju nije nova pojava. Savjetovanje putem telefona u uporabi je od 50-tih godina prošlog stoljeća te se i danas koriste telefonske linije za pomoć u kriznim situacijama, a što se pokazalo efikasnim (5). Mnogi naglašavaju da je i Freud primjenjivao psihoterapiju putem sekundarnih sredstava kao što su pisma. Međutim, ovi oblici psihoterapije, koje možemo nazvati „psihoterapija na daljinu“, donekle su zastarjeli u odnosu na rapidni razvoj informacijske i telekomunikacijske tehnologije (ITT) u posljednjih dvadeset godina. Od teških stolnih računala i elektroničke pošte sa sporim internetskim vezama u devedesetima, danas hodamo ulicama s pametnim telefonima

INTRODUCTION

The internet and modern technologies have greatly influenced our daily living. We tend to consult the world wide web for almost anything, from culinary recipes to mental health advice. Data from 2016 shows that 3.4 billion of people, almost half of the world population, have access to the internet and are active users (1). Recent numbers show that 77% of Americans and 34% of the world population use electronic mechanisms as a form of communication (2). In Croatia, 77% of households have an internet connection as of 2017 (3). Fox and Duggan report that in 2012, 72% of US citizens looked for support and health care information online and 26% of Internet users used social media for health-related issues (4).

Using telecommunication in therapy and counselling is not new. Counselling over the telephone has been in use since the 50's of the last century, and even today telephone lines for crisis situations are in existence and still effective (5). Many like to point out that even Freud conducted psychotherapy through secondary means such as letters. However, these forms of psychotherapy from a distance, as we may call them, have become somewhat outdated with the rapid growth of information and communication technology (ICT) in the last twenty years. In the nineties we used the heavy desktop computers and e-mails with slow connections, and to-



veličine šake, spojeni na Internet putem najbliže i najbrže bežične veze. Internet ili *world wide web* je nevidljiva mreža oko cijelog svijeta isprepletena ljudskom ponudom i potražnjom. Koliko je niti ili veza dnevno isprepletene, toliko se istovremeno gasi ili napušta te je gotovo nemoguće izračunati koliko ima pružatelja *online* terapije na internetu. Nesumnjivo je da je potreba za ovom vrstom psihoterapije sve veća, što zbog porasta migracija uzrokovanih ratnim stradanjima ili motiviranih ekonomskim uvjetima, što zbog stresnosti svakodnevnog života, usmjerenosti mladih ljudi na ITT (tzv. digitalnih urođenika), itd.

ONLINE TERAPIJA

Što je to *online* terapija? Je li to isto ili različito od *cyber*-terapije, telemedicine, telezdravlja, telepsihijatrije, telepsihologije, ITT potpomognute terapije ili terapije putem računala? Popis naziva koji se rabi kako bi se opisao koncept je podugačak i za sada ne postoji jedinstvenost u nazivlju. Neki od ovih naziva se odnose na djelomično preklapajuće koncepte, a neki su i sinonimi, ovisno o literaturi (2, 6, 7). U ovom radu bit će korišten termin *online* terapija kao nadpojam, međutim, katkad je nemoguće izbjeći i druge nazive.

Jedna od definicija navodi da je „*online* savjetovanje svako pružanje mentalnih i zdravstvenih usluga, uključujući

day we walk on the streets connected to the internet with our hand-sized smartphones, using the fastest nearby wi-fi provider. The internet truly is an invisible web around the world created by supply and demand. As many threads/links as there are created, just as many are abandoned or not working, which makes it difficult to calculate the number of providers of on-line psychotherapy. However, the demand for it grows each day with the rise in the number of people who are migrating, whether this is caused by conflicts or financial reasons, the stress of modern days life, the orientation of young people towards ICT, or something else.

ON-LINE THERAPY

So, what is online therapy? Is it the same thing as cybertherapy, telemedicine, telehealth, telepsychiatry, telepsychology, ICT-enhanced therapy or computer-mediated psychotherapy? The list of names used to describe the concept can go on and on without any universally accepted definitions. Some of these are partially overlapping concepts and some are synonyms, depending on who you ask (2,6,7). In this paper, the term online therapy will be used as an overarching concept, however, sometimes it is impossible to avoid other names.

“Online counselling is any delivery of mental and behavioural health services, including but not limited to therapy,

ali ne ograničavajući se na terapiju, savjetovanje i psihu edukaciju, od strane licenciranog praktičara klijentu u ne-licem-u-lice *settingu* a putem tehnologija komunikacije na daljinu, kao što su telefon, asinkroni e-mail, sinkronizirani *chat* i videokonferencija“ (8).

Ova definicija navodi tri važne točke: telekomunikacijska i informacijska tehnologija, fizička udaljenost, tj. različite lokacije na kojima se nalaze terapeut i klijent i licencirani praktičar/kliničar. Ali možemo li reći da se svi oblici intervencija putem ITT-a ne odvijaju licem-u-lice kao što je slučaj u tradicionalnom okruženju? Videokonferencijski poziv omogućuje da klijent i terapeut imaju vizualni licem-u-lice kontakt iako ne dijele istu lokaciju. Neki definiraju *online* terapiju kao oblik telezdravlja koje je pak definirano kao „uporaba informacijsko-telekomunikacijske tehnologije kako bi se omogućio pristup zdravstvenoj procjeni, intervenciji, konzultacijama, superviziji, edukaciji i znanju“ (9). Nickelsonova definicija izbjegava termin licem-u-lice, ali izostavlja važnu točku koja se odnosi na licenciranost onoga koji takve usluge pruža (9). Neka istraživanja su pokazala da samo manji dio pružatelja *online* terapije i savjetovanja uopće imaju ili se izjašnjavaju o svojoj akreditaciji ili obrazovanju iz području mentalnog zdravlja (10, 11).

Što sprječava certificirane terapeute da se uključe u *online* terapiju? Neki su

consultation and psychoeducation, by a licensed practitioner to a client in a non-face-to-face setting through distance communication technologies such as telephone, asynchronous e-mail, synchronous chat, and videoconferencing” (8).

This definition refers to three significant points: telecommunications and information technologies, physical distance, i.e. a separate location between the practitioner and the client, and a licensed practitioner. But can it be said that all forms of online therapy are non-face-to-face in comparison to the traditional method of providing therapy? A videoconference call is a face-to-face encounter, even though the participants do not share the same location.

Some define online therapy as a form of telehealth, which in turn is defined as “the use of telecommunications and information technology to provide access to health assessment, intervention, consultation, supervision, education, and information” (9). Nickelson’s definition avoids the term face-to-face but it leaves out a rather important point of “licensed practitioner” (9). Some studies show that only a small number of online therapy and counselling providers have or account for their credentials or training in mental health issues (10,11).

What is stopping certified psychotherapists from engaging in online therapy? Some are just “old-school”, some acknowledge online therapy but view it as



jednostavno „stara škola“, neki uvažavaju *online* terapiju ali isključivo kao pomoćnu metodu i smatraju da nije, niti će ikada biti prava psihoterapijska metoda (6) premda dosada postoje brojne studije koje potvrđuju efikasnost ovog pristupa (12). Većina istraživanja efikasnosti *online* terapije odnosila su se na kognitivno-bihevioralnu terapiju ali postoje i brojna istraživanja koja potvrđuju da *online* savjetovanje i psihoterapija imaju sličan učinak te da uspješno repliciraju facilitirajuće uvjete koje postoje u tradicionalnom *settingu* neovisno o psihoterapijskom pristupu (13). Međutim, potrebna su nova istraživanja i snažniji empirijski dokazi koji bi dodatno utvrdili uspješnost i učinkovitost *online* terapije te kako bi se bolje razumjela facilitativna uloga ovog oblika psihoterapijskog rada (13).

Online terapija zahtijeva i dodatni set vještina kao što su vješto, brzo i točno tipkanje, upoznatost i efikasnost u radu sa stolnim i/ili prijenosnim računalom i poznavanje odlika interneta, pogotovo onih koji se odnose na sigurnost i povjerljivost podataka (14). Naravno, tu su i brojna etička pitanja koja prate ovo područje.

KAKO RADITI *ONLINE* TERAPIJU?

Integracija IKT-a u psihoterapiju je u svojim začetcima. Psihoterapeuti u Europi većinom se još uvijek oslanjaju

an auxiliary method and say it is not and will never be a proper psychotherapy (6) even though there are by now numerous studies confirming the effectiveness of the approach (12). Most research on the effectiveness of on-line therapy refers to cognitive behavioural therapy, but there are numerous studies that show on-line counselling and therapy can have a similar effect and can replicate the facilitating conditions of the traditional setting regardless of the therapeutic approach (13). However, future studies are needed in order to provide stronger empirical evidence, establish the efficiency and effectiveness of this form of counselling and better understand the mediating and facilitating role of this form of work (13).

Online therapy requires an additional set of skills such as a high level of typing skill, speed and accuracy, familiarity and efficiency with computers, smartphones, laptops and internet features, especially ones related to data security and record confidentiality (14). And, of course, there are several ethical issues regarding this field.

(TIPS ON) HOW TO DO *ON-LINE* THERAPY?

Integration of ICT in psychotherapy is still in its beginnings. Psychotherapists in Europe still mostly rely on the traditional “couch” setting. Meanwhile, the European eHealth Action Plan 2020

na tradicionalni pristup. Istovremeno, Europski Akcijski Plan za e-Zdravstvo u 2020. godini usmjeren je na ostvarenje punog potencijala i boljitka IKT-a u pružanju kvalitetnije zdravstvene skrbi kroz međunarodni elektronski sustav zdravstva. U sklopu Akcijskog plana e-Zdravstva, ali i pod utjecajem nedavnog migracijskog vala, Europska komisija je prepoznala potrebu za osvježavanjem potencijala informacijsko-komunikacijske tehnologije u savjetovateljskim i terapijskim procesima. Projekt pod nazivom „*Therapy 2.0 – E-savjetovanje i e-psihoterapija za digitalne urođenike*“ prihvaćen je u okviru Erasmus+ programa te je proveden u suradnji sedam zemalja u razdoblju od 2016. do 2018. godine. Cilj *Therapy 2.0* projekta bio je ne samo podignuti svjesnost o potencijalima ITT-a već pružiti praktične smjernice, dati primjere postojećih dobrih praksi i ponuditi aplikaciju za pametne telefone. Više o samom projektu već je objavljeno u ovom časopisu, volumen 31, broj 2 (15). Projektni rezultati istraživanja potreba pokazuju da savjetnici, savjetovatelji, psihoterapeuti, učitelji, te drugi koji aktivno rade s izbjeglicama uglavnom imaju pozitivno iskustvo s internetskim i elektronskim alatima, ali istovremeno iskazuju veliki interes za mogućnost trening- i edukacijskih aktivnosti iz *online* intervencija, žele bolju razmjenu iskustava s kolegama koji već rade *online* terapiju ili savjeto-

aims at unlocking the full potential and the benefits of a fully mature and interoperable eHealth system in Europe. In the light of the EU Health plan and the recent immigration wave, the European Commission has recognized the need for raising the awareness of the potential of ICT-based approaches in therapeutic and counselling processes. A project entitled “*Therapy 2.0 – Counselling and Therapeutic interventions with Digital Natives*” was accepted under the Erasmus+ Programmes and was carried out in cooperation of seven partner countries during the period between 2016 and 2018. The goal of the *Therapy 2.0* project was not only to raise awareness of the potentials of ICT but also to provide a practical guide to the different ways of how technology can be used, best practice examples, and a mobile application for smartphones. More on the project has already been published in *Psihoterapija*, Vol. 31, No. 2 (15). The project results on need assessments show that advisors, counsellors, therapists, teachers and people active in refugee care institutions mostly have a positive experience with e-tools but at the same time express strong interest in training activities on online interventions, a wish for a stronger exchange with colleagues who are already working with online tools and want better information on data protection, ethics and communication-specific aspects of different instruments. They have expressed their interest for an online collection of tried and tested



vanje, imaju potrebu za boljim znanjem iz područja zaštite podataka, etičkih pitanja i specifičnosti pojedinih komunikacijskih instrumenata. Dodatno, istraživanjem je dobiveno da postoji potreba za postojanjem platforme na kojoj se mogu naći provjereni i testirani instrumenti te potreba za postizanjem profesionalne akreditacije (16).

Prednosti *online* terapije su brojne: *online* zakazivanje susreta je brzo, lako i fleksibilno, nema potrebe za uputnicom, terapija se može odvijati na lokaciji koja odgovara klijentu umjesto odlaska u terapeuta ured, osobe koje su vezane uz kuću (npr. zbog bolesti) i one koje žive u udaljenim područjima na ovaj način imaju pristup terapiji, izostanak čekalice omogućuje diskreciju, itd. *Online* terapija može biti prvi korak u dopiranjima do skupina koje su prepoznate kao one koje se teško uključuju u terapiju kao što su muškarci i adolescenti. Istovremeno, *online* terapija može nadopunjavati tradicionalne susrete i može poslužiti kao sredstvo putem kojeg procjenjujemo je li terapija uopće adekvatna za tog klijenta (10, 17, 18).

Online savjetovanje i terapija nisu za svakoga. Ona može ne odgovarati klijentima koji i sami nisu upoznati s tehnologijom i onim klijentima koji su u teškoj krizi. U slučaju teške krizne situacije, *online* savjetovanje može biti korisno u smislu procjene stanja i odluke o budućim postupcima (7, 16).

instruments on an electronic platform and have expressed great interest in the possibility of acquiring a professional qualification (16).

The advantages of online therapy are many: the online booking of appointments is quick, easy and flexible, a referral might not be required, counselling and therapy can take place at the client's chosen location rather than going to an office, housebound clients and those living in remote areas can have access to therapy, no waiting rooms assures discreetness, etc. Online therapy can be the first step in reaching out to reluctant face-to-face target groups, such as men and adolescents. At the same time, online therapy can complement traditional sessions and the low-threshold service is a convenient way of seeing whether counselling or therapy is right for the client/patient (10,17,18)

However, online counselling or therapy is not for everyone. It might not suit clients/patients who are not comfortable with technology or clients/patients who are in a severe crisis. However, in cases where there is a severe crisis, an initial e-counselling session could be useful to analyse the situation and decide on the next steps (7,16).

Obstacles to venturing into the world of online therapy are numerous, but three main themes stand out: technical competencies and safety, legal and ethical issues and economic and financial aspects.

Prepreke na putu upuštanja u *online* terapiju su mnogobrojne, ali se ističu tri područja: Tehničke kompetencije i sigurnost, pravni i etički te ekonomski i financijski aspekti.

TEHNIČKE KOMPETENCIJE I SIGURNOST

ITT je područje s izrazitim rastom te je teško pratiti nove internetske alate bilo da se radi o aparatima, aplikacijama ili internetu. Općenito, ITT se mogu podijeliti na dvije skupine, ovisno o njihovoj interaktivnosti. Web 1.0 su internetski alati starije generacije i odnose se na statične mrežne stranice i moderirane elektronske forume koji omogućuju razmjenu mišljenja i/ili iskustava i stvaranje suradnji. Web 2.0 se odnosi na internetske alate nove generacije koji omogućuju interaktivnu razmjenu. Neki od primjera Web 2.0 alata su društvene mreže (Facebook, Twitter, Instagram, itd.), Wikipedia, blogovi, mobilne aplikacije, YouTube, instant poruke (WhatsApp, Viber, Messenger, itd.) i videokonferencijske alate (Skype, FaceTime, HangOuts, BlueJeans, itd.) (19).

Online alati se dodatno mogu podijeliti na one koji rabe asinkronu i sinkronu komunikaciju. Sinkrona komunikacija se koristi kroz razmjenu medijskih sadržaja kao što su e-mail, forumi, SMS, videozapisi na zahtjev, ali s fleksibilnim vremenskim okvirom. Fleksibilni vre-

TECHNICAL COMPETENCIES

ICT is a rapidly growing field and it can be difficult to keep track of new internet tools, whether it is tools (advice, gadgets) or applications, connections and different features. In general, ICT can be divided into two groups based on their interactivity. Web 1.0 refers to the internet tools of the older generations and refer to static web pages and moderated electronic forums which allowed the exchange of opinions/experiences and the forming of collaborations. Web 2.0 refers to the internet tools of the new generation that allow interactive exchange. Some of the examples of Web 2.0 are social networks (Facebook, Twitter, Instagram, etc.), Wikipedia, blogs, mobile applications, YouTube, instant messaging (WhatsApp, Viber, Messenger, etc.) and videoconferencing tools (Skype, FaceTime, HangOuts, BlueJeans, etc.) (19).

Online tools can be further divided into those that use asynchronous communication and synchronous communication. Synchronous communication is used when exchanging media content such as e-mails, online forums, SMS, video clips on demand or when using web pages with a flexible timeframe. A flexible timeframe means that there is no need for the immediate response and the user follows his/her own rhythm and accesses the content when it suits them best. Synchronous communication is done through media (some of the same forms as in asynchronous communication, i.e. SMS, video and audio calls, but also vid-



menski okvir znači da ne postoji potreba za trenutnim odgovorom i korisnik slijedi vlastiti ritam u pristupanju sadržaju, tj. onda kada mu to najviše odgovara. Sinkrona komunikacija se odvija putem medija (neki su isti kao i kod asinkrone komunikacije, npr. SMS, video i audiopozivi, ali i specifični sinkroni mediji kao što je videokonferencija) u stvarnom vremenskom okviru (19, 20).

Online sigurnost je ključno pitanje *online* terapije. Općenito, sigurnost na internetu je jako niska i lako dolazi do kršenja povjerljivosti. Zlatno pravilo je da se otvaraju samo one mrežne stranice koji započinju s `https://` i da se izbjegavaju stranice koje započinju s `http://`. Dodatno slovo „s“ znači „siguran“ (u engl. *secure*) i za te stranice se smatra da im se može vjerovati. Prilikom korištenja videokonferencijskog alata i kliničar i klijent trebali bi provjeriti rabi li alat *end-to-end* enkripciju (e2ee). *End-to-end* enkripcija je oblik kodiranja podataka u tajni ključ koji primatelj dobiva kao „javni ključ“. Javni ključ se zatim vraća pošiljatelju i kasnije se dekodira „privatnim ključem“. Zvuči i jest komplicirano, ali u stvarnosti alat (npr. Viber) to radi sam po sebi. Preporučljivo je, dakle, provjeriti ima li videokonferencijski alat e2ee putem internetske pretrage u koju se ukucaju ključne riječi: *End to end encryption* zajedno s *Messaging Applications*, *Video chat*, *Voice chat*, i nazivom planirane aplikacije npr.

eoconferences) but refers to communication in a real timeframe (19,20).

Online safety is a crucial question in online therapy. In general, online safety is rather low, and security and confidentiality can be easily breached. The golden rule is to open only pages that start with `https://` and avoid the pages that start with `http://`. The additional “s” stands for “secure” and such pages are considered trustworthy. When using a videoconferencing tool, both the practitioner and the client should check if the tool uses end-to-end encryption (e2ee). End-to-end encryption is a form of data coding into a secret key which the receiver receives as the “public key”. The “public key” is then sent back to the sender and later the receiver decodes it with the “private key”. It sounds (and probably is) rather complicated, but in reality the application (for example, Viber) does it by itself. It is recommended to check if your videoconferencing tool uses e2ee by conducting an internet search with the following keywords: “End to end encryption” along with “Messaging Applications”, “Video chat”, “Voice chat” and the name of apps or service planned to be used, e.g., “SKYPE encryption”. In Croatia, Skype has become a synonym with videoconferencing tools because of its ease of use and free availability. But until last year, Skype did not use e2ee encryption, which is why video calls were recorded and could have been accessed by a third party for months afterwards. With greater demand for secure tools, Skype

SKYPE encryption. U Hrvatskoj, Skype je postao sinonim za videokonferencijski alat zbog jednostavnosti i besplatne uporabe. Međutim, unazad godinu dana Skype nije koristio e2ee enkripciju te su videozapisi snimani i bili dostupni trećim osobama mjesecima nakon stvarnog razgovora. Zbog sve veće potražnje za sigurnim alatima, Skype i ostali videokonferencijski alati nadograđuju svoje karakteristike. Internet je stalno promjenjivo biće te je uvijek korisno provjeravati ima li novih nadogradnji. Koristan savjet je da se uvijek rabi jedan te isti aparat (bilo da je to računalo, prijenosno računalo, tablet, pametni telefon i sl.) isključivo za svrhu *online* terapije, a koji je zaštićen jakim sigurnosnim šiframa. Šifre treba redovito mijenjati. Preporučuje se investirati u antivirusne programe i vatrozide te ih redovito nadograđivati (19). Kao zanimljivost važno je spomenuti da, premda videokonferencijski pozivi u većoj mjeri simuliraju uvjete tradicionalnog pristupa u odnosu na druge oblike internetskih alata (s obzirom na to da omogućuju kontakt očima i pružaju više neverbalnih znakova), istraživanjem koje je ispitalo odnos komunikacijskog medija i iskrenosti dobiveno je da se laži pojavljuju u 14% e-mailova, 27% licem-u-licem i 37% telefonskih razgovora (21). Također, tjelesna udaljenost i fleksibilno vrijeme kontakta, kao npr. u e-mail korespondenciji ili na *online* forumima, ne umanjuje osjećaj osobne bliskosti (22).

and other videoconferencing tools are updating their features. The internet is an ever-changing entity and it is always useful to check for new updates. A useful tip is to have one designated device (laptop, computer, smartphone) for the purpose of online interventions, protected with strong passwords. Passwords should be changed on a regular basis. It is also recommended to invest in antivirus programmes and firewalls and to update them on a regular basis (19).

It is worthwhile to notice that even though videoconferencing simulates the traditional approach better when compared to other forms of e-tools used in therapy, as it allows eye contact and gives more non-verbal clues, a study on the relationship between communication media and honesty showed that the frequency of lies is 14% in emails, 27% in face-to-face communication and 37% in telephone communication (21). Also, physical distance and the flexible time of contact such as in email correspondence and online forums does not affect the feeling of personal closeness (22).

ETHICAL AND LEGAL ISSUES

Some examples of the identified ethical issues are: confidentiality, licensing of practice, validity of data delivered via digital networks, client's and counsellor's identification, credentials, crisis interventions and risky clinical situations, adequacy of counsellor interventions, po-



ETIČKI I PRAVNI ASPEKTI

Primjeri prepoznati etičkih pitanja su: povjerljivost, licenciranost terapeuta, pouzdanost podataka dostavljenih putem digitalnih mreža, identifikacija klijenta i terapeuta, akreditacija, primjerenost intervencija, potencijalna zlorporaba softverskih aplikacija, jurisdikcija, pitanja privatnosti, utjecaj na terapijski odnos te općenito razvoj terapijskog odnosa (7, 20, 23).

Općeniti savjet je da je potrebno pratiti deontološke principe i etičke kodekse vlastitog nacionalnog stručnog/profesionalnog tijela. Američko udruženje psihologa (APA) je 1995. godine u svojem Etičkom kodesu opisalo ponašanja koja se odnose na terapeute koji rabe telefonske, telekonferencijske i internetske usluge. Iste godine standarde za *online* praksu razvio je i Nacionalni odbor za ovlaštene savjetovatelje (*National Board for Certified Counsellors* – NBCC) a u 1997. godini je to učinilo Međunarodno društvo za mentalno zdravlje *online* (*International Society for Mental Health Online* – ISMHO) kreiravši smjernice za etičnu praksu u *online* savjetovanju (13). Međutim, profesionalna udruženja u većini zemlja nemaju slične dokumente niti regulativne smjernice. Europsko udruženje psihoterapeuta (*European Association for Psychotherapy* – EAP) oformilo je radnu skupnu koja aktivno radi u smje-

tential misuse of software applications, identified jurisdiction, a lack of awareness of location-specific factors, privacy concerns, impact on the therapeutic relationship and issues concerning the development of a therapeutic relationship (7,20,23).

General advice is to follow the Deontology and Code of Ethics of your own National Professional Association. In 1995, the American Psychology Association Ethics Board described the ethics code as applicable to therapists using telephone, teleconferencing and internet services; the National Board for Certified Counsellors (NBCC) developed standards for online practice; in 1997, the International Society for Mental Health Online (ISMHO) produced guiding principles for the ethical practice of online counselling (13). However, professional associations in many countries still have very little to say about regulating this activity. In Europe, there is an ongoing effort on behalf of the European Psychotherapy Association to create a uniform norm for all associated European Psychotherapy Societies. All practitioners should closely follow the law on the General Protection of Data Regulation that was accepted by all EU countries in May 2018.

The experiences of colleagues, previous studies and existing Ethical codes are of great help with many of the problematic issues. A well-prepared Informed consent can cover many of the ethical issues dealing with data protection, credentialism, breach of confidence, mal-

ru kreiranja uniformnih etičkih normi za *online* psihoterapiju.

Osobna iskustva kolega, ranije studije te postojeći etički kodeksi od velike su pomoći u nošenju s etičkim pitanjima. Dobro pripremljeni informirani pristana- nak može pokriti mnoga etička pitanja, a koja se odnose na zaštitu podataka, vjerodostojnost, kršenje povjerenja, postavljanje granica (trajanje seansi, dane, kontakt s terapeutom izvan seansi, npr. putem društvenih mreža), itd. Ako je moguće, prvi kontakt trebao bi biti tradicionalni susret licem-u-lice kako bi se izbjeglo pitanje identiteta. Pravo na privatnost je neophodno, ali terapeut ima pravo zatražiti osnovne podatke kao što je adresa zbog kriznih situacija do kojih može doći tijekom terapije i zbog naplate usluga. Kako bi dodatno osigurali privatnost i povjerljivost, preporučeno je uvijek rabiti isti uređaj, često mijenjati zaštitne zaporce (terapeut i klijent) i dogovoriti se o znaku prepoznavanja kako bi onemogućili da netko drugi preuzme identitet klijenta ili terapeuta. Neispravno funkcioniranje internetske veze i tehnički problemi su česti i mogu uzrokovati nelagodu i zbrku u terapijskom odnosu. Postupak u takvim slučajevima treba dogovoriti unaprijed: tko će prvi kontaktirati, u kojem vremenskom okviru i putem kojeg dodatnog sredstva (SMS, telefonski poziv, e-mail). Pitanja nadležnosti općenito se od-

treatment, setting of boundaries (duration of sessions, days off, contact out of therapy such as through social networks), etc. If possible, the first contact should be in done in a face-to-face meeting in order to avoid the issue of identity. The right to privacy is an essential one but the therapist has the right to ask for the basic info such as the home address, as it is important for crisis situations which may arise during treatment, as well for the purposes of payment. To further ensure privacy and confidentiality, it is recommended to always use the same device, frequently change the protection passwords (which applies to both the therapist and the client) and agree on a recognition code so as to prevent someone else from taking over their identity. Loss of internet connection and technical problems are frequent and can cause distress and confusion in the therapeutic relation. The procedure in such cases should be agreed upon in advance: who makes the first contact, in what timeframe, through which additional medium (SMS, phone call, e-mail). Jurisdiction issues are in general related to the place of residence of the client and the therapist (7,20,23,24). In cases when the therapist and the client do not reside in the same country, the therapist should educate himself/herself on the legal restrictions of both jurisdictions (7,20,23,24). For example, in the USA one can only engage in online interventions if both are residents in the same State, while in Italy it is against the law to provide on-line therapy to minors.



nose na mjesto stanovanja klijenta i terapeuta (7, 20, 23, 24). U slučajevima kada terapeut i klijent ne žive u istoj zemlji, terapeut se treba educirati o zakonskim ograničenjima obje zemlje (7, 20, 23, 24). Naprimjer, u SAD-u legalno je raditi *online* terapiju samo ako su terapeut i klijent iz zemlje unutar SAD-a, dok je u Italiji protiv zakona pružati *online* terapiju maloljetnicima.

EKONOMSKI I FINANCIJSKI ASPEKTI

Psihoterapeuti nerado govore o plaćanju ili troškovima svojih usluga iako, kao i svaka druga zdravstvena usluga, ona nije besplatna. U većini europskih zemalja, *online* terapija nije na popisu zdravstvenih usluga koje pokriva zdravstveno osiguranje. U privatnoj praksi sve usluge, uključujući i *online* usluge, moguće je (na)platiti u većini slučajeva, osim kada terapeuti rade kao koncesionari ili pružaju određene zdravstvene usluge kao dio javne zdravstvene mreže ili besplatno u neprofitnom kontekstu. Terapeuti ili savjetnici stoga trebaju informirati potencijalne klijente koje usluge su besplatne a koje treba platiti. S druge strane, klijenti se moraju informirati o tome koje *online* usluge mogu djelomično nadoknaditi putem zdravstvenog osiguranja (25). Da bi se izbjegli nesporazumi, pravila plaćanja trebaju biti jasna

ECONOMIC AND FINANCIAL ASPECTS

Psychotherapists are reluctant to talk about the payment or costs of their services, even though like any other health service it is not free. In most European countries, online therapy is not on the list of healthcare services covered by health insurance. In private practices, all services, including online services, can be charged for in most cases, except when therapists work as concessionaires and provide certain health services as part of a public health network or for free in a non-profit context. Therapists or counsellors therefore need to inform potential patients and clients on which services are free and which need to be paid for. On the other hand, clients need to inform themselves on which online services can be (partially) reimbursed by health insurance companies (25).

To avoid any misunderstandings, the payment rules should be communicated clearly and in advance. Just like in a traditional setting, clients need to understand what is expected of them and when: what types of payments are accepted, what the payment plan is, whether there is a sliding scale and under what circumstances, what is considered a late payment, what happens if the client does not pay, how the therapist sends an invoice (via e-mail or print). Payment policies need to be made transparent for the client, either on a website or sent by mail before the first session. Some therapists and counsellors charge a deposit before

i unaprijed objašnjenja. Baš kao u tradicionalnom okruženju, klijenti moraju razumjeti što se očekuje od njih i kada: koji oblici plaćanja su prihvaćeni, koji je plan plaćanja, postoji li klizni cjenik i pod kojim okolnostima, što se smatra kašnjenjem, što se događa ako klijent ne plati te koji se oblik računa dostavlja (putem e-maila ili papirnati). Način plaćanja mora biti transparentan za klijenta bilo na mrežnoj stranici ili biti poslan elektronskom poštom prije prve seanse. Neki terapeuti i savjetnici naplaćuju depozit prije dogovorene seanse, a koji može biti naknada u slučaju kasnog otkazivanja ili u slučaju nepojavljivanja. Depoziti također mogu obeshrabriti klijente da preskaču dogovorene *online* susrete. Postoje različiti i sigurni načina plaćanja putem interneta, ali treba biti svjestan da gotovo sve vrste prijenosa novca, osim bitcoina, uključuju osobne podatke o klijentu. Neki od dostupnih mrežnih načina plaćanja su: kreditne kartice, NetBanking, PayPal, Authorize.net, Checkout, Bitcoin, plaćanje mobilnim telefonom. Svaki dan se pojavljuju nove mogućnosti i treba tražiti i koristiti onu koja najbolje odgovara terapeutu i klijentu (25).

Jedno od važnih pitanja je koliko naplatiti *online* terapiju. Odluka o cijeni *online* seanse može se razlikovati od cijene tradicionalne seanse. Prilikom formiranja cijene u obzir treba uzeti cijenu profesionalne stručnosti i troš-

the appointment, which can be a fee due to a late cancellations or absence. Deposits can also discourage clients from skipping sessions.

There are many different ways of paying through safe online services, but one should be aware that almost all types of money transfers beside Bitcoin involve personal information about the client. Some of the available online ways to pay are: credit cards, NetBanking, PayPal, Authorize.net, Checkout, Bitcoin and Mobile phone payment. Every day, new possibilities arise, and one should look for the one that suits him/her the best (25).

One of the important questions is how much to charge for online therapy. Deciding on the price of on-line service can be different from the price of traditional sessions. One should consider the price of professional expertise and the additional cost of taxes and contributions like in the traditional setting, but also include the price of the internet connection, regular maintenance of appliances and antivirus software. Unless one is an ICT enthusiast, it is probably necessary to pay for good IT services (25).

More information and tips on the above-mentioned topics and other ones related to on-line therapy can be found on the Therapy 2.0 Project website, <https://www.ecounseling4youth.eu>. The results of the project are not only the Guidelines for Advisors, Counsellors and Therapists on the Utilization of Online Interventions, but also examples of best practices



kova poreza i doprinosa kao u tradicionalnom okruženju, ali i troškove interneta, redovitog održavanja uređaja i zaštitnih programa. Ako netko nije zaljubljenik u internet i tehnologiju, vjerojatno će morati platiti usluge informatičkog stručnjaka (25).

Više informacija i savjeta o spomenutim i drugim temama vezanim uz *online* terapiju možete pronaći na mrežnoj stranici Therapy 2.0 projekta: <https://www.ecounselling4youth.eu>. Rezultati projekta nisu samo Smjernice za savjetnike, savjetnike i terapeute o korištenju *online* intervencija, već i primjeri najboljih praksi u cijelom svijetu, trening-materijali i mobilna aplikacija. Svi materijali su besplatni.

ZAKLJUČNI KOMENTAR

Postoji sve veća potražnja za *online* intervencijama, posebice među mladom „digitalnom“ populacijom i inače teško dostupnom populacijom. Integraciju IKT-a istodobno potiče europski akcijski plan e-Zdravstva. Drugim riječima, *online* terapija je ovdje i neće nestati. Istraživanja postojećih *online* postupaka i intervencija pokazalo je da je *online* terapija učinkovita i da je moguće razviti odnos klijent-terapeut. Budući naponi trebali bi se usmjeriti u stvaranju certificiranog kurikula i jedinstvenih etičkih smjernica.

throughout the world, training materials, and a mobile application. All materials are for free.

CONCLUDING REMARKS

There is a growing demand for on-line interventions, especially among the young “digitally native” population and otherwise hard to reach population. The integration of ICT is at the same time promoted by the eHealth Action plan. In other words, on-line therapy is here to stay. Research on existing on-line practices and interventions has shown that online therapy is effective, and that the client-therapist relationship can develop. Future efforts should be applied to creating a certified training curriculum and uniform ethical codes.

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