
ONLINE PSYCHOTHERAPY: GROWING DEMAND AND SUGGESTIONS FOR ITS REGULATION

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ABSTRACT. Online psychotherapy is a form of psychotherapy conducted by means of synchronous Internet sessions that are still not allowed in Brazil, except in a few instances defined by the Resolution 011/2012 of the Federal Council of Psychology. Such restriction is based on the understanding that the research available is insufficient to authorize a widespread use of this type of service. Studies on therapeutic alliance in psychological care provided exclusively over the internet show that the establishment of the therapeutic relationship in synchronous online calls occurs much like it does in face-to-face therapeutic processes, considering both, its benefits and challenges. This article aims to broaden the understanding of the online psychotherapy and to question its prohibition, signaling the dangers it entails, vis-a-vis the increasing demand for the service and its widespread use in disregard with the current restrictions. This article also makes suggestions for the regulation of the service in Brazil.

Keywords: Legislation; psychotherapy; online psychotherapy.

PSICOTERAPIA ONLINE: DEMANDA CRESCENTE E SUGESTÕES PARA REGULAMENTAÇÃO

RESUMO. A psicoterapia online é uma forma de psicoterapia, conduzida por meio de sessões síncronas via internet, ainda não permitidas no Brasil, exceto em alguns casos definidos pela resolução 011/2012, do Conselho Federal de Psicologia. Tal restrição é baseada no entendimento de que a pesquisa disponível é insuficiente para autorizar a utilização generalizada desse tipo de serviço. Estudos sobre a aliança terapêutica no atendimento psicológico, fornecido exclusivamente pela internet, mostram que o estabelecimento da relação terapêutica em chamadas online síncronas ocorre de maneira muito parecida com o que acontece em processos terapêuticos face a face, considerando tanto seus benefícios como seus desafios. Este artigo tem como objetivos ampliar a compreensão da psicoterapia online e questionar a sua simples proibição, sinalizando os perigos implicados, vis-a-vis o aumento da demanda para o serviço e seu uso crescente, em desrespeito às restrições atuais. Este artigo também faz sugestões para a regulação do serviço no Brasil.

Palavras-chave: Legislação; psicoterapia; psicoterapia online.

PSICOTERAPIA EM LÍNEA Y SUGERENCIAS PARA LA REGLAMENTACIÓN

RESUMEN. Psicoterapia en línea es una forma de psicoterapia realizada por intermedio de sesiones sincrónicas a través de Internet, todavía no permitido en Brasil, excepto en algunos casos definidos por la Resolución 011/2012 del Consejo Federal de Psicología. Esta restricción se basa en la constatación de que la investigación disponible es insuficiente para permitir el uso generalizado de este tipo de servicio. Los estudios sobre la alianza terapéutica en los servicios psicológicos proporcionados exclusivamente por medio de Internet muestran que el establecimiento de la relación terapéutica en las llamadas síncronas en línea es una forma muy parecida a lo que ocurre en los procesos terapéuticos cara a cara, teniendo en cuenta tanto sus beneficios y desafíos. Este artículo tiene como objetivo ampliar la comprensión de la psicoterapia en línea y cuestionar su simple prohibición, señalando los peligros involucrados, vis-a-vis el aumento de la demanda del

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servicio y su creciente uso en violación de las restricciones actuales. En este artículo también se hace sugerencias para regular el servicio en Brasil.

Palabras-clave: Legislación; psicoterapia; psicoterapia en línea

According to the Brazilian Institute of Geography and Statistics (IBGE), Internet in Brazil is in growing expansion. In 2007, 11.4 million people in Brazil above the age of 10 had access to the world network of computers. In 2014, this contingent had increased to 95.4 million people (54% of the population of 10+ years old), according to Nation Research by House Sample (IBGE, 2014). The access to the Internet is motivated by different facts, among which are the gadgets for communication (electronic mail, instant messages, online chatting, etc.), the search for services in different areas, for example health. Psychological counseling mediated by this world network of computers, including psychotherapy, is also a type of serviced looked up on the Internet.

Online psychotherapy is an already existing practice in other countries, such as the United States, England, Australia, and Germany (Siegmond, Janzen, Gomes, & Gauer, 2015). In Brazil, it is still prohibited by the Federal Council of Psychology (FCP) under the allegation that there are not enough scientific studies that provide the ground for this matter. It can only be performed under very specific circumstances, as established by the resolution 011/12 of the FCP. However, in spite of the lack of research about this subject in Brazil and of the restrictions imposed in services mediated by the Internet, the number of psychological services offered online is big and the matter cannot be pushed aside nor can it be contested (Donnamaria, 2013). In this paper, we defend that it is possible to authorize online psychotherapy in Brazil as long as certain criteria and cares are met. In order to justify this defense, we present a broader conception of what is online psychotherapy, considering the specificities of this modality of counseling and presenting suggestions to the regulation of this service based on the results of the Therapeutic Allegiance in Brief Online Psychotherapy (Rodrigues & Tavares, 2014).

The FCP conditions the regulation of the service to the existence of more studies about this matter. This position is rather too conservative and excessively cautious, since it hinders both the exercise of the practice and the conduction of experimental research sessions, as it is presented in detail in the Resolution 011/12 (CFP, 2012). Even though this type of psychological service has its entailments in practice, people are looking for psychologists that will counsel them online for different reasons, as it will be shown ahead. In considering this subject, one must consider the risks, advantages, and disadvantages of the service, and also the consequences of simply prohibiting it in spite the high social demand for this service. The risks increase when unprepared psychologists, who do not fathom the implications of this type of service, conduct it.

The resolution 010/200 of the Federal Council of Psychology defines psychotherapy as a practice restricted to psychologists, since it is a scientific profess of comprehension, analysis, and intervention conducted by the systematic and controlled application of psychological methods and techniques (CFP, 2000). Considering this delimitation, in this paper we consider online psychotherapy to be a modality of psychotherapy in which psychotherapist and patient, even though in different physical environment and separated geographically, communicate via Internet, connected in synchrony, with the simultaneous use of sound and image, in continuous sessions, that is, at least once a week, similar to face-to-face sessions (Cook & Doyle, 2002; Finfgeld, 1999; Manhal-Baugus, 2001; Prado & Meyer, 2006; Barak, Klein, & Proudfoot, 2009). Communication in synchrony via the internet is achieved by people connected simultaneously in real time, be it via chat, videoconference, apps of instant messages, or of video and sound, like the ones conducted via Skype. The opposite of this is the discontinuous connection, via email and forums, in which the interlocutors are not, necessarily connected at the same time.

There currently is in our country a reduced number of researches dedicated to conducting researches about the interface psychotherapy-Internet. Until this date there are very few scientific papers in Portuguese about the specific matter of online psychotherapy. A research conducted on the database of BVS Brazil Psychologies (BVS) using the descriptors "psychotherapy" and "online", in Advanced Search filtered to Portuguese only, a total of 16 papers appeared as result, however only four of these dealt

directly with psychotherapy mediated by the Internet. Most part of the scientific production about this subject makes reference to studies conducted abroad, mainly written in English. In the American Association of Psychology website, the database AAP PsycNet presents 45 results to “online psychotherapy”, and 37 to “psychotherapy”. The reduced number of studies about online psychotherapy in Brazil is worrisome to the extent that the demand for this type of online service is constantly growing. According to data from FCP (personal communication via email), from 2005, year in which the first FCP Resolution regarding online counseling was validated (Resolution 012/2005, revoked by the Resolution 011/12), to 2014, there have been 840 requests for psychologists to get certificated to conduct online sessions. Out of these 840, 467 were approved, 13 from the Federal District; 203 failed; and 170 of the requests did not need the certificate because the services offered were not explicated in the FCP Resolution. In the same email, the FCP informed that it frequently receives requests for clarification about the accreditation of websites, and that the regional councils of Psychology have increased statistics of requests of certification for online counseling throughout the years.

A confusion is seen, especially among layman in psychology, regarding the difference between online psychotherapy and other psychological services currently allowed in the Internet, particularly orientation and psychological counseling. In this sense, among the important cares, it is necessary to clarify and divulge the conceptual difference between currently allowed online psychological services, and online psychotherapy, since in psychotherapy, be it conducted online or in presence, there are constitutive elements of great potential to promote both psychic reparation and the destruction, e.g. the formation of a therapeutic allegiance, the development of transference, aspect whose inappropriate management could cause more damages than benefits.

The virtual acceleration is an irreversible tendency that must be integrated to the decision (Lévy, 1999). What is more, “to deny something that visibly bears an important part of the future of mankind does not help to make choices” (Lévy, 1999, pág. 218). Thus, since this is an irreversible tendency, it is better to know it in depth and to establish parameters that ensue its safe expansion. Zalusky (2013) evaluates that, even the most reticent of the clinical psychologists must acknowledge the changes in the world that affect how psychotherapists relate to their patients and the technologies that create unexpected possibilities. Every novelty is perceived as being threatening, and we need to open up a space in our minds for reflection, in an attempt to find a new way to process it (Levisky & Silva, 2010). What is more, if people who need assistance to their mental health issues create the online demand, the professional should also put their services to their disposal and not be restricted to office space (Miclea, Ciuca, & Budau, 2010).

Thus, to ignore the expansion of the Internet in Brazil and the demand for online psychotherapeutic counseling may entail risks, in the sense that the absence of updated rules may lead to the conduction of a service without safe parameters, as it is exemplified the report of a psychologist (verbal communication authorized, anonymity preserved):

I have counseled a Brazilian patient that was living abroad for a while. She had already been my patient, and she needed counseling after moving to Europe, and asked me to have session with her via Skype. At the time, I researched what the FCP about the legality of the matter, I even called there, but the list of demands, and the complication was so great that I gave up – I didn’t give up the Skype sessions, but worrying about their demands. I wanted to do the right thing, honestly, but the way they proposed was unviable; so I considered it to be more important to attend to the need of my patient, and I took the risk.²

The statement of this psychologist suggests the risks of such prohibition inducing the unauthorized or non-regulated practice of online psychotherapy.

² Original text: “Eu já atendi uma paciente brasileira que estava no exterior algum tempo atrás. Ela já tinha sido minha paciente, precisou de atendimento depois que se mudou para a Europa e me pediu para atendê-la pelo Skype. Na época, pesquisei no site do CFP sobre a legalidade desse serviço e até liguei lá, mas a quantidade de exigências, a complicação que me apresentaram era tanta que eu desisti – não de atender a pessoa pela internet, mas de me preocupar com o que eles queriam. Eu quis fazer a coisa certa, honestamente, mas ficou inviável da forma como eles propunham; então considerei mais importante atender à necessidade da paciente e assumi o risco”.

Another example that justifies a more realistic analysis about the (lack of) convenience of prohibiting online psychotherapy in Brazil is the following fact: a 28-year-old male was in a psycho-emotional crisis. A close friend of his became aware of the situation and realized it was difficult for him to talk face-to-face with a professional of clinical psychology. After asking for authorization to seek specialized help on the Internet, she called a psychologist from a different city, explained the situation, and said she was looking for someone who would conduct a Skype session. After presenting the complaint in detail, she added that his friend was depressive, and, that she suspected he was on the verge of committing suicide. After listening to the detailed explanation of the problem, the psychologist understood the degree of embarrassment of the man, and realized this was a truly difficult case to be approached, at least on a first contact, in face-to-face session. Given the situation, the psychologist agreed to talking to the young man over the phone, in order to verify if the demand for counseling was also his or his friend alone. The psychologist informed him the rules and limitations imposed by the FCP regarding Skype sessions. Instead of phoning, the young man sent text messages using WhatsApp, and asked for more information via email. He and the psychologist exchanged some emails about more technical details of the session, and in this exchange, he showed great resistance to talking about the problem; and sometimes he felt more at ease with real time conversation, over the phone, after having gained the trust of the psychologist. Even then he remained resistant to starting virtual sessions. After the initial time of waiting, he got back in touch with the psychologist but in order to postpone in another month the beginning of the psychotherapy session, saying he did not have high speed Internet. The few sparse contacts over the phone showed the degree of suffering the man was feeling and his inability to seek a face-to-face help, what justifies the questioning about the ethics of hindering psychological help via the Internet, when the evolution of technology has made it possible.

Preoccupations regarding online psychotherapy

There is the fear that there may exist more intercultural misunderstandings (regionalisms), and problems related to the laws of jurisdiction and of licensing in these modalities of psychological counseling than with face-to-face session. Not to mention the doubts about the confidentiality of the conversations, of how to reassure the effective benefits to each patient and to the psychotherapist, among other ethical aspects involved (Finn & Barack, 2010).

Rodrigues and Tavares (2014) conducted an evaluation of the therapeutic alliance between five patients undergoing brief online psychotherapy in conditions of synchrony (11 to 16 sessions). This research evaluated the therapeutic alliance and its components (focus on task, congruence of goals, and perception of alliance), in the fourth and last sessions; it also evaluated, at each session, the dimensions of depth and smoothness of the session, positive feelings, and degree of mobility of the session. The results show that therapeutic alliance and its components were established and were kept throughout the process in the five cases. The evaluations of sessions show that, in spite the variability of evaluations in each session, the experience of online psychotherapy was favorable throughout the process. The qualitative evaluation of the therapeutic process as a whole allowed the authors to conclude that the construction of the therapeutic relationship in online synchronized sessions is very similar to that of the face-to-face sessions, an aspect that has been extensively investigated in the past few decades, particularly by Luborsky (1994). Although there exist other mechanisms changing psychotherapy, e.g. the insight, the relational work is a mechanism of change of paramount importance to patients (Hill & Knox, 2009). In this sense, the realization that there is a therapeutic alliance formed in online sessions is an important indication to the potential of this type of psychological service as a more concrete help, as long as it is properly conducted. The results obtained in Rodrigues and Tavares (2014) demonstrated the formation of the therapeutic alliance exclusively in online therapy sessions.

Crisis situations are motives that commonly lead people to seek for psychological help. According to Tavares (2012), crisis situations involve potential risks and must be considered in the indication of treatment and of the therapeutic plan. With respect to the interventions mediated by the Internet, empirical evidence suggest that people with stigmatizing problems can be more willing to reveal confidential content online, such as drug users and those who have sexual problems (Meier, 1988). Nonetheless, in unsynchronized therapy, safeguards must be made with respect to the person who suffers from psychotic

disturbs, who may have problem to process written communication (Finfgeld, 1999). In this sense, patients who present a high degree of anxiety and anguish are among those who deserve special attention regarding online therapy. To these patients, synchronic sessions seem to be a possibility of help more appropriate than the unsynchronized ones, in which the time of wait for an answer could maximize the suffering.

In spite of the distance, people with severe emotional suffering can be effectively approached and be emotionally touched by means of synchronic online devices. Many people in crisis situations tend to share their feelings and experiences with anonymous people on the Internet in order to reduce personal inhibitions. Thus a service of intervention performed by trained professionals may be of great help to these people in anguish that feel drawn to the virtual space, where they can share painful experiences (Fenichel, 2002). It must be taken into account, however, that communications via email may not be efficient in all cases, given that not every person is able to effectively communicate their ideas in writing (Fenichel, 2002).

As a safety measure, online psychotherapists should alert their patients to the need of a service of emergency in case they face a crisis situation (Lovejoy, T., Demireva, P., Grayson, J. e McNamara J., 2009). Besides, the websites of online psychotherapy must have a warning for people with suicidal tendencies always to have a phone number in hand of an emergency contact or of someone who can provide immediate help in case there is a crisis. And these patients can have, as it is common in face-to-face sessions, the telephone and other means to contact their psychotherapist directly in emergency situations (Manhal-Bangus, 2001; Drude & Lichstein, 2005). It is also advisable that patients in crisis be informed about the resources available in the community where they live, such as services of Mental Health, CVV, Fire Department, among others.

Arguments in favor of online psychotherapy

Cook and Doyle (2002) compare the therapeutic alliance in online sessions and in face-to-face ones. The analysis of the commentaries of participants pointed to the loss of inhibition and to the feeling of freedom to talk about oneself in online psychotherapy. Among those who had the face-to-face sessions, feelings of stress have been reported. The analysis of the data in that study indicated that most of the fifteen online patients were more honest and more open to the psychotherapist. Some patients said they believed that online psychotherapy is more appropriate to the development of a strong therapeutic bond, if compared to the face-to-face modality, due to the fact that the physical distance withdraws inhibition. This aspect, which is a positive aspect of online therapy, was pointed out by Esparcia (2002), according to whom the prevalent anonymity preserved in unsynchronized online therapy favors people with difficulty to communicate face-to-face when it is necessary to seek for psychological help, such as the timid, introverted, and insecure people. The psychological distance remains in the synchronized sessions with the video camera, which can also reduce the discomfort of shy individuals, or those who have an embarrassing complaint to be shared face-to-face. On the other hand, for those who value non-verbal communication, the use of camera and microphone allows the therapist to maintain visual contact and perceive signs of body language, as well as to recognize some alteration in the patient with respect to facial expression, tone of voice, just like it happens in the face-to-face modality.

The possibility of a lower cost is another advantage of online psychotherapy. Besides, the efficacy of computer-mediated psychotherapy is comparable to face-to-face psychotherapies, whose benefits are enhanced in the hybrid modality, that is, the one that combines online and face-to-face sessions (Miclea & cols., 2010). Even though the advantages of online psychotherapy are recognized and the service is seen as a valuable tool of work for professionals of mental health, there still is opposition against it. However, this resistance is not enough to hinder the widespread of this novelty (Barak, Klein, & Proudfoot, 2009).

The technological advances are permeating every aspect in our lives, including the lives of our patients, and it would be foolish to think that technological changes would not affect our way to work, to think, and to interact (Zalusky, 2013). Online psychotherapy is expanding and various factors are responsible for this expansion, among them are, the growing acceptance of the Internet as legitimate social gadget, the constant improvement of hardware and software – especially with respect to how easy

it is to use, protection of privacy, and enablement of online communication, the development of ethical matrixes specific to various professional organizations (Barak & cols., 2009).

A compilation of possible motivators for a person to seek for online psychotherapy (Donnamaria, 2013; Dunn, 2012; Esparcia, 2002; Fingfeld, 1999; Lovejoy & cols., 2009; Amichai-Hamburger & cols., 2014) leads us to the following cases in which psychological intervention may be useful:

1. Physical condition that impedes locomotion;
2. The person living in areas distant places where there are available specialized help;
3. Psychological conditions that restrict travels and locomotion (e.g., agoraphobia, panic episodes);
4. Inability to commit to face-to-face sessions due constant travelling.
5. Pregnant women with newborn babies, as well as those who cannot leave a child to go to the office;
6. Eventual schedule conflict that impedes the presence of the patient in a formerly scheduled session, in the cases of patients who go to face-to-face sessions;
7. Cramped work schedule impeding dislocations;
8. Difficulties to report complaints or to admit certain personal contents;
9. Enables family therapy when members are geographically separated;
10. Be carrier of a contagious disease;
11. Be an emigrant and seek for help in their original language by someone who understands their culture;
12. Reduction of costs and time of session to inmates with mental problems that need constant care;
13. Possibility of opening up a path to face-to-face sessions for resistant people to seek therapeutic help, for inhibition, stubbornness, or other reasons.

Ethical aspects of online psychotherapy

Besides crisis situations, there are other cases in which online psychotherapy is not advisable, at least until one has more information about its result and consequences. Childress (2000) understands that the evaluation of possible damages associated to any treatment must take into account the possible benefits of interventions. However the simple existence of risk should not necessarily impede the adoption of a procedure if there are potential benefits that justify its use. What is more, mental health professionals have the ethical responsibility to provide the services people have requested. Even though there are reservations against online psychotherapy, the pressure of consumers who wish for this service, based on the reasonable assumptions that it will have a positive outcome, could lead psychologists and other professionals to attend to this demand. If not professionals do not respond to the demand, people will be forced to seek for help from untrained and unlicensed professionals (Childress, 2000). From this point of view, would not the simple prohibition of online psychotherapy configure a case of omission? It is safer to standardize the practice, establishing proper restrictions and divulging them. Were this to happen, this would be similar to what has been attained in countries that have allowed for this practice, that is, to build the path as we walk, as it is argued for in Pieta and Gomes (2014).

Fingfeld (1999) says psychologists, professional organization, and the government should join forces to conduct investigations about therapeutic efficacy and cot-benefit of online psychotherapy, establishing legal, ethical, and practical guidelines to reassure privacy in cyberspace.

According to Finn and Barack (2010), online counselors and psychotherapists are under the same ethical criteria the face-to-face professionals are, including the maintenance of patient confidentiality, availability in case of emergency, disposition to perform interventions when someone is in danger or putting someone else in danger, the obligation to report minor abuse, etc.

There is no consensus regarding the ethics of online psychotherapy, partly because this is a complicated matter in itself, and partly because there have been little empirical research conducted to clear the matter. And there are discrepancies as the necessity of an ethical pattern exclusive to online psychotherapy. Until controversies are resolved, specialized suggestions are necessary to the exercise of this modality, in order to guide psychotherapists that already conduct this type of session, given the insufficiency of its respective ethic codes facing the innumerable dilemmas that may arise (Ragusea & Creek, 2003).

The hesitation of some professional organizations to talk about these ethical matters or better ways to conduct online therapy sessions more specifically and with more determination is partly due to the fluidity and the dynamic character of everything related to communication technology (Ragusea & Creek, 2003), that is, problems and solutions may change as technologies evolve.

A critical instrument from the ethical point of view cited in some studies is the “informed consensus”, a document that must be signed by the patient taking part in online psychotherapy. In this document, the patient admits to be conscious of the characteristics and of the susceptibilities proper to this modality of therapy. The document must also contain information about the procedures of the process via Internet, what could be expected in terms of help, safeguard alternatives against eventual risks, advantages and disadvantages (Cook & Doyle, 2002; Midkiff & Wyatt, 2008; Fitzgerald, Hunter, Hadjistavropoulos & Koocher, 2010). This document is a type of “contract” that must be signed off by the patient and be sent off to the therapist, rather than just be a tacit agreement of the parties involved.

Confidentiality and security in communications

In considering the risks of the inadvertently divulgence of information exchanged in sessions (apprehension faced both in online and face-to-face therapy), it is not possible to affirm that there is greater risk that in online therapy nor that the traditional form of session is less risky (Midkiff & Wyatt, 2008). This is so because, in face-to-face psychotherapy, it may be the case that, for example, a burglar could break into the office and steal the psychotherapist’s notes with information about the clients, or a patient sneakily could use a recorder to register a session. To Midkiff and Wyatt (2008), it is important, nonetheless, that traditional programs of chat or email, or real time conversation to be perfected, using cryptographic technology, with the objective to increase safety in communications.

In spite of all preventive measures, it is undeniable that there are risks of breach in confidentiality in online communication. However, it is known that efforts put into breaking cryptography or tracking conversations is proportional to the value of the information exchanged. That is, the cost-benefit relation should be considered in the risks. Thus, if the patient is a high profile person, the risks involved are potentially greater, and online psychotherapy is not appropriate in this context. However, if the people involved (both patients and psychotherapists) are ordinary people with no public projection or attachment to any vulnerable areas, it is less likely that someone will put effort into breaking security measures adopted.

In spite of this, considering the abilities of hackers and crackers, among other “Internet pirates”, the adoption of preventive measures is advised, such as: limited access to the computer used in sessions; the use of a body of protocols of security, Secure Socket Layer (SSL), which is a global patterns of safety technology that creates a cryptographic channel between a web server and a navigator (known as the lock symbol in the URL bar); updated operational systems (with all corrects available from the owner); use of efficient, updated and activated antivirus software; and use of firewall. It is advisable to consult a technician or an specialist in IT to make sure these preventive measures are properly updated and activated. What is more, both parties must commit to conduct the sessions in an ambience with proper lightening, so the identification of the participants in the conversation via the webcam imagine is successful before the session starts. The parties should also arrange for the session to take place in a reserved space, in which both patient and psychotherapist are alone, and they should make sure people outside the “virtual office” would not hear their conversation. What may seem a detail, is, in fact, of paramount importance: sessions should not be recorded by any of the parties involved, since it increases the chances of the content being seen by unauthorized people.

Do psychotherapists have greater responsibility over the confidentiality of sessions? Midkiff and Wyatt (2008) defend they do. In this paper, considering the safety of the professional as well, we consider the responsibility to be mutual, that is, both psychotherapists and patients should commit to the confidentiality of the exchange of information via Internet. This commitment can be made official by signing a legal document, a term of commitment that lists procedures to be adopted in order to reduces risks of breach of confidentiality.

Certainly the great challenge is to adapt to new communication technologies in order to update psychiatric and psychotherapeutic treatments (.). In evaluating the technical conditions to regulate online

psychotherapy in Brazil, Rodrigo Fragola, CEO of Aker Security Solutions, company specialized in Internet security, evaluates that the Brazilian market should conform itself quickly to the regulations of FCP with respect to online psychotherapy: "As soon as the normative is out, for sure there will be computer systems to comprise with the normative". He suggests a homologation of the systems, in order to ensue that the software used meets the demands of confidentiality and storage of information, that is, a thorough analysis to verify if the applicative meets the safety requirements that psychologists and patients need. To achieve this, a body of technicians could be hired by the FCP (Rodrigo Fragola, personal communication, March 25th, 2014).

Here in Brazil we are still creeping into a comprehension of psychology mediated by the Internet, more so with respect to online psychotherapy, while in the United States there are already studies being conducted on mHealth, which is the use of mobile technology, such as smartphones and tablets in health services provided via WEB. Clough and Casey (2015) consider that there are difficulties and limitations in this field of investigation of mHealth, including the lack of adjustments between traditional methods of research and the evolving nature of technologies, originating a gap between the consumers' desires and the empirically attested options offered to them. The authors alert to the fact that consumers are not prone to waiting for results of systematic studies before using the innovations (Clough & Casey). In the United States, a new formed group of the American Association of Psychology (AAP) works towards the elaboration of guidelines and orientations for mental health professions who wish to perform long-distance sessions, according to Barrett & Gershkovich (2014). This is so because most of the American states do not have any regulations or policies related to health practices mediated by computers. There are only a few vague regulations that vary from state to state (Barrett & Gershkovich). In spite of this, online psychotherapy is allowed and practiced in the United States, as well as in some European countries, and in China.

Final considerations

The studies on online psychotherapy pointed out here do not reveal disadvantages bigger than the advantages, nor do they point out the risks that justify the generalized prohibition of this service. Given the expansion of the Internet in Brazil and, consequently, the demand for services mediated by the Internet, including psychological sessions, it is questionable the decision to maintain prohibited the practice of online psychotherapy, what could have led to its practice without the proper care, mainly because of the lack of clarification about what the service is, its limitations, and the risks involved. Training, courses, incorporation of the theme in undergraduate and graduate curricula in Psychology, and even clarifying reports about the service in mass communication means will only be justified if this practice is allowed.

There is more than one aspect to be considered: partially safeguarded from the content of the Resolution 011/2012 (CFP), which authorizes the realization of 20 online guiding sessions (to certified professionals), some psychologists and their patients should be, in practice, conducting online therapy. Given the difficulty, if not impossibility, of the FCP to supervise each of the certified professionals, is the Resolution 011/2012 sufficient enough to guide the growing demand for online psychotherapy? The simple prohibition of online psychotherapy can be considered a form of omission that opens doors to other professionals less qualified to occupy the space of this demand. It would be safer to regulate the practice, imposing the proper restrictions and divulging them.

Based on the results of the research conducted by Rodrigues and Tavares (2014), we suggest that online psychotherapy in Brazil be authorized as long as proper cares are considered. For example, FCP could restrict the exercise of online psychotherapy to professionals who are specialized in clinical psychology, and/or define the minimal time of experience in face-to-face sessions as a way to ensure the quality of services to the population. Also, as a form of guaranteeing the quality of the service, FCP could fund initiatives of courses of specialization in online psychotherapy, perhaps as a subfield of clinical psychology. In other contexts, FCP has a privileged relation with universities and independent courses of specialized professional formation, in order to guarantee the quality and the safety of the services in

psychology. Assuredly a new body of available evidence suggests the need to revisit regulations and current restrictions on online psychotherapy.

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Received: Oct. 29, 2015

Approved: Oct. 03, 2016

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