
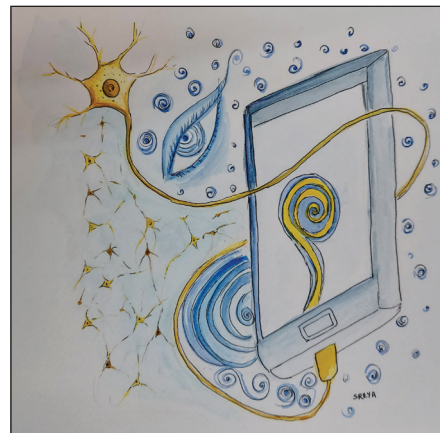


Online Psychotherapy During the COVID-19 Pandemic: The Good, the Bad, and the Ugly

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Psychotherapy may be understood as a therapeutic process in which a trained person deliberately establishes a professional relationship with another person (seeking help) for the purposes of treating emotional and/or personality problems or disorders.¹ Online psychotherapy (OPT) or e-therapy is delivered using internet-based technology through a video call, voice call, text messages, and/or emails. Tele-psychotherapy is a broader term and involves using either telecommunication (i.e., telephonic) or internet-based digital communication mediums to deliver therapy or counseling sessions remotely. In this article, we will focus on OPT specifically because it is a relatively newer form of tele-psychotherapy that people with psychological distress have increasingly used to seek help during the COVID-19 pandemic.² The possible reasons for this growing popularity among the general public are the increased accessibility, affordability, and acceptability of psychotherapy offered over online mediums. OPT can be provided in remote or rural areas and to people with limited physical

mobility while sitting comfortably in one's home/office at a time of their choice (for both the client and the therapist). Further, the clients can choose from a large pool of available online psychologists depending upon their preferences and comfort (e.g., language or gender of psychologist). It also helps in reducing the stigma attached to seek help by visiting a



mental health professional (e.g., psychologist) at a hospital or clinic. Additionally, it is compatible with the public health guidelines (e.g., physical distancing,

restricting travel to and from a containment zone, etc.) recommended for controlling the spread of the COVID-19 pandemic.³ However, it is important to consider limitations, ethical issues, and potential risks associated with the practice of OPT. Here, we explore some of these important challenges specific to the OPT or counseling services being offered during the COVID-19 pandemic and offer a few suggestions to address them.

Effectiveness of OPT

Compared to many high-income western countries, India has great cultural diversity and significantly different socioeconomic and digital literacy levels among its people. Further, the psychological distress arising from the fear of getting COVID-19, social dislocation, daily routine disruptions (e.g., closure of schools/colleges or offices), financial hardships, increased caregiving burden, and/or loss of loved ones during the pandemic is contextually different and might respond differently to conventional OPT or counseling.^{4,5} Available literature suggests that online cognitive behavior

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HOW TO CITE THIS ARTICLE: Singh S and Sagar R. Online psychotherapy during the COVID-19 pandemic: The good, the bad, and the ugly. *Indian J Psychol Med.* 2022;44(2):177–180.

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Submitted: 10 Sep. 2021
Accepted: 12 Dec. 2021
Published Online: 7 Feb. 2022



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ACCESS THIS ARTICLE ONLINE
Website: journals.sagepub.com/home/szj
DOI: 10.1177/02537176211070427

therapy has similar efficacy compared to in-person therapy for treating depression and anxiety disorders.^{6,7} However, almost all of these studies have been conducted in western countries during the pre-COVID times, and caution is needed while extrapolating their findings to the Indian context. Thus, there is a need to conduct research assessing the effectiveness, equivalence, acceptability, implementation-related challenges, and cost-effectiveness of OPT in India's rural and urban settings.

Further, OPT is not appropriate for treating people with serious psychiatric illnesses or in crises (e.g., a person with active suicidal ideation), which are likely to require close and direct treatment through in-person therapy.⁸ For example, people with severe depression and/or psychotic symptoms like the delusion of persecution leading them to believe that their actions are being continuously monitored and anything shared by them online would be used to harm them and would not be very amenable to OPT. Similarly, a person with severe psychiatric illness would require constant supervision and desire immediate psychological support during periods of intense suicidal ideations or distress (e.g., severe anxiety episodes, early morning awakening) at odd times even in the intervening period between the scheduled online sessions. This might not be possible even with the greater flexibility in the timing of services offered by the OPT. There is a need to develop a system for tracking such a person seeking OPT and help them access emergency psychiatric services by either informing the verified emergency contact listed by the person (if available) or intimating the local police and/or government authorities to rescue them. However, there are no standard guidelines or legal framework to ensure this in India at the moment.

Constraints Related to Internet or Digital Technology

A stable internet connection and easy access to a digital device (e.g., mobile, computer) are necessary for any OPT. Additionally, high-speed internet is often needed when online audio-video communication is done, to avoid lag or disruptions in signal, which could

hamper the progress of therapy sessions. Further, digital literacy and a certain minimum level of technological competence are needed for both the client and the therapist to ensure adequate engagement in OPT. However, a significant proportion of people in India might not fulfill these prerequisites.⁹ Further, during the COVID-19 pandemic, there has been an increase in the use of internet-based devices for communication (e.g., social media), work from home, education (e.g., online classes), and entertainment (e.g., watching videos and playing games) purposes by many people restricted to their homes.¹⁰ Thus, OPT might put further strain on people from a socioeconomically disadvantaged background who are already likely to have limited access to internet-based digital devices.

Even when the above-described internet- and digital-technology-related requirements are met, OPT falls short of traditional face-to-face therapy in certain aspects. Many people would not be comfortable speaking through a screen for long durations and might not feel the same level of comfort in sharing their inner thoughts and feelings online with the therapist. Similarly, some therapists have also expressed concerns about the relative lack of effectiveness of several techniques employed by them online (e.g., guided exposure and response prevention therapy, interoceptive exposure exercises, the cognitive conceptualization of case by drawing a panic circle, or triad of emotional experience) as compared to in-person therapy.^{11,12} Also, despite an online video conferencing without any disruptions, during an online session, there are chances of missing nonverbal cues like change in tonal inflections, gestures, a shift in body posture or eye gaze, and/or proxemics, which might otherwise play an important role in communicating distress and other information to the therapist in the conventional offline therapy. Some patients might engage in avoidance behaviors by switching off their audio or video during the session on the pretext of poor internet connection or device malfunction, resulting in faulty interpretation and/or reduced therapeutic effectiveness. Further, simple acts of giving a tissue to the patient for wiping tears during an emotionally

charged discussion or emphatic posturing by the therapist toward the patient, which might play an important role in strengthening the therapeutic alliance, are seldom possible in an OPT session. The important role played by providing a human touch and a soothing physical environment in promoting the overall mental well-being of individuals has been well-documented.¹³

Many people might find it difficult to get a safe and suitable place at home for OPT sessions, especially with more people often staying at home because of the closure of schools/colleges and offices or social distancing during the COVID-19 pandemic. This could be particularly problematic when sensitive topics or issues related to family members or people living together need to be discussed (e.g., child sexual abuse, domestic abuse, and personality disorder). Someone barging in at home during an ongoing session could lead to interruptions during a critical point in the session and also compromise the privacy of information shared during the session. This is a critical issue in situations where the client might not want to disclose about therapy to their family members, or there is the risk that they might not allow the patient to continue with psychotherapy. Thus, the important functions of providing a "safe place" and "holding environment" served by the therapist's office in traditional in-person therapy are often missing in the virtual world of OPT.^{12,14}

Ethical and Data Safety Concerns

The practice of OPT is still in the early stages of development in India, with a sudden shift to online medium for several clients and therapists because of the COVID-19 pandemic. Thus, many therapists are practicing OPT without adequate training in delivering psychotherapeutic interventions online and without adequate knowledge about the technology-related aspects involved. This could lead to nonuniformity in practices or services delivered online by different therapists. In the absence of uniform training or established standards for OPT, there is a risk of delivering suboptimal care to people.⁸ Similarly, many therapists and clients are not sure about how to handle several other ethical issues related

to OPT, such as the limits on the confidentiality of the information shared online because of factors beyond the control of the therapist, or the payment of fees (e.g., before or after the session, fees for an otherwise free call or message to clarify any doubts or urgent issues between follow-up sessions). There is also a tight rope walk in having an ethical yet effective advertisement for OPT services offered by therapists over the digital medium (e.g., social media or online telemedicine platforms). While providing information about the online services is permissible, the use of one's picture or other personal information disclosure is likely to be construed as misconduct under the existing tele-psychotherapy guidelines.⁸ OPT is often conducted using third-party online platforms or personal social media accounts (e.g., WhatsApp) or emails of clients and therapists. The online platforms might collect personal information (e.g., cookies, IP address, mobile number, etc.) of the clients, and later use this information either themselves or through sharing with other third parties for targeted advertising, without their explicit consent or understanding, in an unethical manner. The online data shared during this might not be fully safe and is prone to theft and hacking by third-party sources.³ Further, the therapist should maintain basic records of psychotherapy sessions or services delivered as per the extrapolation of traditional psychotherapy practice standards under the Mental Health Care Act in India.¹⁵ However, the law does not explicitly mention OPT. Neither does it lay down the requisite minimum safety checks to be followed while conducting OPT or storing data related to it. We suggest using a Health Insurance Portability and Accountability Act (HIPAA)-compliant online platform or dedicated personal communication mediums with at least double-encryption of data and password-protected access, till the government drafts formal safety norms.³

Risk of Fraud

Unverified links (e.g., links shared through unsolicited email or personal message, website/ weblink being flagged as unsafe by user browser, etc.) offering OPT services could be used for phishing scams. Similarly, sharing personal

information (e.g., date of birth) or digital account-related information (e.g., credit card number) over unverified OPT platforms (i.e., a new platform whose authenticity could not be established by the user based on the available information to him/her) could be used for hacking and/or fraudulent transactions from the persons' account.¹⁶ Further, there is a risk that vulnerable people in psychological distress might receive unaccredited online counseling or psychotherapy by inadequately trained or unqualified therapists.¹⁷ These sessions could do more harm than good to the users. Although online advertising about the quality of their services by doctors, including mental health professionals, is prohibited under the code of ethics laid down by the professional governing body in India, several platforms promote their services online by displaying ratings and/or reviews by their users. There is a risk that these reviews available online are by paid users or bots and might misguide people.¹⁸ Moreover, at some online platforms, chatbots based on artificial intelligence technology might be used to provide counseling and therapy services to people, without their explicit knowledge and/or consent, giving them an impression that they are interacting with a real therapist.¹⁹ Apart from the obvious ethical concerns, there is insufficient evidence about the effectiveness of these chatbots in the available literature.²⁰

The Way Forward for OPT

There is an urgent need to regulate the practice of OPT by developing minimum standards for the practice of tele-psychotherapy. The available international and national guidelines for tele-psychotherapy (though not mandatory or legally binding) should be popularized among the mental health professionals and the general public, to promote awareness about the suggested good practices in OPT.^{21,22} The general public should be made aware of various limitations of OPT services, limits on the confidentiality of information shared online, possible need to contact nearby health emergency services for any physical or mental health crisis, and the right to withdraw or stop sessions at any time if they are not comfortable. There is a need to promote awareness among the general public

about who all are qualified to practice psychotherapy or counseling and about the existing accreditation systems for psychotherapists in India. For example, details of all clinical psychologists trained at institutes recognized by the Rehabilitation Council of India (RCI) are maintained in the Central Rehabilitation Register. Without RCI registration, practicing as a clinical psychologist or counselor in private, government, or nongovernment settings is prohibited under the RCI Act of 1992.²³ Also, therapists with registration or license from other countries might not be allowed to practice in India. Thus, therapists should be encouraged to share their qualifications and RCI number with clients prior to the start of OPT. Further, there should be an online database maintained by the professional bodies or government agencies, where details of all psychologists or counselors with necessary qualifications to practice in India could be accessed and verified by users. For example, the National Board for Certified Counselors in the United States of America is a nonprofit licensing organization that certifies counselors adhering to their strict policy and standards (displayed publicly on their website) for delivering psychotherapy services remotely, among other things.²⁴ These steps would help the clients ascertain the authenticity of the service provider and ensure some degree of standardization in the quality of psychotherapy services offered online. This should be complemented with the development and starting of short-training courses for existing psychotherapists in India to impart the necessary psychotherapeutic and technological skills and knowledge necessary for delivering OPT effectively, along with sensitization about the relevant ethical and legal issues associated with the practice of OPT. Lastly, the Mental Health Care Act, 2017 should also be amended to incorporate guidelines related to the delivery of tele-psychotherapy services (including OPT) in India and provide mechanisms to address any further issues arising out of the practice of tele-psychotherapy.

Conclusion

The authors acknowledge the important role of OPT services in meeting the

huge demand for mental health services during the COVID-19 pandemic and postpandemic era but would like to draw the attention of mental health professionals, policymakers, and other stakeholders about the urgent need for discussion about possible ways to make it more safe and reliable for both the client and the therapist.

Declaration of Conflicting Interests

The authors have no potential conflicts of interest to declare with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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References

1. Wolberg LR. *The Technique of Psychotherapy*. 4th ed. Grune and Stratton, Inc/Harcourt, 1988.
2. Joshi S. Online health platforms see spike in mental health queries amidst COVID-19 pandemic. <https://timesofindia.indiatimes.com/home/sunday-times/online-health-platforms-see-spike-in-mental-health-queries-amidst-COVID-19-pandemic/articleshow/76630185.cms> (25 June, 2020, accessed September 05, 2021).
3. Stoll J, Müller JA, and Trachsel M. Ethical issues in online psychotherapy: A narrative review. *Front Psychiatry* 2020; 10: 993.
4. Mukherjee S. Disparities, desperation, and divisiveness: Coping with COVID-19 in India. *Psychol Trauma* 2020; 12(6): 582–584.
5. Ravindran S, P LN, Channaveerachari NK, et al. Crossing barriers: Role of a tele-outreach program addressing psychosocial needs in the midst of COVID-19 pandemic. *Asian J Psychiatr* 2020; 53: 102351.
6. Andrews G, Basu A, Cuijpers P, et al. Computer therapy for the anxiety and depression disorders is effective, acceptable and practical health care: An updated meta-analysis. *J Anxiety Disord* 2018; 55: 70–78.
7. Luo C, Sanger N, Singhal N, et al. A comparison of electronically-delivered and face to face cognitive behavioural therapies in depressive disorders: A systematic review and meta-analysis. *E Clin Med* 2020; 24: 100442.
8. De Sousa A, Shrivastava A, and Shah B. Telepsychiatry and telepsychotherapy: Critical issues faced by Indian patients and psychiatrists. *Indian J Psychol Med* 2020; 42(5S): 74S–80S.
9. Beniwal V. As digital divide widens, India risks losing a generation to pandemic disruption. <https://theprint.in/india/education/as-digital-divide-widens-india-risks-losing-a-generation-to-pandemic-disruption/568394/> (December 17, 2020, accessed September 05, 2021).
10. De' R, Pandey N, and Pal A. Impact of digital surge during COVID-19 pandemic: A viewpoint on research and practice. *Int J Inf Manage* 2020; 55: 102171.
11. Choudhary V. Experiences in Telepsychotherapy during COVID-19 Pandemic. In: Chadda RK, Sood M, and Deep R (eds), COVID-19 Pandemic and Mental Health: Experiences of Organizing Services at a Tertiary Care Health Care Institution. 1st ed. Department of Psychiatry and National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, 2021, pp. 25–27. https://www.aiims.edu/aiims/departments_17_5_16/psychiatry/COVID%2019%20Pandemic%20and%20Mental%20Health%20%20Chadda,%20Sood,%20Deep%20-11-6-21.pdf (accessed September 05, 2021).
12. Mondal I, Anand N, Sharma MK, et al. Telephonic psychotherapy in India: A reminder of challenges in times of COVID-19. *Asian J Psychiatr* 2020; 53: 102432.
13. Sagar R, Chawla N, and Sen MS. Preserving the “human touch” in times of COVID-19. *Asian J Psychiatr* 2020; 54: 102224.
14. Kashyap H, Chandur J, and Reddy RP. The loss of the shared space: Process issues in telepsychotherapy. *Indian J Psychol Med* 2020; 42(5): 469–472.
15. Mental Health Care Act, 2017. <https://egazette.nic.in/WriteReadData/2017/175248.pdf> (accessed September 05, 2021).
16. Cherry K. Online therapy security, ethics, and legal issues. <https://www.verywellmind.com/online-therapy-ethics-2795227> (May 11, 2020, accessed September 05, 2021).
17. Bulman M. Mentally ill “exploited” by unaccredited online counselling. <https://www.independent.co.uk/news/uk/home-news/online-counselling-therapy-mental-health-mentally-ill-exploited-unaccredited-nhs-a8123131.html> (January 13, 2018, accessed September 05, 2021).
18. How reliable and good is BetterLyf—Online psychological counseling? https://www.reddit.com/r/india/comments/grp5v1/how_reliable_and_good_is_betterlyf_online/ (accessed September 05, 2021).
19. Raibagi K. Top AI-based Mental Health Apps of 2020. *Analytics India Magazine*. <https://analyticsindiamag.com/top-ai-based-mental-health-apps-of-2020/> (accessed September 05, 2021).
20. Tekin S. Is big data the new stethoscope? Perils of digital phenotyping to address mental illness. *Philos Technol* 2020; 34: 447–461.
21. American Psychological Association. Guidelines for the practice of telepsychology. <https://www.apa.org/practice/guidelines/telepsychology> (2013, accessed September 05, 2021).
22. Department of clinical psychology, NIMHANS. Guidelines for Telepsychotherapy Services. NIMHANS, 2020. <https://nimhans.ac.in/wp-content/uploads/2020/04/Guidelines-for-Telepsychotherapy-Services-17.4.2020.pdf> (accessed September 05, 2021).
23. Rehabilitation Council of India Act, 1992. <https://www.niepmtd.tn.nic.in/documents/RCI%20Act.pdf> (accessed September 05, 2021).
24. National Board for Certified Counselors. <https://www.nbcc.org/home> (accessed September 05, 2021).