Online therapy has become an accepted medium for providing therapy. Overwhelmingly, the research on this form of counseling has shown it to be just as effective as standard one on one therapy. With the spread of technology, it seems inevitable that online therapy will become an increasingly important branch on the tree of therapy.
INTRODUCTION

While online therapy is still developing, it has already proved to be a contender to typical forms of therapy as the most effective. One of the major studies that supports this theory showed that online therapy was just as effective as traditional therapy as early as 2008 (Barak, Hen, Boniel-Nissim, & Shapira, 2008). Over time more research has been done to evaluate the true benefits of this form of therapy, and the data so far has been very promising. A more recent study in 2015 has shown that online groups have aided in lessening symptoms of depression and can continue to do so over time (Hartig & Vola, 2015). From this and other research, it is clear that online therapy is progressing as a medium and is proven to be effective.

Online therapy has become an accepted medium for providing therapy and keeping up with our fast-paced society.
GROWTH AND DEVELOPMENT

The two aforementioned studies are prime examples of research performed on the developing field of teletherapy. One of the most interesting and well developed studies on nascent online therapy, when high speed internet access was just becoming more common, was performed by Barak, Hen, Boniel-Nissim and Shapira in 2008. Their study entitled *A Comprehensive Review and a Meta-Analysis of the Effectiveness of Internet-Based Psychotherapeutic Interventions* focused on evaluating how effective online therapy could be to clients and what technologies were being used for treatment. The team specifically studied the available data and research to measure how effective text and video sessions were as opposed to traditional therapy.

At the end of their study they found that online therapy had the same rates of improvement as traditional one on one therapy. They also dispelled concerns about online therapy not being as personable and fears that it would not be as effective if the client could not hear or see the therapist. In spite of various criticisms, the team was able to prove the equal effectiveness of therapists using online resources and applications (Barak, Hen, Boniel-Nissim, & Shapira, 2008).

Barak, Hen, Boniel-Nissim, and Shapira also found from their sample size that there was no difference in effectiveness between therapy over the phone, through text chat, or through video calls. They laid the groundwork for dozens of future studies which concluded that online methods could even be more effective than traditional ones.

This may have influenced more recent research by Hartig and Viola who conducted their study in 2015 on the benefits of online groups that focused on dealing with grief and depression. Their article entitled *Online Grief Support Communities* discovered that participants who joined the support groups rated as less depressed than when they began. Hartig and Viola (2015) found that not only did individuals decrease their levels of depression by becoming members of these groups, but their depression continued to decrease after a year of participation. Perhaps the most startling fact about this study is that it was an informal support group, with no professional resources or supervision. Hartig and Viola merely studied the rates of depression before and after participants became active in the group.

From their mostly observational study, they urged therapists to examine the benefits of online support for clients (Hartig & Viola, 2015).

They reasoned that similar groups as well as one on one online therapy with a trained professional could become an important means of treatment. Hartig and Viola also pointed out various reasons why people seek online therapy, including all hours availability and a bigger circle of contacts not limited to those within a single community. They reasoned that the individuals participating in groups may continue to be active because they felt like they were being held accountable by other members. Hartig and Viola (2015) acknowledged that this may not be beneficial for some participants, as they may feed off each other in negative ways and become dependent and stuck in their group, only focusing on the grief and not positive ways to overcome it. However, they believed that if resources like the groups were mediated by professionals with the goal of dealing with grief and leading a full life, it could be a vital tool to advance the field of psychology (Hartig & Viola, 2015). Online therapy could have the potential to connect people from all around the world.
EFFICACY RATE

Recent studies done on online therapy have uncovered the rates of effectiveness and unforeseen benefits that it provides.

Overwhelmingly, the research on this form of counseling has shown it to be just as effective as standard one on one therapy. Reynolds, Stiles, Bailer, & Hughes did a study in 2013 measuring the difference in effectiveness between online video therapy and in person therapy. Like so many other studies, they found online therapy benefited clients to the same degree as in person therapy (Reynolds, Stiles, Bailer, & Hughes, 2013).

In their study entitled Impact of Exchanges and Client–Therapist Alliance in Online-Text Psychotherapy, they also discovered that their participants showed no difference in rates of bonding with therapists. Both online therapy and traditional therapy had high rates of bonding and teamwork with the therapists. At the beginning of the study, some of the participants were, to some extent, uneasy about having video therapy. There were a variety of reasons for this; clients felt that they would not be able to connect with their therapists and they were uncomfortable using a different form of therapy other than face to face (Reynolds, Stiles, Bailer, & Hughes, 2013).

After a few sessions, clients became more comfortable with the format and reported feeling more relaxed and excited about receiving therapy through video calls. Some individuals even said they were more comfortable with online rather than in person sessions because they were more comfortable and had more control (Reynolds, Stiles, Bailer, & Hughes, 2013).

The individuals in the study commented that having the freedom to step away from the computer to collect themselves or reflect on the session made them feel more at ease. All the participants who had been placed in online therapy said that they benefited from it. Most said that they attributed the therapist’s empathy and attentiveness to their success (Reynolds, Stiles, Bailer, & Hughes, 2013). We can see from much of the research being done on online therapy that it is proving to be just as effective, if not more-so than traditional one on one therapy.
CLIENT COMFORT AND SATISFACTION

With technology affecting so much of our daily life, it comes as no surprise that so many people feel comfortable using computers for increasingly more daily activities. A study done by Beattie, Shaw, Kaur, and Kessler in 2009, researched the major benefits of online therapy, and found it had many practical advantages. In the study entitled Primary-Care Patients’ Expectations and Experiences of Online Cognitive Behavioural Therapy for Depression: a Qualitative Study, they recorded responses from both the clients and therapists and discussed their experiences. Although the possibility of technical issues has been a criticism for online therapy, the researchers found that any issues that the therapists or clients encountered were resolved in a timely fashion (Beattie, Shaw, Kaur, & Kessler, 2009). Technical problems were not a deterrent in their study and communication between therapists and clients was swift and convenient. Both parties were able to email each other and receive information more quickly. The study also found that therapists and clients had more flexibility when planning sessions around their schedules.

> Many of the participants said that conveniently having sessions in the comfort of their own homes made them more likely to start and continue therapy, as driving to sessions discouraged them from going  

(Beattie, Shaw, Kaur, & Kessler, 2009).

Online therapy can also be a way to bypass the feelings of shame and weakness perpetuated by social stigma. Being able to engage in therapy from your own home prevents any worries of being seen walking into a therapist’s office. Also, briefly mentioned is the idea that this type of therapy would be very beneficial to those with low mobility. People with physical disabilities who have trouble traveling to sessions could still have the opportunity to receive treatment as well as individuals who may not have reliable transportation to get to their appointments.

It is essential that therapy is entirely inclusive to everyone, regardless of race, religion, ethnicity, gender, sexual orientation, etc. or it fails its basic tenets. According to the American Psychological Association (2010), psychologists are by law barred from any and all forms of discrimination. Unfortunately, that’s not always the case. In 2016 a study called “Sorry I’m Not Taking New Clients” was done by Heather Kuglemass to test therapist’s willingness to respond to people who were seeking therapy. Employed voice actors were instructed to call therapists and leave voice messages with various names and accents. What Kuglemass found was that there was a substantial discrepancy between callbacks, even though the voice actors had left identical information. People with white sounding names were 11% more likely than people with black sounding names to receive a call for an appointment by a therapist. This was data taken from the first section of the study which consisted of middle class people (Kuglemass, 2016). The second section showed that among working class blacks and whites, the therapists were willing to respond just 8% of the time to both groups. We can see that race and poverty are two factors that can feed into therapist’s biases and can therefore deter them from offering help to certain groups of people. The partial anonymity of online appointment request forms may help alleviate the effects of this bias (Kuglemass, 2016).
Another supporting factor of online therapy is client comfort. The familiarity and protection of their own home were motivating factors for participants to continue therapy. They reported feelings of safety, privacy, and control. (Reynolds, Stiles, Bailer, & Hughes, 2013; Beattie, Shaw, Kaur, & Kessler, 2009).

The study by Beattie, Shaw, Kaur, and Kessler in 2009 also discussed specific types of online therapy and how they could be beneficial. Some forms include video sessions, text conversations, or a combination of both. In 2009 this study, which was purely text conversations, some of the participants expressed feeling more relaxed when able to use a keyboard to type out their feelings. Some participants expressed comfort at being able to read over their responses before they sent them, as that gave them the opportunity to visualize and reflect on their feelings (Beattie, Shaw, Kaur, & Kessler, 2009). The researchers found that the participants who enjoyed communicating with the therapist over text also took pleasure in reading over transcripts of sessions so they could see their progress. While this shows that certain people who are more visual can benefit from this form of therapy, it also highlights vital ways that online therapy can be even more accessible to a wider range of the population (Beattie, Shaw, Kaur, & Kessler, 2009).

CONCLUSION

With the spread of technology and the fight to end negative stigmas, it seems inevitable that online therapy will become an increasingly important branch on the tree of therapy.

The aforementioned research shows that online therapy is a rapidly growing field and that its benefits are, at the very least, noteworthy. Many more studies are sure to come in the future, but we can conclude that teletherapy has already proved itself as a valuable psychological tool.
CITATIONS


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