



Clinical psychology offers in the internet in Spain

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Abstract

This paper analyzes the situation of on-line clinical psychology in Spain. Internet is becoming one of the principal tools for people to access to psychological information. Thus, users will be biased by the contents of the sites they contact to. Psychologists should pay attention to what kind of services are being spread through the Internet. To do this, a few characteristics such us interaction, security, theoretical approach or treated disorders have been revised in 185 Spanish psychology websites. Results shows that there are critical differences between public and private sites suggesting that the public sector should make an effort to keep up with the advances on this field, that private sites could improve their services in some ways such as security or the interaction user-professional and some interesting findings referred to the relation between the theoretical approach of the sites and the kind of help they provide.

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1. Introduction

The influence of new communication technologies in our society is unquestionable and covers all the aspects of human activity. Health sciences are not an exception. Medicine was the pioneer in this field: in 1948 first scientific reference to ‘telehealth’ appears (Field,

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1996), although this term is being substituted by another wider: ‘telehealth’ (Barrett & Brecht, 1998) in which disciplines other than medicine have their place.

Computers and the Internet have a broad use in clinic psychology: from typing a report to implementing all of the therapeutic process on-line. Smith and Senior (2001) suggest three applications of these technologies: (a) a mean of communication between professionals, (b) a teaching tool, and (c) an investigation tool (the authors show that data collected through the Internet are as valid as those traditionally gathered). They did not mention the possibility of using the net in clinical practice.

McCarty and Clancy (2002) have revised the problems of on-line treatments. One of those problems is professional’s accreditation. Clients should be confident that the therapy they are in has all the required ethic and scientific guaranties. Another one is the absence of client–therapist real contact. Far from being a problem, the authors state that it could even improve the therapeutic relation by increasing the client’s sense of autonomy, and by producing a less hierarchical relation with the therapist. Among the tools that substitute the real contact the e-mail stands out. Spielberg (1998) shows that its use among sessions is superior to telephonic follow-up because it allows the client to think thoroughly about the problem he wants to discuss and the therapist is allowed to file the client’s e-mail as part of his clinical history. Besides, the therapist spends less time when answering by e-mail rather than by telephone.

Some actual experiences with on-line psychotherapy suggest that they are as effective as conventional treatment. Lange, van de Ven, Schrieken, and Emmelkamp (2001) is a controlled study about the treatment of post-traumatic stress. In the Internet treatment group more than 80% of the subjects reduced their symptoms and improved their general functioning. Participants reported satisfaction with on-line support and they did not miss real contact. In Carlbring, Ekselius, and Anderson (2003) two different treatments were applied via internet (progressive relaxation and CBT) to help in panic disorder cases.

Assessment through the web is studied too. Farvolden, McBride, Bagby, and Ravitz (2003) test a depression/anxiety assessment instrument, a kind of ‘screening’ that could be used by any people in order to determine whether he or she needs professional help. The authors suggest that this instrument could avoid diagnosis errors in primary attention which leads to the delay of the treatment and a worse prognosis. This instrument is brief, free for the user and it is based on DSM-IV (APA, 1994) ICD-10 (WHO, 1993) criteria. Agreement to SCID (First, Spitzer, Gibbon, & Williams, 1997) was between moderate to high.

The increase of the number of clinical psychology websites has to do with ‘de-intermediation’ (Zuckerman, 2003): people look actively for information and try (and need) to do things by itself. Then, some people try to get therapy without a therapist. Following this author, a psychology website should provide: (1) information about diagnosis criteria, etiology and a full description of the available treatments including cost and duration; (2) motivating material showing the patient that some strategies have already worked with similar cases; (3) support material to conventional treatment; and (4) e-mail to follow the progress. In contrast, the study shows that most of the revised Internet material was commercially focused, of dubious quality and based on out of date information (Zuckerman, 2003).

Internet is becoming a popular way for people to contact with psychology. The users try to find information that could be helpful or where to go to be helped. We are before people with problems and they are going to be influenced by the information they get: the way

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