

Presence in Telepsychotherapy. Towards a Video-Interview Framework

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The field of mental health has evolved a lot since 20 years, with the emergence of the ICT (Information and Communication Technologies) and in the context of cyberculture. Telepsychology is defined by APA (2013) as the provision of psychological services using telecommunication technologies. It includes many types of remote communication like written exchanges (tchat, emails, SMS), voice exchange (phone, VOIP) or videoconference. Technologies may augment traditional in-person services, or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services.

In order to compare the remote relationship during clinical interviews to a traditional in person one, we created a specific tool (www.ipsy.fr) aiming to realize video interviews with patients, inspired by the face to face clinical interview method (Chiland, 1983). We supposed that the relationship is re-embodied with the use of video conference, compared to written or vocal exchanges. Thus, the sensorial factor has been an important consideration, to foster the development of a relationship similar to this established in a traditional clinical interview: an intersubjective one. Intersubjectivity has many definitions and it refers to the ability to create an interaction with another one and to recognize him as a subject. Consequently, the person is able to feel what the other one is feeling, in particular the other one's suffering (Mugnier, 2011).

Thus, the clinical interview framework adaptation online is a point that merits the development of a particular methodology (Haddouk, 2014). Many functions of our website were inspired by the clinical interview framework, like managing time, money, confidentiality, and different tools that can be useful to the psychologists during their work. Ethical rules were particular critical with the data security issue, and it was critical to use a dedicated private server. All these parameters contributed to create a framework fitting onto the specific use of clinical interviews.

In this framework, we compared the interviews between the therapist and 2 groups of adult subjects : one previously handled in a traditional framework, and the other solely met through the platform (Haddouk, 2011).

We used a qualitative method, with a 12 items theme based grid to analyze 139 recordings of video-interviews, going through the observations we could make during the following, and what the patients said. We also used a quantitative method, with the SADS (Social Anxiety Distress Scale, Watson & Friends, 1969).

Results for these two groups validate the assumption that a clinical session is possible through videoconferencing, and comparable to the practice framework, without however being totally identical.

Psychological processes activated in the context of video-interview were similar to those observed in "traditional" clinical consults, for both groups of participants. These results are similar to

others in telepsychotherapy (Bouchard et al, 2004). They also confirm some results about the therapeutic alliance in videoconference sessions, for patients suffering of panic disorder with agoraphobia (Allard et al., 2007), or of post-traumatic stress disorder (Bouchard et al., 2010).

In our study, we have noticed that the physical distance that is specific to such interviews might in certain instances be a therapeutic trigger for patients suffering of separation anxiety (Haddouk, 2014). Could the physical distance that comes with the video session framework thus contribute to their therapy? Also, this framework permitted to other patients, who suffered of social anxiety, to access to a psychologist, whereas it was impossible for them to take this step in a traditional in-person framework. Different situations involved patients with mental or physical issues (mobility issues, geographic isolation,...) that made the access to a classical encounter with a psychologist difficult for them.

We can then considerate that technology can enhance the therapeutic encounters for some patients, increase the accessibility to psychologists, and open new fields of research.

Also, our results might be aroused by the emotional dimension of the relationship in a clinical interview, as suggested by other works in telepsychotherapy, showing that the emotional value of the verbal exchanges between two people who meet in videoconference has a direct impact on the subjective feeling of presence (Bouchard et al., 2011). These results reinforce the idea that the feeling of presence is facilitated by the quality of the exchanges during clinical interviews, where the emotional dimension is essential, because the subjects talk about their personal history and their psychological life, including a fantasied side. We need now to keep on exploring the kind of personalities, personal issues and mental disorders for which this kind of psychotherapeutic framework would be more useful than a traditional one.

In our study, some boundaries as the technical ones (e.g. the look, the picture framing, technical issues...) were integrated in our analysis (Haddouk, Govindama & Marty, 2013; Haddouk, 2014). These specificities in video-interview shed a light on the nature of this kind of "digital relationship". It seems that embodied relationship in video-interview can help to "re-humanize" the relationship, even if participants bodies are not in the same room. But the technic of videoconference alone doesn't define the specific framework of the interview. Clinical and ethical framework in psychology adapted online, can also contribute to establish a "computer mediated intersubjective relation" and contribute to the effectiveness of telepsychotherapy.

According to these results, can we talk about "virtual" emotions or therapeutic alliance in video-interview, or are we dealing with the same participants' psychological reality? Can "distance" still be opposed to "presence", or could it be re-defined? This also opens up questions on a more adapted terminology to define some of the concepts used in our methodological frameworks.

From a clinical point of view, technologies can augment traditional in-person services and extend and renew the accessibility

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to psychotherapy, without replacing the traditional framework. In our study, our website was used as a transitional space, opening a new field for psychotherapies, and enhancing the therapeutic encounters. A methodological analysis seems necessary in this kind of research work, in order to continuously observe this specific clinical practice. Specificities of a video interview shall also be taken in consideration for the training of the psychologists who work this way, in the present days and in the future.

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