

Attitudes of clinical psychologists toward online psychotherapy and counselling**A field study in the state of djelfa****اتجاهات الأخصائيين النفسانيين نحو العلاج والإرشاد النفسي عن بعد****دراسة بولاية الجلفة ميدانية****Raouane chahrazad^{1*}, Nadjasaud²**¹University Djelfa, (Algeria) chahrazadraouane@gmail.com²University Djelfa, (Algeria) wafanadja3@gmail.com

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Abstract:

The subject of "Attitudes of psychologists towards online psychotherapy and counselling" is particularly important and broad in our times, given the changes in the field of psychological service. This study addressed the attitudes of clinical psychologists towards online psychotherapy and counselling, and adopted the descriptive approach. The study sample included 47 psychologists' specialists working in the state of Djelfa. The results showed that the attitudes of clinical psychologists towards online psychotherapy and counselling are neutral. They have fairly sufficient knowledge of online psychotherapy and counselling, as well as adequate training on this type of distance psychological service, and they kind of have the means to it. The results also revealed that online psychotherapy and counselling has positives. The psychologists' attitudes towards the existence of negatives were close, with no differences in their opinions. Clinical psychologists have a basic understanding of the terms and ethics of the profession when it comes to online psychotherapy and counselling. In addition, they are fairly aware of risky and critical situations when adopting this method of therapy.

Keywords: psychological attitudes, online psychotherapy, online counselling, clinical psychologist.

المخلص:

يعد موضوع " اتجاهات الأخصائيين النفسانيين نحو العلاج والإرشاد النفسي عن بعد " موضوعا ذو أهمية بالغة وواسعة خصوصا في عصرنا هذا وفي الوضع الحالي الذي يشهده العالم ، والتغيرات الحاصلة في ميدان الخدمة النفسية. حيث تناولت هذه الدراسة اتجاهات الأخصائيين النفسانيين العياديين نحو العلاج والإرشاد النفسي عن بعد و تم اعتماد المنهج الوصفي، و اشتملت عينة الدراسة على (47) أخصائي نفسي عيادي عامل بولاية الجلفة. وأظهرت النتائج أن اتجاهات الأخصائيين النفسانيين العياديين نحو العلاج والإرشاد النفسي عن بعد محايدة، وأن لهم معرفة كافية نوعا ما نحو العلاج والإرشاد النفسي عن بعد، وكذا أن لهم تكوينا كافيا نوعا ما في هذا النوع من الخدمة النفسية عن بعد، وأنه يتوفر لديهم نوعا ما الوسائل اللازمة له، وأظهرت النتائج أن للعلاج والإرشاد النفسي عن بعد إيجابيات، وأن اتجاهاتهم نحو وجود سلبيات هي متقاربة ولا توجد فروق في آرائهم، وأن الأخصائيين النفسانيين العياديين نوعا ما لديهم معرفة بشروط وأخلاقيات المهنة في العلاج والإرشاد النفسي عن بعد، وأنهم يدركون مواقف الخطر وحالات التأزم نوعا ما حال اعتمادهم لهذا الأسلوب.

الكلمات المفتاحية:الاتجاهات النفسية، العلاج النفسي عن بعد، الإرشاد النفسي عن بعد، الأخصائي النفسي العيادي.

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1- Introduction:

There is an increasing interest in online psychotherapy and counselling, especially as it is a subject of novelty, which is represented in providing therapy and counselling sessions based on modern technology methods and techniques. This subject is important not only because of the Corona pandemic (Covid-19), but also because it has been on the table for years.

Psychotherapy is a primarily personal treatment based on psychological principles (Wamplod, 2019, p.9). Further, online psychotherapy and counselling is a form of intervention and psychological service characterized by the use of technology and the Internet for the provision of online psychotherapy and health care. online communication between the therapist and the client is not a new concept because online therapy has its beginnings, uses, and conditions (Zaater et al, 2020, p.5).

Electronic means vary, including telephone, e-mail, and video conferences through the use of applications such as: Face Time, Zoom, Skype and even many different programs and applications are in operation. Technological development is the hallmark of the current age, which is fast and likely to expand in the very near future. All these changes in the field of health have contributed to the introduction of online psychotherapy and counselling and increased its global prevalence.

-1.1 *Online psychotherapy:*

Remote psychotherapy, in which psychotherapy is provided from a distance, includes a broad range of technologies, encompassing the use of telephones, videoconferencing, and email (Humer et al, 2020,p2)

We define online therapy as any type of professional therapeutic interaction that makes use of the Internet to connect qualified mental health professionals and their clients. (Aaron,B.Rochlen,2004,p270)

remote provision of healthcare services using technology to exchange information for the diagnosis, treatment, and prevention of disease (Jose, A, belancourt et al,2020, p.2)

– definition of telehealth that explained it was “a method that allows clinicians who are located in one location to provide mental health services to patients who are located in a second location using technology (e.g., videoconferencing, telephone) instead of through traditional, in-person meetings. (Micheal .J ,2020,P65). Telehealth can be used to monitor symptoms and also to provide support when needed.(Xiaoyun et al,2020,p378)

1.2 -Counseling and online therapy :

Telehealth refers to a videoconference consultation involving communication between you and your psychologist using both a video and audio connection. (APS,2020,P1)

online counseling and therapy has been defined similarly to terms like “telehealth,” “E therapy,” and “e-therapy.” In this regard, online therapy and counseling allows clients to contact a counselor from any distance or time of day through an online computer. This allows one to overcome the obstacles of location, time, and making an appointment.

Although more specific to computers and online services, online counseling and therapy can still be viewed as a broad term, as it encompasses numerous m**The current study aimed to answer the following questions:**

1. What are the specialists’ attitudes on online psychotherapy and counselling?
2. Do clinical psychologists have sufficient knowledge of online psychotherapy and counselling?
3. Do clinical psychologists have sufficient training in online psychotherapy and counselling?
4. Do clinical psychologists have the necessary means for online psychotherapy and counselling?
5. Do online psychotherapy and counselling have positives?
6. Do online psychotherapy and counselling have negatives?
7. Do clinical psychologists know the terms and ethics of online psychotherapy and counselling?
8. Are clinical psychologists aware of risky and critical situations in online psychotherapy and counselling?

2 - Method and Tools :

We validate the following Hypotheses:

The questionnaire “Attitudes of clinical psychologists towards online psychotherapy and counselling” was used, which was made by the researchers. It is a tool designed to detect the trends and positions of clinical psychologists towards online psychotherapy and counselling, consisting of 50 items distributed to (07) dimensions:

Knowledge dimension, training dimension, means dimension, positives dimension, negatives dimensions, terms and ethics dimension, positions dimension.

Table (01): represents the distribution of dimensions and their items in the questionnaire

Dimensions	Questionnaire's items
Knowledge	01 – 10- 19- 20 – 24- 31- 38- 44.
Training	02- 11- 16 – 25- 26 – 32- 39- 45.
Means	03- 12- 27 – 33- 40- 46.
Positives	04- 09- 13- 17- 21- 28- 34- 41- 47.
Negatives	05- 08- 14- 22- 29- 35- 42- 48.
Terms and ethics	06- 37- 49.
Positions	07- 15- 18- 23- 30- 36- 43- 50.

The questionnaire was applied and distributed in two ways: manual direct distribution by the researchers in addition to electronic distribution.

The questionnaire contains positive and negative items as follows:

Table (03): represents the positive and negative dimensions

Negative dimensions	01 / 08/ 20 / 23/ 25 / 31 / 46 / 49.
Positive dimensions	02- 03- 04- 05- 06- 07- 09 – 10- 11- 12-13-14-15-16-17-18-18-21-22-24-26-27-28-29-30-32-33-34-35-36-37-38-39-40-41-42-43-44-45-47-48-50.

3–Presentation and discussion of results :

The results of the study were as follows:

First hypothesis:

It is clear from the results that the most visible attitude among the participants is neutrality with an estimated value of 83%.12.8% showed a negative attitude while the lowest category showed a positive attitude of 15.7%.The χ^2 test for goodness of fit indicates a value equal to 52.638 with a moral value equal to 0.000, which is lower than the level of significance adopted in the study (Alpha =0.05). The attitudes of psychologists towards online psychotherapy and counselling are thus neutral.

We, therefore, reject the first hypothesis stating that clinical psychologists have a positive attitude.

As a result, “clinical psychologists’ attitudes towards online psychotherapy and counselling are neutral.”

Second hypothesis:

The results show us that the ratio of specialists believing that the knowledge they have received is not enough is estimated at 25.5%. Furthermore, 63.8% report that it is fairly sufficient, which is the largest percentage, while the lowest percentage of 10.6% consider that the knowledge they have received is just sufficient. The χ^2 test for goodness of fit indicates a value equal to 21.234 with a moral value equal to 0.000, which is lower than the level of significance adopted in the study (Alpha = 0.05). Thus, psychologists believe that the knowledge they have received is fairly sufficient towards online psychotherapy and counselling.

We, therefore, reject the second hypothesis stating that clinical psychologists have sufficient knowledge.

The result becomes that “clinical psychologists have a fairly sufficient knowledge of online psychotherapy and counselling.”

Third hypothesis:

We note from the results that the percentage of specialists who believe that the training they received is not enough is estimated at 23.4%, whereas 66% believe that it is fairly sufficient, which is the largest percentage. The lowest percentage of 10.6% think that the training they received is sufficient for counselling and online psychotherapy. The χ^2 test for goodness of fit indicates a value equal to 23.660 with a moral value equal to 0.000, which is lower than the level of significance adopted in the study (Alpha = 0.05). Thus, psychologists believe that the training they have received is fairly sufficient towards online psychotherapy and counselling.

We, therefore, reject the third hypothesis stating that clinical psychologists have sufficient training.

The result becomes that “clinical psychologists have a fairly sufficient training on online psychotherapy and counselling.”

Fourth hypothesis:

According to the results, the percentage of specialists who report that the means are not available is estimated at 25.5%, while the largest percentage, 59.666%, report that the means are fairly available. The lowest percentage, 14.9%, believe that the means for online psychotherapy and counselling are available. The χ^2 test for goodness of fit indicates a value equal to 15.362 with a moral value equal to 0.000, which is lower than the level of significance adopted in the study (Alpha = 0.05). Thus, clinical psychologists believe that the means for online psychotherapy and counselling are fairly available. (GOODNESS OF FIT)

We, therefore, reject the fourth hypothesis stating that the means for clinical psychologists are available.

As a result, “online psychotherapy and counselling means are fairly available to clinical psychologists.”

Fifth hypothesis:

The results show that 63.8% of specialists believe that psychotherapy and counselling have positives, while 30% believe it is fairly positive. The lower percentage of 2.1% consider that online psychotherapy and counselling has no positives. The χ^2 test for goodness of fit indicates a value equal to 15.362 with a moral value equal to 0.000, which is lower than the level of significance adopted in the study (Alpha = 0.05). Thus, clinical psychologists believe that there are positives for online psychotherapy and counselling.

We, therefore, accept the fifth hypothesis and the result is that “online psychotherapy and counselling have positives.”

Six hypothesis:

The results demonstrate that 31.9% of clinical specialists believe that psychotherapy and counselling have negatives, while 44.7% believe it is fairly negative. Moreover, 23.4% consider that online psychotherapy and counselling has no negatives. The χ^2 test for goodness of fit indicates a value equal to 3.234 with a moral value equal to 0.198, which is greater than the level of significance adopted in the study (Alpha = 0.05). Thus, psychologists' answers are close between those who consider online psychotherapy to be negative, fairly negative, and not at all negative.

We, therefore, reject the sixth hypothesis and the result is that “attitudes towards online psychotherapy and counselling negatives among specialists are close and there are no differences in their views.”

Seventh hypothesis:

According to the finding, 10.6% of specialists report that they have knowledge of the terms and ethics of the profession in online psychotherapy and counselling. Furthermore, 66% say that they have some kind of knowledge, while 23.4% think they have no knowledge. The χ^2 test for goodness of fit indicates a value equal to 23.660 with a moral value equal to 0.000, which is less than the level of significance adopted in the study (Alpha = 0.05). Thus, Clinical psychologists believe that they have some knowledge of the terms and ethics of the profession in online psychotherapy and counselling.

We, therefore, reject the seventh hypothesis and the result becomes “clinical psychologists are somewhat aware of the terms and ethics of the profession in online psychotherapy and counselling.”

Eighth hypothesis:

According to the findings, the percentage of specialists who believe that they are aware of risky and critical situations in online psychotherapy and counselling is estimated at 8.5%. Furthermore, 63.8% believe that they are aware of it to some extent, while 27.7% are not. The χ^2 test for goodness of fit indicates a value equal to 22.255 with a moral value equal to 0.000, which is less than the level of significance adopted in the study ($\text{Alpha} = 0.05$). Thus, Clinical psychologists believe that they are aware of risky and critical situations to some extent in online psychotherapy and counselling.

From this, we reject the eighth hypothesis and the result becomes “clinical psychologists are somewhat aware of risky and critical situations in online psychotherapy and counselling.”

Interpretation and discussion of the first hypothesis:

The results show us that the attitudes of clinical psychologists towards online psychotherapy and counselling are neutral, and this can be explained by the fact that clinical psychologists do not have sufficient means in their workplace. 76.6% said that they do not have cameras and 61.7% said that they do not have the internet service, but 38.3% have internet. Concerning computers, the percentage of psychologists who don't have computer devices in their workplace is estimated at 55.3%.

The attitude of specialists was neutral because of the lack of equipment and means to provide online psychotherapy and counselling. The results of the study also showed that only 15.7% expressed a positive attitude, possibly because our current sample did not have the right tools. This can also be explained by the ideas that clinical psychologists are aware of towards online psychotherapy and counselling, since their ideas and beliefs on the subject are insufficient. During the completion of the questionnaire, some clinical psychologists also stated that they do not have sufficient offices and means, and there is no scientific material to provide them with information for online psychotherapy and counselling (articles, seminars, conferences, meetings, training and formative courses).

These findings are consistent with the Probst et al. (2020) study, which showed that therapists have neutral and cautious attitudes towards online psychotherapy (Probst et al, 2020). The reasons may be that clinical therapists see a lot of problems in online therapies (e.g.: Tech problems, growing troubles, and impersonal perceptions).

Interpretation and discussion of the second hypothesis:

The results of the second hypothesis show that 10.6% of clinical psychologists received adequate knowledge. 63.8% believe that the knowledge they received is a bit enough, while 25.5% believe it is not enough. This can be explained by the fact that clinical psychologists do not have the necessary and sufficient knowledge towards online psychotherapy and counselling and how it is used.

This finding is consistent with the study of Boldrini et al. (2020), which indicated that psychotherapists lacked experience in online psychotherapy prior to lockdown. This can also be explained by the novelty of online psychotherapy and counselling and the fact that clinical psychologists do not have sufficient knowledge and good use of online psychotherapy and counselling, as well as their idea on this subject. Psychologists have also expressed that they will check and investigate the subject to develop their knowledge towards online psychotherapy and counselling.

Interpretation and discussion of the third hypothesis:

The results of the third hypothesis show us that 10.6% of clinical psychologists have adequate training for online psychotherapy and counselling, which is very small percentage. The results also show that 23.4% said that the training is inadequate and 66% said it is somewhat adequate.

This was found in the study of Boldrini et al. (2020), which indicated a lack of training and expertise in online psychotherapy and counselling by psychologists. The first recommendation of the study was to disseminate training programs for online psychotherapy and counselling practitioners.

We found that 66% of clinical psychologists consider their training to be somewhat adequate, and a significant number of clinical psychologists have shown that they have provided follow-up and counselling sessions by telephone. Others have expressed the lack of responsibility of institutions to provide equipment for online psychotherapy and counselling, especially under the Covid-19 pandemic. Some female psychologists have indicated that they have requested the Department and the competent authority to provide equipment and open a Skype account to carry on the online sessions in, but without any response.

Interpretation and discussion of the fourth hypothesis:

The results of the fourth hypothesis show that the lowest category of results obtained was 14.9% concerning the methods available in online psychotherapy and counselling, which explains the neutrality of psychologists towards that kind of therapy. Lack of means presents the greatest barrier to the provision of online psychotherapy.

Furthermore, some of the specialists in our current sample do not have an office and the basic means that are the cornerstone of the treatment process. How can psychologists who do not have their own office where they can do their work and a therapy session rely on online psychotherapy and counselling at a time when precision surgeries are increasingly being performed remotely? We locate a doctor in one country who is performing complex surgery on a patient in another.

Interpretation and discussion of the fifth hypothesis:

From the results of the fifth hypothesis, we find that the percentage of clinical psychologists who think that online psychotherapy and counselling is positive is 63.8%, while 30% think that it is fairly positive and 2.1% think that it not positive .This can be explained by the fact that distance psychotherapy and counselling have many advantages, such as saving effort and time, facilitating reaching patients, as well as eliminating the stigma that accompanies the patient when receiving psychotherapy.

The Vera Békés&Aafjes study (2020) confirmed that psychologists have identified a positive attitude towards online psychotherapy .These findings are also consistent with the Michael study (2020), which states that 89% of specialists have reported a positive or neutral view of online psychological health care .There is no doubt that online psychotherapy and counselling have several advantages, including reducing stigma, saving time and effort, reaching patients, and reducing dropout.

One of the advantages of online psychotherapy and counselling is that the cultural forms facing psychotherapy are eliminated because the client and therapist belong to two different cultures, or each belongs to the same culture, but the therapist does not respect cultural specificity. Online psychotherapy and counselling allows those who need to speak their native language, even if they live in a country that is culturally and linguistically different from their mother country, to have access to therapists of the same culture, religion, and language.

Interpretation and discussion of the sixth hypothesis:

From the results of the sixth hypothesis, it is clear that the percentage of clinical psychologists who believe that online psychotherapy and counselling have drawbacks is 31.9%, which is small percentage compared to 44.7% who believe that it has some drawbacks, whereas 23.4% believe that it has no drawbacks at all.

These results is inconsistent with the Vera Békés&Aafjes (2020) study, which indicates that therapists have reported their readiness for this therapy and have identified positive attitudes toward it .This can also be explained by the fact that online psychotherapy and counselling significantly overshadows the negative aspect .The McMullin et al. (2020) study found that therapists were more confident and comfortable with online therapy than the literature had predicted (MacMullin et al., 2020).This was noted significantly on the current sample of the study, where many expressed attitudes that online psychotherapy and counselling did not have many impurities and disadvantages.

Interpretation and discussion of the seventh hypothesis:

The results of the seventh hypothesis show that the percentage of clinical psychologists who believe that they have knowledge of the terms and ethics of the profession in psychotherapy and counselling is estimated at 10.6%.66% believe that they have some knowledge, which is because the knowledge and

training they received concerning this kind of therapy were very low with regard to the results mentioned earlier, which explains the outcome.

These results can be explained by the fact that clinical psychologists do not have access to and knowledge about online psychotherapy and counselling. Many of them questioned whether online psychotherapy was subject to conditions, laws, or even a charter that clarifies and establishes the fundamentals of its operation. They also expressed their willingness to look into the subject. Nevertheless, it is important and necessary to highlight the benefit of distance psychotherapy and counselling for therapists and patients even if they have concerns about the treatment process (for example, seeing a patient's profile well, a face-to-face interview, lack of knowledge of the subject).

Interpretation and discussion of the eighth hypothesis:

Through the results obtained in hypothesis eight, it is clear that the percentage of clinical psychologists who are aware of risky and critical situations in psychotherapy is estimated at 8.5%. Further, specialists who think they are somewhat aware of it are estimated at 63.8%.

These findings are inconsistent with Humer et al. (2020) study, which found that most therapists felt well informed about online psychotherapy. In general, the study shows that Austrian psychologists have dealt well with the rapid change of psychotherapy through personal contact in online psychotherapy. Moreover, it also differs with the Vera Békés&Aafjes study (2020), which found that therapists have identified a fairly positive attitude towards online therapy, suggesting that they are likely to use online therapy in the future. The study indicates that their attitudes are influenced by their previous experiences.

Through these current findings, which show that clinical psychologists are aware of the risk situations in online psychotherapy and counselling, 63.8% believe that they are fairly aware of them, even if the use of this therapy is as an addition to face-to-face or first treatment session, or in recent sessions. This can be due to differences in acceptance and general attitude of therapists, as well as differences in treatment adopted. Many studies have shown that attitude plays a significant role in determining therapists' positions. The Pearl study (2011) found that behavioral, cognitive, and cognitive behavioral attitude was more supportive and willing of distance health care than dynamics/analytics. Cognitive behavioral attitude accounts for 63.8% of our current sample and analytics for 19.1%. This was very notable in our study sample, where we observed a fairly sufficient position based on clinical psychologists' responses to the questionnaire, in contrast to the analytics who argued so strongly for this kind of treatment, namely the therapeutic relationship with the patient and the observation of the patient's profile and changes. However, cognitive behavioral attitude expressed positive positions to the subject. Although their knowledge of it is fairly

inadequate, they have expressed their willingness to learn more about the subject and even the likelihood of future action.

4- Conclusion:

online psychotherapy and counselling is one of the newest treatments of our time because of the great importance and the active role it plays today. It is expected that people will seek methods of treatment that are consistent with their concept beliefs (Zaater ,without a year, p 47). especially after the global conditions where it became a focus of attention for therapists, researchers, and scholars. It is a new field and a new way of practicing psychological therapies because of the benefits it provides to both the therapist and the patient .This has led us to focus on this subject and to study the attitudes of psychologists towards online psychotherapy and counselling.

Finally, we conclude that the study's variable should be studied due to its critical importance in our time, as well as to publish training and awareness programs on psychotherapy and counselling and their importance, pros, and cons in the therapeutic process, and the role they play today.

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