Midterm Foundation of Clinical Psychology

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**Abstract**

Telehealth innovative technologies have transformed the ways health and medical care is provided to patients. The two forms of telehealth Ambulatory Assessment and Computer-Assisted Therapy are very beneficial in health care though they have certain demerits as well. Ambulatory assessment (AA) reduce retrospective biases in the collection of ecologically valid data, and it is also referred to as momentary ecological assessment. As it is concerned with data collection, it has some challenges and shortcomings regarding the privacy of data. Computer-assisted therapies are the other telehealth technology which makes use of a computer to deliver a few aspects of psychotherapy via a computer program. It allows availability and convenience as there is no need for physical presence. However, the evidence, which supports the efficacy of these therapies, itself, is inchoate. Lack of research has not yet identified risks associated with computer-based therapies. VR technology avatar of the patient can be an effective method to provide therapies and treatment to the patient.

**Ambulatory Assessment**

Ambulatory assessment (AA) is an important telehealth innovation that has been researched from the past two decades. It promises to reduce retrospective biases in the collection of ecologically valid data such as self-reports and observations from daily life experiences (Trull & Ebner-Priemer, 2013). There are many names used for this specific method of reducing biases in electronic data collection, such as ambulatory assessment, real-time data capture and momentary ecological assessment (Ebner-Priemer & Trull, 2009). It offers many benefits such as AA methods provide real-time assessment which leaves no room for heuristic biases, which distorts past experiences. For instance, according to the "peak-end" rule, recollection of emotional events is based on its intense point or by the state of the endpoint.

Collecting momentary assessments in a smaller period of time reduces this bias and improves the data collection (Trull & Ebner-Priemer, 2014). It also addresses many limitations of the laboratory methods and retrospective survey (Trull & Ebner-Priemer, 2013). In addition, it ensures the accuracy of data collected because this method captures momentary ratings (Trull & Ebner-Priemer, 2013). However, there are certain limitations of this innovative technology; the first concern is linked with the privacy and confidentiality of information for this purpose it is essential to ensure that the devices used for this purpose are encrypted and consent is obtained before data collection. Secondly, the data collected is of very large quantity and needs expert data management and appropriate methods (Miller, 2012).

**Computer-assisted therapy**

Computer-assisted therapies make use of a computer to deliver a few aspects of psychotherapy via a computer program. These therapies are wowed for the number of therapies they offer. The basic advantage is associated with their availability and convenience, and there is no restriction of clinical hours and locations. Intervention and support can be obtained when needed. In addition, most individuals who do not seek treatment, practical strategies are not helpful to address their need. Almost 70% of Americans have access to the internet, and with more and more people using the internet, the digital gap is minimizing, and more people can obtain benefit from these therapies. In addition, people who do not need like to reveal their symptoms can easily take benefit from these anonymous computer-based therapies (Carroll & Rounsaville, 2010a) and it is also very beneficial for the people with disabilities. It is a cost-effective strategy; though it can be expensive in the beginning, it is less expensive to deliver (Carroll & Rounsaville, 2010a). It also offers numerous benefits in the case of group therapies; however, it does not hold any universal appeal for the patients (Mitchell, Howell, Turnbull, & Murphy, 2005).

Computer-assisted technologies must not be used rapidly, like any novel technology, it carries certain risks. The evidence which supports the efficacy of these therapies, itself is inchoate. Research also indicates that some of the clinical trials are flawed and many of the studies are not based on strong methodological standards (Carroll & Rounsaville, 2010b). Like other behavioral therapies, they are also sometimes considered as safe, but the potential for risk exists and is unclear because of the lack of research (Carroll & Rounsaville, 2010b).

The promising innovations are needed in the field of mental health in this ever-changing technological environment such as telepsychology is helping to provide behavioral health services (Garney, McCord, Walsh, & Alaniz, 2016). Virtual Reality is also an innovative technology that helps in mental health issues such as stress, depression, and anxiety. Virtual reality gives the image as if the person is in reality (Ventura, 2018). The innovative idea I have in mind also relates to VR technology. The idea is to use VR technology to make a clone of the patient who suffers from different mental disorders. The clone will be programmed to perform all the theories and copies strategies for the patient, and it will represent the image of the healthier self of the patient. In this way, the effectiveness of therapies and coping strategies can be enhanced.

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