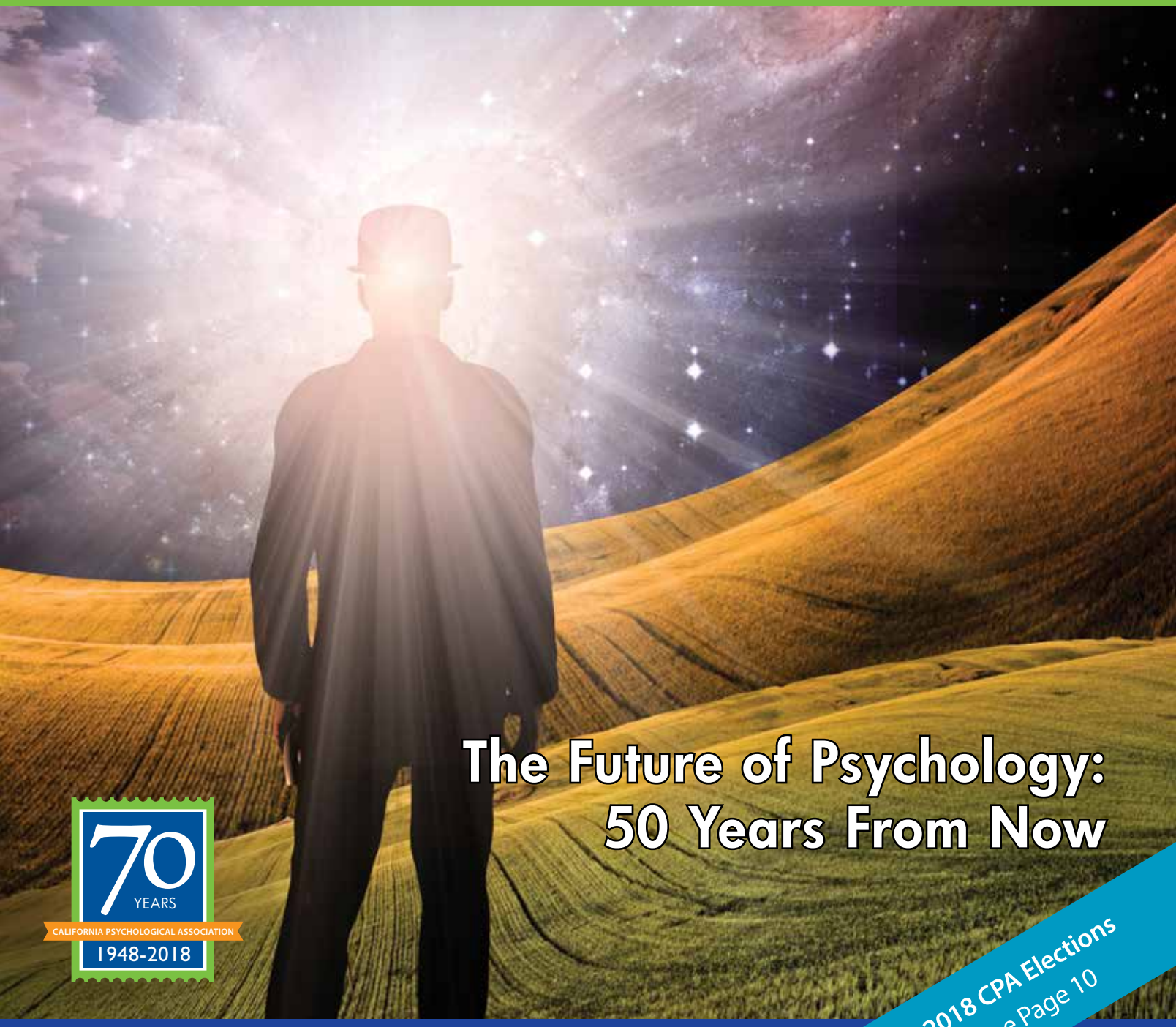
The California Psychologist

Fall 2018 ■ Volume 51 ■ Number Four



The Future of Psychology: 50 Years From Now

70 YEARS
CALIFORNIA PSYCHOLOGICAL ASSOCIATION
1948-2018

2018 CPA Elections
See Page 10

FEATURE

What's Ahead for Psychology in the Digital Age?

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In the past decade, remarkable changes have occurred in our profession. Our own 2018 CPA convention introduced us to many of the ways that technology has already changed our field. As we look ahead, technology, social media, and other developments will continue to impact and change psychology into the next decade and beyond. It is compelling to consider what some of these changes may be.

Telemental health services are already changing the provision of psychotherapy services. Many of us have learned how to obtain informed consent for this service and what is and is not legal when a client requests such services in-state vs. out of state. Frequent requests for the provision of teletherapy come up on our listservs, and insurance companies are evolving to cover some of these services. Training and certification programs are sprouting up so that we can be trained and legitimize our proficiency as providers. The challenge continues to be that interstate practice is generally not possible when our clients are traveling or when they move to another state (with the exception of a temporary or permanent license in both states).

Interstate practice is an area in which we can expect big changes in how we practice and market our services. In the very near future, PSYPACT (the Psychology Interjurisdictional Compact) will become operational when seven states' legislatures enact it. My expectation is that we will see many more clinicians offering family and relationship counseling for dispersed family members when this becomes legal. Clinicians from out of state may market such services within the Compact states. We can also expect to see clinicians who, already recognized at a national level, begin offering services in states in which their expertise is not easily found, perhaps taking out ads in professional publications and/or joining listservs for multiple states in which they are licensed with an E.Passport. Such clinicians may ultimately develop group practices to serve multiple clients in multiple states. We can certainly expect many more sessions to be conducted via teletherapy or a combination of face-to-face and remote therapy. We can also expect to see more supervision and teaching taking place over video platforms, so that it will no longer be necessary to be in the same room with your supervisor (depending upon legal requirements) or in the same room as your class. To track

the progress of PSYPACT, visit: https://www.asppb.net/page/PSYPACT.

If you attended sessions at CPA's convention this year, you may have already learned how Virtual Reality (VR) is changing the landscape of exposure therapy. Virtual Reality Therapy (VRT) and Virtual Reality Immersion Therapy (VRIT) allows people to navigate through a digitally created environment and complete tasks that are tailored to treat a specific ailment. With the simple setup of a PC, keyboard and virtual reality headset, psychologists are successfully treating phobias such as fear of snakes and spiders, as well as fears of specific situations, such as driving and public speaking. VRT has also been used to help people with body dysmorphia and people recovering from stroke who are learning how to regain muscle control. VRT allows for other sensory input, including scents or vibrations, to help trigger patients' reactions. Both flooding and graded exposure are possible with this technology which has shown great promise for phobias and PTSD. VRT has also been used as a form of occupational therapy to improve the social skills of young adults with autism. For psychologists who are already comfortable using CBT and exposure therapy in their practices, we can expect the learning curve for VRT to be quite small. As the technology becomes more financially accessible, VRT equipment could become as standard in some psychologist's offices as EMDR equipment, and it may be used just as much, if not more.

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There are some limitations to this technology due to peoples' tendency to experience motion sickness and perceptual disturbances. There is currently no recognized way to demonstrate competency with this form of treatment. I expect we will soon see CE courses for VRT certification popping up for those who want to obtain and demonstrate expertise in this treatment modality. We will also likely see vast improvements in the quality of VRT which will produce fewer hiccups when someone wearing a VR headset turns their head, making for a more seamless experience of motion and opening the door to better treatments for motion related phobias such as fear of flying.

For nearly a decade, we have struggled with the effects of online reviews of our profession. Those who practice in high

conflict situations, such as performing custody evaluations, have been the most frequent targets of scathingly negative reviews. Hopefully, we will see more effective and creative solutions to providing ethical data to balance the effects of online reviews. It is my hope that the larger consumer review sites, like Yelp, will begin to understand the special complexities for those of us who work in confidential settings and who cannot directly respond to consumer reviews. At this time, Yelp seems to want to encourage all business owners to solicit reviews, which of course is in direct violation of the APA Ethics Code which prohibits requesting testimonials from clients. The tension that this has created in our field surely presents a problem waiting for a creative solution. It will be interesting to see what new services emerge that address this problem or if sites like Yelp will create different types of forums for health care providers.

A question that has intrigued me for nearly a decade is how "public living" affects the personal life and development of children and teenagers, who have social media accounts created for them when they are very young. These kids do not always consent to what is shared by their parents, who may be more public on social media than these kids wish to be. In 2016, we learned about an 18 year old Australian girl who sued her parents for posting baby photos on Facebook. They had refused to remove them at her request. This year, a 16 year old in Rome raised the issue of his online privacy in his parents' divorce proceedings. His mother was ordered by the court to remove online images of him and will have to pay a fine if she posts any future photos of him without his consent. It will be interesting to see if such issues of consent and privacy in regard to children and their parents reaches the United States in the coming years, or if our laws change in anticipation of this.

It will also be interesting to see how public living and online sharing affects young adults moving into the employment marketplace. How will having a public social media history, which is difficult to erase, influence an individual's employment prospects? I already speak with many clinicians who consensually integrate their client's online lives into the therapy, exploring online postings and content with their clients together in the room. This is also creates an interesting consequence in which other people creep into the therapy session, and when their content is also viewed and shared without their awareness. How will this continue to inform treatment? At the same time, clients have more ways now to share successes and failures with their therapist when they show us, for example, a YouTube video of a speech they gave after working with us on performance anxiety. A couple can record an argument they are having and bring it to their couples work so they can deconstruct their negative pattern of engaging when they were outside of the treatment room.

Many clinicians already integrate a wide range of apps into their work with clients, allowing the therapist to access their client's moods, thoughts, behaviors, homework, etc., or they may store treatment records and progress notes digitally on HIPAA compliant platforms. We can expect to see psychologists exploring what it means to become more involved in the creation and development of such services, solving their own problems, and then offering them to the mental health community.

Finally, we will almost definitely soon see a new and evolved Ethics Code from the American Psychological Association which will address the Internet and technology in ways it has not previously done. Nearly all other mental health disciplines, including NASW, AAMFT, and ACA now have ethics codes that address issues such as integrating online material into clinical work (whether informed consent is provided), whether or not it is appropriate to "friend" clients (or their friends) on social media platforms (addressing confidentiality, and multiple role concerns), and expanding their statements about soliciting testimonials to websites and consumer review sites. It is high time for APA to catch up and develop ethical standards that acknowledge the highly networked digital world we live in and in which we will be spending more and more time. ■