Relevante literatuur eHealth

APA (American Psychological Association) richtlijnen voor telepsychologie
https://www.apaservices.org/practice/ce/guidelines/telepsychology-guidelines.pdf

APA (American Psychological Association) COVID-19 Resources for clinical psychologists
https://www.div12.org/telepsychology-resources/

EFPA project group on eHealth (2020). **Digital psychological interventions. Recommendations for Policy and Practice. European Federation of Psychologists'** Associations.

Journal of Medical Internet Research (JMIR); https://www.jmir.org/ Alle publicaties zijn vrij beschikbaar. Er is een zustertijdschrift: JMIR Mental Health: https://mental.jmir.org/

Schalken, F.. (2013). Handboek online hulpverlening. Met internet zorg en welzijn verbeteren. Bohn Stafleu van Loghum: Houten. Print ISBN: 978-90-368-0374-8 Elektronisch ISBN: 978-90-368-0375-5

Samenvatting: Het Handboek online hulpverlening is tot stand gekomen op basis van meer dan tien jaar ervaring met online hulpverlening en bevat alle relevante aspecten van dit vakgebied. Deze geheel vernieuwde editie geeft een uitgebreide beschrijving van de methodiek en de daarbij horende kenmerken, eveneens komen de voor- en nadelen en verschillende vormen aan bod. Het implementatieproces en de organisatorische implicaties worden behandeld, zoals techniek, veiligheid, recht, PR en de veranderende rol van hulpverleners. Door het hele boek heen staan voorbeelden van bestaande online- en blended interventies. Actuele inzichten omtrent wetenschappelijk onderzoek worden gegeven en mHealth, therapietrouw, leerstijlen én de zeven kenmerken van een competente online hulpverlener komen aan bod.

Van Daele, T. (2019). ePsychologie: Over technologie in therapie. Academia Press. Paperback: 9789401458436

Samenvatting: Technologie speelt een steeds grotere rol in ons leven. Wanneer we ons niet goed in ons vel voelen, zoeken we al snel online naar antwoorden en hulp. Ook hulpverleners maken steeds meer gebruik van technologie in therapie. Websites, apps, chatbots, wearables, serious games, virtual en augmented reality lijken veelbelovende tools om ons te helpen omgaan met stress, depressie, paniekaanvallen, trauma, fobieën en eetstoornissen. Maar hoe zijn die behandelingen tot stand gekomen en wat is niet alleen hype, maar ook hulp? Dit boek vertrekt vanuit de intrigerende verhalen die zich afspelen op het raakvlak van psychologie en technologie. Daarnaast krijg je als lezer ook inspiratie om die technologie optimaal te benutten, voor jezelf, of als hulpverlener.

Van Gemert-Pijnen, J. E., Nijland, N., van Limburg, M., Ossebaard, H. C., Kelders, S. M., Eysenbach, G., & Seydel, E. R. (2011). A holistic framework to improve the uptake and impact of eHealth technologies. JMIR, 13(4): e111. DOI: 10.2196/jmir.1672 (online vrij beschikbaar)

Background: Many eHealth technologies are not successful in realizing sustainable innovations in health care practices. One of the reasons for this is that the current development of eHealth technology often disregards the interdependencies between technology, human characteristics, and the socioeconomic environment, resulting in technology that has a low impact in health care practices. To overcome the hurdles with eHealth design and implementation, a new, holistic

approach to the development of eHealth technologies is needed, one that takes into account the complexity of health care and the rituals and habits of patients and other stakeholders.
Objective: The aim of this viewpoint paper is to improve the uptake and impact of eHealth technologies by advocating a holistic approach toward their development and eventual integration in the health sector.
Methods: To identify the potential and limitations of current eHealth frameworks (1999–2009), we carried out a literature search in the following electronic databases: PubMed, ScienceDirect, Web of Knowledge, PiCarta, and Google Scholar. Of the 60 papers that were identified, 44 were selected for full review. We excluded those papers that did not describe hands-on guidelines or quality criteria for the design, implementation, and evaluation of eHealth technologies (28 papers). From the results retrieved, we identified 16 eHealth frameworks that matched the inclusion criteria. The outcomes were used to posit strategies and principles for a holistic approach toward the development of eHealth technologies; these principles underpin our holistic eHealth framework.
Results: A total of 16 frameworks qualified for a final analysis, based on their theoretical backgrounds and visions on eHealth, and the strategies and conditions for the research and development of eHealth technologies. Despite their potential, the relationship between the visions on eHealth, proposed strategies, and research methods is obscure, perhaps due to a rather conceptual approach that focuses on the rationale behind the frameworks rather than on practical guidelines. In addition, the Web 2.0 technologies that call for a more stakeholder-driven approach are beyond the scope of current frameworks. To overcome these limitations, we composed a holistic framework based on a participatory development approach, persuasive design techniques, and business modeling.
Conclusions: To demonstrate the impact of eHealth technologies more effectively, a fresh way of thinking is required about how technology can be used to innovate health care. It also requires new concepts and instruments to develop and implement technologies in practice. The proposed framework serves as an evidence-based roadmap.

Feijt, M. A., de Kort, Y. A., Bongers, I. M. & IJsselsteijn, W. A. Perceived Drivers and Barriers to the Adoption of eMental Health by Psychologists: The Construction of the Levels of Adoption of eMental Health Model. *JMIR.* 20, e153 (2018). DOI: 10.2196/jmir.9485 **(online vrij beschikbaar)**

BACKGROUND: The internet offers major opportunities in supporting mental health care, and a variety of technology-mediated mental and behavioral health services have been developed. Yet, despite growing evidence for the effectiveness of these services, their acceptance and use in clinical practice remains low. So far, the current literature still lacks a structured insight into the experienced drivers and barriers to the adoption of electronic mental health (eMental health) from the perspective of clinical psychologists.
OBJECTIVE: The aim of this study was to gain an in-depth and comprehensive understanding of the drivers and barriers for psychologists in adopting eMental health tools, adding to previous work by also assessing drivers and analyzing relationships among these factors, and subsequently by developing a structured representation of the obtained findings.
METHODS: The study adopted a qualitative descriptive approach consisting of in-depth semi-structured interviews with clinical psychologists working in the Netherlands (N=12). On the basis of the findings, a model was constructed that was then examined through a communicative validation.
RESULTS: In general, a key driver for psychologists to adopt eMental health is the belief and experience that it can be beneficial to them or their clients. Perceived advantages that are novel to literature include the acceleration of the treatment process, increased intimacy of the therapeutic relationship, and new treatment possibilities due to eMental health. More importantly, a relation was found between the extent to which psychologists have adopted eMental health and the particular drivers and barriers they experience. This differentiation is incorporated in the Levels of

Adoption of eMental Health (LAMH) model that was developed during this study to provide a structured representation of the factors that influence the adoption of eMental health. **CONCLUSIONS**: The study identified both barriers and drivers, several of which are new to the literature and found a relationship between the nature and importance of the various drivers and barriers perceived by psychologists and the extent to which they have adopted eMental health. These findings were structured in a conceptual model to further enhance the current understanding. The LAMH model facilitates further research on the process of adopting eMental health, which will subsequently enable targeted recommendations with respect to technology, training, and clinical practice to ensure that mental health care professionals as well as their clients will benefit optimally from the current (and future) range of available eMental health options.

Overzichtsartikelen

Andersson, G. (2016). Internet-Delivered Psychological Treatments. Annual Review of Clinical Psychology, 12, 157-179. https://doi.org/10.1146/annurev-clinpsy-021815-093006 **(online vrij beschikbaar)**

Abstract: During the past 15 years, much progress has been made in developing and testing Internet-delivered psychological treatments. In particular, therapist-guided Internet treatments have been found to be effective for a wide range of psychiatric and somatic conditions in well over 100 controlled trials. These treatments require (a) a secure web platform, (b) robust assessment procedures, (c) treatment contents that can be text based or offered in other formats, and (d) a therapist role that differs from that in face-to-face therapy. Studies suggest that guided Internet treatments can be as effective as face-to-face treatments, lead to sustained improvements, work in clinically representative conditions, and probably are cost-effective. Despite these research findings, Internet treatment is not yet disseminated in most places, and clinical psychologists should consider using modern information technology and evidence-based treatment programs as a complement to their other services, even though there will always be clients for whom face-to-face treatment is the best option.

Carlbring, P., Andersson, G., Cuijpers, P., Riper, H., & Hedman-Lagerlof, E. (2018). Internet-based vs. face-toface cognitive behavior therapy for psychiatric and somatic disorders: an updated systematic review and meta-analysis. Cognitive Behaviour Therapy, 47, 1-18; https://doi.org/10.1080/16506073.2017.1401115 **(online vrij beschikbaar)**

During the last two decades, Internet-delivered cognitive behavior therapy (ICBT) has been tested in hundreds of randomized controlled trials, often with promising results. However, the control groups were often waitlisted, care-as-usual or attention control. Hence, little is known about the relative efficacy of ICBT as compared to face-to-face cognitive behavior therapy (CBT). In the present systematic review and meta-analysis, which included 1418 participants, guided ICBT for psychiatric and somatic conditions were directly compared to face-to-face CBT within the same trial. Out of the 2078 articles screened, a total of 20 studies met all inclusion criteria. Results showed a pooled effect size at post-treatment of Hedges g = .05 (95% CI, -.09 to .20), indicating that ICBT and face-to-face treatment produced equivalent overall effects. Study quality did not affect outcomes. While the overall results indicate equivalence, there have been few studies of the individual psychiatric and somatic conditions so far, and for the majority, guided ICBT has not been compared against face-to-face treatment. Thus, more research, preferably with larger sample sizes, is needed to establish the general equivalence of the two treatment formats

Wentzel, J., Vaart, van der, R., Bohlmeijer, E.T., Gemert-Pijnen, van, J.E.W.C. (2016). Mixing online and face-to-face therapy: how to benefit from blended care in mentale health care. JMIR Mental Health, 3, 1-7 DOI: 10.2196/mental.4534 (online vrij beschikbaar)

Blended care, a combination of online and face-to-face therapy, is increasingly being applied in mental health care to obtain optimal benefit from the advantages these two treatment modalities have. Promising results have been reported, but a variety in descriptions and ways of operationalizing blended care exists. Currently, what type of "blend" works for whom, and why, is unclear. Furthermore, a rationale for setting up blended care is often lacking. In this viewpoint paper, we describe postulates for blended care and provide an instrument (Fit for Blended Care) that aims to assist therapists and patients whether and how to set up blended care treatment. A review of the literature, two focus groups (n=5 and n=5), interviews with therapists (n=14), and interviews with clients (n=2) were conducted to develop postulates of eHealth and blended care and an instrument to assist therapists and clients in setting up optimal blended care. Important postulates for blended care are the notion that both treatment modalities should complement each other and that set up of blended treatment should be based on shared decision making between patient and therapist. The "Fit for Blended Care" instrument is presented which addresses the following relevant themes: possible barriers to receiving blended treatment such as the risk of crisis, issues in communication (at a distance), as well as possible facilitators such as social support. More research into the reasons why and for whom blended care works is needed. To benefit from blended care, face-to-face and online care should be combined in such way that the potentials of both treatment modalities are used optimally, depending on patient abilities, needs, and preferences. To facilitate the process of setting up a personalized blended treatment, the Fit for Blended Care instrument can be used. By applying this approach in research and practice, more insight into the working mechanisms and optimal (personal) "blends" of online and face-to-face therapy becomes within reach.

Bakker, D., Kazantzis, N., Rickwood, D. & Rickard, N. Mental Health Smartphone Apps: Review and EvidenceBased Recommendations for Future Developments. *JMIR Mental Health.* 3, e7 (2016). https://mental.jmir.org/2016/1/e7/ (online vrij beschikbaar)

Background: The number of mental health apps (MHapps) developed and now available to smartphone users has increased in recent years. MHapps and other technology-based solutions have the potential to play an important part in the future of mental health care; however, there is no single guide for the development of evidence-based MHapps. Many currently available MHapps lack features that would greatly improve their functionality, or include features that are not optimized. Furthermore, MHapp developers rarely conduct or publish trial-based experimental validation of their apps. Indeed, a previous systematic review revealed a complete lack of trial-based evidence for many of the hundreds of MHapps available.
Objective: To guide future MHapp development, a set of clear, practical, evidence-based recommendations is presented for MHapp developers to create better, more rigorous apps.
Methods: A literature review was conducted, scrutinizing research across diverse fields, including mental health interventions, preventative health, mobile health, and mobile app design.
Results: Sixteen recommendations were formulated. Evidence for each recommendation is discussed, and guidance on how these recommendations might be integrated into the overall design of an MHapp is offered. Each recommendation is rated on the basis of the strength of associated evidence. It is important to design an MHapp using a behavioral plan and interactive framework that

encourages the user to engage with the app; thus, it may not be possible to incorporate all 16 recommendations into a single MHapp.
Conclusions: Randomized controlled trials are required to validate future MHapps and the principles upon which they are designed, and to further investigate the recommendations presented in this review. Effective MHapps are required to help prevent mental health problems and to ease the burden on health systems