# DIGITAL PSYCHOLOGICAL INTERVENTIONS, RECOMMENDATIONS FOR POLICY & PRACTICE

by the EFPA project group on eHealth

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# Background

This consensus statement from the different members of the EFPA project group on E-health aims to provide general rules of thumb concerning the dissemination in and use of digital psychological interventions in practice. These recommendations are considered important points of attention when working with digital interventions. Not surprisingly, some of these good practices are already in place in several member countries.

Throughout the document we will consequently be referring to psychologists, these recommendations are however, of course also applicable to other (mental) healthcare professionals active in this domain. Finally, we have highlighted the most important points of attention here, but in no way claim this overview to be fully exhaustive.

This document is explicitly practice-oriented and specifically aimed at all EFPA psychologists' associations and their respective members. When referring to this document, important national points of attention may be highlighted by respective member associations to adapt it further to the local context. Together with these national adaptations and caveats, it can serve as a source of inspiration for (inter)national policy makers. Although all recommendations are based on the extensive experience and knowledge of literature and practice of the project group members, these are currently kept very brief. We decided to not substantiate this document with elaborate references to literature, mainly to keep it concise. In due time, a more extensive peer-reviewed publication will follow. In the meantime, any questions can be addressed directly to the project group. References to two relevant publications by the project group and to relevant publications by project group members can also be found below for an academic state-of-the-art and to provide additional insights.

## Overview of recommendations

Digital psychological interventions can be effective and can be delivered in various forms. Knowing that digital psychological interventions can remove some of the traditional obstacles to psychological interventions, their development and implementation should be fostered. To obtain maximal and positive effects, however, some general rules of thumb and a few specific points of attention should be taken into consideration.

This document grouped recommendations into four (arbitrary) categories, concerning:

1) developers
2) users
3) psychologists and other healthcare professionals, and
4) health services.

## Developers

- Development of digital psychological interventions should always be a **multidisciplinary endeavour**, combining efforts and expertise of both psychologists and professionals with a background in information and communications technology. In order to realise effective behaviour change, interventions need to be grounded in theory: this requires developers receiving input concerning theory of psychological processes and behaviour change, and psychologists receiving input in technological theory of how to develop engaging interventions (e.g., gamification theory, persuasive technology).
- Digital psychological interventions should be **adapted to the local context of application** and only be implemented when conditions for proper use are available (e.g., access to digital means and digital literacy, choice of adequate targets of intervention, consideration of the severity of mental disorders).
- Digital psychological interventions need to **comply with all legal and ethical requirements** and assure a safe service.

## Users

- In order to increase uptake, users need easy access to reliable information. Creating **(inter)national or EU-wide guidelines and reporting standards for digital psychological interventions**, is therefore strongly recommended. Characteristics of interventions to be reported could encompass: 1) background and credibility of the content creators, 2) detailed overview of specific intervention features, 3) adherence to data protection and privacy regulation (i.e., GDPR) , current evidence-base for both efficacy and effectiveness, 4) cost, and 5) specific conditions for adequate and efficient usage (e.g. level of support required).
- Some users might be unwilling, lack necessary skills, or computer literacy to be able to use digital interventions. Difficulties in use of technological means may relate to personal considerations or practical limitations (e.g., absence of internet connection). Initial reluctance should, however, not be a reason to dismiss online interventions altogether. Nevertheless, a **strong disliking or refusal should be acknowledged**, and alternatives (e.g. non-technological approaches) should be explored.

- When **vulnerable users**, particularly children, are involved, additional caution is required. Approval of parents or guardians should be assured, according to the legal majority age, confidentiality parameters, and other criteria to access psychological services as per national legislation parameters.
- Given that little is currently known as to what works for whom and under what conditions, be sure to **monitor** the **progress** of users carefully and **tailor** treatment accordingly utilizing a stepped-care approach.
- When one approach proves to be ineffective or harmful (e.g., negative side effects)**, switching to another intervention should be made easy for the user**. For example, if a specific low-intensity unguided intervention is not having the desired effects, do not hesitate to proactively explore and make available other options such as a more intensive therapist guided program. Also, ideally users should be able to transfer their data to different platforms.

## Psychologists

- When using internet-delivered interventions in which, at least partially, there is a component of self-administration, assure **frequent pre-scheduled guidance** (e.g., weekly contacts), as empirical evidence for the effectiveness of unguided, stand-alone interventions is currently limited.
- Gathering and assessing **patient-reported outcomes** should be done on a continuous basis.
- **Protocols for handling crisis** (e.g., suicidal ideation) before, during and after treatment should be pre-planned and readily available.
- Working with online interventions does not exempt you of good standard professional practices, which for example includes **peer intervision and supervision**, ideally with colleagues operating in similar areas.
- In all forms of digital psychological interventions, it is important to make clear to users **who** is the psychologist and/or organization **to be held responsible** for conducting the treatment.
- Psychologists should assure they receive **sufficient continuous education** to keep up with this rapidly changing field. This does not only relate to technology, but also theory, knowledge, and skills necessary for delivering adequate care that properly fits clients' needs.
- Digital psychological interventions should **not overburden psychologists**. Online interventions, especially when guided, are not a low-effort equivalent to conventional care: sufficient time should be taken for follow-up and boundaries should be set in terms of availability for users in case of questions.
- When psychologists make use of digital means to provide care to users in other countries than the one from where they are licensed, they need to ensure that they **follow** that **countries' rules regarding digital practice across borders**.

## Health services

- For a digital psychological intervention **to be adopted within routine health care** system service, **intervention effectiveness and efficacy be evaluated**, utilizing state of the art assessment methodologies (e.g., feasibility and pilot studies, randomized controlled clinical trials, implementation studies and/or trials in routine practice). At the very least, an intervention should be able to provide proof of peer-reviewed research.
- **Reimbursement** (e.g., of an app, or of a therapist) is a prerequisite for sustainability of digital psychological interventions. However, when applied to (un)guided internet-delivered interventions, this should, however, be considered with caution.
- Similarly, only healthcare professionals with adequate background and sufficient continuous education should deploy such interventions. Given that specific standard EU trainings are currently lacking, **local quality criteria for professionals** should ideally be determined. In the long term, however, EU-wide certification of quality should be established.
- Health services should **assure adequate conditions for optimal use** of digital interventions, both for psychologists and users (e.g., providing suitable location and equipment for psychologists, allowing psychologists sufficient time for (online) follow-up of users of digital interventions, and assuring interventions are only provided to users with sufficient facilities, knowledge, and skills for proper use).
- Maintaining **platform continuity** and continuously updating it to current standards is important. This will avoid: 1) users' and service providers suddenly losing (data on) the progress made and 2) reduce this risk of data security threats.

## Publications by the project group

Karekla, M., Kasinopoulos, O., Neto, D., Ebert, D. D., Van Daele, T., Nordgreen, T., Höfer, S., Oeverland, S., & Jensen, K. L. (2019). Best Practices and Recommendation for Digital Interventions to Improve Engagement and Adherence in Chronic Illness Sufferers. *European Psychologist, 24*(1), 49-67. doi:10.1027/1016-9040/a000349

Ebert, D. D., Van Daele, T., Nordgreen, T. Karekla, M., Compare, T. A., Zarbo, C., … (on behalf of the EFPA E-Health Taskforce) & Baumeister, H. (2018). Internet and mobile-based psychological interventions: applications, efficacy and potential for improving mental health. A report of the EFPA e-health taskforce. *European Psychologist, 23, 167-187.* doi:10.1027/1016-9040/a000318

## Members of the EFPA project group eHealth 2019-2020

Angelo Compare (University of Bergamo, Italy)

Andreas Schwerdtfeger (University of Graz, Austria)

Asli Carkoglu (Kadir Has University, Turkey)

David Daniel Ebert (FAU Erlangen-Nuremberg, Germany)

Glauco Trebbi (Société Lux. de Psychologie, Luxemburg)

Iben Sejerøe-Szatkowski (Clinical psychologist S/E, Denmark)

João Manuel Castro Faria Salgado (Instituto Univ. da Maia, Portugal)

Lise Haddouk (Rouen University, France)

Maria Karekla (University of Cyprus, Cyprus)

Per Carlbring (Stockholm University, Sweden)

Svein Oeverland (Forensic Unit for Man. Care, Norway)

Tine Nordgreen (University of Bergen, Norway)

Tom Van Daele (Thomas More University of Applied Sciences, Belgium)

Valerija Vidovic (University of Zagreb, EFPSA, Croatia)