

behavior that result in assaulting or threatening others or animals, or in the destruction of valuable property. These intense rage episodes occur spontaneously, not in response to any apparent provocation or threat. Once the episode is over, individuals often express remorse or regret. People with this disorder may also experience a feeling of relief; tension seems to be relieved during the episode. Usually they do not exhibit aggressive tendencies between episodes.

Although this disorder can appear at any age, it is most commonly seen in men from adolescence through their twenties. IED is often an early predictor for psychopathology in adult life. An Axis I diagnosis of depression, anxiety, or a substance abuse disorder often follows the initial diagnosis of IED. Many patients also have a history of legal infractions, including traffic accidents and sexual impulsivity. People with IED seem acutely sensitive to alcohol; the substance may induce an anger outburst.

Historically, IED has been a controversial category in psychology; some clinicians believe that it is only a symptom of other diagnoses, such as masked depression, borderline personality disorder, or early onset Alzheimer's disease. Community-based studies have documented IED to be as common as many other psychiatric disorders. Some research criteria for the disorder now show that individuals with IED have elevated levels of aggression, impulsivity, familial risk of aggression, and abnormalities in neurobiological markers of aggression. Further research into neuronal activity may help define the locus of the disorder more precisely.

See also **Impulse control disorders.**

Resources

BOOKS

- Aboujaoude, Elias, and Lorrin M. Koran. *Impulse Control Disorders*. New York: Cambridge University Press, 2010.
- Gabbard, Glen O. *Gabbard's Treatments of Psychiatric Disorders*. Washington, DC: American Psychiatric Publishing, 2014.
- Grant, Jon E., et al. *Treating Impulse Control Disorders: A Cognitive-Behavioral Therapy Program; Therapist Guide*. Oxford: Oxford University Press, 2011.
- Grant, Jon E., and Marc N. Potenza. *The Oxford Handbook of Impulse Control Disorders*. Oxford: Oxford University Press, 2012.

WEBSITES

- Harvard Medical School. "Treating Intermittent Explosive Disorder." http://www.health.harvard.edu/newsletter_article/treating-intermittent-explosive-disorder (accessed August 2, 2021).
- Mayo Clinic. "Intermittent Explosive Disorder." <http://www.mayoclinic.org/diseases-conditions/intermittent-explosive>

-disorder/basics/definition/con-20024309 (accessed August 2, 2021).

National Institutes of Health. "Intermittent Explosive Disorder Affects up to 16 Million Americans." <http://www.nimh.nih.gov/news/science-news/2006/intermittent-explosive-disorder-affects-up-to-16-million-americans.shtml> (accessed August 2, 2021).

Internet-based therapy

Internet-based therapy is a form of psychotherapy conducted over the Internet rather than in face-to-face sessions. Therapeutic sessions may be conducted using instant messaging, chat rooms, or email messages. Internet-based therapy is also called online therapy or e-therapy.

Internet-based therapy is sometimes classified together with telephone therapy and videoconferencing as remote therapy, as all three forms depend on remote communication technologies. A number of online therapy providers, in fact, offer telephone-based therapy as well as email and online live chat therapy.

The purpose of Internet-based therapy is to provide psychological help to persons who either cannot get to a physical office for reasons of disability, geographical isolation, or reluctance to be seen visiting a therapist, or who simply prefer electronic to face-to-face communication.

Online therapy can take several different forms, depending on whether the client chooses live online chat/telephone, webcam, or email sessions. One common practice of online therapists is to ask potential clients to complete an online form in which the client provides basic personal information and a description



Telehealth appointments and online therapy sessions have become more common especially during the COVID-19 pandemic. Patients are able to access quality mental health care via online therapy sessions. (insta_photos/shutterstock.com)

of their problem or reason for seeking counseling. With email sessions, the client fills out the online pre-session form and sends it by a special secure email service, and the therapist replies within one or two business days. Live online chat can begin as soon as the client fills out the pre-session form. For telephone counseling, the client provides the remote therapist with a telephone number and time to call, and the therapist will call at the scheduled time.

Clients are expected to pay in advance, usually via credit card or PayPal. Some online therapists stipulate that all prepaid sessions must be used within six months of purchase.

Online therapy is recommended only for non-emergency mental health services; most online therapy websites state that their services are not appropriate for persons who are suicidal, suffering from psychosis, or having an acute psychiatric crisis. In addition, most will not accept patients under age 18.

As the Information Age progresses, more and more services are becoming available over the Internet. We can buy not only books online but also electronics, clothes, and even groceries. In the business world, the requirement and expense of traveling to in-person meetings are often negated by the ability to teleconference. College degrees no longer need to be earned in the classroom but can be acquired in the comfort of one's own home at one's own pace. The wait for a technician on a manufacturer's help line is often replaced by the ability to search the company's database on one's own or to engage in online chat with the same technician to whom one once spoke. Even for medical problems, one can often chat with a physician or nurse practitioner by email rather than going to the office; this service is known as telemedicine.

There is little wonder, therefore, that there is a demand for psychological services over the Internet. Chatting with one's therapist online is more private than going to an office and waiting in an open waiting room. For those in rural areas where access to a therapist is exceedingly difficult, the Internet can provide a convenient alternative for getting the help that one needs.

There are pros and cons to both sides of the issue of online versus face-to-face therapy. First, communicating through email, online chat, or instant messages has the same drawbacks of any written-only communication: Such nonverbal cues as tone of voice, facial expression, and body language are missing, making interpretation of the message more problematic than in a face-to-face situation. On the other hand, the relative anonymity of online interactions make such therapeutic relationships more attractive to those who would hesitate to go into a

therapist's office for fear of being found out by others, fear of embarrassment, or unwillingness or inability to get to the office. In addition, online therapy tends to be less expensive than in-office therapy, a consideration for many clients.

There are, of course, some things that cannot be done over the Internet. For example, psychologists and psychiatrists use a variety of tools and techniques to diagnose mental disorders so that they can prescribe the appropriate course of treatment. Some of the tools used in diagnosis include such psychometric instruments as the Minnesota Multiphasic Personality Inventory (MMPI), such projective instruments as the Rorschach test or the Thematic Apperception Test (TAT), and diagnostic interviews. The various tests and instruments used in diagnosis should ethically be given only by a credentialed professional in a controlled situation. Tests can be given across the Internet.

Research into the effectiveness of online therapy is only beginning. However, a number of disorders have been successfully treated electronically. For example, Internet-based therapy has been successful in the treatment of panic disorder, social phobia, child adjustment after traumatic brain injury, and complicated grief, among others. It is also recommended for treatment of agoraphobia, an anxiety disorder in which people are afraid of wide-open spaces, uncontrolled social situations, and crowds; many are unable to leave their homes without suffering a panic attack.

As with any service provided over the Internet, one must be an informed consumer not only before choosing an e-therapist, but even before deciding to use Internet-based therapy itself. Because Internet-based therapy is an emerging field, there are still many issues to be resolved. Obviously, one must check the professional credentials of a therapist to make sure that he or she is licensed and must determine whether one is choosing a therapist for online or in-office therapy. In addition, it is unclear at this time whether it is legal for a therapist licensed in one state to treat a patient in another state. Choosing a therapist in one's own state makes this issue irrelevant but requires research.

Client/therapist confidentiality is important in any therapeutic relationship. When choosing an online provider of psychological services, one must be certain not only that the therapist subscribes to a professional code of ethics but also that any information, including personal data about the client, is kept confidential and not sold to, or shared with, third parties. Similarly, it is important to check that the website used in online therapy is secure and that conversations, instant messages, and email

KEY TERMS

Agoraphobia—An anxiety disorder characterized by fear of crowds, open spaces, and/or locations or situations that trigger panic attacks.

Remote therapy—A general term for therapy delivered by electronic communication technologies; it includes Internet-based therapy along with telephone therapy and videoconferencing.

transmissions between client and therapist are not recorded on the site's secured host computer.

A statement of ethical principles for conducting online therapy is available on the website of the International Society for Mental Health Online (ISMHO). These principles were officially adopted in 2000. It is important to remember that anything sent over the Internet may be subject to being unlawfully sought out by others and that there is an inherent risk to such communication even on secured servers.

Preparation for online counseling requires the client to complete an online form with contact information and a description of the reason for seeking counseling. The client is also asked to choose the preferred method of contact with the therapist (telephone, email, online chat, or webcam) and to pay in advance for one or more sessions. Preparation should also include researching the therapist's company and/or credentials before making contact.

Potential risks include technical difficulties with Internet or telephone communication and breaches of security by hackers.

Internet-based therapy shows promise for helping people who could not or would not otherwise engage in a therapeutic relationship. This potential is beginning to be tested in research. However, much of this research also recommends that Internet-based therapy be used in conjunction with face-to-face sessions. There are still many technical, logistical, and ethical questions to be answered regarding how the Internet best can be used for therapy. Most insurance companies will not provide reimbursement for therapy conducted over the Internet.

By early 2011 there were 130 clinical trials of Internet-based therapy under way. Some are trials of cognitive-behavioral therapy or other specific approaches; other trials are comparing online therapy with face-to-face therapy for specific problems or disorders, including smoking cessation, depression, social anxiety, panic

disorder, and grief disorder. Still other trials are evaluating the effectiveness of Internet-based counseling for patients suffering from chronic physical conditions with an emotional dimension, such as cancer, chronic pain syndromes, brain injury, or congestive heart failure.

Online therapists are expected to meet the same educational and state licensure requirements as office- or clinic-based therapists. They may be psychiatrists, clinical or counseling psychologists, social workers, marriage and family therapists, or psychiatric nurses. Most have doctoral degrees (M.D., Ph.D., or Psy.D.), with the remainder having master's degrees in psychology, social work, or nursing. There is one professional organization specifically for online therapists, the International Society for Mental Health Online (ISMHO), which was formed in 1997.

By March 2020, the COVID-19 global pandemic had much of the world going into lockdown, with schools and businesses closing or becoming significantly limited. Additionally, hospitals and doctors' offices were overrun with people concerned about or experiencing COVID-19 symptoms. As a result, use of telehealth services, including teletherapy, skyrocketed. And it was not just preexisting mental health patients turning to teletherapy. Many new patients entered the teletherapy sphere seeking help with anxiety, depression, and other mental health concerns that resulted from the tragedies of COVID-19 and the difficulty of long-term quarantine.

Resources

BOOKS

- Hsiung, Robert C., ed. *E-therapy: Case Studies, Guiding Principles, and the Clinical Potential of the Internet*. New York: Norton, 2002.
- Kraus, Ron, ed. *Online Counseling: A Handbook for Mental Health Professionals*, 2nd ed. Amsterdam, The Netherlands: Elsevier, 2011.
- Rochlen, Aaron B. *Applying Counseling Theories: An Online Case-based Approach*. Upper Saddle River, NJ: Pearson/Merrill Prentice Hall, 2007.

PERIODICALS

- Bee, P.E., et al. "Psychotherapy Mediated by Remote Communication Technologies: A Meta-analytic Review." *BMC Psychiatry* 8 (July 2008):
- Bockling, C.L., et al. "Disrupting the Rhythm of Depression Using Mobile Cognitive Therapy for Recurrent Depression: Randomized Controlled Trial Design and Protocol." *BMC Psychiatry* 14 (January 2011): 12.
- Buhrman, M., et al. "Guided Internet-based Cognitive Behavioural Treatment for Chronic Back Pain Reduces Pain Catastrophizing: A Randomized Controlled Trial." *Journal of Rehabilitation Medicine* 43 (May 2011): 500–505.

- Carlbring, P., et al. "Individually-tailored, Internet-based Treatment for Anxiety Disorders: A Randomized Controlled Trial." *Behaviour Research and Therapy* 49 (January 2011): 18–24.
- Gainsbury, S., and A. Blaszczynski. "A Systematic Review of Internet-based Therapy for the Treatment of Addictions." *Clinical Psychology Review* 31 (April 2011): 490–498.
- Hedman, E., et al. "Internet-Based Cognitive Behavior Therapy vs. Cognitive Behavioral Group Therapy for Social Anxiety Disorder: A Randomized Controlled Non-inferiority Trial." *PLoS One* 6 (March 25, 2011): e18001.
- Lampe, L.A. "Internet-based Therapy: Too Good to be True?" *Australian and New Zealand Journal of Psychiatry* 45 (April 2011): 342–343.
- Warmerdam, L., et al. "Cost-utility and Cost-effectiveness of Internet-based Treatment for Adults with Depressive Symptoms: Randomized Trial." *Journal of Medical Internet Research* 12 (December 19, 2010): e53.

WEBSITES

- eTherapistsonline.com. "About Online Counseling." <http://www.etherapistsonline.com/therapy/about.htm> (accessed May 11, 2011).
- International Society for Mental Health Online (ISMHO). "Suggested Principles for the Online Provision of Mental Health Services." <https://www.ismho.org/suggestions.asp#principles> (accessed May 11, 2011).
- Kastens, Alegra. "What We Learned About Online Therapy During COVID-19." <https://www.verywellmind.com/the-rise-in-online-therapy-during-covid-19-5180380> (accessed July 17, 2021).

ORGANIZATIONS

- Find a Therapist, Inc, 6942 E Lomita, Mesa, AZ, United States 85209, (480) 325-8330, Fax: (480) 396-3213, (866) 450-3463, <http://www.etherapistsonline.com>.
- International Society for Mental Health Online (ISMHO), [online contact only] <https://www.ismho.org/contact.asp>, <https://www.ismho.org/home.asp>.
- MyTherapyNet, 22425 Ventura Blvd., Suite 350, Woodland Hills, CA, United States 91364, Fax: (800) 931-9956, (800) 931-9956 customerservice@mytherapynet.com, <https://www.mytherapynet.com>.

Interpersonal therapy

Interpersonal therapy (IPT) is a short-term supportive psychotherapy that focuses on the connection between interactions between people and the development of a person's psychiatric symptoms.

Interpersonal therapy was initially developed to treat adult depression. It has since been applied to the treatment of depression in adolescents, the elderly, and people with human immunodeficiency virus (HIV) infection. There is an IPT conjoint (couple) therapy for people whose marital

disputes contribute to depressive episodes. IPT has also been modified for the treatment of a number of disorders, including substance abuse; bulimia and anorexia nervosa; bipolar disorder; and dysthymia. Research is underway to determine the efficacy of IPT in the treatment of patients with panic disorder or borderline personality disorder, depressed caregivers of patients with traumatic brain injuries, depressed pregnant women, and people suffering from protracted bereavement.

Interpersonal therapy is a descendant of psychodynamic therapy, itself derived from psychoanalysis, with its emphasis on the unconscious and childhood experiences. Symptoms and personal difficulties are regarded as arising from deep, unresolved personality or character problems. Psychodynamic psychotherapy is a long-term method of treatment, with in-depth exploration of past family relationships as they were perceived during the client's infancy, childhood, and adolescence.

There are seven types of interventions that are commonly used in IPT, many of which reflect the influence of psychodynamic psychotherapy: a focus on clients' emotions; an exploration of clients' resistance to treatment; discussion of patterns in clients' relationships and experiences; taking a detailed past history; an emphasis on clients' current interpersonal experiences; exploration of the therapist/client relationship; and the identification of clients' wishes and fantasies. IPT is, however, distinctive for its brevity and its treatment focus. IPT emphasizes the ways in which a person's current relationships and social context cause or maintain symptoms rather than exploring the deep-seated sources of the symptoms. Its goals are rapid symptom reduction and improved social adjustment. A frequent byproduct of IPT treatment is more satisfying relationships in the present.

IPT has the following goals in the treatment of depression: to diagnose depression explicitly; to educate the client about depression, its causes, and the various treatments available for it; to identify the interpersonal context of depression as it relates to symptom development; and to develop strategies for the client to follow in coping with the depression. Because interpersonal therapy is a short-term approach, the therapist addresses only one or two problem areas in the client's current functioning. In the early sessions, the therapist and client determine which areas would be most helpful in reducing the client's symptoms. The remaining sessions are then organized toward resolving these agreed-upon problem areas. This time-limited framework distinguishes IPT from therapies that are open-ended in their exploration. The targeted approach of IPT has demonstrated rapid improvement for patients with problems ranging from mild situational