

Comparing Psychodynamic Teaching, Supervision, and Psychotherapy Over Videoconferencing Technology with Chinese Students

Robert M. Gordon, Xiubing Wang, and Jane Tune

Abstract: How do experts compare teaching, supervision, and treatment from a psychodynamic perspective over the Internet with in-person work? Our methodology was based on the expert opinions of 176 teachers, supervisors, and therapists in the China American Psychoanalytic Alliance (CAPA) who use videoconferencing (VCON) with Chinese students. The results from our online survey indicate: (1), The longer teachers teach, the more effective they rate teaching over VCON; (2), Teaching, supervision, and treatment were all rated in the range of “slightly less effective” than in-person, with supervision rated significantly more effective than teaching and treatment over VCON; (3), When doing psychodynamic treatment over VCON the issues of symptom reduction, exploring mental life, working on transference, relational problems, resistance, privacy issues, countertransference, are all equally rated in the range of “slightly less effective” than in-person treatment; (4), The highest significantly rated indications for treatment over VCON are: “To offer high quality treatment to underserved or remote patients” and “When patient is house-bound or travel would be impractical”; and (5), The highest significantly rated contraindication for treatment over VCON is: “Patient needs close observation due to crisis or decompensation.” Overall, this survey suggests that VCON teaching, supervision, and treatment from a psychodynamic perspective is a worthwhile option when considering its unique contribution to extending services where needed.

This research was approved by the IRB of the Washington Center of Psychoanalysis and was supported by a grant from the China American Psychoanalytic Alliance. We thank Drs. Elise Snyder, Ira Moses, Cathy Siebold, Ralph Fishkin, Lana Fishkin, and Jill Savage Scharff for their invaluable feedback. Also thanks to Marieke Jonkman for help with editing.

Robert M. Gordon, Ph.D., ABPP, Independent Practice, Allentown, PA.

Xiubing Wang, M.A., Linzi Clinic, Shenzhen, China.

Jane Tune, M.A., Viquan Clinic, Shenzhen, China.

Psychological education, supervision, and treatments over Internet videoconferencing technology (e.g., Skype™, ooVoo, etc.) provide services to students and patients who may live in areas that are remote, have a lack of qualified specialists, have impaired mobility, lack transportation, or have geographic barriers. However, there is currently an uncertainty about how online services differ from the same process in the in-person relationship.

While videoconferencing (VCON) psychological services have been an emerging 21st-century phenomena since Skype™ began in 2003, universities began using the Internet for remote learning soon after the beginning of the Internet with a great deal of success. Cowart (2010) reported that from 1991 to 2004, online university enrollments have grown from virtually 0 to over 2.35 million students.

The teaching of psychotherapy over the Internet also has empirical support. Tantom, Blackmore, and van Deurzen (2006) combined Internet-based theory teaching with in-person supervision and personal experience and found that both student performance and student satisfaction were higher in the eLearning psychotherapy program when compared with a traditional in-person program.

Supervision of treatment over the Internet has also been found effective. Jacobsen and Grünbaum (2011) studied situations in which distance supervision may be necessary and concluded that supervision via videoconferencing (VCON) offers a good alternative to in-person encounters, and in certain ways it even seems to boost the growth of the supervisees. Savin et al. (2013) describe the collaboration between the Departments of Psychiatry at the University of Colorado School of Medicine and the University of Health Sciences in Cambodia. They conclude that VCON offers effective and inexpensive approaches to address disparities in global mental health by enhancing psychiatric training across cultures and international boundaries.

Psychological treatment over the Internet is far more complex than distance learning and supervision. Treatment involves a more intense subjective, therapeutic relationship and a greater need for privacy, than didactic education or supervision.

There is clearly a place for VCON therapy services for patients who do not have easy access to treatment. Godleski, Darkins, and Peters (2012) assessed clinical outcomes of 98,609 mental health patients before and after enrollment in remote clinical videoconferencing of the U.S. Department of Veterans Affairs between 2006 and 2010. They found that psychiatric admissions of VCON therapy patients decreased by an average of approximately 24% and length of stay decreased by an average of 27%.

Backhaus et al. (2012) conducted a systematic literature review of the use of videoconferencing psychotherapy (VCP) and found 65 studies for their analysis. Their results indicate that VCP has been used in a variety of therapeutic formats and with diverse populations, is generally associated with good user satisfaction, and is found to have similar clinical outcomes to traditional face-to-face psychotherapy.

However, the more the treatment depends on a therapeutic relationship, as in the case of the psychoanalytic relationship, the more there may be problems with VCON treatment. There are few studies on the nature of the online therapeutic relationship. Sucala et al. (2012) reviewed the literature on "E-therapy" defined as providing mental health services via e-mail, videoconferencing, virtual reality technology, chat technology, or any combination of these. The authors searched PubMed, PsycINFO, and CINAHL through to August 2011. From the 840 reviewed studies, only 11 (1.3%) investigated the therapeutic relationship.

The Internet would seem to create an interpersonal distance that might weaken the therapeutic alliance. However, Holmes and Foster (2012) found that online counseling clients perceived a significantly stronger working alliance on the total Working Alliance Inventory–Short Form (WAI-S), than did those who received in-person only counseling. Still, it is not clear from this study if the definition of a "working alliance" in counseling is generalizable to how psychoanalysts use the term.

Cognitive Behavior Therapy with less emphasis with the working alliance and more emphasis on technique with cognitive learning as the goal, would seem to be a natural treatment for the Internet. Empirical studies support this. Johansson, Frederick, and Andersson (2013) report studies showing no differences between Internet-delivered cognitive behavioral therapy and in-person cognitive behavioral therapy for mild to moderate depression, anxiety disorders, and somatic problems. But Donker et al. (2013) found that for the brief online treatment of depression that both CBT and interpersonal psychotherapy (IPT) are both effective treatments. Though they do not report studies showing that IPT online is as good as in-person IPT. Bayles (2012) wrote that since therapeutic action is grounded in implicit, procedural, nonverbal communication, the entire body is implicated in the analytic dialogue. She believes that psychotherapy by VCON may limit the access to the information communicated by the body and the various sense modalities.

Although psychoanalysis and psychodynamic treatment requires more of a therapeutic "presence" than other psychotherapies, the Internet can still convey enough therapeutic effect to people who would

not have such treatment otherwise. Several papers demonstrated the advantages to providing psychoanalytic treatment to remote areas lacking expert providers. Edirippulige, Levandovskaya, and Prishutova (2013) looked at the use of Skype™ for delivering psychotherapy services in the Ukraine. Most of the practitioners thought their clients considered the services received on Skype™ were good or excellent. The majority of clients and providers showed high satisfaction with the use of Skype™ for psychotherapy services.

Fishkin, Fishkin, Leli, Katz, and Snyder (2011) reported on the China American Psychoanalytic Alliance (CAPA) which provides treatment, education, and supervision to Chinese mental health professionals over the Internet. The lack of enough Chinese analysts and mentors has created an intense demand for psychodynamic psychotherapy training and treatment that CAPA is addressing by using Internet communication technologies. They discussed not only the success of the program, but also the cultural issues as well as aspects of the transference and countertransference that are shaped by the virtual nature of the technology.

The issue of privacy with providing treatment online is another area of debate. Churcher (2012) was concerned that we have knowledge about our immediate physical and social environment to make reliable judgments about whether a conversation is private, but this is less true of our virtual environment in cyberspace. However, Scharff (2013a) replied that we need to work on weighing the benefits against the risks with tele-analysis. She argues that there will be fewer concerns with more discussion at our association meetings, and more systematic research as to whether tele-analysis can provide a secure setting and can meet the standard of being clinically equally effective.

Scharff also reports a recent study by the American Psychoanalytic Association that found that 28% of respondents reported using the phone, 9% using Skype™ for psychotherapy, and 4% using Skype™ for psychoanalysis. Scharff states that online supervision, online analyses are part of the repertoire of current practice, and when used with care, the Internet has the potential to allow teaching and treatment to occur when it would otherwise be impossible.

Paolo (2013) wrote that psychoanalysis over the Internet reflects on what we mean by communication between patient and analyst. He feels that online therapy is simply a different form of therapy. Dettbarn (2013) discussed Skype™ as a third "secret sharer" in the analytic process. She wondered what feelings, fantasies, and thoughts do analyst and client entertain when they hear each other's disembodied voices from a loudspeaker and observe the video transmission on a screen. Dettbarn posed these important issues: the absence of spatial and

physical proximity and the development of trust, denial of the reality of separation and mourning, Internet as a protection against the real dangers in a physical presence (violence, aggression, sexual seduction), and if transference, resistance, and regression will seem more magical.

The less sense of propinquity in treatment may be why despite the effectiveness of online treatment, there might be a higher dropout rate as compared to in-person treatment as reported by King, Brooner, Peirce, Kolodner, and Kidorf (2014). Caparrotta (2013) claims that digital technologies need to be embraced responsibly and with an open mind by the psychoanalytic profession. This seems to be occurring as indicated by two recent books on the topic, *Psychoanalysis Online: Mental Health, Teletherapy and Training*, edited by Scharff (2013b), and *Psychoanalysis in the Technoculture Era*, edited by Lemma and Caparrotta (2013). Scharff's (2013b) book emerged from an international workgroup of colleagues from the International Psychoanalytical Association (IPA) and the International Institute for Psychoanalytic Training (IIPT) studying the practice of psychoanalysis and psychotherapy conducted on the telephone and over the Internet.

While there are a few empirical studies on the perceived effectiveness of teaching, supervision, and treatment over the Internet, presently, there are no studies comparing them with each other. Teaching, supervision, and psychodynamic treatment over the Internet each involve different roles, tasks, and degrees of intimacy. It would be useful to compare them in regards to the issue of object relations over VCON and the effectiveness of the services. It might take training and experience to become proficient in delivering these services over VCON. There is also a need for research that takes a more in-depth comparison of psychodynamic therapy online versus psychodynamic treatment in person with the issues of symptom reduction, exploring mental life, working with transference, working through relational problems, working with resistances, privacy concerns, countertransference issues, and indications and contraindications for doing VCON treatment.

We hypothesize the following: (1) The more experienced at teaching, supervising, or treatment, the higher the service will be rated; (2) Overall, VCON technology should compare favorably to in-person work in teaching, supervising, and treatment and the nature of the relationship should affect the perceived effectiveness of the VCON work. That is, supervision, with the more personal relationship (as compared to trying to hold the attention of many students when teaching over VCON) and without the attachment and transference issues of the therapeutic relationship, should make supervision perceived as more effective than teaching and treating; (3) VCON technology presents special problems for psychodynamic treatment, but overall the issues of symptom reduc-

tion, exploring mental life, working with transference, working through relational problems, working with resistances, privacy concerns, and countertransference should compare favorably to in-person work; (4) The main indications for VCON psychotherapy should be about making it available to people who do not have access to quality care, or when meeting in person is not practical; and (5) The main contraindication should be when the patient is in a crisis and needs closer observation.

Since these hypotheses involve the interaction of several complex variables, we felt that using expert opinion was an appropriate method for testing our hypotheses. Expert opinion can synthesize complex variables that are difficult to study with controlled experimentation. Laboratory methodology of complex systems that isolate variables out of context would also lack ecological validity. Cook (1991) argued that the use of expert opinion in scientific inquiry and policymaking is often the best methodology for understanding complex systems and technologies. Mosleh, Bier, and Apostolakis (1987) found in their review that expert opinion works best in practical decision-making settings. While case study is based on the expert opinion of one person, we used a high number of experts in the area of concern for greater reliability.

METHOD

Participants and Design

Our expert participants were recruited from the e-mail list of 300 past and present China American Psychoanalytic Alliance (CAPA) teachers, supervisors, and therapists. There were four consecutive e-mail requests for participation. The e-mail notices stated that participation was voluntary and anonymous. Participants were given a link to the online survey on SurveyMonkey where their responses to the questions were automatically stored and exported to SPSS for analysis. The survey was kept very short, generally less than 5 minutes in the hope to increase participation. We stated in the survey: "Answer only the questions as they apply to your work with CAPA. There may be issues with differences in education, language, and culture between your CAPA students/supervisees/patients and your in-person American students/supervisees/patients. For the sake of this research, please assume, 'all other things are equal,' though this is not easy to do."

From the 300 e-mail addresses, 176 took the online survey, roughly a 59% response rate (we could not be sure that all the e-mail addresses were current). The respondents were 65% female, 37% were psycholo-

gists, 33% were social workers, and 22% were psychiatrists. The teachers ($n = 130$) had an average of 18.35 years of experience ($SD = 9.72$), supervisors ($n = 152$) had an average of 18.63 years of experience ($SD = 10.21$), and the therapists ($n = 163$) had an average of 23.84 years of practicing psychoanalytic treatment ($SD = 7.44$). Seventy-nine percent ($n = 175$) stated that they had been using videoconferencing (VCON) for three or more years for doing teaching, or supervision or treatment ($M = 4.21$, $SD = 2.14$). The executive members of CAPA initially screened all the participants for their expertise before they were allowed to offer their services to CAPA. Additionally, the results indicating the many years of teaching, supervision, and treating, support our methodological assumption that this is a survey of expert opinion.

RESULTS

1. We hypothesized positive correlations between years of experience at teaching, supervising, or treatment, with the perceived effectiveness.

Our hypothesis is partially supported. The Pearson product-moment correlation coefficient is significant between years of teaching with their ratings of perceived effectiveness of their teaching ($r = .286$, $p < .05$, $n = 79$). The correlations of years supervising and treating are in the positive direction, but are not significant with their ratings of perceived effectiveness.

2. Overall, VCON technology should compare favorably to in-person work in teaching, supervising, and treatment and the nature of the relationship should affect the perceived effectiveness of the VCON work. That is, supervision, with the more personal relationship (as compared to trying to hold the attention of many students when teaching over VCON) and without the attachment and transference issues of the therapeutic relationship, should make supervision perceived as more effective than teaching and treating. All the ratings went from 1 = much less effective, 2 = less effective, 3 = slightly less effective, 4 = no difference (from in-person treatment), 5 = slightly more effective, 6 = more effective, and 7 = much more effective. Respondents were asked how much their teaching or supervising or treating over VCON differs from their in-person work in perceived effectiveness. (We used ANOVA with unequal n s to analyze these survey questions, and focused paired t -tests for testing specific post hoc comparisons.)

Our hypothesis is supported. There was a significant main effect, $F(2, 8.45) = 8.53, p < .0001$. All three (teaching, supervising, and treating) are in the "slightly less effective" than in-person range. Focused post hoc analysis with paired *t*-tests analysis shows that supervision is significantly rated as more effective than both teaching and treating ($p < .0001$). Teaching and treating were not rated significantly different from each other: supervision ($n = 114, M = 3.16, SD = .97$), teaching ($n = 84, M = 2.62, SD = .88$), and treatment ($n = 101, M = 2.72, SD = 1.11$). Supervision and teaching are most similar ($r = .78$), than supervision and treating ($r = .68$) and least similar are teaching and treating ($r = .51$).

3. The issues of symptom reduction, exploring mental life, working with transference, working through relational problems, working with resistances, privacy concerns, and countertransference should compare favorably to in-person work.
 - a. How does video-conferencing compare to in-person treatment in reducing symptoms? ($n = 109, M = 2.86, SD = 1.05$)
 - b. How does videoconferencing compare to in-person psychotherapy in exploring the mental life of the patient? ($n = 112, M = 2.89, SD = 1.04$)
 - c. How does videoconferencing compare to in-person treatment in working on transference? ($n = 110, M = 2.88, SD = 1.16$)
 - d. How does videoconferencing compare to in-person treatment in working through relational problems? ($n = 112, M = 2.89, SD = 1.06$)
 - e. How does videoconferencing compare to in-person treatment in working with resistance? ($n = 112, M = 2.70, SD = 1.19$)
 - f. How does videoconferencing compare to in-person treatment in creating a sense of privacy? ($n = 111, M = 3.03, SD = 1.34$)
 - g. How does videoconferencing compare to in-person treatment in countertransference issues? ($n = 111, M = 3.08, SD = 1.19$)

Our hypothesis is supported. The ANOVA results do not indicate any significant differences between these psychotherapy factors in the VCON condition. They were all rated in the range of "slightly less effective" than in-person treatment.

4. The main indications for VCON psychotherapy should be about making it available to people who do not have access to quality care, or when meeting in person is not practical. We asked, "What do you think are indications for doing videoconferencing treat-

ment? (1 = not much, 2 = somewhat, 3 = definite indication, 4 = strong indication)."

- a. To offer high quality treatment to underserved or remote patients ($n = 105, M = 3.51, SD = .69$)
- b. Comfort and convenience of environment ($n = 100, M = 1.90, SD = 1.03$)
- c. Expectation that it will be more effective than in-person treatment ($n = 102, M = 1.16, SD = .52$)
- d. Feel safer with a hostile patient ($n = 100, M = 1.51, SD = .82$)
- e. When patient is house-bound or travel would be impractical ($n = 102, M = 3.38, SD = .83$)
- f. Continuity of care when the therapist or patient is traveling ($n = 103, M = 2.91, SD = .94$)

Our hypothesis is supported. The ANOVA results indicate significant main effects, $F(5, 103.54) = 153.03, p < .0001$. Focused post hoc tests show that both indications: "To offer high quality treatment to underserved or remote patients" and "When patient is house-bound or travel would be impractical" are not significantly different from each other, but they are each significantly higher in their ratings than the other indications ($p < .0001$).

5. The main contraindication should be when the patient is in a crisis and needs closer observation. We asked, "What do you think are contraindications for doing videoconferencing treatment? (1 = not much, 2 = somewhat, 3 = definite contraindication, 4 = Strong contraindication)."
- a. Patient needs close observation due to crisis or decompensation ($n = 102, M = 3.32, SD = .90$)
- b. Patient needs the supportive feeling of "a mommy in the room" ($n = 101, M = 2.56, SD = 1.14$)
- c. Patient is very resistant and may use Internet problems as an excuse ($n = 102, M = 2.68, SD = 1.09$)
- d. Patient is too concerned about privacy ($n = 100, M = 2.74, SD = 1.10$)
- e. Legal issues about practice in other regions ($n = 101, M = 3.01, SD = 1.08$)
- f. Malpractice concerns ($n = 100, M = 2.74, SD = 1.17$)
- g. Problems with the reliability of service ($n = 102, M = 2.90, SD = 1.03$)
- h. Language problems are too serious ($n = 101, M = 2.92, SD = 1.12$)

- i. Bringing the therapist “home” can be seen as seductive ($n = 101$, $M = 2.12$, $SD = 1.17$)

Our hypothesis is supported. The ANOVA results indicate a significant main effect, $F(8, 11.16) = 9.39$, $p < .0001$. Focused post hoc paired t -tests showed that the highest rated contraindication for treatment over VCON is that the “Patient needs close observation due to crisis or decompensation.” This is significantly higher than the other 8 contraindications ($p < .0001$ compared to b, c, d, f, and i; $p = .001$ compared to h; $p = .001$ compared to g and h; $p = .012$ compared to e).

Qualitative Comments

Comment boxes were included in our online survey. We received 91 comments from the respondents with a wide range of concerns. The most consistent theme is that the effectiveness of teaching, supervising, and treating over VCON varies widely and is highly dependent on the client characteristics ($n = 19$). The following are comments we feel are particularly helpful:

“In some ways the virtual world allows for more recognition of separation anxiety...But in other ways it disconnects the in-person experience of being with someone, heat, body posture, sense of a whole context. So it is not more or less efficacious, rather it impacts the treatment differently.”

“On the whole I have been surprised at the effectiveness of treatment using videoconferencing, including the fact the patient has chosen to use a couch. It is possible it worked with my patient so spectacularly because of her particular dynamics. I don’t know how it would work with a lower functioning patient.”

“The two patients I have treated over Skype seem to feel freer to express their negative transference feelings toward me over Skype. Maybe because we are a half a world apart.”

“I actually believe it makes no difference as I have experienced this material with the same amount of intensity as when working in embodied sessions. However, I do think some people need embodied therapy for many reasons.”

“It depends on the patient. I have had some patients who find it initially easier over Skype to talk about some things in the transference—especially erotic transference. But overall I think Skype is less effective than in person—for instance, over Skype there is no possibility of actual physical touch, which alters the pull of the erotic.”

“Depends on the patient and the defensive organization.”

“Face to face (over Skype) feels very intimate as opposed to sitting across the room or lying on the couch.”

“With working with transference, I was surprised that I could still experience both the transference and countertransference with the same amount of feeling/intensity as if poor video, etc. quality would somehow make it impossible.”

“I would personally suggest that teletherapy is most helpful when there has been a period of face-to-face therapy that allows for the establishment of a solid alliance, that then can “carry” the long-distance treatment. With patients in China, of course, this is not possible; and so it just might take a longer length of time to develop a solid alliance.”

“Most of the problems with teletherapy can be dealt with by interpretation and working through.”

“All resistances and transferences that are treatable can be addressed and should be address, regardless of videoconferencing or in person. We handle crises at a distance all the time. Language a problem? Seems a contraindication—period. In person won’t solve that problem.”

DISCUSSION

We asked 176 experts to compare the delivery of teaching, supervising, and treating from a psychodynamic perspective over videoconferencing technology (VCON) with Chinese students with their experience with their in-person population. This poses a difficult task with the confounding variables of language, culture, and perhaps different stages of education in psychoanalytic training.

We used the methodology of a large number of expert opinions that is likely to be able to account for “all other things being equal” when asked how VCON work compares to in-person work. Expert opinion has a long history of validity in both jurisprudence and in science and is a methodology fitted to discover an understanding of complex interacting variables that cannot be easily studied under strict laboratory conditions.

Since this study is not a randomly controlled trial (RCT) study of service efficacy, it cannot address the cause and effect issues. However, an RCT methodology would involve a need for a manualized, time-limited treatment and the parceling out of a great many interacting variables (i.e., in-person vs. VCON, culture, client characteristics, amount of sessions, nature of work, etc.), difficulty with comparable dependent measures across the different conditions, that would require

a very high number of clients, high cost, and may result in questionable generalizable validity given the complexity of the variables.

Our experts feel that overall VCON minimally reduces effectiveness. Individual client characteristics may be a significant factor in effectiveness. Ethically maintained frames can be flexible and its variations can be grist for the mill, if there is empathy, respect, and knowledge of cultural differences. There is no perfect frame and our psychotherapeutic techniques are robust and reliable.

Another methodological concern is that our scales compared teaching, supervision, and treatment of Chinese students with the cultural differences, language problems, and Internet problems, with an in-person American client point of reference. This is likely to negatively bias our results, by pushing the responses to the lower end of the scale. We also helped to control for a positive bias by using a scale with the midpoint as "no difference (from in-person treatment)." We would rather have a conservative finding, than to bias in favor of the obvious. Most of our experts are currently involved with VCON teaching, supervision, and treatment and would have rated them as effective. We wanted to look beyond the question of simple perceived effectiveness and into how the VCON medium differentially affects different types of psychoanalytic relationships (teaching, supervising, and treating). Also, it is unlikely that these findings are due to bias since the teachers, supervisors, and therapists were not simply reviewing their work over VCON, but comparing it to their in-person work. The results showed that all three (teaching, supervising, and treating) are in the "slightly less effective" as compared to "no difference" than in-person range. We also found that supervision was perceived more positively than teaching and treating. Supervision enjoys a more intimate mentoring relationship, without the problems of diffusion of focus as in a class of many individuals, or the problems with doing therapy with discerning nuanced nonverbal communication, the bodily sense of being with the therapist, and less transference and attachment issues. The theoretical issues that these results raise goes to the very nature of psychoanalytic treatment and the issue of attachment in the analytic space. The object relations of the supervisory situation can foster professional identification through the process of idealization (Gordon, 1995) making VCON supervision an excellent resource that could be more utilized by training programs. There is a need for psychoanalytic supervision to psychotherapists who do not want to become psychoanalysts, but do want to enhance their skills and insight. VCON psychoanalytic supervision can become a popular form of education.

We found that the issues of symptom reduction, exploring mental life, working on transference, relational problems, resistance, privacy

issues, countertransference, are all equally rated in the range of “slightly less effective” than in-person treatment. The highest significantly rated indications for treatment over VCON are: “To offer high quality treatment to underserved or remote patients” and “When patient is house-bound or travel would be impractical.” The highest significantly rated contraindication for treatment over VCON is “Patient needs close observation due to crisis or decompensation.”

Of course statistical findings let us know about the typical finding and is insensitive to the ideograph situation. Our finds are valuable in making general statements about how VCON teaching, supervision, and treatment compares to in-person teaching, supervision, and treatment according to the opinion of our large sample of experts. However, the most consistent comment was that the effectiveness varies widely depending on the client characteristics.

A logical next step would be to test our hypotheses with the other side of this study, that is the students, supervisees, and patients that have received the VCON services. It would also be valuable to discover which personality variables correlate with greater satisfaction with VCON services. Overall, this survey suggests that VCON teaching, supervision, and treatment from a psychodynamic perspective is a worthwhile option when considering its unique contribution to extending services where needed. There are few opportunities for many professionals who desire psychoanalytic education, supervision, and treatment in many areas of the world. The Internet can fulfill that need.

REFERENCES

- Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., et al. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services, 9*(2), 111-131.
- Bayles, M. (2012). Is physical proximity essential to the psychoanalytic process? An exploration through the lens of Skype? *Psychoanalytic Dialogues, 22*(5), 569-585. doi: 10.1080/10481885.2012.717043
- Caparrotta, L. (2013). Digital technology is here to stay and the psychoanalytic community should grapple with it. *Psychoanalytic Psychotherapy, 27*(4), 296-305. doi: 10.1080/02668734.2013.846272
- Churcher, J. (2012). On: Skype and privacy: Comment. *The International Journal of Psychoanalysis, 93*(4), 1035-1037. doi: 10.1111/j.1745-8315.2012.00610.x
- Cooke, R. M. (1991). Experts in uncertainty: Opinion and subjective probability in science. *Environmental ethics and science policy series*. New York: Oxford University Press.

- Cowart, J. R. (2010). Best practices in online instruction: Why practices work for some students and not for others. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 70(12-A), 4591.
- Dettbarn, I. (2013). "...When the distinction between imagination and reality is effaced..." (Freud): Skype, the secret sharer, and psychoanalysis. *Psyche: Zeitschrift für Psychoanalyse und ihre Anwendungen*, 67(7), 649-664.
- Donker, T., Bennett, K., Bennett, A., Mackinnon, A., van Straten, A., Cuijpers, P., et al. (2013). Internet-delivered interpersonal psychotherapy versus Internet-delivered cognitive behavioral therapy for adults with depressive symptoms: Randomized controlled noninferiority trial. *Journal of Medical Internet Research*, 15(5), 146-161. doi: 10.2196/jmir.2307
- Edirippulige, S., Levandovskaya, M., & Prishutova, A. (2013). A qualitative study of the use of Skype for psychotherapy consultations in the Ukraine. *Journal of Telemedicine and Telecare*, 19(7), 376-378.
- Fishkin, R., Fishkin, L., Leli, U., Katz, B., & Snyder, E. (2011). Psychodynamic treatment, training, and supervision using Internet-based technologies. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 39(1), 155-168. doi: 10.1521/jaap.2011.39.1.155
- Godleski, L., Darkins, A., & Peters, J. (2012). Outcomes of 98,609 U.S. Department of Veterans Affairs patients enrolled in telemental health services, 2006-2010. *Psychiatric Services*, 63(4), 383-385. doi: 10.1176/appi.ps.201100206
- Gordon, R. M. (1995). The symbolic nature of the supervisory relationship: Identification and professional growth. *Issues in Psychoanalytic Psychology*, 17(2), 154-162.
- Holmes, C., & Foster, V. (2012). A preliminary comparison study of online and face-to-face counseling: Client perceptions of three factors. *Journal of Technology in Human Services*, 30(1), 14-31. doi: 10.1080/15228835.2012.662848
- Jacobsen, C. H., & Grünbaum, L. (2011). Supervision of psychotherapy via Skype™. *Matrix: Nordisk Tidsskrift for Psykoterapi*, 28(4), 337-349.
- Johansson, R., Frederick, R. J., & Andersson, G. (2013). Using the Internet to provide psychodynamic psychotherapy. *Psychodynamic Psychiatry*, 41(4), 513-540. doi: 10.1521/pdps.2013.41.4.513
- King, V. L., Brooner, R. K., Peirce, J. M., Kolodner, K., & Kidorf, M. S. (2014). A randomized trial of Web-based videoconferencing for substance abuse counseling. *Journal of Substance Abuse Treatment*, 46(1), 36-42. doi: 10.1016/j.jsat.2013.08.009
- Lemma, A., & Caparrotta, L. (Eds.). (2013). *Psychoanalysis in the technoculture era*. London: Routledge.
- Mosleh, A., Bier, V. M., & Apostolakis, G. (1987). *Methods for the elicitation and use of expert opinion in risk assessment: Phase 1, a critical evaluation and directions for future research*. Newport Beach, CA: Pickard, Lowe and Garrick.
- Paolo, M. (2013). Psychoanalysis on the Internet: A discussion of its theoretical implications for both online and offline therapeutic technique. *Psychoanalytic Psychology*, 30(2), 281-299.
- Savin, D. M., Legha, R. K., Cordaro, A. R., Ka, S., Chak, T., Chardavoyne, J., et al. (2013). Spanning distance and culture in psychiatric education: A teleconferencing collaboration between Cambodia and the United States. *Academic Psychiatry*, 37(5), 355-359. doi: 10.1176/appi.ap.12120214

- Scharff, J. S. (2013a). "On: Skype and privacy: Comment": Reply. [Comment/Reply]. *The International Journal of Psychoanalysis*, 93(4), 1037-1039. doi: 10.1111/j.1745-8315.2012.00609.x
- Scharff, J. S. (Ed.). (2013b). *Psychoanalysis online: Mental health, teletherapy and training*. London: Karnac.
- Sucala, M., Schnur, J. B., Constantino, M. J., Miller, S. J., Brackman, E. H., & Montgomery, G. H. (2012). The therapeutic relationship in e-therapy for mental health: A systematic review. *Journal of Medical Internet Research*, 14(4), 175-187. doi: 10.2196/jmir.2084
- Tantam, D., Blackmore, C., & van Deurzen, E. (2006). eLearning and traditional "face-to-face" teaching: A comparative evaluation of methods in a psychotherapy training programme. *International Journal of Psychotherapy*, 10(2), 7-14.

Robert M. Gordon
1259 S. Cedarcrest Blvd., 325
Allentown, PA 18103
rmgordonphd@gmail.com