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**Telepsychology in France since COVID-19.
Training as key factor for telepsychology practice and
psychologists' satisfaction in online consultations**

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JEL Codes: I12, I14, I18, D91.

Keywords: telepsychology, telepresence, psychologists, teleconsultation,
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Abstract

This paper uses an original telepsychology European survey conducted by the EFPA (European Federation of Psychologists Associations) Project Group in e-Health between March 18th and May 5th, 2020, to consider online practices of psychologists. We set up evidence from France compared with other European countries. First, we observe that France is the European country where psychologists' perception of the concept of online consultations is the worse. It goes through the lowest rate of specific training concerning online consultations. Also France is the European country where psychologists have the worse experience (after Belgium) with online consultations, prior to the COVID-19 outbreak. Second, we address the issue of determinants of the teleconsultation feelings. We take advantage of this survey panel of 13 European countries that allows us to consider within-country telepractice behaviour. Our results show that a specific training is a key factor for a positive feeling with the concept of online consultation practices. In addition, telepresence (feeling of being connected with one another) and positive overall experience capture the effect of the specific training. French psychologists differ from the other European countries telepsychologists by an absence of specific training effect on the feeling with online consultation that may be explained by the lack of specific training. However, as for European psychologists, French psychologists' perception of telepractice depends on their level of telepresence and on their overall experience in telepractice.

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Introduction

Telepsychology has been defined by APA in 2013 as: "the provision of psychological services using telecommunication technologies"¹. Some guidelines have been produced in Europe^[1] and in France², but not yet in a general way.

In the COVID-19 context, teleconsultations in psychology have considerably increased, considering the compulsory social distancing rules and the psychological issues related to this sanitary crisis situation. In this context, EFPA Project Group in e-Health³ started a European survey between March 18th and May 5th, 2020 about online practices of psychologists. The online survey has been designed to assess to what extent professionals in mental healthcare were implementing online consultations during the COVID-19 pandemic, their experience with this treatment modality and their concerns. The survey has been translated in 17 languages by local researchers and professionals in the field of psychology. Quantitative analyses on the predictors of the use of online consultations are already described in the literature^[2]. The current study focused on mental healthcare professionals' perceived barriers about online consultations i.e. determinants of the negative (positive) perception of the concept of online consultation practices. We set up evidence from France compared with other European countries. We study the role of the specific teleconsultation training on a positive perception for

¹ <https://www.apa.org/practice/guidelines/telepsychology>

² <http://www.psychologues-psychologie.net/documents/covid19/22.fiche.de.recommandations.telepsychologie.29.03.2020.pdf>

³ <http://ehealth.efpa.eu/>

online consultation practices. We also assess how this specific training's effect is correlated with the overall teleconsultation experience and the telepresence for a positive perception of online consultation practices.

As we have seen, some recommendations for the use of telepsychology exist in many countries and are more and more developed since COVID-19 sanitary crisis, according to the practices increases. Researches also show that some variables are influencing the practice of telepsychology, as for the clinician than for the patient. Telepresence is an important concept to understand relational processes in telepsychology. In the cyberpsychology field, we notice though that telepresence is sometimes confused with presence ^[3].

In the telepsychology context, the feeling of telepresence concerns the quality of the relationship between the patient and the psychologist and it can be evaluated with some scales ^[4].

Studies show that telepresence would be related to emotions in videoconference ^[4]. Also, telepresence would be facilitated by the clinical framework in videoconference telepsychology ^{[5],[6]}. The feeling of telepresence also seems to predict the therapeutic alliance ^[7]. Also, the evaluation of the intersubjective qualities of the interactions online seems related to the feeling of telepresence ^{[8],[9]}.

In the EFPA questionnaire ^[2], telepresence was defined as the feeling of being connected with one another. This subjective feeling has been auto-evaluated by the psychologist.

The remainder of this paper is structured as follows. Section 2 explains the materials and methods. The empirical results are described in Section 3. Section 4 discusses a number of extensions and Section 5 concludes.

Materials and methods

1. Sample

A large international online survey about the use of telepsychology during the COVID-19 pandemic was set up. International recruitment occurred between March 18th and May 5th, 2020 through mailing lists and social media of the European Federation of Psychologists' Associations (EFPA) as well as national psychologists' associations and project collaborators from different countries. The current study relied on a subsample of participants who provided comments to be used for an in-depth quantitative analysis. European Participants were included in the current study if (1) the sample of their country contained 25 or more participants, and (2) if local collaborators of the research team were available for a culturally sensitive analysis in the native language. Participants were excluded from the qualitative analysis when they used another language than their national language(s) or English.

In our study, France is compared to Austria, Belgium, Denmark, Finland, Germany, Italy, Netherlands, Norway, Portugal, Spain, Sweden and the UK.

2. Methods

As a first step, we present the preliminary statistics. The French context is compared to thirteen other European countries whose informations are available in the survey. The main objective of our method is to situate the French specificities in the European context.

As a second step, we study the determinants impacting of psychologists' perception of online consultation experience i.e. their perception of the concept of online consultation practices. The teleconsultation's perception is studied during the first lockdown as phone teleconsultation during lockdown days and videoconference consultation during lockdown days. To do it, we use a fixed effect model to control for country specificities.

3- Results

A- Description of psychologists surveyed

In our sample, French psychologists are mostly exclusively female psychologists (90%), as in Denmark, Belgium, Netherlands, Portugal. In Germany as well as in Spain, the context is quite different with respectively 64% and 68% of female psychologists. They are young (41 years old in average), comparatively to the other European country

(49 years old in Denmark, Austria and UK whereas 40 years old in Portugal). Besides, they have less years of expertise in France (13 years) than what is observed in the sample for the other European countries (21 years in Austria and 17 years in Denmark, UK and Spain).

B- Practice framework

In France, almost half of the psychologists were self-employed. We observe that there is a huge heterogeneity between European countries on this point. In Italy, there was 78% of self-employed psychologists whereas in Netherland or Sweden, there was less than 20% (Graph 1).

[Graph 1]

In European countries, psychologists practice as self-employed but also in group practices, in healthcare organizations, in specific mental health organizations. In Norway or Finland, one third worked in a health organization.

C- Telepsychology use and training

Graph 2 displays, in percentage, the psychologists who practiced telepsychology before the sanitary crisis. Once again, we observe a huge heterogeneity between European countries on this point. Prior to the COVID-19 outbreak, the percentage of telepsychologists was respectively 58% in Spain and 54% in UK, which is much higher

than what was observed in France. On the opposite, in Belgium, only 22.5% of psychologists practiced online. In France, before the lockdown measure, the online consultations were practiced by one quarter of psychologists.

[Graph 2]

About the reasons for starting online consultations, we observe heterogeneity in the psychologists' responses depending on European countries (Graph 3). Compared to France (49%), the public health reason is a major reason for the UK, Belgium, Denmark and Finland (around 75%). Another major reason is for healthcare access (56%), except for France where the percentage is lower (40%). Reasons as « client's demand » or « income as motivation » are quoted by a quarter of respondents. France, Austria and Portugal stand out in the « open-minded to telepractice » motivation.

[Graph 3]

These observations may be explained by the specific training concerning online consultations. Graph 4 displays, in percentage, the psychologists who got a specific training concerning online consultations. Very few European countries pointed specific training out among psychologists. In Austria, Finland and UK, a specific training for over a fifth of respondents supports the online teleconsultation. In France, it was falling to fewer than one in twenty and 6.6% in Belgium.

Therefore, we observe that countries where psychologists have few experience with online consultations prior to the COVID-19 outbreak, were countries where specific training concerning online consultations was not spread to the whole community of psychologists. As a lower scale, Italy and Germany were also countries where specific training for telepsychology was not well spread over psychologists. As well, we observe that for these countries, online consultation was moderately practiced.

[Graph 4]

So far, we focused on the online consultation habit prior to the sanitary crisis. As we know, the behaviour of providers and patients has been changed by the current context. As a consequence, we have to present telepsychology practices during the lockdown where access to psychology healthcare was highly limited. In terms of online consultation, France remains the country where online consultations were less practiced than in other European countries with a percentage of 41% of “online consultation in the recent days”. This rate is particularly low regarding the average’s rate⁴ (63.3%) in European countries considered here. Phone consultations were also practiced during this quarantine period of the first Covid-19 wave. In France, three quarter of psychologists used this mode of consultation. Over the sample of European countries, the percentage of phone consultations practice by psychologists was 70%.

⁴ This rate is computed at the country level.

D- Telepsychology use and perception

Graph 5 displays, in percentage, the psychologists' perception of the concept of online consultations. Norway and Denmark, that have moderate experience of telepsychology prior to the Covid-19 sanitary crisis, are places where psychologists felt the less uncomfortable with online consultations. On the opposite, France where psychologists are quite few to practice online consultations, is the place where psychologists felt the most uncomfortable with the online consultations. The same observation can be done for Belgian psychologists.

[Graph 5]

Graph 6 exposes the motivation for not starting telepractices. There are ten motivations. For France as for the other European countries, the main reasons are "not effective as face to face" and "not equipped". However, with an average percentage of 15% and higher, France is the country where the motivation is more common than in the other European countries (around 5%). Besides, reasons as "dislike telepractices" or "do not see the added values", "clients do not want teleconsultations", or also "do not know how to use" were much more frequent in France (about 5%) than in the other European countries (in average, 3%). Note that Austria is an exception. The motivation "clients do not want teleconsultations" is one of the motivations for one tenth of the Austrian psychologists.

[Graph 6]

In addition, we observe that the level of telepresence of the psychologists (Graph 7). In France, a very low to somewhat low level of telepresence concerned 7,7% of psychologists. In European countries, this figure goes from 6.3% as in Germany to 17.5% in Sweden (16.5% in Finland). Focusing on a positive feeling of telepresence (somewhat high and very high), it concerned 76.3% French psychologists. The Swedish psychologist and the Finnish ones are the most tempered with 55%. In UK and Denmark, this percentage reached 85%. Therefore, countries where telepsychology is the most settled are not necessarily places where professionals are the most satisfied as measured by telepresence during teleconsultations. It raises the question of the adaptation of the softwares for the practice of telepsychology. On the same line, the overall experience in online consultation is badly marked in Netherland and in Sweden where telepsychology practices were spread out as well as specific training was widely done. Therefore, it raises again the question on how “cyber-tool” fits professionals and how to foster it.

[Graph 7]

E – Explaining the perception of the concept of online consultations for psychology

We here focus on two aspects: 1- the perception of the concept of online consultations within the European countries (Table 1); 2- this perception in France (Table 2). Table 1 and Table 2 display the results.

On Table 1, we assess the determinants of the teleconsultation practices' perception in Europe. The regression models are linear regressions with country fixed effects. Doing so, we control for the thirteen country dummies (with the country, France, being the omitted category). We also control personal information of psychologists, including the demographic variables, location, modality of the professional activity and the number of years in experience. In addition, we control for reasons for starting teleconsultation during the lockdown considering public health's motivation, client's demand, income motivation, healthcare access reason and to be open-minded to cyberpractice's reason.

The regression models analyse two forms of telepractice: by phone and by video. By phone as video (Table 1 - Columns 1 & 2), we show that at the European countries level, the personal information of psychologists affect in the same way the perception of the concept of teleconsultation practices: being older plays positively on the perception. Experience in telepractice capture by the number of experience's years does not impact the perception of the concept of teleconsultation practices.

We then focus on the reasons for starting telepractices during the lockdown. We find that public health, client's demand, and to be open-minded to telepractice's reasons impact by phone and by video, the perception of the concept of teleconsultation practices.

We now turn on impact of the training on this perception. The training dimension includes here both, a specific training and a telepractice before the sanitary crisis. These

two training factors play highly on the perception of the concept of teleconsultation practices.

Assessing the effect of “Feeling in practice” that includes telepresence and a feeling of positive overall experience, we get a strong positive effect on the perception of the concept of teleconsultation practices. Besides, we show that the specific training on this perception is then not significant anymore. The “feeling in practice” dimension captures the impact of the specific training. This impact is found by video as by phone.

[TABLE 1]

Focusing on French psychologists, results are displayed Table 2. The personal information of psychologists does not affect the perception of the concept of teleconsultation practices. This result is found for teleconsultation by phone as by video. If public health reason impacts the phone teleconsultation, the other factors for starting telepractices during the lockdown have no impact on the perception of the concept of teleconsultation practices. Overall, in France, the perception of the concept of online consultations is only impacted by telepractices experience before the sanitary crisis.

On Table 1 - Columns 3 & 4, we add the telepresence and the feeling in overall experience with online consult. (level). We find that the “feeling in practice” affects the perception of the French psychologists in teleconsultation practices only through the overall experience feeling of teleconsultation. The specific training does not impact this perception.

[TABLE 2]

4- Discussion

In this paper, we give an overview on online practices of psychologists with a focus on France where telepsychology where particularly less implemented than other European countries. Then, we address the issue of determinants of the teleconsultation feelings. Our results are original because they concern professionals perceptions, whereas many studies on telepsychology tend to evaluate clients' perceptions.

First results of this survey^[2] revealed an important increase in online practices for psychologists in Europe and a sudden acceleration in France, but also a general lack of training in telepsychology before starting this practice. However, this survey reveals high variability between European countries. In countries like France, psychologists started an online practice in difficult conditions during the first lockdown in 2020: they had neither previous experience nor training in telepsychology. It raises questions about the guarantee of a clinical and ethical framework in these conditions and the improvement of these essential terms in the future.

According to APA Guidelines for Telepsychology: "Psychologists who provide telepsychology services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients". These are certainly ways to explore to reinforce the telepsychology

framework in France, including a reflection about technological framework's adaptations.

In France, teleconsultation practices are supervised by HAS and remote medical acts are supported by healthcare. In the present context and considering teleconsultations increase in psychology, issues related to the terminology, methodology and deontology of telepsychology are essentials. Our results help to promote reflection amongst professional federations such as EFPA or FFPP5 and build a solid telepsychology framework.

Most of all, the present study results highlights the role of "feeling in practice" for a good perception of teleconsultation on phone as on video. The feeling in practice is approached by the telepresence and an overall positive feeling in telepractice. These results tend to confirm that telepresence level is a good indicator of the perception of the telepsychology session ^[4], ^[8]. In addition, we show that the specific training effect is captured by this feeling in practice. This result makes evidence of a correlation between the teleconsultation training and the feeling in practice to explain the perception of teleconsultation. It suggests that an appropriate teleconsultation training has to lead to improve the telepresence and the overall feeling in teleconsultation practice.

Results are quite similar for the French case except for the specific training. It is important to recall that, compared to other European countries, France is the country

⁵ <https://ffpp.net/de-la-cyberpsychologie-a-la-teleconsultation/>

where telepsychology was not developed before the sanitary crisis. Therefore, most of the psychologist had to start their practice without appropriate training. It raises the question on how an appropriate training on teleconsultation may impact the French psychologist perception when they declare themselves as the most uncomfortable with teleconsultation concept compared with the other European countries?

Conclusion

We set up evidence from France compared with other European countries. First, we observe that France is the European country where psychologists' feeling in the concept of online is the worse. It goes through the lowest rate of specific training concerning online consultations. Also, France is the European country where psychologists have the worse experience (after Belgium) with online consultations, prior to the COVID-19 outbreak. Second, we address the issue of determinants of the perception of the concept of online consultation practices, by phone and by video. We take advantage of this survey panel of 13 European countries that allows us to consider within-country telepractice behaviour. We get that feeling in practice namely _ telepresence (feeling of being connected with one another) and positive overall experience _ are what really matters. This "feeling in practice" dimension captures the effect of the specific training. French psychologists differ from the European countries telepsychologists by an absence of specific training effect that may be explained by the lag in teleconsultation switch

compared to the other European countries. Indeed, it occurred in France because of the sanitary crisis, under constraint. However, as for European psychologists, French psychologists' perception of video telepractice depends on their telepresence's level and on their overall experience in telepractice.

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