ADVANCES OF INFORMATION TECHNOLOGY IN COMMUNICATION WITH ADOLESCENT PATIENTS

5thDAAD SummerSchoolinBar, Montenegro 28 Aug – 1 Sep 2013

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Abstract: 21.century is rapidly becoming an era of educated consumers/patients utilizing the most up-to-date technology to assume control over their health care. The computer will change the patient too. He is coming now with more and better information to the doctor. Adolescent patients particularly are fond of IT communication. On-line counseling becomes the health care environment of tomorrow. New definitions of quality therapeutic relationships occur.

Crucial question: Face-to-face counseling vs on-line counseling?

- Practical issues
- Ethical issues
- Legal issues

Practical Issues

- Importance of face to face communication
- Maintaining confidentiality
- Environment for relieving the worries
- Good assessment of the patient (needs, possibilities, requirements, health state)
- Comfort of on-line counseling for adolescents
- Maintaining confidentiality
- Environment for relieving the worries (facebook users)
- Mutual computer literacy
- Good assessment of the patient

On-line counseling-practical issues

- Is videoconferencing practical for counseling? Can it imitate face to face communication?

- Could you notice changes in the voice while "talking"?

- Effective for clinical work?

- Video, text, telephone, e-communication-which of these means offers the best assessment of the patient?

Adolescents' preferenceIthas also been shown that users' gender may be related to satisfaction with using a computer application; Males are more often proficient with computers than females. Compared to girls, boys' technology usage decisions are usually more strongly influenced by their perceptions of usefulness, and in contrast, females are more strongly influenced by perceptions of ease of use. However, gender don't affect the process of IT acceptance. By contrast, other researchers suggest that females showed a more positive attitude towards computers that did their male peers. Factors of responsibility, privacy protection and data security may also impact the acceptance and use of IT.

IT is felt to be useful when it streamlines counseling processes, makes procedures more accurate and reduces the risk of human error. On the other hand, HC professionals may experience that the use of technical equipment increases stress and decreases autonomy. However, if the functionality and usability of the application are felt to be good, IT will increase staff members' job satisfaction by decreasing the workload and making personal development possible.

Internet On-Line Counseling requirements

Mental health counselors, particularly for adolescents, engaged in delivery of services that involves the telephone, teleconferencing and the Internet in which these areas are generally recognized, still have no standards for preparatory training

New skill set for the HC professionals are designed:

Methods of clear communication (compensating for absent verbal and visual effects); framework that is structured, yet flexible; process that allows validation of the results

A) Confidentiality: Professional counselors inform clients of the limitations of confidentiality and identify predictable situations in which confidentiality must be breached in light of the law.

Mental health counselors shall become aware of the means for reporting and protecting suicidal clients in their local social services. Mental health counselors shall become aware of the means for reporting homicidal clients in the client's jurisdiction.

B) Mental Health Counselor Identification Mental health counselors provide a readily visible notice advising patients of the identities of all professional counselor(s) who will have access to the information transmitted by the client.

C) Client Identification Professional counselors identify clients, verify identities of clients, age of the patient and obtain alternative methods of contacting clients in emergency situations.

D) Electronic Transfer of Client Information: Mental health counselors electronically transfer client confidential information to authorized third-party recipients only when both the professional counselor and the authorized recipient have "secure" transfer and acceptance communication capabilities; the recipient is able to effectively protect the confidentiality of the client's confidential information to be transferred; and the informed written consent of the parent/guardian of the under-aged patient, acknowledging the limits of confidentiality, has been obtained.

Communication via electronic means such as facsimile and email isincreasingly common and often offers significant advances over the traditional letter or telephone call especially in communication with adolescents.

However, each mode of transmission carries its own risks to confidentiality that are inherent in the mechanics of the mode. For example, emails are much more easily sent irreversibly to one or many wrong recipients than conventional letters ever were. Psychiatrists using such means of communication must take all reasonable steps to minimize such breaches

Another, psychiatrists should, when sending a fax, assure themselves that the receiving machine is in a secure location. When using email they should take extraordinary care if choosing to 'Reply to All' when responding to patient correspondence.

Summary

It can conclude in light of earlier studies that acceptance and use of IT in mental health care considering adolescents, are related to the individual, technology and organizational factors. The better organizational operations, human activity and technology fit with each other, the greater is the potential of IT and the more confident is the acceptance of the application among the young users.

A number of individual factors are related to IT acceptance and use. These factors include attitudes toward IT, subsuming motivation to use computers, satisfaction with IT and experienced benefits of IT use. In addition, individual factors include computer competencies and skills, frequency of computer use, users' educational level, users' age and gender.

Conclusion

Technology-mediated psychotherapy provision has the potential to overcome many of the barriers to care associated with more traditional face-to-face interventions.

Data suggest that good treatment effects may not be dependent on a patient and therapist being co-located. However, the limited amount of evidence that is available and the restricted number of studies as yet prevents any definitive conclusions from being drawn. Future research priorities should include overcoming the methodological shortcomings of published work by conducting large-scale trials that incorporate both clinical outcome and more process-orientated measures.

Comparison of remote psychotherapy with more conventional face-to-face methods could be done by quantifying levels of patient and therapist satisfaction, and examining the quality of the care provided.

What is your opinion about the on-line counseling the adolescents?

Could it work better than face to face communication with adolescents as very specific group of patients?

Could this type of communication achieve better adherence to the therapy? Is it more "fancy"?

Discussion

Are there Guidelines for ethics in communication with patients' users of Mental Health Services?

Are social and health care providers trained for acquiring communication skills in their routine practice?

Is it necessary to change or to improve curricula in pre-service training regarding communication?

At what level is the confidentiality achieved while providing MH services?

Do the social and health care providers take some actions in reducing stigma?

Should information technology achievements be implemented in counselling the adolescents?

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