

# ONLINE PSYCHOTHERAPY CASE PRESENTATION

Presentation by  
Dr. Zoya Zuhaib

## Identifying data:

Miss X ,

24 years female client

Currently perceiving her MBA from New Delhi

Coming from a nuclear family,

residing in New Delhi,

self referred for online psychotherapy

Chief complaints being :

“FEELING LOW” SINCE 9 MONTHS

- ▶ Her difficulties began about 9 months back following the ending of a 3 year relationship with a man that she had hoped to marry .
- ▶ She reports that she has “**never felt this badly**” ever before and she doesn't know if she will recover.
- ▶ Her current symptoms include **low mood** most of the day
- ▶ **Decreased interest** in most activities that she once enjoyed,
- ▶ **Disturbed sleep,**
- ▶ **Reduced appetite** and **weight loss** of about 4-5 kgs over past 9 months ,
- ▶ Decreased interest in her appearance **and feeling of worthlessness and reduced energy.**
- ▶ She also reports that her symptoms are making it **very difficult for her to function adequately** in school and **considering dropping her classes.**

- ▶ She was **moody** and had become **pessimistic** in her outlook towards **life**
- ▶ She even reports feeling of “**not wanting to live**” but denies any active suicidal ideation.
- ▶ After the onset of her symptoms she consulted a psychiatrist who started her on medication but she stopped all her medication within 10 days due to GI side effects.
- ▶ She is progressively **becoming despondent** and wondering what other options are available.
- ▶ Her decision to start **online counselling** was prompted by the fact that the upcoming weekend was the anniversary of their first date .
- ▶ She **reports feeling overwhelmed with grief** and doesn't know if she will ever find another relationship like this one again.
- ▶ She **denied** having any history suggestive hallucinations, pressured sleep, tall claims, easy distractibility, excessive irritability, repetitive thoughts/ images or compulsive rituals . She also denies a history of significant trauma or abuse

## **Past history:**

Illnesses: Occasional migraine takes analgesics(self)

Hospitalizations: None

Surgeries: None

Allergies: No known drug allergies

**Past Psy h/o:** Nil

## Family Psychiatric and Medical History:

Paternal grandfather **abused alcohol**

Paternal **grandmother suffered from depression**

She doesn't believe there is any psychiatric problems in mother's family, but she is unsure

**Sister also has anxiety**, takes paroxetine

Reports both parents are generally healthy, although mother is overweight and was recently told she was "pre-diabetic".

Siblings (1 sister, age 28, 2 brothers, ages 26 and 22, are all healthy)


## Social history:


- ▶ Born in Mumbai
- ▶ 3rd of 4 children with 1 elder sister, an elder brother and one younger brother.
- ▶ She describes **her relationship with her parents as warm**, and reports that she is particularly close to her mother.
- ▶ She used to enjoy going to church when she was young, but as she got older found it less meaningful and now rarely attends.
- ▶ **She is uncomfortable around people she doesn't know well**, and would rather stay home.



- ▶ She reports she remembers little about her early childhood, but does not believe that there was anything remarkable about it.
- ▶ She “did okay” in elementary school, and was particularly close to one friend.
- ▶ Her difficulties first began in middle school when her family moved from Mumbai to Delhi and she felt “out of place” in her new school.
- ▶ She reports that she was extremely shy and hated to be called on in class though she managed to score first class in her exams
- ▶ Completed her Bachelor studies and currently perceiving her Masters.

- ▶ She rarely dated until three years ago when she met her boyfriend who was her senior at school. He is also the first (and only) man with whom she had been sexually active.
- ▶ The relationship ended 9 months ago after he decided he was not ready to get married and wanted to “see other people.”
- ▶ Since then she has been uninterested in dating anyone else.
- ▶ She states that she wants to have another relationship, but she doesn't believe if that is really possible, and she can't see making herself vulnerable again.

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- ▶ Currently she lives at home with her parents and her youngest brother (age 22).
  - ▶ In the past she enjoyed reading, surfing the internet, and spending time gardening and taking care of her pets (2 cats and 1 dog).
  - ▶ Now she is uninterested in hobbies.
  - ▶ She has one friend at school that she sometimes goes out with, but she hasn't been seeing her lately.  
She reports her family is supportive.
  - ▶ She denies use of alcohol, illicit drugs, or tobacco products

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- ▶ She approached us for online Psychotherapy
  - ▶ Which was started as per her convenience about once a week ,
  - ▶ She gradually started showing positive results after 3 session and her improvement seemed to be satisfactory.
  - ▶ She seemed to motivated and her confidence started improving.
  - ▶ But suddenly there was a change seen in the pattern where in she was postponing the session, missed the 5<sup>th</sup> session
  - ▶ On 6<sup>th</sup> session she again started complaining of loosing her self esteem, not wanting to live, pessimistic thoughts and suicidal ideation and progressively towards the session, she was getting non co-operative for the interview, starts claiming suicidal ideation and leaves the session incomplete, and disconnect herself, deletes her account and identity, and leave no way to contact her.

Thank you



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# Online Psychotherapy

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By- **Dr. Suchita Goyal**

# Definition

- Mallen and Vogel (2005) provided a comprehensive definition of online counselling, “any delivery of mental and behavioural health services, including but not limited to therapy, consultation, and psych education, by a licensed practitioner to a client in a non-face-to-face setting through distance communication technologies such as the telephone, asynchronous e-mail, synchronous chat, and videoconferencing.



- several terms used for online counselling includes online or Internet therapy, e-counselling, e-therapy ,cyber therapy, e-mail therapy, web counselling , Internet counselling, cyber counselling, synchronous single-session counselling, and therapy-e-mail.





# VARIOUS FORM OF TELE-PSYCHOTHERAPY

- Synchronous v/s Asynchronous internet mediated therapy
  - Text /sensory internet mediated therapy
  - Imaginary mediated internet therapy
  - Automated/Interpersonal mediated internet therapy.
- Above all, synchronous (chat and video conferencing) and more popularly asynchronous (e-mail) communication have been used by clients.



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# ADVANTAGE:

- **Client-related**
  - Potential for **increased accessibility** to mental health services. (Sussman, 2004)
  - Online counselling may also be a **constructive and therapeutic modality** for those clients who have socially phobic. (Lange, Van de Ven & Schrieken, 2003)
  - Being an “invisible” client can help individuals to **reduce or eliminate** the stigma related in seeking mental health services. (Suler, 2000).
  - Individuals to **access therapists comfortably** from their home or even office. (Bailey, Yager, & Jensen, 2002).
  - The act of **writing itself** can be **therapeutic**. (Walker 2007)
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- **Therapists related**

- Therapists have **more flexibility** in their work schedules as the hassles.
  - Family therapists may be able to **engage absent family** members in family therapy with the use of computer-mediated communication.
  - **Convenient service** whereby it can be provided at any time of the day
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- For Both Client and Therapist
  - Asynchronous- Time delay allows both counsellor and client to have sufficient time to compose a thought or question that precisely reflects their concern and issue – both presenting and real issues.
  - Lasting and concrete record (accountability) of counselling sessions whereby it can Provides many benefits to both clients and therapists as a reminder of things they had expressed previously.
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# DISADVANTAGE:

- Identity issue
  - The lack of physical presence within human communication may decrease the sense of intimacy, trust, and commitment in the therapeutic relationship. (dehumanisation)
  - Absence of visual and vocal cues, such as facial expressions, body language and voice tone can result in a greater potential for miscommunication.
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- **Crucial emotions** such as sighs, frustrated emotions, terseness, irritation, to name a few, **may be lost** in the process of the e-mail transaction. (Peterson and Beck (2003))
  - **Misinterpret aspects of e-mail** communications might happen on hypersensitive individuals who are prone to alteration of facts and events.
  - **Inconsistencies in feeling**, thinking and behaviour are significant cues and can be a good indicator of possible mental diagnoses.
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# ETHICAL & LEGAL CONSIDERATION :

- Online counselling services can provide challenges regarding to client identification. (anyone can lie about their information such as age, gender, and situation, identity authentication can be an issue when working online)
  - Consent and competency of client for psychotherapy.
  - Culture or a language barrier exists in the helping process it can result competence issues.
  - Threats to confidentiality occur at two levels in which during transmission and at the end of the session. (Recupero & Rainey, 2005).
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- Possibility where other persons may have access to the client's e-mail, such as employers or family members and at the same time, client e-mail may be accessible to the therapist's office staffs.
  - Challenges related to Jurisdiction: different legal requirements regarding the disclosure of therapeutic exchange. (Kanani & Regehr, 2003).
  - Lack of knowledge about client's cultural issues may limit counsellor credibility and eventually will lead to inappropriate counselling interventions. (Sampson, Kolodinsky & Greeno, 1997).
  - Harder to access and to intervene in an emergency via online counselling.
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- Crucial for counsellors to inform clients of the standard **limits to confidentiality** for example child abuse and suicidal ideation, and the threats to confidentiality regarding to transmission of information through electronic, as well as the procedures being used to protect confidentiality.
  - Some therapists may not have high level of technological knowledge (**lack of formal training**) of computers that is requisite for online counselling and some practitioners may not have had specific training in text-based psychotherapeutic.
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# CONCLUSION

- Internet interventions are effective when provided in regular clinical settings.
  - Clinical guidelines need to be developed.
  - Limited empirical evidence with respect to the efficacy of online counseling.
  - Virtual relationship should be treated with highest ethical professionalism.
  - online counselling websites should disclose topics that are not appropriate for online counselling, such as sexual abuse and violent relationships.
  - online counselling websites should have notices for individuals who have suicidal ideation with information about hotlines, crisis centres and emergency departments of hospitals.
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# Reference

- Poh Li L, Jaladin RA, Abdullah HS. Understanding the two sides of online counseling and their ethical and legal ramifications. *Procedia-Social and Behavioral Sciences*. 2013 Nov 26;103:1243-51.
  - Andersson G, Titov N. Advantages and limitations of Internet-based interventions for common mental disorders. *World Psychiatry*. 2014 Feb 1;13(1):4-11.
  - Satalkar P, Shrivastava S, Sousa AD. Internet-mediated psychotherapy: Are we ready for the ethical challenges. 2015
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THANK YOU 😊

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# *CASE 2*

*Dr. Alkesh Patil*




Ms. Y,

- 21 years female ,Student, Muslim, single, Residing at South Mumbai presented with complaints of
- Sadness of mood
- Decreased interest in previously pleasurable activities,
- Decreased sleep
- Fearfulness and palpitations

\*3 months

# *History of present illness*

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- 9 months back she met a boy on social media and started chatting with him.
  - Gradually they exchanged their numbers and began messaging and calling frequently.
  - Finally they met each other and developed strong physical attraction towards each other.
  - Eventually they had physical relations with mutual consent.
  - The boy ended up clicking a few candid pictures of there private moments with her consent.
  - After few months due to some interpersonal issues she had to break off with the boy.
  - But the boy was persistent on continuing the relationship.
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- He started threatening her that he will defame her by uploading the photographs they had clicked on social media and other internet sites.
  - She got scared and started getting fearful about what will happen if he does what he said.
  - Her sleep reduced , as she used to get up in the middle of night with a chocking sensation and would start checking the phone at night.
  - 3 months back one of her friends told her that her private video with the boy was being circulated on a porn site and social media.
  - She got frightened and informed her parents about the incidence, but they did not support her and in turn blamed her for all the things.
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- She started having sadness of mood, reduced social interaction, would remain withdrawn, reduced interest in previously pleasurable things, crying spells, suicidal ideas and also stopped going to college.
  - Whenever used to think about the incident used to get ghabrahat, palpitation, associated with shivering and sweating of palms and soles.
  - She would get irritable over minor issues and take out her anger by breaking household things like mobile, TV remote control etc.
  - No h/o Psychotic, Maniac or OC features
  - past history: not significant
  - family history: not significant.
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## **Mental Status Examination:**

patient was looking in her twenties, appropriately dressed, well kempt, sitting restless in chair, fidgety, got tearful during the interview

ETEC :initiated but not maintained

Attention : aroused and sustained

Rappo established with difficulty

mood : Sad

affect : appropriate to the mood conveyed, dysphoric.

Speech : continuous coherent relevant, reduced volume, tone.

Ideas of hopelessness, helplessness and worthlessness, Feeling of guilt+, self blaming and passive death wishes+.

Higher mental functions: intact

insight : grade iii

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# *TREATMENT*



- Patient and family was psycho-educated about the illness
- Started on escitalopram 5 mg and gradually increased upto 20 mg.
- clonazepam started 0.25 mg twice a day and sos.
- Simultaneously CBT was started for the patient, twice a week sessions.
- after about 4 weeks of treatment patient improved about 60 %
- currently patient is well maintained on escitalopram 20 mg and going to her college.

# *comments*

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- This case demonstrates the changing nature of the stressful factors, like social media, which has become the new vehicle of emotional blackmailing.
  - The patients symptoms were in direct response to the stress she faced via the social media
  - Apart from only medically treating such patients it would be worthwhile also to consider regulations and education especially to younger generation about the risks and dangers in uncontrolled social media exposure.
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# REVENGE PORNOGRAPHY



Dr. Priyanka Mahajan

# REVENGE PORN?????


**Revenge pornography**, or **revenge porn** (informal), is the sexually explicit portrayal of one or more people that is distributed without their consent via any medium.

Form of Cyber-harrasment/ cyber-stalking.

# NONCONSENSUAL PORN V/S REVENGE PORN

- The distinction is one of motive, not effect.
- Revenge porn is often intended to harass the victim,
- while any image that is circulated without the agreement of the subject is nonconsensual porn.

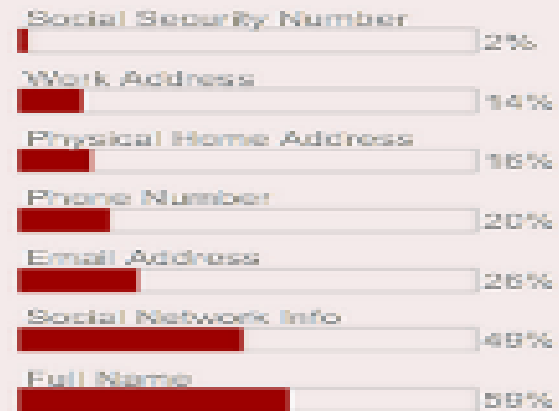
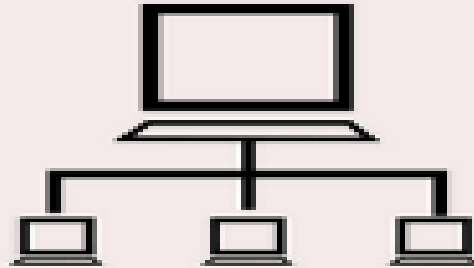


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- The photographs and videos are often taken and voluntarily given to another individual in the context of an intimate relationship.
  - Revenge pornography may be done after a relationship has ended.
  - An anonymous stalker or hacker may unlawfully gain access to a victim's intimate photographs.
  - Some individuals participate in the distribution of explicit content to earn a profit.
  - Others are motivated by notoriety or entertainment.

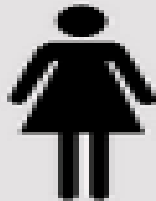
- Today, revenge pornography is featured on as many as 3000 websites.
- With almost more than 3.3 billion Internet users, the potential audience for revenge pornography is unnerving.
- To the billions of people that do not personally know you, and to even some who do know you, “You are what Google says you are.”
- It is extremely challenging, if even possible, to completely eliminate explicit photographs or videos once they have been electronically released.

## INFORMATION POSTED WITH REVENGE PORN

In addition to explicit images, perpetrators post other identifying information to revenge porn sites, resulting in harassment of victims.



## VICTIMS OF REVENGE PORN



**90%**

90 percent of revenge porn victims are women.



**93%**

93 percent said they have suffered significant emotional distress due to being a victim.



**49%**


49 percent said they have been harassed or stalked online by users who saw their material.

# WHY IS IT IMPORTANT TO THE PSYCHIATRIST?

- can result in lifelong mental health consequences for victims,
- damaged relationships,
- and social isolation.
- The mental distress includes anger, guilt, paranoia, depression, or even suicide.
- Humiliation, powerlessness, and permanence leave victims engaged in a lifelong battle to preserve their integrity.
- Consequently, victims of revenge pornography suffer from similar enduring mental health effects as described by victims of child pornography, such as depression, withdrawal, low self-esteem, and feelings of worthlessness.

# LEGISLATION RELATED TO REVENGE PORNOGRAPHY

- Police usually book people under sections 67 and 67A of the IT Act in these cases.
- Sections 67 and 67A of the IT Act are against the publishing and circulation of what the act calls 'obscene' content.
- "Section 67A extends the law to a person "who publishes or transmits images containing a sexual explicit act or conduct", the jail term is minimum 3 years and the penalty of 5-10 lakhs.
- However, since the sections aim more towards controlling the spread of pornography, the victim can also be booked under the law.

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- So, technically, if you have sent a nude picture or sexually explicit video to someone, you stand the risk of being booked alongside the offender who has shared it without your consent.
  - Because the section of the IT Act indicate that you are not legally in the clear if you 'transmit' any such content—the medium could be a Facebook message, WhatsApp or an email that you shared with your partner.
  - Another section of the Act that is frequently used in these cases is 66E, which is against the publishing of private images of a person without his or her consent.

# WE NEED TO INFORM THE VICTIM..

- One good thing in cases of revenge porn is the victim doesn't have to be present at the police station to lodge a complaint.
- Someone else can do it on his/her behalf,“.
- But there is no provision that makes it mandatory that a woman's complaint is heard and lodged by a female police officer. "You can request to be directed to a female officer and say you're uncomfortable talking to a male officer if you're a woman, but there is no official directive on this,"

# SAD SITUATION IS:

- There is no conclusive data on the number of such crimes in India till date.
- The number of obscene content circulated on the internet has increased drastically in the last few years.
- A lot of cases go under reported due to the sensitivity of the matter and minimal support from the families and friends.







Master XYZ, 14 yrs old boy studying in 9<sup>th</sup> std, staying in a nuclear family, elder of the two siblings, residing in Kandivali (W) came with

c/o

Pervasive Sadness of mood since 1 month

Decreased interest in going to school

Suicidal thoughts since 1 month

- The patient was apparently alright 4 months back when after the transfer of patients father to Mumbai, his entire family shifted to Mumbai. He took admission in a convent school in his neighbourhood.
- In school he tried to interact with other classmates, but since he had difficulty in speaking english language, other classmates did not interact much with him.
- He joined their WhatsApp group of the batch. In that group he used to reply to certain conversations in hindi, other students in the group started making fun of his english. On Facebook as well, on his photos and posts there used to be negative comments from his fellow batchmates.
- Then at school he started remaining withdrawn and limited his interaction with other batchmates. The online bullying did not stop and this continued for 3 months. His academic performances also started deteriorating.

- Gradually the patient started having pervasive sadness of mood. He would remain low and withdrawn most of the time.
- He stopped going to school for last 1 month.
- He had decreased motivation to do anything. He would sit at home and would not go out to play as well.
- At home also he had limited interaction with his parents.
- He had thoughts of worthlessness, helplessness, hopelessness present.
- At times, he even had suicidal thoughts present.
- He would have ghabrahat and restlessness whenever his parents asked him to go to school or to go out and play with other children.

- The patients sleep had decreased in last one month. He had difficulty in initiating and maintaining sleep. Intermittent awakening was there and at times there were nightmares as well.
- The patients appetite had decreased. According to the parents he had lost weight in last few months.
- No h/o of any Psychotic or any OC features.
- No h/o of any substance abuse.
- Premorbidly, he was socially adjustable and fun loving boy and he was good in his academic and had scored 76% in 8<sup>th</sup> std.
- Family history was insignificant.

On MSE,

- patient was moderately built, looked his stated age, well kempt.
- He was calm and co-operative and oriented to time, place and person.
- His PMA was normal.
- In his speech, his tone was low and reduced output and his reaction time was increased. He was answering in single word most of the time.
- His mood was sad and affect was congruent to his mood and restricted.
- Thought of worthlessness, helplessness and hopelessness and suicidal thoughts were present.
- No perceptual abnormalities were present.
- Judgement was impaired.
- Insight was grade 1.

## TREATMENT

1. Pharmacological. The patient was prescribed with Ta. Escitalopram 5mg twice a day and Tab. Clonazepam 0.25mg twice a day.
2. Non-Pharmacological.
  - Psycho-education of the relatives was done.
  - School was informed about the incident and they were told to intervene.
  - Self esteem enhancement was done.
  - CBT was done.





**KEEP  
CALM  
AND  
Stop Cyber  
Bullying!**

**THANK YOU**



# Cyber Bullying

Dr. Avinash.S

# Definition

- ▶ Bullying - aggressive behaviour/ intentional harm-doing by peers
- ▶ carried out repeatedly
- ▶ involves an imbalance of power between the victim and the bully. (Olweus,1993)
- ▶ If done through use of electronic means - Cyber Bullying
- ▶ Cyberbullying - 'sending or posting harmful or cruel text or images using the Internet or other digital communication devices' (Willard, 2004)



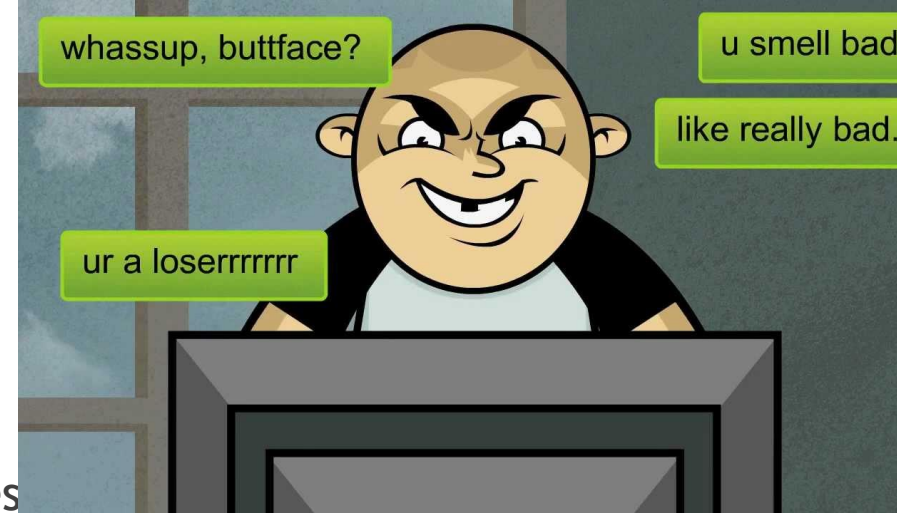
# Prevalence

- ▶ Noret and Rivers (2006) surveyed 11,000 English pupils from 2002 to 2005; nearly 6% in 2002 & 2003
- ▶ rose to 7% or more in 2004 & 2005.
  
- ▶ NCH (2005) surveyed 770 young people aged 11 to 19 yrs; 20% reported ever having been cyberbullied
- ▶ 28% of victims told no one they had been bullied.
  
- ▶ Tokunaga (2010) - a review of literature of US studies found the prevalence about 20-40% of all youths have experienced cyberbullying



# Gender differences

- ▶ Boys - slightly more frequently bullies, only significant for text message bullying (Slonje, 2008)
- ▶ No gender difference was found in relation to victimization, males were more likely to be cyberbullies (Li,2005)
- ▶ Female cyberbullying victims are more inclined to inform adults about the incidents (Li,2005; Noret,2006)



# McAfee's latest Tweens, Teens & Technology 2014 report

- ▶ 52% of India's youth access their social media accounts while at school,
- ▶ Tweens 57% more connected during school hours than teens (47%).

Even though the minimum age to register to on social networking sites is 13, 10-12 year olds report higher daily access.

- ▶ 50% of the youth in India have had some experience with cyber-bullying
- ▶ 36% youth have faced cyberbullying themselves
- ▶ 46% responded it was due to appearance ; 45% - intelligence level; 40% - religion/race
- ▶ 46% said the victims deleted their social media accounts and 42% said the victims became less social



- ▶ Majority of the students who were cyber-bullied or knew someone being cyber-bullied chose to be quiet rather than to inform adults.
- ▶ About one-third do not think that adults in schools tried to stop cyberbullying when they knew it. (Li,2005)
- ▶ 46% say their parents have had a conversation with them about online safety.
- ▶ Others say their parents simply don't care (52%).(McAfee 2014)



# How is it different from Bullying?

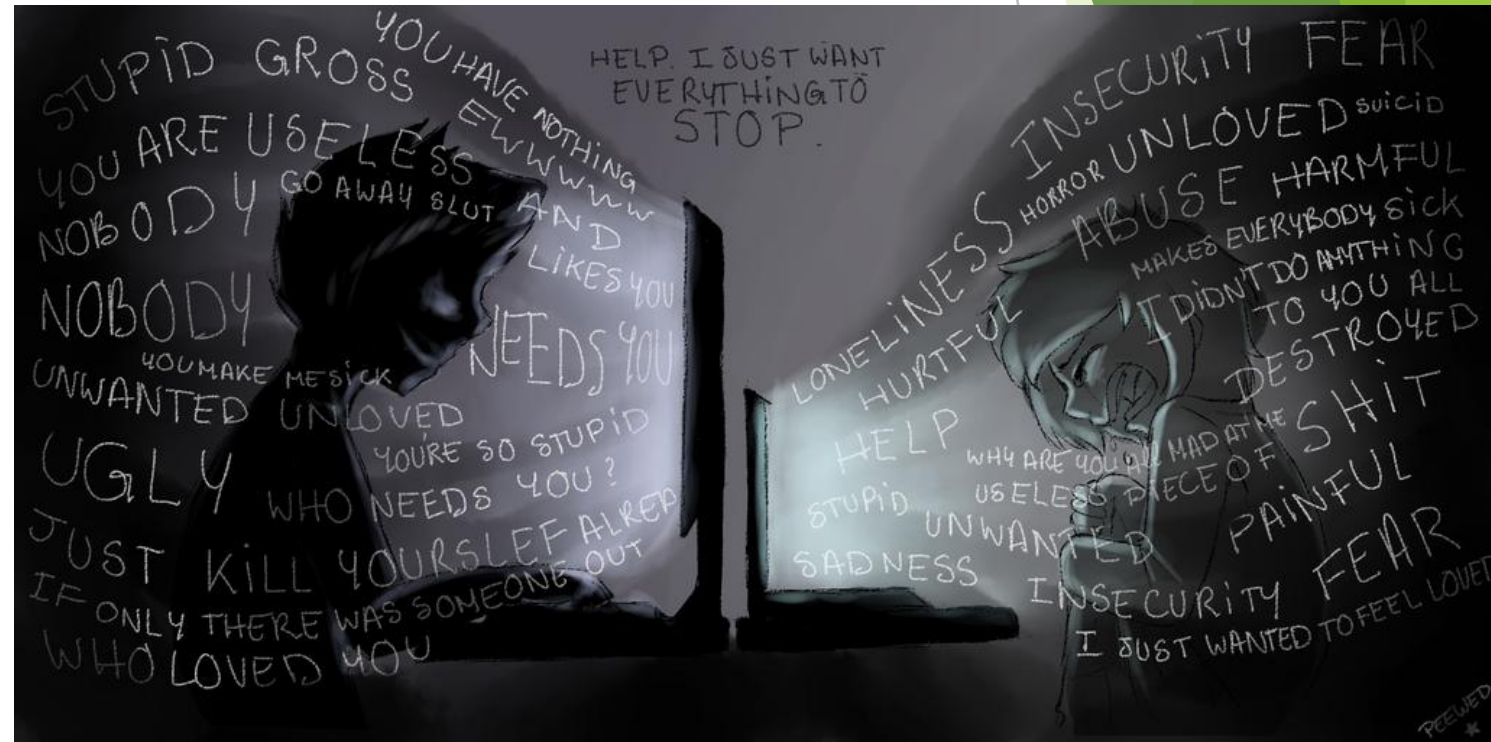
- ▶ Can be done anonymously.
- ▶ Occurs off school property too and can happen 24/7
- ▶ Interactive world away from adult knowledge and supervision and remain undetected.
- ▶ No tangible feedback about hurtfulness of actions
- ▶ Wide audience with devastating speed.
- ▶ The difficult detection of cyber-bullying due to a lack of awareness.  
Few teachers are aware that students are in fact being harassed through electronic communication but peers are.
- ▶ Can aggress against authority  
Happens to teachers





# Impact

- ▶ Significant emotional harm
- ▶ Range of impacts:
  - ▶ Depression
  - ▶ Anxiety, worry, self-blame
  - ▶ Social withdrawal
  - ▶ Low self-esteem
  - ▶ Physiological complaints
  - ▶ Problems concentrating
  - ▶ School failure, school avoidance
  - ▶ In extreme cases suicide or violence



(Nixon 2014)

# Legal implications



- ▶ **IT act 2000 - Section 66A** : any information that is grossly offensive or has a menacing character; or any false information, for the purpose of causing annoyance, inconvenience, danger, obstruction
- ▶ Punishable with imprisonment - three years and fine.
- ▶ On 24<sup>th</sup> March 2015, SC - 66A is unconstitutional
- ▶ Govt still not yet replaced section 66A



- ▶ **Section 499,500** in IPC : Defamation can be filed under either criminal law or civil law or Cyber Crime Law, together or in sequence  
The punishment two years or with fine or with both
- ▶ **Section 72 IT act 2000** : Penalty for breach of confidentiality and privacy.  
Imprisonment - two years, or with fine - one lakh rupees, or with both.
- ▶ **Section 354D**: Stalking  
Imprisonment up to three years on first conviction and on second to five yrs
- ▶ Others : **509 IPC,IT act 67A**

# What else can be done?

## School

- ▶ Anti Bullying Interventions to include Online cyber bullying  
Eg- Student small group discussion on impact/consequences of cyberbullying/being cyber bullied, Lawyer to discuss possible legal consequences
- ▶ For Victims: Support, Counselling, Skill Building, Self-Esteem Enhancement, Proper psychiatric treatment.
- ▶ Message to victims: No one deserves to be bullied and we're going to try to stop it
- ▶ For Bullies(if Known) : Anger Management, Empathy Building, Message to them: Behaviour is inappropriate, won't be tolerated.

# Parents

- ▶ Proper Communication with children
- ▶ Not restricting internet use in fear but instead educating children about the cyber bullying
- ▶ Making a comfortable environment for the child to come to the parents if any cyberbullying is experience
- ▶ Empower the child with knowledge how to prevent & respond, & to discourage bullies from engaging in such activities



## Psychiatrists

- ▶ Treat any psychiatric issues developed by the child through appropriate medications or therapy
- ▶ Help the school and the parent to create a comfortable environment for the child and prevent the cyberbullying



**Thank You**

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, layered effect against the white background.