

**Shrink Rap Radio #287, July 4, 2008, e-Psychotherapy with Ofer Zur, PhD
David Van Nuys, Ph.D., aka “Dr. Dave” interviews Ofer Zur, PhD
(transcribed from www.ShrinkRapRadio.com by Catie Morrison)**

Introduction: My guest today is Dr. Ofer Zur, a licensed psychologist and forensic consultant, practising in Sebastapol, California. He’s the director of the Zur Institute, which offers over 130 online courses, including 5 courses for Shrink Rap Radio. Today we’ll be discussing psychotherapy conducted via such non-traditional means as email, phone and Skype. You can find out more information about Dr. Zur’s background by going to our show notes at ShrinkRapRadio.com. Now, here’s the interview.

Dr. Dave: Dr. Ofer Zur, welcome back to Shrink Rap Radio!

Dr. Ofer Zur: Thank you, Dave, for having me back with you on Shrink Rap Radio.

Dr. Dave: Well, last time you were here, we spoke about PTSD and trauma, and today we’re going to discuss something else that you’ve written about as “tele-health”, which I’m referring to here as “virtual therapy”. Is that OK? (laughs)

Dr. Ofer Zur: (laughs) Er - no, it isn’t OK, because virtual reality or virtual therapy is only one aspect of tele-health, but I think writing in most general terms digital or internet-based or non-face-to-face will be more better than virtual.

Dr. Dave: Yeah, I saw an article you wrote, and saw that it’s been called tele-mental-health (which is kind of a mouthful), tele-psychology, e-counselling, e-psychotherapy, tele-psychiatry, internet-based-psychotherapy, tele-analysis, and other similar names.

Dr. Ofer Zur: You’ve got the list very well! (laughs) You’re right, it’s called all sorts of names.

Dr. Dave: OK, well now you can add “virtual psychotherapy” to the list. (laughs)

Dr. Ofer Zur: OK, I’ll definitely do that, before we end this interview my web lady will upload it.

Dr. Dave: OK. Now, a couple of things aroused my interest in this topic, or perhaps I should say trend. I dunno – maybe we’ll call it a trend later. I think it’s probably been a couple of years now, at least, that I’ve wanted to talk to somebody who knew something about this topic, because I would go to websites like psychologytoday.com or mentalhealth.net and I would see all these ads for people who want to do counselling or psychotherapy over the phone. Now, you and I remember the day when you couldn’t even have an ad, advertising your services, as a psychologist.

Dr. Ofer Zur: I know; marketing used to be unethical.

Dr. Dave: Yeah, so now I feel like Rip Van Winkle or something, like I’ve asleep for twenty years and something’s going on that I don’t know about; and so I’ve been

wondering about the legal and ethical status of that. So tell us a little bit, and then I'll tell you another thing that piqued my interest about this.

Dr. Ofer Zur: I'm sure there's a long list of things that piqued your interest and if not, I'll help pick it up today. It's a new and fascinating field in the mode of delivering assessment, treatment, prevention of mental disorders, and a lot of other mental health services. Of course, we have already fifty years of delivering suicide prevention online, highly successful, through suicide crisis and suicide helpline.

Dr. Dave: Yes, my first job out of my PhD program was actually to supervise training of people to work a suicide hotline.

Dr. Ofer Zur: So you were actually not asleep at all, you were ahead of the herd. You were awake thirty years ago! So we know the efficacy of non-face-to-face intervention. And now, what we are, we have this burst in technology in the internet, and people can do it now psychotherapy using chats, using emails, using video conferencing – whether Skype, or something safer than that – but the same idea kind of as Skype. So we have this explosion on one hand, and then I'll map for you the forces in the field a little bit very quickly. And then the other part we have all this digital immigrants like you and I. You and I are actually enthusiastic digital immigrants, and most of our colleagues are reluctant digital immigrants, that somehow are reluctant to do therapy via video conferencing, or via chat or via emails, or via other virtual realities that you mentioned earlier, something like Second Life-type.

Dr. Dave: Yes, yeah.

Dr. Ofer Zur: Second Life is not protected enough, but the idea is that you do use, and people did open shop on Second Life and provide therapy. We can talk about confidentiality and ethics later on if you want to. The technologies are there, but there's a lot of resistance among our colleagues to embrace the new. We're supposed to be in a field that embraces the new, but actually, as you and I know, we are highly resistant.

Dr. Dave: Well has there been organisational resistance, institutional resistance, from say the American Psychological Association, the American Psychiatric Association, the American Family Counsel Association; are there organizations embracing it, studying it, rejecting it, what?

Dr. Ofer Zur: They are slowly ... they are not rejecting it, and they are not obstructing it, but some have been more embracing than others. Like, the American Psychological Association, they came out two years ago with their own tele-health ethical rules, so to speak. And then we see new organisations which are new tele-mental health organizations, like the Online Therapy Institute; so we have a lot of new professional organisations which are not waiting for the APAs of the world, and the ACA ... so we have people who are highly enthusiastic and highly informed about this topic helping

to move the field. So we don't see organizational resistance, but we see more sluggish taking up of the opportunities by some, and more enthusiastic by others.

Dr. Dave: Well, it's interesting. It's one of those situations – and I can't think of any other examples off the top of my head, but I know they're out there – of the technology moving so fast that it's ahead of the organizations, it's ahead of the legislators, and so forth.

Dr. Ofer Zur: It's so ahead, but this is what happens in the field of technology in general. A girl, 14, 15, 16 years old, sexting to her boyfriend, and he wanted to see her without her shirt on, so she did. And a 70 years old DA decided this was promoting child pornography over the internet, and takes the girl to court, and the boy who sent it to his friends. So the legislature is so far behind. We don't have rules about cyber bullying, or we apply the old rules inappropriately, or sometimes we don't have enough teeth to deal with issues such as the girl in Utah who killed a toddler, who got five days in jail for killing the toddler, hurting her mother, while texting as she was driving. And they were on a pedestrian walk. So the newspaper this morning in Utah, five days is what she got in court. It's a joke. It's a manslaughter charge, second degree murder, I could imagine (I'm not sure – but I think it must have been, the baby died) and she got five days.

Dr. Dave: It's against the law, as you know, here in California to be using your cell phone while you're driving, at least, holding it up to your head or texting ...

Dr. Ofer Zur: Absolutely.

Dr. Dave: ... and I'll be on the freeway and I'm looking in my rear view mirror and I see people who are talking on their cell phone and I get very nervous, I want to get away!

Dr. Ofer Zur: Yeah, I think talking on the cell phone is one thing. Texting is much worse than that.

Dr. Dave: Oh yeah, definitely. Another thing that piqued my interest in this topic was an article in *The New Yorker* magazine. It was in the January 10, for anybody who's interested. January 10, 2010, *The New Yorker*; an article written by Evan Osnos. It's called "A Letter from China: Meet Dr. Freud". In the course of this article, it described psychoanalysts who are doing psychoanalysis with people in China who want to learn about psychoanalysis, so they're actually giving an analysis, a training analysis I guess it would be called, and I think psychoanalysis is supposed to be the most conservative branch of mental health ..

Dr. Ofer Zur: Psychoanalysis is a bit of a paradox in some regards. It has definitely been the most reluctant to change in some regard, even though we see the new psychodynamic revolution and the interpersonal psychology / psychiatry, it's just very exciting the interpersonal part and the allusional in psychiatry. But if you think about the origins of psychoanalysis, where there was no eye contact, you can easily make

the argument that this set the stage – I've never said this aloud in public, so you're the first to hear it!

Dr. Dave: Oh right!

Dr. Ofer Zur: – that they were the first to set the stage, for example, for e-therapy, for phone therapy, because in classic psychoanalysis there is no eye contact. The therapist can read, perhaps, the patient's body language from afar or from behind, so they're probably missing some cues as well, because they're sitting behind the client on a seat while the client is lying on a couch. So the non-eye-to-eye interaction which we right now have in phone therapy, virtual therapy, chats using texts, using chats, in emails, tele-health, it's so common now – in some ways, you can say they have their foundation, or legitimacy, in psychoanalysis, without eye contact.

Dr. Dave: You heard it here, folks, a Shrink Rap Radio exclusive! (laughs)

Dr. Ofer Zur: (laughs)

Dr. Dave: That's a good point, that's an interesting point.

Dr. Ofer Zur: It's an interesting paradox. But again, go back to where you're coming from with your original question. The field is exploding with possibilities. It started with medicine, so instead of sending the nurse for a 400 mile round trip in Alaska (weather permitting) or in Utah or somewhere else, she can measure blood pressure, she can take vital signs distantly, she can do a complete interview. And now they're doing remote surgeries on aircraft carriers, and etc etc. So the field of medicine has moved there.

Dr. Dave: Yeah, yeah.

Dr. Ofer Zur: For example, you don't have to move murderers in a bus to the local hospital. They can treat them right now with VR, EA, remotely with only a clinician who takes their blood pressure or the heart beat, and the doctor is in the hospital.

Dr. Dave: We've been reading about this in the news for some time. But is psychotherapy different somehow?

Dr. Ofer Zur: In psychotherapy you can make the argument that it's much more conducive to tele-health because you don't need to take the blood pressure, you don't need to have intrusive techniques, you don't need to operate or to stitch people up or cut people up, you don't need to have X-rays (which can be done remotely but much easier ...). We are relying on the spoken word primarily, and it's perfect for us. Again, going back to your training with suicide prevention: it's proved to be effective, saved hundreds of thousands of lives over the years, and many people use this phone line for ongoing therapy, as you know. So we are in a field that is actually more conducive to digital application than any other field of medicine.

Dr. Dave: Well that's an interesting point, and I do have to concede also that psychotherapists and counsellors as a result have become much more transparent. When I go to these sites, like psychologytoday.com, the therapists list their qualifications. In the old days, if you were a mental health consumer, you either you went to the phone book, and kind of chose somebody blindly, or maybe you asked a friend and they told you somebody they heard was good or not ...

Dr. Ofer Zur: Or your physician ...

Dr. Dave: Who knew nothing! (laughs) And now you go on the internet, and you can really find out quite a bit about the person who's going to be delivering these services. Either in person you can find that out, or particularly in terms of these phone therapists. And I think they may have some testimonials on their site (I'm not sure whether they do or not).

Dr. Ofer Zur: What you're referring to is a bigger phenomenon of how the internet has changed our sense of self. Azzia, my daughter, as you know – you collaborated so beautifully with her – Azzia Zur, twenty seven years old, a UC Berkeley graduate in philosophy, one of those super-brainy smart girls, and sweet –

Dr. Dave: – yes she is!

Dr. Ofer Zur: – she is writing a book about it. So what you are referring to right now, this level of transparency, has actually really in the bigger context of the internet created a change of transparency to everybody. This means I can Google you right now and find things that you didn't post online.

Dr. Dave: Yeah, that's true.

Dr. Ofer Zur: I can Google you and create an even more intrusive search, and if you are perhaps stupid enough to invite me to join you on facebook, I can find out even more information. Then I can pay twenty to thirty dollars to anybody who can do a more online intrusive, illegal, search in some regard. I can find out how much you earn, your house, whether you've been divorced before, your phone records, your criminal records. So the internet created a culture of transparency. Now consumers are expecting to know a lot about their heart surgeon, their car salesman, their optometrist, and definitely about the mental health worker. So what you have reflected here is that what you see online is a bigger amount of transparency. It's not anymore that I give you my name, my fees and my degree. You go to my website and you find out my relationship with death, why I climbed Kilimanjaro, and what drew me to go to China. You find out all these things, and you choose me because you like it, or you will not choose me because you don't like it. So transparency is a big name of the game, much bigger in psychotherapy. It definitely affects what clinicians must provide in order to survive in the twenty first century. It's a new game. It's a derivative of the change of the internet.

Dr. Dave: It also requires of the psychotherapist now to be more of a marketer than ever before. Would you say that's true?

Dr. Ofer Zur: I've been teaching marketing for over thirty years now, and I think we must always be marketers. I think in psychotherapy, in private practice, so many people are struggling. We just never learnt about it, or if we are really old, we were taught it was unethical, and we always failed. Now what you see is the younger therapists – what we call the “digital natives” - the people who were born into these digital technologies and had a facebook page or a MySpace page from a very young age who are used to this transparency. It's easy for them to market online. In fact, any high school drop-out can have a web page within half an hour or twenty minutes. So it was always necessary, we always haven't done it, and now it's changing.

Dr. Dave: I was of that generation who were taught in graduate school that it was unethical, and so was very unprepared for this changing environment in some ways. Let's get back to some of the legal issues. I gather that right now it's a state by state situation. You mention Ohio. So, for example, what sort of rules or requirements have Ohio or other states that you're aware of instituted to regulate, control, limit, whatever?

Dr. Ofer Zur: The issue of crossing state lines is one of the hottest topics, so you're very right to bring it up. What happened is that nothing has changed in some regard to state law. You and I, because we are licensed in California, we were never allowed to see clients in Texas or Ohio or New York, because all the states have laws, and all other states have laws, that say that in order to treat someone in Florida, in Texas, you need to be licensed in Texas.

Dr. Dave: Right.

Dr. Ofer Zur: Nothing has changed. The question that tele-health has brought up is the question that when I talk to a client via telephone or Skype in Texas, does the therapy happen in my office in California, in the client's home, where he's by his computer in Texas, or in both, or in neither, or in cyberspace? So this is the million dollar question of where the therapy takes place. Right now, at the end of 2011, we say: “proceed with caution”. If the clients travel around the world, it's really OK. If their residency is in California, if my clients fly to Tokyo working as a pilot or engineer, it's not a problem. If people go to vacation in Hawaii, you can continue to talk to them by phone or video conferencing, and this would be OK, because their primary residence is still in California. If they move to another state, this is where the debate is really about. You need to proceed with caution. You need to see what the rules of the state where they move to are. And the question of where the therapy is taking place is a looming question. We say, proceed with a lot of caution; get consultation; but don't just blindly continue or start treating somebody in another state. But what happens, for example, if a client is going to college in Oregon state, and she doesn't want to see another therapist – she wants to continue talking to you via videoconference or telephone? Where is her residency? Is it still in California, where she is visiting every

other month and Christmas vacation and the entire summer, or is her residency in Oregon state right now, where she goes to school? So these are the cutting-edge questions which we often don't have the answer to. What happens is a lot of therapists are feeling very anxious; we don't know the answer, we don't know how to tolerate the grey zone, and we don't have a true case study for that, with case studies on both sides. Single, one single case study on both sides on the debate, which means we have nothing, really. So proceed with caution. This is one of the wonderful, new dilemmas. And of course licensing boards are so slow to adapt, as you mentioned earlier, just so slow to adapt. Nurses have really easy rules of mobility, psychologists and social workers and counsellors and MFTs [Marriage and Family Therapists] do not.

Dr. Dave: Well among other specialities you're also a forensic psychologist. So this makes me wonder: when you and I first got out of graduate school, you didn't really have to carry liability insurance or if you did, it was really very cheap, particularly compared to physicians. As time has gone on, liability insurance has become pretty costly, because people have brought suits against psychologists and other kinds of psychotherapists, and so the rates have gone up. I guess some people have succeeded in the suits that they've brought. Have there been any suits or legal actions against people practising tele-mental-health?

Dr. Ofer Zur: Let me answer it in two steps. First of all, I will respectfully disagree with the first part of your statement. If you go to see your orthopaedic surgeon, do you know how much they pay for their malpractice insurance?

Dr. Dave: I'm under the impression it's huge.

Dr. Ofer Zur: It's huge, like ninety thousand dollars.

Dr. Dave: That's even huger than I would guess.

Dr. Ofer Zur: And if you go to doctors who do deliveries, or gynaecologists, and deal with pregnancies, they also pay around eighty, ninety thousand dollars. MFTs [Marriage and Family Therapists] in California pay about four or five hundred dollars, or six hundred. Social workers are paying four hundred dollars a year. You and I pay about thirteen hundred dollars a year. So what does it tell you, that the range that mental health pay goes between four hundred and six hundred compared to risky things, where people are being sued? It tells you that we are not being sued. We are rarely being sued. For counsellors around the country, the four hundred barely covers the cost of paper a year in administrative fees. This means there are no real successful law suits. Even our thirteen hundred doesn't cover much.

Dr. Dave: OK.

Dr. Ofer Zur: So it's not true what you said, that we are being increasingly highly sued, because our rates are very, very low. But let's go now to the second part of the question. Is it clear, this point, about the actual numbers? If we were being sued, we'd be paying ten, twenty thousand a year, but we're not.

Dr. Dave: OK.

Dr. Ofer Zur: The second part that you ask: I am not aware of lawsuits that were handled, except in the very bizarre case of a psychiatrist from Colorado who prescribed to a Californian client, and the client committed suicide; so it was very odd, and barely a case study. And there was a case study that actually supports the idea of cross state line, too. An American Psychological Association psychologist is going to come up with an article, I think, that will cover some of this area. So no, we do not have legal action. I'll tell you why. If I'm going to treat this client in Texas, is the state of Texas going to bother to extradite me to Texas because I (God forbid) taught the client there how to deal with anxiety? They're not going to pay, I don't know - ten, twenty, thirty thousand, to try to extradite me for nothing. The state of California doesn't have any ruling over what I did with a client in Texas, because they're not a Californian resident.

Dr. Dave: Hmm.

Dr. Ofer Zur: So there's not really much ...

Dr. Dave: What if, say, the parents of a client who committed suicide, or felt sexually violated, or some other kind of ethical infraction, couldn't the parents bring a private suit across state lines?

Dr. Ofer Zur: They can, they can, but then the issues will be not necessarily practicing without licence, but with sub-standard care ...

Dr. Dave: Right.

Dr. Ofer Zur: ... and harm. Now the other part, to answer a question that you didn't really ask: What we see right now, is forensic evidence that comes via facebook and other websites. So: there was this young man, and he went out drunk driving, and the judge agreed to a plea to give him one year to go to AA. And the prosecutor, in sentencing, introduced a facebook page, one page on facebook, on the night of the drunk driving, when he made fun of being caught drunk driving. The judge gave him one year in jail. One picture on facebook ...

Dr. Dave: Yeah.

Dr. Ofer Zur: ... got him. So we see an increasing amount of forensic evidence that comes this way. And this also relates to therapists. Emails very easily become part of the records for therapists, and not only emails; also texts can be transcribed, sometimes voice mails are being automatically transcribed, and again there's the issue of confidentiality here. So in some regards, let's go back to the big issue of tele-health. Tele-health is exploding. The train has left the station. People provide by the thousands online; some of them are licensed, some of them are not. There are issues of cross state line that still need to be resolved. The issue of confidentiality does still need to be resolved. People argue whether Skype is HIPPA-compliant or not, because

people love to use Skype: it's free, it's available, we are using it right now, you can teach someone to use Skype in three seconds; so is Skype HIPPA – compliant, or not?

Dr. Dave: We have international listeners who might not be familiar with HIPPA, H-I-P-P-A. I can't remember what it stands for: maybe you do?

Dr. Ofer Zur: It doesn't matter. It's some American regulation around privacy.

Dr. Dave: (laughs)

Dr. Ofer Zur: It's a long name.

Dr. Dave: Yeah, OK ... Health Information Patient Privacy Act, I bet that's it.

Dr. Ofer Zur: I think there's Accountability in the middle there, too. It doesn't matter.

Dr. Dave: OK. So is the current situation then that the HIPPA issue is up in the air? What about record keeping? Data ...?

Dr. Ofer Zur: I think the issue of HIPPA is very important when it comes to virtual realities. For example, we have ... Before we even answer the question, let's just make sure the listeners know we have thousands of research and articles that show the efficacy of tele-health to treat trauma. They have been treating trauma through virtual reality for veterans in Afghanistan and Iraq for years and years, highly effectively. It has been effective in treating people's depression. It has been effective for treating acrophobia: you can imagine if somebody doesn't leave the house, it's a perfect medium for them to be using tele-health, if the therapist doesn't want to come to their house, which makes it much more expensive; so it makes it cheaper, and sessions are often much shorter. So we have treatment of anxiety, depression and post-traumatic stress disorder, and many other conditions; we have the research to show that tele-health is often as effective, and sometimes even more effective, than face-to-face. Now, therapists don't like to hear it, because this is what they've got used to. And you know when therapists don't like to hear something, you what they say if they don't agree? They say it's unethical.

Dr. Dave: (laughs)

Dr. Ofer Zur: We don't know how to disagree very well. But the fact of the matter is that people do therapy via email, via tele- or video-conferencing, even video chat or via text. For example, last week I texted a client, and every time when he gets very upset, he can read my text, even in the middle of dinner, or in the morning when he gets up. And it helps him emotionally regulate. How accessible is that?

Dr. Dave: Yes, I was going to ask you whether are doing e-psychotherapy yourself.

Dr. Ofer Zur: I integrate it into my face-to-face therapy primarily, just because of the way I work. So I use apps or chats or email or phone in conjunction with face-to-face therapy. But tele-health by itself can stand without the face-to-face, without ever

seeing the client, which I have done. I have done phone therapy with clients. I have a gay minister in northern California who doesn't want to see any local therapists; he feels too ashamed, too embarrassed, and besides, the good therapists are part of his congregation.

Dr. Dave: That's a good example.

Dr. Ofer Zur: So he wanted to go as far as he can to work with somebody. I worked with another engineer only via the phone – this is about ten or fifteen years ago – and I was doing tele-health then, via the phone. Now in California, it's not considered by the state to be tele-health, it belongs to the old-fashioned in person. Don't ask me why: each state kind of has its own definition. So phone does not belong in tele-health, but for the discussion today, we'll lump it together there.

Dr. Dave: Is phone OK in California?

Dr. Ofer Zur: Actually, tele-health, we are one of the states which have good tele-health laws, and it's within the standard of care to practice tele-health in California. We have laws about it, we have forms that clients need to fill out. For example, in regard to verification: some of the concern with tele-health that you asked me earlier is how do you know if you are in a chat, or by text, or you do it via email – how do you know if it's a young woman or an older man on the other side of the line? How do you verify it? If you do tele-conference, the computer ID's to the camera. But, between you and I, I have never ID'd a client in face-to-face therapy either. So I generally know their age, I know their gender, I know their ethnicity, just from the way they look; but I don't know sometimes the other information about them, like their address, and stuff. Anyway, the concern of tele-health is verification, and it's very important with young people – whether they are of an age that they can give consent to psychotherapy or not. Then there are concerns of emergency contacts. What happens if clients are suicidal, and they're halfway around the world? Are you familiar with the local ER, the local psych units, in Germany or Thailand, if you work with somebody via Skype-type technology or on the phone? So there are issues about it you need to address. And this is why we have informed consent with clients, that often they can fill out online, that explain to them the risk and benefits of tele-health. And informed consent is not just for them to sign, but it's also to talk to them as necessary. So in California, for example, they give us forms that all clients need to sign before they engage in tele-health. Very reasonable.

Dr. Dave: That's very interesting. I wasn't aware of any of that, as I'm not practising now. I had a question in mind, but I've just lost it. It will come back to me.

Dr. Ofer Zur: So, again, some of the issues, if you'd like to recap, are the use of Skype: it's easy to use, free, accessible, and familiar, but is it HIPPA-compliant? Thousands of therapists are using it. The issue of cross state line will ultimately be changed as the licensing board will be run perhaps by younger people, and the legislation will be run by younger people. It's kind of part of American security, to control what happens

within your state. The issues of virtual realities are fascinating, and other people are right now using Cloud storage for their records, and many of them are HIPPA-compliant, which means a high level of privacy and confidentiality. Insurance is slow to embrace mental health.

Dr. Dave: Oh yes, that's a good question I wanted to ask.

Dr. Ofer Zur: Medicare and Medicaid have started doing a lot of reimbursements for medical. They see the benefits and how much cheaper it is: again, a nurse driving hundreds of miles to see patients to do home visits, rather than to do it with remote technologies. It's a little bit slower when we come to insurance billing and to find the correct codes for tele-health. It's evolving, it's evolving fast, and it's my belief that the insurers will see that they'll be able to pay for twenty minutes or half an hour using a much lower rate than they pay for fifty minutes of psychotherapy in office, it reduces of course the overheads for therapies. The younger generation are the only ones who are going to do it fast, they're going to do it from wherever they are with their iPads and their Smartphones; they're going to do Skype or videoconferencing on their iPhone, or – what do you call that technology? – facetime; so this will change in the coming years. Therapy will be shorter, perhaps on demand, and will be on the go. Perhaps the therapists can be on the go as well as the client. And we talk about state licensing boards. The federal laws are changing; you've got Medicare and Medicaid state and federal laws are changing, and you see a lot more research how to use virtual reality with PTSD, how to use phone or video conferencing with anxiety. As baby boomer grow old, everyone is wanting services, how to use these services, this will add to the demand of mental health. Needless to say the young ones, who do friendship, and do the schooling, and do the gaming, and do socializing, and make love online (or do sex online – I'm not sure that it's love – but it's sex, at least, that they do online) they are also psychotherapy online.

Dr. Dave: Yeah, you know, that's a great place for us to wrap it up. Is there anything else that you'd like to say? I mean, I think that's a great close, but I don't want to cut you off.

Dr. Ofer Zur: You know, I think the train left the station, and we have a world that can become richer. We can use the internet and I think it's very conducive for tele-health. I'm personally very excited about it, about the possibilities. Some will prefer face-to-face; many of the young ones, who spend so much of their life online, will be benefited with tele-health online or on the go because it fits with their lifestyle. So we can reach a bigger audience, and help more people.

Dr. Dave: well, it's really going to be fascinating to watch this unfold, and your prediction makes sense to me. So, Dr. Ofer Zur, thanks for being my guest again today on Shrink Rap Radio.

Dr. Ofer Zur: And again we can mention the tons of free online resources on this topic at the Zur institute dot com, so it's zurinstitute.com Tons lots of information up there.

Dr. Dave: OK. I'll make sure there's a link in the show notes on that.

Dr. Ofer Zur: Thank you, Dave. Thank you so much. You are cutting edge in your own way.

Dr. Dave: Thank you.