

**HOW SAFE IS YOUR DIGITAL THERAPY SESSION? A REVIEW OF  
ETHICAL CONSIDERATIONS FOR ONLINE COUNSELLING**

by

Rulisha Chetty

A thesis submitted in partial fulfilment of the requirements  
for the degree of

Master of Counselling (MC)

City University of Seattle  
Vancouver BC, Canada Site

November 2017

APPROVED BY

Maria Stella, Ph.D., R.C.C., Thesis Supervisor, Counselling Faculty  
Christopher Iwestel Kinman, M.Sc., M.Div., Faculty Reader, Counselling Faculty

Division of Arts and Sciences

### Abstract

Online counselling is currently one of the options available to clients and is presently being practiced despite numerous concerns regarding its effectiveness and ethicality. Within this thesis, the author defines online counselling and aims to review the applicable literature to gain information and insight into the effectiveness of this method of counselling. There is also discussion surrounding the ethical dilemmas that online counselling presents intertwined with considerations on significant ethical codes and guidelines. The author concludes with some recommendations and discussion with respect to best practices and an existing ethical framework for online counselling.

*Keywords:* online counselling, internet counselling, ethical issues, legal issues, guidelines, counselling training, technology

Dedication

To Gabriel,  
my loving and supportive husband.

**Table of contents**

|   |    |
|---|----|
| Abstract.....   | 2  |
| Dedication.....   | 3  |
| CHAPTER 1: INTRODUCTION.....  | 6  |
| Background.....   | 7  |
| Online Counselling in Canada.....   | 8  |
| Safety of Online Counselling .....  | 9  |
| Purpose of Thesis.....  | 10 |
| Theoretical Framework.....  | 10 |
| Definition of Terms.....  | 16 |
| Significance of Study.....  | 19 |
| Outline of the Remainder of Thesis.....                                   | 19 |
| CHAPTER 2: LITERATURE REVIEW.....   | 21 |
| Efficacy and Effectiveness of Online Counselling.....                     | 21 |
| Counsellor Attitudes to Online Ethical and Legal Practices.....           | 26 |
| Benefits and Risks of Online Counselling.....                             | 28 |
| CHAPTER 3: ETHICAL AND LEGAL CONSIDERATION FOR ONLINE<br>COUNSELLING..... | 35 |
| Confidentiality and Privacy.....  | 38 |
| Area of Jurisdiction .....  | 39 |
| Boundary Concerns.....  | 39 |
| Competence and Credentials.....   | 40 |
| Obtain Informed Consent.....  | 41 |

|   |    |
|---|----|
| Crisis Intervention.....                                    | 41 |
| Technology Specific: Skype.....                             | 42 |
| CHAPTER 4: SUGGESTIONS FOR PRACTICE.....                    | 44 |
| Case Study: Unanticipated ethical and legal concerns.....   | 44 |
| Technological Competence.....                               | 44 |
| Online Counselling Competence.....                          | 45 |
| Multicultural Considerations.....                           | 46 |
| Informed Consent Process.....                               | 46 |
| Licensing Issues.....                                       | 47 |
| Duty to Report.....   | 47 |
| Technology Options for the Beginning Online Counsellor..... | 48 |
| CHAPTER 5: SUMMARY AND DISCUSSION.....                      | 51 |
| Summary.....  | 51 |
| Discussion.....   | 51 |
| Implications for Online Counselling: Ethical Framework..... | 55 |
| Additional Considerations.....                              | 58 |
| References.....   | 60 |

## CHAPTER 1: INTRODUCTION

### Introduction

To introduce this thesis, a scenario will be presented. Consider that a client is moving out of town and requests the continuation of their therapy online. They feel there is a strong therapeutic alliance with their counsellor and do not want to go through the daunting task of finding a different counsellor in their new location. The client suggests Skype as their preferred method of communication because they know how to use it well, stating also that access to it is both free and easy. The counsellor feels a sense of duty that the continuation of the therapy is imperative and thus agrees to proceed online. The counsellor may also be in agreement with their client utilising Skype as they, themselves have used it for personal communication within their own personal networks. However the counsellor has not considers important factors when going online. Utilising the Internet means there is reasonable risk to breaches in privacy. For example, a hacker may break into an online bank account to steal money or take over a social media account to post spam to the users who are following said account. Therefore the same risks apply to an online therapy session, as hackers may be able to access confidential information. Therefore an important question arises, is the counsellor aware of the safety and security of their digital therapy session? Should a counsellor proceed without proper consideration of the online medium; they may be at risk of practicing in an unethical manner. How to work ethically online has been the topic of much deliberation across the world (Anthony and Nagel, 2010). Therefore, this thesis aims to explore how working ethically online can be addressed.

## **Background**

The idea of engaging in psychotherapy from a distance could be traced back to Sigmund Freud who often corresponded with his patients via letter writing (Reinbord, 2013). As early as the 1940s, the advantage of electronic recording for analysis were noted by Carl Rogers (1942) and the 1960s saw several publications dealing with the possibilities of the still emerging computer industry (Cogswell and Estavan, 1965; Weizenbaum, 1966; Cogswells et al., 1967 as cited by Kotsopoulou, Melis, Koutsompou and Karasarlidou, 2015). Telephone sessions were introduced in the 1960s with the invention of suicide hotlines and have expanded to include many fields of mental health (Grohol, 2016). Counselling by telephone still remains popular and useful as it can be a temporary substitute for face-to-face sessions, for crisis intervention between scheduled or regular sessions and to maintain a therapeutic relationship should a client relocate cities.

In 1986, 'Dear Uncle Ezra' was created, a Cornell University question and answer forum where students frequently discussed mental health issues. In 1995, therapist John Grohol created a public mental health chat, which eventually became Psych Central, a popular mental health publication and forum (Grohol, 2010). In 1990, a woman named Martha Ainsworth could not receive face-to-face counselling due to her travelling schedule; therefore she began searching for an online therapist (Zeren, 2015). She recalls browsing numerous websites but could only find one that was able to respond to her. Due to this experience Martha created a non-profit website called 'Metanoia' with the purpose to provide people, who could not obtain in-person counselling, with online psychological services. Since the 2000s, computer mediated therapy most commonly

utilises videoconferencing. Popular apps such as Skype or Facetime are available at no cost and usually easy to use by both counsellor and client. There is some existing controversy that Skype and FaceTime are not secure or encrypted to protect client privacy (Heinlen, Welfel, Richond and Rak, 2003), however the same can be said of e-mail communication and text based chats as these methods of communication are also vulnerable to breaches of privacy. So are Canadians using these kinds of services?

### **Online Counselling in Canada**

Online counselling has tremendous potential to help transform and improve mental health care delivery in Canada. There are 25.5 million Canadian Internet users, nearly all of who are online daily. Canadians are the biggest users of the Internet in the world, according to a report from the Canadian Internet Registration Authority (CIRA). The agency's 2013 CIRA Factbook reports that Canadians occupy an average of 45.6 hours online per month, compared to 40.3 hours in the U.S. and a global average of 24.4 hours. Furthermore, 22 million Canadians use mobile phones devices, of which 62% were smartphone users in 2012 (Duong and Adamo, 2013 as cited by Mental Health Commission of Canada, 2014). Due to the viable access, online counselling can "address the issues of under-served areas and populations, and make access and stigma no longer significant issues" (Mental Health Commission of Canada, 2014, p.26). A successful example of online mental health capabilities that is serving the public is called Kids Help Phone (<https://kidshelpphone.ca/> as cited in Mental Health Commission of Canada, 2014). Kids Help Phone offers phone and online counselling within Canada in English and French. According to Mental Health Commission of Canada (2014), more than 5,000 youth reach out to them every week. In 2006, in response to demand from young people,

Kids Help Phone has offered online counselling through Ask Us Online, where service users can anonymously post a question through Kids Help Phone's Kids or Teens websites, and receive a written response from one of their counsellors. For every post on Ask Us Online, approximately 60 other youth read the post and the counselling response. Kids Help Phone currently also offers Live Chat services on a limited basis, with chats lasting about 45 minutes on average. During a recent service evaluation, Kids Help Phone saw that its clients experienced significant results across key clinical indicators, such as decreases in distress and increases in clarity and self-confidence. Kids Help Phone has also created a free app, Always There, with the following features: Feelings Log, where young people can log their mood, thoughts and feelings; Stress Buster, which offers tips, humorous jokes, and inspiring quotes; Resources Around Me, a tool to find local programs and services that provide service in their own neighbourhoods; and the ability to connect with a counsellor by phone or through Live Chat during available hours.

### **Safety of Online Counselling**

Despite the growth and technological advancements in the field of mental health service delivery, online counselling remains a hotbed of ethical debates which is an important topic raised by Harris and Birnbaum (2014). According to Rummel and Joyce (2010) The lack of ethical debate and discussion on these issues has caused many counsellors to declare that this is a pointless exercise and refuse to engage in such matters. Stofle (1997, as cited in Rummel and Jocey, 2010) asks a vital question, "If the ethical therapist (counsellor) is not online, who is?" (p.484).

The impact of such a question implies that many counsellors have online website services without much ethical guidance, training or supervision. The lack of consensus

of ethical feasibility means there is need for a comprehensive exploration of this relevant topic.

### **Purpose of Thesis**

This thesis seeks to advise future counsellors with an interest in providing online counselling services by exploring the possible advantages and disadvantages to online counselling utilising current research, focusing on the legal and ethical considerations and defining suggestions for engaging with online counselling in a manner that ethically, legally and clinically effective. The guiding questions for this exploration are as follows:

1. How effective is online counselling?
2. What are the benefits and risks of online counselling?
3. What are some of the ethical and legal issues encountered in online counselling?
4. What suggestions can be provided to prevent these issues?
5. What are some additional considerations for the future of online counselling practice?

### **Theoretical Framework**

**The importance of ethical behaviour: Ethics and morals.** It is best to discuss the importance of ethical behaviour by defining ethics and morals first. According to Kraus (2010), the Oxford Dictionary defines *ethic* as “science of morals, rules of conduct” and *ethical* as “of morals or moral questions.” In the same dictionary the word *moral* means, “that which concerns principles of right and wrong.” (p.125). Therefore it seems that the term ethics relates to the principles of appropriate, acceptable and fair behaviour among people. One may have engaged in debates and discussions about someone’s behaviours

or actions and asked, was that ethical or was that the right thing to do? Some situations seem obvious in their injustice that we can immediately deem them unethical, such as abuse toward children. However something can be legal but unethical. For example, it is illegal in certain countries to be a homosexual. However ethically, one might say that people should be allowed to love who they want to regardless of gender or sexual preference. Therefore ethics has a lot more to do with just what is right or wrong, good or bad. Consequently it would be wise to question where ethics comes from and why it would be wise to follow ethical principles.

**Religious and philosophical foundations of ethics.** Kraus (2010) discusses the religious and philosophical foundations of ethics by explaining that concepts of ethics and morality appear in many cultures throughout history. Even though there are disparities in moral codes of different cultures due to separations of religion and/or geographical locations, there exists a basic rule of conduct that seem universal to the human race. Kraus (2010) explains that the oldest source for moral guidance usually comes from a culture's religious scripts. A review of Christian, Jewish, Buddhist and Muslim cultures show that the fundamental rule of conduct teaches people that they should treat others, as they would like to be treated themselves. Kraus (2010) states that this message makes an appearance in numerous scriptures as the most basic moral commandment asking us to behave ethically. The following quotes illustrate this:

Always treat others, as you would like them to treat you: that is the law and the prophets – Christianity

What is hateful to you; do not do to your fellow man. That is the entire Law: all the rest is commentary – Judaism

Hurt not others in ways that you yourself would find hurtful – Buddhism

No one of you is a believer until he desires for his brother that which he desires for himself- Islam (Godin, 1996 as cited in Kraus, 2010, p.126).

To reiterate, the basic premise is that people should treat each other humans, as they would like to be treated themselves. Therefore, a simple way to describe ethics is the considerations we have for ourselves and for others.

Ethics and how to make ethical choices is also rooted in philosophy. Ethics of care and law will be briefly mentioned. A philosophical approach to understanding moral rightness and wrongness known as care ethics believes that the rationality is needed to discern the differences between right and wrong but places importance on emotions such as sympathy or empathy, as necessary for people to be moved to act on what is deemed fair or right (Boss, 1999 as cited by Jungers and Gregoire, 2012). This means that moral development is relational to people caring and feeling for each other, therefore not only based on the thinking intellectual process. According to Jungers and Gregoire (2012), the work of German philosopher Immanuel Kant, known as deontology, represents a school of ethical thought that has influenced the progress of counsellor ethics. Deontology is a section of philosophical study that places emphasis on issues of morality, duty or obligation, and correct action. It is commonly referred to as Kantian ethics or law ethics. Kantian ethics first adhere to the assumption that certain acts are, in themselves, either right and virtuous or immoral and wrong (Meara et al., 1996 as cited in Jungers and Gregoire, 2012). In describing how one would go about determining the rightness or wrongness of an act or action, Kantian ethics suggest that the moral judgment one makes should be the very judgment that all other people who find themselves in the same

circumstances would make. The second principle for moral decision making requires that one considers the needs and the good of others to an equivalent extent that one thinks of his or her own needs. (Jungers and Gregoire, 2012). For example,

To begin imagining how the deontological ethic might be put into practice, think about a counsellor who is trying to decide the ethical merit of disclosing personal information to a client. Initially, that counselor would have to consider whether or not colleagues in the same situation also would make the decision to self-disclose. The counselor, additionally, would have to weigh the decision with a balanced consideration for the potential good that might be done for the client with regard to the self-disclosure and the potential good that would result for the counselor herself. (p.11).

Therefore these kind of philosophical considerations will indicate to us to select one course of actions over another. Basically, ethics informs us of why we do the things we do.

**Ethical Framework for Good Practice in Counselling.** Jungers and Gregoire (2012) point out that ethical principles help counsellors contemplate obligations to client well-being because the principles “provide a bridge between ethical theory and practical guidance” (p.5) that counsellors need to make decisions and choices in ambiguous situations that arise in clinical work. Currently there are disparities in how ethics are approached between different professional boards. Anthony and Nagel (2010) point out The British Association for Counselling and Psychotherapy (BACP, 2016) provides an ethical framework for good counselling practice by including three key ethical areas, thereby reflecting ethical diversity. The three ethical areas are listed as values, principles

and personal moral qualities. The significance of following an ethical framework can be emphasised by exploring these three areas. Values “are a useful way of expressing general ethical commitments that underpin the purpose and goals of our actions” (p.6). The fundamental values of counselling include respecting human rights and dignity, ensuring clients are protected, maintaining professional counsellor-client relationships, counsellor commitment to keeping up to date with the discipline via research and continued professional development and to work with clients to alleviate suffering and distress. Values like this aim to make sure clients feel safe and comfortable to express themselves in therapy sessions. Ethical principles stress the importance of ethical responsibilities, meaning counsellors are held accountable for their decisions. Ethical principles include:

Being Trustworthy/Fidelity: honouring the trust placed in the counsellor

Autonomy: respect for the client’s right to be self-governing

Beneficence: a commitment to promoting the client’s well-being

Non-maleficence: a commitment to avoiding harm to the client

Justice: the fair and impartial treatment of all clients and the provision of adequate services

Self-respect: fostering the practitioner’s self-knowledge and care for self

(Kotsopoulos et al., 2015, p.497).

The ethical framework points out that ethical decisions, which are firmly supported by one or more of these principles without any inconsistency, may be regarded as practically well founded and justifiable. However, the framework is careful to point out that counsellors will encounter situations in which it is impossible to merge all the applicable

principles and choosing between principles may be required. Therefore a counsellor's obligation is to consider all the relevant circumstances with as much attention as is reasonably possible (Kotsopoulous et al., 2015). Regarding personal moral qualities, they can be defined as "internalised values that shape how we relate to others and our environment" (BCAP, 2016,p.7) Counsellors are urged toward fostering a number of care qualities such as empathy, sincerity and humility.

Working within an ethical framework protects the client and the counsellor and enhances professional conduct and transparency. Anthony and Nagel (2010) point out that the BACP embraces the importance of recognising online therapy and the function of technology in general by placing importance of the diversity of settings within which counselling services are delivered. The ethical framework states that although most work is undertaken face to face, there is also a growing number of telephone and online services. Some counsellors are moving between these different settings and modes of delivery during the course of their work are therefore required to consider what constitutes good practice in various settings (BCAP, 2016). This statement actively incorporates the delivery mode thereby responding to the complexity of providing services in contemporary society. Within this ethical framework, ethics are therefore obligatory standards that clients deserve from counsellors.

**The value of ethics and trust in service.** With online counselling in mind, Kraus (2010) states Freud's Pleasure Principle explains that people are "largely motivated by a wish for the gratification of our needs as well as the wish to avoid pain" (p.127) He believes that the above principle is a useful way to explain modern consumer behaviour, pointing out that customers choose products and services that are not only gratifying but also

trustworthy. Consumer trust translates into good sales and a solid reputation. Therefore, keeping ethical principles in mind when serving clients is a respectable way to create and maintain their trust.

### **Definition of Terms**

In much of the literature and among experts, several terms are used for online counselling, including cybertherapy, online or internet therapy, e-therapy, e-counselling, web counselling, cybercounselling, virtual therapy and computer-mediated psychotherapy (Barak, Klein and Proudfoot, 2009).

**Online counselling.** In this thesis, online counselling can be defined as follows:

Any delivery of mental and behavioural health services, including but not limited to therapy, consultation, and psychoeducation, 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. (Mallen and Vogel, 2005, p.764)

Individual counselling can be provided as asynchronous or synchronous according to Richards and Viganó (2012). Asynchronous denotes online tools (e-mail) that delay the communication, whereas synchronous tools (instant messaging and videoconferencing) allow clients to communicate with a counsellor real time.

Additionally, the following key terms, which present throughout this thesis will be defined below:

**Ethics.** The Encyclopedia Britannica defines ethics as: “the discipline concerned with what is morally good and bad, right and wrong. The term is also applied to any system or theory of moral values or principles” (Singer, 2017. Para 1).

**Ethical regulations.** According to Kraus (2010), “licensed clinicians, regardless of training, theoretical background, personal philosophies, or cultural or religious beliefs, are still obligated to follow laws and regulations that govern their profession” (p.127).

Kraus (2010) defines ethical regulations as “ a code of professional conduct that organisations require their members to know and follow” (p.142). In other words, counsellors who are members or belong to a professional association such as the Canadian Counselling and Psychotherapy Association will need to follow their ethical regulations in order to conduct themselves in a professional and accountable manner.

**Ethical guidelines.** Singer and Gregoire (2012) explain that ethical guidelines are recommended best practices to assist counsellors in making the best possible decisions in difficult situations. Whilst ethical regulations must be followed with no compromise, guidelines fill the pragmatic role of setting aspirational recommendations for the behavior of counsellors.

**Technological competence.** Anthony and Nagel (2010) explain that technological competence relates to counsellors ensuring that have a sufficient understanding of technology as it relates to delivery of services online such as hardware, software, encryption, backup systems, firewall, password protection, virus protection and third-party services. The following terms and guidelines will be discussed below as defined by The Online Therapy Institute’s Ethical Framework (OTI) for the use of Technology in Mental Health:

**Encryption.** Encryption is a way to move or keep information after it is coded to increase security and privacy measures. Counsellors understand how to access encrypted services to store records and deliver communication. Records storage can be hosted on a secure

server with a third-party, stored on the practitioner's hard drive utilizing encrypted folders or stored on an external drive that is safely stored.

**Backup Systems.** Records and data that are stored on the counsellor's hard drive are backed up either to an external drive or remotely via the Internet.

**Password Protection.** Counsellors take further steps to ensure confidentiality of therapeutic communication and other materials by password protecting the computer, drives and stored files or communication websites.

**Firewalls.** Counsellors utilise firewall protection externally or through web-based programs. Firewalls protects information from any authorised entries.

**Virus Protection.** Counsellors protect work computers from viruses that can be received from or transmitted to others, including clients.

**Hardware.** Counsellors understand the basic running platform of the work computer and know whether or not a client's hardware/platform is compatible with any communication programs the practitioner uses.

**Software.** Counsellors know how to download and operate software and assist clients with the same when necessary to the delivery of services.

**Third-party services.** Counsellors utilize third-party services that offer an address and phone number so that contact is possible via means other than email. This offers a modicum of trust in the third-party utilised for such services as backup, storage, virus protection and communication (Anthony and Nagel, 2010).

**Face to Face (2f2).** In person, as in interactions or communications that take place in a physical space as opposed to online interactions via the Internet (Zelvin & Speyer, 2010).

**Techno partner.** Elleven and Allen (2004) describe a techno partner or buddy as a colleague whom one can practice learning new technology tools with. However the techno partner can symbolise much more by suggesting the importance of regular consultation with a colleague or colleagues in order to keep up to date with developments in the field. The authors do not limit this to technological advancements but also advances in the research literature, ethical guidelines and supervision.

### **Significance of Study**

Although the Internet provides new and innovative ways for counselling services to be provided online, the process also presents counsellors with legal and ethical dilemmas that need to be carefully deliberated. None of these challenges was explored in the current curriculum being offered at City University of Seattle. Due to the lack of overall consensus of what is ethically acceptable online and minimal dialogue engaging students on this topic within the university setting, this thesis is important because it discusses the significant practical issues with working online. It can be helpful in educating current and future counsellors, agencies and even potential clients to be cognizant of what ethical online practice looks like.

### **Outline of the Remainder of Thesis**

In Chapter 2, a review of the current literature is conducted, paying special attention to the efficacy of online counselling. A comprehensive look at the studies will reveal the benefits and challenges of online counselling and thus the advantages and disadvantages will be named and discussed. In chapter 3, the ethical and legal issues emerge within online counselling practice, illustrating that many online counsellors may be unaware that they are non-compliant with many ethical regulation. Due to this lack of

consensus, recommendations for appropriate practice will be pointed out in chapter 4.

Lastly, Chapter 5 will summarise The Online Therapy Institute's Ethical Framework (OTI) for the use of Technology in Mental Health. Additional considerations such lack of educational training in online modalities at postgraduate level and informal licencing is also conferred.

## CHAPTER 2: LITERATURE REVIEW

### Introduction

According to Kraus (2010), the debate of whether online counselling is ethical or not stems from the issues that technology such as texting or email may be less effective than face-to face-sessions. In order to investigate this question, the existing research will be reviewed specifically concentrating on the literature comparing face-to-face (f2f) and online counselling. In addition, the advantages and disadvantages of online counselling will be discussed. Kraus (2010) suggests that initial research seems to convey that there may not be a crucial difference either in the “outcome of the treatment or client’s satisfaction when online work is compared to f2f encounters” (p.129).

According to Mallen, Vogel, Rochelen and Day (2005) counselling aims to return a client to a precrisis state of functioning and by doing so foster clients’ well-being by building on clients’ strengths and supports, and helping one improve overall coping. It is in the opinion of Richards and Viganó, (2013) that online counselling must also adhere to the same objectives as face-to-face counselling because it is reasonable to assume that this is what users of online counselling are seeking. Therefore the goal of counselling (online or f2f) is to alleviate the distress, anxiety, issues and various concerns that clients can present.

### Efficacy and Effectiveness of Online Counselling

In Cohen and Kerr’s (1998) analogue study using the State-Trait Anxiety Inventory measured participants’ anxiety before and after being assigned to a semi-structured single session of f2f counselling or one semi-structured session of online counselling delivered through synchronous chat. Results showed significant decrease in

anxiety level outcomes in both groups. Researchers also collected qualitative data from the participants in the form of a session evaluation questionnaire and noted that both groups gave similar feedback with no disparities found between ratings of depth, smoothness or positivity. According to Richards and Viganó, (2013) even though the study was fairly artificial because it used students and the sample was small (N=24), it represented a worthwhile beginning in measuring therapeutic outcome.

Robinson and Serfaty (2008) completed a pilot randomised controlled trial of e-mail therapy for bulimia nervosa and binge eating disorder. 110 people within a university population replied to eating disorder questionnaires sent via email. 97 people fulfilling criteria for eating disorders were randomised to therapist e-mail bulimia therapy (eBT), unsupported self directed writing (SDW) or waiting list control groups (WLC). Diagnosis, Beck Depression Inventory and Bulimia Investigatory test scores were documented. The results revealed that therapy (either eBT or SDW) significantly reduced the number of participants fulfilling DSM-IV eating disorder criteria, compared to WLC. The authors point out there was little that arose in therapy that required any risk management or major intervention. Several participants revealed regular vomiting and were advised to see their family doctor to have serum potassium measured. In an earlier open study Robinson and Serfaty (2001) treated 23 females with Bulimia Nervosa or Binge Eating Disorder via email therapy (incorporating some CBT approaches). Frequency of contact was discussed between online counsellor and client. The guidance given was for the client to keep a food diary, noting any symptoms or problems for 3 days then return it to their counsellor, initially with e-mails at a rate of twice weekly. A 3-month follow up showed significant improvement in symptoms and

severity of problem, as well as in depression. Richards and Viganó (2013) state that although the design of these studies did not include a comparison with f2f treatment, the results are still promising for treating eating disorders with online counselling.

A number of studies employed cognitive behavioural therapy (across difference modalities) for treatment comparisons. Rassau and Arco (2003) set out to investigate the effects of chat-based online cognitive behavioural therapy (CBT) on a university student's study related behaviour and anxiety symptoms. The participant received 6 forty-five minute weekly on-line sessions which involved counselling the student on the following: (1) how anxiety happens, and its connection to antecedents, thoughts, and consequences; (2) the fundamentals of CBT; (3) how to set realistic study goals and implement strategies, and self-evaluate behaviour; and (4) basic techniques for reducing study-related distractions and anxiety. The results showed an increase in a range of positive study behaviours, accompanied by a decrease in anxiety to practical levels. The researchers also state that these results appear similar with those of face-to-face CBT for comparable problems which suggests that chat based on-line CBT could be an alternative for clients with accessibility or privacy concerns.

Kessler et al, (2009) investigated the effectiveness of CBT delivered online by a therapist for patients with depression in primary care. All the therapists worked for the organisation PsychologyOnline, were trained in CBT and experienced in providing psychotherapy via online instant messaging. The authors believe this method of CBT could have an enhanced effect by encouraging reflection because thoughts and feelings have to be put into written words (not spoken). The transcript of the session is also instantaneously available to the participant for review. This method could improve

metacognitive awareness which is a term “applied to changing the patient’s relationship with negative thoughts and feelings, rather than changing their belief in the content of the negative thoughts” (Moore et al, as cited by Kessler et al, p.634). Therapies such as CBT utilise metacognitive awareness and can lead to improvement for the patient and reduce risk of relapse. Kessler (2009) points out that by delivering therapy which makes the patient write about negative subject matter tends to create a distance from feelings and thoughts, and minimises the emotional effect of negative thinking. The study concluded that CBT was effective when delivered online in real time by a therapist with benefits lasting over 8 months.

Nelson, Barnard and Cain (2003) evaluated an 8-week, cognitive behavioural cognitive (CBT) intervention for children suffering with depression either face-to-face (f2f) or via videoconferencing (VC). The authors state that telemedicine increases access to psychological intervention by linking the child and the counsellor using VC. Twenty-eight children between the ages of 8-14 were randomised to CBT treatment over either f2f or VC. The results showed that the CBT treatment across the two conditions was effective in reducing depression; specifically 82% of the children no longer met the depression criteria at the end of the study.

Day and Schenider (2002) randomly assigned 80 participants across three treatment groups: f2f, telephone and videoconferencing to compare process and outcome variable. The volunteers to participate were recruited through media and referral sources. The participants ranged from ages 19-75 and presented an assortment of issues, including body image or weight problems, family relationships, other relationships, self esteem issues and work or school difficulties. The outcome measures include the Brief Symptom

Inventory, Global Assessment of Functioning, Target Complaints method, and modified versions of the Client and the Therapist Satisfaction Scales. The results showed no statistically significant differences between the three treatment modes for either working alliance or session outcomes. Richards and Viganó (2013) view this study to be an important contribution to empirically establish online counselling.

Overall, the literature appears to support the viability and effectiveness of online counselling. The limitations of these studies can be summed up to small sample sizes and the prevalence of convenience sampling. Volunteering/self referral might exclude people who do not feel comfortable with technology or conversely do not have adequate access to the Internet to be able to respond to recruitment options. However, the evidence provided above indicates that there is minimal difference in f2f and online therapy, regardless of the medium of communication (i.e, speaking to a counsellor in the same room versus speaking to a counsellor over videoconferencing or writing to a counsellor via email or chat).

In addition, it is noteworthy there is literature concerning client satisfaction. According to Zeren (2016) client satisfaction is one of the significant factors in therapeutic communication and an indication of a successful counselling service. In a process-based investigation, Cook and Doyle (2002) concluded that no difference was observed between f2f and online counselling in terms of client satisfaction. Relatedly, Murphy et al. (2009) illustrated that from the point of views of clients, online counselling was as effectual and satisfying as f2f counselling. Zeren's (2016) own study utilising a phenomenological research design, showed that results coincided with the results derived

from the abovementioned studies concluding remarkable similar satisfaction levels from clients in both f2f and online counselling.

### **Counsellor Attitudes to Online Ethical and Legal Practices**

Finn and Barak (2010) conducted a study within the USA to highlight the attitudes related to ethics and practice of counsellors who provide online counselling. An online survey method (N=93) was used with verified online counsellors. Each counsellor required at least a minimum of a master's degree qualification. Results show that within this sample, few online counsellors had any training on online counselling in their academic programmes. A huge concern is the little consensus among the sample regarding ethical obligations. While confidentiality is a basic ethical requirement within the counselling profession, the authors point out that one third of the online counsellors were practicing when confidentiality was in doubt. In addition, more than half of the online counsellors admitted that did not verify their client's identity. There was also no consensus or proper understanding regarding jurisdiction. Many of the online counsellors believed that their license allowed them treat all people through the Internet because "people travel to their virtual office" (Finn and Barak, 2010, p.275). This is a mistaken belief as the authors point out that USA courts have ruled that a therapist is seen as virtually travelling to the state of the consumer with regards to jurisdiction.

Another important ethical issue that arose in the study is mandatory reporting, requiring counsellors to report any suspected child abuse or harm to dependants. A portion of the counsellors did not consider themselves as mandatory reporters and were unsure if they had reported anything. The authors suspect this may reflect the lack of supervision or formal training resulting in a perception that ethical requirements of face-

to-face counselling do not always apply to online counselling. Lastly, many online counsellors reported that at some point their chat sessions ended abruptly without ethical consideration for consumer safety and being able to reach a client in case of emergency.

Shaw and Shaw (2006) assessed online counselling websites using a 16-item Ethical Intent Checklist developed for the study from the American Counselling Associations Ethical Standards for Internet Online Counselling. The results showed that fewer than half the online counsellors were following the accepted practice on 8 of the 16 items. If we contextualise this study in the Canadian environment, the Canadian Counselling and Psychotherapy Association (CCPA) has guidelines specific to the provision of online therapeutic services which reads as follows:

Delivery of Services by Telephone, Teleconferencing, and Internet (CCPA Article B17) Counsellors follow all additional ethical guidelines for services delivered by telephone, teleconferencing and the Internet, including appropriate precautions regarding confidentiality, security, informed consent, records and counselling plans, as well as determining the right to provide such services in regulatory jurisdictions (CCPA, 2015, p 35).

Therefore based on both American and Canadian standards, the authors questions how these counsellors are not requiring clients to complete waivers, not evaluating clients with any intake procedures, not obtaining client's full names, addresses or date of births nor providing any backup means in case of an emergency. To not do any of these means the most fundamental obligations to the clients whom he or she serves are not being fulfilled.

Their results are also concerning when looking at issues pertaining to litigation. The 3 most prominent reasons for malpractice suits are violation of “client’s personal rights (including confidentiality), incompetent treatment of clients, and failure to intervene when clients are in danger of harming themselves or others (Corey et al.,1998). Other common reasons are (a) failure to obtain or document informed consent, (b) client abandonment, (c) client abandonment, (c) marked departure from established therapeutic practices, (d) practicing beyond the scope of competency, and (e) misdiagnosis. (Corey et al.,1998). Whilst there are no existing cases of online counsellors being challenged in the courts of law, it is of paramount importance that online counsellors face the same liability issues as face-to-face counsellors (Shaw & Shaw, 2006).

### **Benefits and Risks of Online Counselling**

In order to provide trustworthy service, counsellors should be informed of potential advantages and disadvantages within this modality of therapy that is revealed in the present literature.

**Benefits of Online Counselling.** The advantages include accessibility and convenience, time suspension, electronic records, perceived confidentiality and anonymity.

*Accessibility and convenience.* A main advantage of online counselling is allowing access to mental health services for potentially underserved populations or people in geographically isolated locations, as well to those who are unable to leave their homes due to mental or physical illness or limitations, transport issues or family responsibilities (Sussman, 2004). For example, it may be useful for people who are socially phobic or who are afraid to seek face-to-face counselling due to cultural

stigmatisation. Online therapists may also offer a lower fee for services due to the convenience of practicing without office space or costs, allowing online therapy to be financially accessible to its clients (Chester & Glass, 2006).

Instead of a typical nine to five office day, online counselling services can be conducted at any time of the date and clients are not confined to sending or answering messages immediately (Speyer & Zack, 2003). Therefore, clients can choose when they feel in need of or intent on therapy. Clients are also able to access services from anywhere in the world and are not restricted to seeking out a therapist in the area in which they live. Clients are therefore able to engage in therapy from the comfort of their own home. Being able to access services from a device allows for simpler scheduling of appointments as the therapist or client does not have to be physically present in a specific location (Maples & Hans, 2008).

*Time suspension.* With reference to asynchronous communication, therapist and client are allowed time to process the therapeutic process and thus engage in prepared dialogue (Speyer & Zack, 2017). According to Suler (2000), this means that communication can be described as intentional, concise, efficient, clear, precise, polished, ethical and referenced because there is no need to act swiftly and adequate time to self reflect.

*Electronic records.* Hunt (2002) points out the electronic method of record keeping could hold therapists to increased standards of accountability and responsibility to clients because of the permanence correspondence via online tools such as email. There is also emphasis placed on using the permanent records for both supervision and consultation (Hunt, 2002). Should a client correspond with a therapist via email, the

client can revisit these records to process their thoughts and revisit their progress. The therapist could also use the client's own words to help with reflection.

The act of writing can also be therapeutic for the client. For example, narrative therapy places importance on the act of writing as a way for the client to externalise their problems and promote self-awareness.

*Perceived confidentiality and anonymity.* According to Speyer and Zack (2003), online counselling can allow a client to choose to remain anonymous which may be beneficial. They suggest that permitting the client to stay anonymous helps them avoid the stigma linked with seeking mental health services. Honesty and frankness may improve due to the client feeling less distrustful and open to being vulnerable because they are not sitting in front of a therapist reading their immediate emotional reaction signals. This might also allow a client to disclose uncomfortable or awkward information regarding themselves because they feel protected by the computer as a safety barrier. It may be important for those suffering from fear of judgment, extreme shame or guilt issues.

One of the skills for asynchronous text-only communication such as email is called emotional bracketing, developed by Mitchel and Murphy (Collie, Mitchell, & Murphy, 2001 as cited by Glasheen & Campbell, 2006). Both the counsellor and the client place significant emotional content in square brackets together with their thoughts. This method is used to facilitate more emotional material capable of being expressed in writing. For example,

I have told my mother three times about my anxiety [feeling very frustrated] to make sure she understand my struggles [am wondering if she actually read the materials I gave her] and am pretty sure she doesn't [I feel pretty sad about this]. Collie et al., 2001 (as cited by Glasheen & Campbell, 2006) state that writing about the immediate emotion is about descriptive immediacy. For example,

I'm really worried that my readers might not like this paper. If you were sitting here with me, you would see my pushing my forehead temples, biting on my right hand fingers nails and sighing. I can feel my heart in my chest beating faster and it feels like I have a weight the size of a golf ball on it. Why do I care so much what other people think?

Mitchell (as cited by Gladshen & Campbell, 2006) suggests that interpretations or impressions can be made by the appearance of the email in the same way that a first impression of a person can be made face to face. Conventions used in text-based messages outside of therapy such as the size of the font, capitals for emphasis, excitement or SHOUTING, punctuation marks such as : - ) for happy or : - ( for sad all help to increase understanding. Kids Help Line (KHL, 2003c as cited by Gladshen & Campbell, 2006) has developed interactive visual tools to help young people express themselves by showing emotions in addition to their words. A counsellor can give the client a set of icons or 'emotions' (coloured jewels) signifying common emotions and a sliding scale from 1 -10 to rate the intensity or frequency of the feelings and thoughts.

**Risks of Online Counselling.** The disadvantages include lack of human presence, lack of non-verbal cues, technological skills and failures, cross cultural considerations and online victimisation of vulnerable peoples.

*Lack of human presence.* There is much discussion that the essence of counselling is based on human interaction, this is something that is missing from online therapy as therapist and client are not in the same physical space (Maples & Han, 2008). Therefore, the inability to engage face-to-face may weaken the development of a therapeutic alliance between the therapist and client due to this lack of perceived intimacy (Maples & Hans, 2008).

*Lack of non-verbal cues.* Many counsellors feel that non-verbals are even more important than verbal cues in some therapeutic settings (Sussman, 2004). Due to the lack of facial expressions, body language and tone of voice, therapists are missing vital information and clues to how a client is feeling and being and this may result in miscommunication (Hunt, 2002). For example, certain psychotherapy at a distance omits for the therapist the chance to witness a client with shaky hands, tired eyes or breath smelling like alcohol. Therefore, certain therapeutic interventions rely heavily on these kind of face-to-face interactions that they cannot be translated or moved to an online medium (Alleman, 2002).

*Technological skills and failures.* Online counselling makes the assumption that both therapist and client are familiar with certain available technologies, however many people may lack the necessary skills required to engage in this kind of therapy. The counsellor and client must also be fairly good writers and typists (Speyer & Zack, 2017). Hunt (2002) points out that certain people may be considered as not suitable for online counselling in this respect such as illiterate people, elderly people, people with specific medical conditions such as dyslexia, severe mental illness such as schizophrenia, or people from certain cultural groups such as first nations peoples.

Technological failures or difficulties with software or hardware may result in delays or interfere with therapy causing unnecessary harm towards the client if he or she needs to urgently speak with their counsellor (Lee, 2010).

*Cross cultural considerations.* Suler (2001) states that while cross cultural considerations are important in in-person counselling, the issues presented may be unique and augmented to online counselling when the client is living in a country that is geographically distant or unknown to the therapist. Suler (2001) explains that communication might be impeded by differences in language or should the therapist not be familiar with the client's culture in order to conduct successful counselling.

*Online victimisation of vulnerable peoples.* The Internet is not regulated and thus is a breeding ground for online harassment, cyberstalking and victimization according to Finn and Banach (2000). They indicate some of the risks that may be encountered when people, particularly women, seek online counselling via the web. Due to no regulations established, anybody may set up a website and offer counseling. For example a website called 'Dr Schuchocolate' stated that it provided moral advice and therapy. The authors examined the site and found that it offered "racist, sexist, and homophobic advice" (Finn & Banach, p.787). Therefore, if clients are not vigilant they can place themselves at risk by not confirming the identity and credentials of whom they are communicating with. Another possible source for victimization is the practice of "page-jacking" (Finn & Banach, 2000, p.787). This happens when the user is sent to a dissimilar page than was initially sought. For example a potential client looking for a 'therapy services' website could be sent to a pornographic or hate speech site upon clicking on the 'therapy

services' site. It is thus important to both counselor and client to be made aware of the potential risks in accessing online counseling services.

Regardless of whether online counselling is supported or unsupported; the certainty is that it is being offered. Evidence of this actuality is available by typing "online counselling" in a web search engine. Currently, a Google search of the term "online counseling canada" yields approximately 3,760,000 results. Therefore results show that online counselling exists and that it is very accessible to the Internet savvy community. The main question then becomes not whether online counselling is effective or ethical in a general sense but how the ethicality of online counselling can be improved and guaranteed.

### CHAPTER 3: ETHICAL AND LEGAL CONSIDERATION FOR ONLINE COUNSELLING

#### Introduction

As online counselling increases in demand and with the new technological advances in conducting therapy, mental health professionals need to be continually vigilant about performing therapeutic services in the most ethical manner possible (Lee, 2010). One of the initial ethical considerations is the responsibility of mental health professionals to provide services to meet the demand of consumers (Childress, 2000). Zack (2008) points out that:

consumers of online counselling services may be existing clients who have moved away or are unable to come to their therapist's office for some reason (e.g., work, travel, infirmity), or they may have discovered their online counsellor in a web search. They may be mental health veterans or clients seeking help for the first time. They may be individuals who live in rural areas where mental health professionals are in short supply, lacking specialised therapeutic skills, or too familiar for comfort. They may be persons for whom online counselling offers a less-threatening alternative to 'seeing a shrink'. They may be accessing their providers from across town or across the globe. (p.334)

This illustrates there is a significant demand for online counselling from a variety of consumers and the likelihood of the modality being mainstreamed. While challenges exist involving the delivery of online counselling services, because consumers desire such services and because there is reasonable probability that online therapeutic interventions can be helpful, counsellors have a professional obligation to address this

demand (Childress, 2000). Childress (2000) warns that if counsellors ignore this demand, then consumers will be forced by the lack of response to seek online counselling services from unqualified and inexperienced providers. Shaw and Shaw (2006) as mentioned in the previous chapter, found that less than half of the online counsellor websites (88 in total) surveyed followed the accepted procedures, in this case specifically to the American Counselling Association's ethical guidelines. They point out "two most disturbing trends were that only approximately a third of online counsellors required an intake procedure and that only approximately a third required an electronically signed waiver explaining the limits of confidentiality on the Internet" (Childress, 2000, p.49). Therefore counsellors should become familiar with the ethical and legal challenges that are specific to online counselling.

The ethical and legal concerns addressed in this chapter will use the guidelines described by the Canadian Psychological Association (CPA, 2000). In June 2006 the CPA posted a draft titled 'Ethical Guidelines for Psychologists Providing Psychological Services via Electronic Media' on their website. This document states that it avoids naming online counselling tools due to the rapid development of online technology. This means that not all ethical concerns are addressed within the CPA document. Therefore, the International Society of Mental Health Organization (ISMHO, 2009) guidelines will be used in conjunction with CPA guidelines. The use of both ethical guidelines will thus provide ample means of understanding the ethical and legal considerations within online counselling.

It is important to note the draft guidelines are derived from the ethical principles and values of the Canadian Code of Ethics for Psychologists (2017). The four guiding

principles supported by the CPA Code are (1) respect for the dignity of persons, (2) responsible caring, (3) integrity in relationships, and (4) responsibility to society.

While the draft guidelines address or extend to the unique issues of online counselling, they do not repeat relevant standards in the CPA code. Therefore the proposed draft ethical guidelines can be seen as an extension of the four ethical principles to the specific practice of online counselling. The guidelines are thus connected to the moral framework and standards of the CPA code and are best used in combination with each other.

The CPA (2006) draft specifically addresses the issues concerning online counselling with these guidelines:

(1) Psychologists educate themselves regarding current practices and security devices for electronic communications, and use those systems and practices that are reasonably available, and that best protect their client's privacy. (2) Psychologists keep up to date with the e-services literature, including research literature regarding the efficacy and effectiveness of services using electronic media, and take this literature into consideration when deciding what service to provide to which clients, with what methods, and under which circumstances. (3) When obtaining informed consent for electronic provision of services, psychologists include information about the particular nature, risks (including possible insufficient, misunderstanding due to lack of visual clues, and technology failure, benefits (including appropriateness and advantages *re* distance, conveniences, comfort), reasonable alternative service options (e.g., in-person services, local services from an available health service provider of

another discipline, and privacy limitations (including the possibility of interceptions of communications) of providing services through the particular electronic medium/media to be used. (p.1)

Utilising the abovementioned guidelines, the following are potential ethical and legal issues, related to providing online counselling services, which should be addressed are discussed below.

### **Confidentiality and Privacy**

The ISMHO (2009) and CPA (2006) ethical guidelines state that the counsellor in maintaining confidentiality must take proper security measures. This is because the risk of confidentiality breaks can exist at two levels: breaches can happen due to unauthorised access of information, and error in correspondence transmission (Kanani & Regehr, 2003). Examples would be an insecure website, meaning hackers could obtain personal information of clients, or a sleep-deprived therapist mistakenly sending an email to the wrong client. Frame (1997) recommends that counsellors make sure to use encryptions and firewalls to protect information from hackers or malware.

Mallen, Vogel, Rochelen and Day (2005) are careful to point out that it is the counsellor's responsibility to disclose the potential risks in confidentiality and educate the client on how to keep their own information secure. For instance, e-mails, chat and browser histories may be accessible to those not intended to have access to the information, such as client's family members, if the client shares a computer with their household (Lee, 2010).

**Area of Jurisdiction**

Due to the Internet's reach beyond geographical borders, Childress (2000) asks an important question regarding jurisdiction: "when the therapist and client live in two different legal jurisdictions with differing laws regarding the practice of psychotherapy, which jurisdiction's law takes precedence and governs the client-therapist relationship?" (p.7) This is a complicated area and it is unclear which laws apply in a strict sense however London (2010) highlights the following as considerations: In theory some official boards suggest that the counsellor could be liable for ethics charges or even risk losing their license if they treat a client who resides in another province. It is recommended that if the counsellor's license is listed on their website, they will come under the jurisdiction of said license. In addition, the issue of jurisdiction applies not only to the legality of the activity but must also include the rights of clients to redress grievances as ethical practice (Childress, 2000). Therefore counsellors should inform their clients of the regulatory agencies and professional associations governing their work.

**Boundary Concerns**

Childress (2000) points out that counsellors need to be aware of the possible boundary concerns involved with creating an online therapeutic relationship. For example, with a video-based intervention like Skype that also allows for the user to message via text, the client will be able to see whenever the therapist is online. The client may take this an invitation to instant text message the therapist whenever he or she likes despite the time of day. It is unlikely that the therapist will change their professional email address/Skype address, which also means that some clients may continue to email

or instant message the therapist after the termination of a relationship. In extreme cases, Childress (2000) warns that some clients may stalk or harass their current or former therapist online. Therefore it is the duty of the therapist to establish and manage the boundaries and expectations of the online relationship. Perhaps the therapist should inform the client that they would be blocking the client's email address once the relationship is terminated. Therefore should the client need to make contact again; they can do so via the office telephone. The Online Therapy Institute Ethical Framework points out that social and professional networks can lead to ethical dilemmas for counsellors. Counsellors need to consider how these platforms impact on dual relationships are possible such as a supervisor being a friend on Facebook or a client following or witnessing therapist tweets on a public account. London (2010) suggests that Counsellors should inform clients from the outset that any friendship requests via social media platforms such as Facebook or Twitter will be ignored to preserve the integrity of the relationship.

### **Competence and Credentials**

Counsellors are bound by the code of ethics to practice within their level of competence in their chosen therapy modality and have the appropriate education to show their expertise (CPA, 2006). A counsellor who lacks computers skills should not engage in online counselling unless they have had the appropriate training. Childress (2000) urges counsellors to consider that without the training in the subtleties of the interactive written-word communication such as email or instant messaging, their competence to practice in a text-based format may be seriously lacking and lead to unethical practice.

**Obtain Informed Consent**

Childress (2000) discusses the possible issues with client identification regarding consent due to the lack of physical presence with online counselling. Certain technologies such as email or instant messaging do not require that the client show their face onscreen. Therefore without the ability to verify identify, the “issues of treating minors without parental consent becomes problematic” (p.7). Counsellors therefore need to take steps to clarify client’s age and obtain the appropriate consent before beginning any treatment. The duty to obtain informed consent (CPA, 2006) also means that the client needs to understand both the risks and benefits of an intervention. Childress (2000) states that clients need to be informed of the following risks,

the possibility of inadvertent breaches in confidentiality may occur during online communication, the experimental nature of online psychotherapeutic interventions and the possibility of unknown and unintended consequences, and the potential for miscommunication in text-based communication (p.8).

Counsellors may wish to tackle these issues through a Frequently Asked Questions webpage, talking through the potential risks and benefits, which clients can review. Childress (2000) suggests that counsellors document the process of informed consent using email with their clients. This means that the counsellor has a documented record before beginning any treatment via the intended mode of communication such as video-chat.

**Crisis Intervention**

Online counselling clients may at times be in crisis and this presents itself with possible complications due to the lack of physical presence of the counsellor. Should

possible crisis arise such as suicidal tendencies, physical or sexual violence or threats to harm others, the counsellor may decide that the client needs in-person therapy or hospitalisation. Therefore Childress (2000) recommends that the counsellor obtain a valid home address and telephone number for their client should there be a need for the local police to be contacted if client is in crisis. Childress (2000) also suggests that the counsellor discuss crisis planning with their client before any treatment begins and have an in-person referral local to the client in preparation for potential future crises.

### **Technology Specific: Skype**

A common question that surfaced within the research is if Skype is ethical and legal to use in online counselling. The key to understanding Skype is linking the software with the question of whether it serves to protect client confidentiality. In general, Zack (2008) states that online counsellors should be aware of Health Insurance Portability and Accountability Act (HIPAA) due to the increased use of electronically stored private health information in the online counselling modality. Within in a Canadian context, Ontario's Personal Health Information Protection Act (PHIPA) specifies that the health care professional must take reasonable steps so that the client's personal health information is protected against breaches of confidentiality (McGregor & Radman, 2012). McGregor and Radman (2012) point out that Canada's federal law, the Personal Information Protection and Electronic Documents Act (PIPEDA), is similar in many ways to the Health Insurance Portability and Accountability Act (HIPAA) in the United States. They explain that HIPAA does not certify software as being HIPAA compliant or not, with companies themselves claiming that their software is HIPAA compliant instead. In addition, HIPAA requires professionals (business associates) to sign an agreement

with third parties such as software vendors (covered entities) should they be handling private personal information. McGregor & Radman (2012) clarify that Skype states on their website that it is not HIPAA compliant, nor does it offer business associate contracts to therapists or clinics who are using its platform for online counselling. Therefore the assumption can be made that Skype is not PHIPA compliant, as it does not promote the privacy and protection of those who use it. Therefore it should not be used for online counselling purposes.

London (2010) points out that whilst most of the information on this topic is educational and provokes reflection; it is neither definite nor regulatory due to the constant changes in technologies. Due to constant development of web-based applications, there will always be numerous implications for professional associations who need to touch address issues related to online counselling. Ultimately it is up to the counsellor to keep up to date with the changes in online service delivery and maintain efforts to remain current in the field. This is how they can ensure that they are practicing with an ethical mind.

## CHAPTER 4: SUGGESTIONS FOR PRACTICE

### Introduction

Based on an article by Barnett and Kolmes (2016), one fictional case study will be discussed to illustrate suggestions for counsellors to practice in an ethical, legal and clinically effective way.

**Case Study: Unanticipated ethical and legal concerns.** Mark Aces is a registered clinical counsellor in British Columbia. He decides to offer online counselling as an additional way to earn money and expand his client base. He plans to offer online, couple and family counselling via Skype. Mark lists this new service on his website, emphasising that he has over 20 years of experience as a licensed practitioner. Being familiar with technology, he decides to put up an informed consent form on his website for new clients to review. He also has an electronic calendar for clients to can schedule an initial appointment with him directly.

Using the Internet, Mark advertises his new service online and soon he receives numerous appointments from clients interested in counselling via Skype. He also receives queries from client seeking counselling via email. Mark is feeling excited and decides to accept both clients looking for Skype or email therapy. He also accepts clients from different parts of the world and is pleased that clients are presenting with a variety of issues. However Mark has overlooked some ethical, legal and clinical issues and should have considered the following before launching his new online counselling business.

### Technological Competence

Counsellors should be well-informed of the various technologies used in online counselling such as “hardware, software, type of Internet connection, privacy safeguards

and security precautions needed to help ensure client privacy” (Barnett & Kolmes, 2016) p.3). Mark also did not consider any back up plan for making contact with a client should there be a loss of Internet connect or malfunction in software. Whilst Mark does have some personal experience with technology and twenty years of clinical experience with face to face counselling, his failure to attend any online counselling training courses suggests that his professional knowledge using email text based therapy is limited. Had he attended training, he would realised that his choice of Skype is inappropriate as it is a non-secure video platform and non-compliant with the PHIPA law.

### **Online Counselling Competence**

Mark has not considered the appropriateness of the technology for each client’s individual needs. There is broad literature on the effectiveness of videoconferencing showing it to be useful in treating anxiety disorders including general anxiety disorder, , post-traumatic stress disorder and panic disorder (e.g., Germain, Marchand, Bouchard, Drouin, & Guay, 2009; Spence, Holmes, March, & Lipp, 2006; Wims, Titov, Andrews, & Choi, 2010 as cited by Barnett & Kolmes, 2016 ); depression and grief (e.g., Dominick et al., 2009; Ruwaard et al., 2008 as cited by Barnett & Kolmes, 2016); and addictions (e.g., Mermelstein & Turner, 2006; Riper et al., 2009 as cited by Barnett & Kolmes, 2016). However videoconferencing may not be appropriate for clients with serious mental illness such as severe suicidality or impulse control issues. Therefore careful screening of each client is needed. Screening should explore the seriousness of the client issue, whether the client is in crisis or not, the level of rapport, the client’s support system & whether the client has access to a secure and private space for participating in online counselling. Therefore counsellors need to be familiar with the widespread and rapidly

developing literature to ensure that treatments offered have empirical support. If clients' treatment needs will not be met with some of these modalities, they should be referred out to other experienced professionals.

### **Multicultural Considerations**

Mark is accepting clients from all over the world and will thus be encountering people from different cultural, ethnic and linguistic backgrounds. Should a client be writing to Mark in English whilst English is not the client's primary language, Mark should reassess his competency in providing this client with the best service. Counsellors should possess the required multicultural competence to ensure sensitivity to clients' beliefs so these are not misinterpreted or violated (Barnett & Kolmes, 2016).

### **Informed Consent Process**

Mark did not tailor his consent form to reflect the procedures involved with online consent. The issues of confidentiality and its limits should be made aware to the client from the onset. Encrypted email communications, virus and malware protection, password and secure internet networks should be discussed with the client.

Also counsellors should first obtain proof that the potential client is legally an adult and has the right to consent to treatment. The counsellor should put into place procedures to ensure that someone does not pose as a client to gain access to someone else's therapy – for example the counsellor and the client can use an agreed upon password exchange through encrypted media.

Counsellors ought to view informed consent as an ongoing process. They must obtain a client's informed consent at the outset of the professional relationship, but also repeatedly tailor it as circumstances process to change. Any substantive change to how

treatment is provided, the risks involved in participating in it, fees or financial arrangements should be discussed with clients before changes are reflected. So, if a client has agreed to email communication for treatment, and over time the counsellor decides that a different treatment modality would be preferable such as videoconferencing, the informed consent should be updated to discuss the reasons for the change, the other choices available, and the risks and benefits of each option.

### **Licensing Issues**

When Mark treats someone in his province, he is following the laws of his license. However licensure requirements may be less clear when a client lives in another jurisdiction — and so far, not all jurisdictions have addressed this issue in their licensing laws and regulations. In addition, decisions about what is appropriate are subject to idiosyncratic jurisdictional authorities. (Barnett & Kolmes, 2016) This can create a difficult challenge for counsellors who want to engage in international practice. An important first step for counsellors is to research the licensure laws and regulations in the jurisdiction where each client is located. If these documents lack clarity on interjurisdictional practice, the counsellor should submit a written request for clarification to that jurisdiction's licensing board (Barnett & Kolmes, 2016).

### **Duty to Report**

Should Mark's client disclose that they are physically or sexually abusing a child during a videoconferencing session, the issues of jurisdiction will come into play. It is vital that counsellors should learn about and follow all duty to warn and mandatory reporting requirements in the jurisdiction where they are providing online counselling.

### **Technology Options for the Beginning Online Counsellor**

In an effort to provide counsellors who have an interest in online counselling, Elleven and Allen (2004) make several suggestions. The authors do state that these guidelines are not to be interpreted as concrete or meant to allow one to begin online practice the next day but do allow the counsellor to begin planning toward an effective approach to the practice/topic.

It is important that the counsellor provides several options for clients to interact and participate in services. By allowing the client this flexibility, the counsellor can meet them where they are technologically. For example, a client might prefer that the counsellor connect only with he/she via audio without being able to see he/she visually. Allowing both, as options will mean that the client is comfortable with the technological application. The counsellor's use of technology must also not surpass that of the clients. If the counsellor tries to engage the client in video conferencing but the client does not have the proper equipment or a desire to engage with video conferencing, there may be at risk of "electrical disconnect" (Elleven & Allen, 2004, p.224). The following discussion will now tackle the options for online tools:

**Telephone.** Typically, the traditional telephone is not viewed as an online technology however smartphones are viewed as an option for connecting to the Internet. Therefore the telephone and the smartphone is familiar technology and accessible to most clients. The benefit of having familiar technology is that it comes with a level of comfort and simplicity that might be lost with the usage of more advanced online tools. The ability to hear the client's tone of voice and verbal cues such as hesitancy or urgency in a client's voice may lead to a clearer understanding of the person. The counsellor may need

to invest in a toll-free number in order for clients who are not in their immediate area to feel unburdened by any additional long distance costs depending on their mobile plans and cellular service provider. It may also be necessary to allow three-way calling so that couples or families that are not in the same location. (Elleven & Allen, 2004).

Moving Forward Family Services (<https://movingforwardfamilyservices.com>) in Surrey, British Columbia recommend their counsellors use a mobile app called Fongo. Fongo (<https://www.fongo.com/>) is a mobile phone communication tool, which allows the user to make free local and long distance mobile telephone calls via their own smartphone. The Fongo mobile app can be downloaded from either the apple or android mobile app store. Their website states that the app enables unlimited phone calls to 90% of the Canadian population, within 40 largest metropolitan areas and all 10 provinces at no cost. The app generates an alternative Canadian number for the user. This means that the counsellor can use this number as a professional one. Should the counsellor wish to add text messaging, the cost for six months unlimited texting within Canada is \$9.99. This means that there may or will be an additional cost for the counsellor to bear in mind.

**Email.** Email is prevalent in today's society and used in aspects of both work and personal life. This mode of communication is effective and available to most clients seeking online counselling services. However, counsellors need to be aware of the risk to confidentiality with email communication, therefore counsellors need to make clients aware of the possibility of others being able to read the messages in cyberspace. It is also advised that counsellors inform their clients of the the typical response time for email correspondence. Elleven and Allen (2004) suggest counsellors use email that is specifically encrypted such as ZixMail (<https://www.zixcorp.com/products/zixmail>).

Installed on your desktop, ZixMail provides end-to-end encryption to guard emails and attachments. The cost is estimated as \$49.95 per year.

**Chat Rooms or Instant Messaging (IM).** Chat rooms or instant messaging allows two users to communicate with each other via text in real time. Some online tools are Google Talk, MSN messenger and Whatsapp. Chat rooms and instant messaging come with the same confidentiality issues as email does. It is therefore recommended that counsellors use a secure alternative such as Hushmail instant messaging (<https://www.hushmail.com/>), which is encrypted and secure. Hushmail offers HIPAA compliancy for \$9.99 per month.

**Videoconferencing.** Videoconferencing allows the counsellor and the client to see and hear each other in real time. Huggins (2016) suggests Doxy.me (<https://doxy.me/>) as a suitable HIPAA compliant option. Interestingly, Doxy.me arose out of a grant-funded university project to fill a gap in telehealth software services. Their website states that the free version is for solo and small practices. Those with larger clinics can pay for a version with added features. The software uses encrypted point-to-point connections and a BAA is included with signup.

**Find a techno partner.** The reality is that technology is advancing at a rapid pace. New tools will be created and articles on the subject matter may become quickly outdated. Elleven & Allen (2004) recommend finding a colleague with an interest in online counselling to assist in exploring and learning the tools. This could be seen as similar to a supervision setting, where both counsellors may discuss how the technologies can be effectively and ethically used with clients.

## CHAPTER 5: SUMMARY AND DISCUSSION

### Summary

The purpose of this thesis seek to advise future counsellors with an interest in providing online counselling services by exploring the possible advantages and disadvantages to online counselling utilising current research, focusing on the legal and ethical considerations and defining suggestions for engaging with online counselling in a manner that ethically, legally and clinically effective.

Three main themes have emerged in this thesis process discussing counselling as it moves within the digital space that defines our modern world. In summary, they are the importance of understanding the unique ethical and legal implications of online counselling as pointed out by the above ethical framework. The importance of seeking and providing education to ensure counsellors are working ethically and legally and the implementation of training regarding working online and the importance of understanding cyberculture for counsellors at a postgraduate level for those who wish to provide online counselling. Given the themes uncovered in this thesis a discussion, implications and additional considerations is described below.

### Discussion

Online counselling is an ongoing contemporary issue facing counsellors in our modern Internet dominant world. Whether counsellors are in favour of the modality or not, it is becoming in some parts of the world, a mainstream option. According to Hunt (2000), online mental health services are here to stay and client demand for online services is growing. However, perhaps the technology is overtaking our understanding of

how to best utilise it, not only from a clinical perspective but also significantly in an ethical manner (Deardoff, 2010).

Despite the issues surrounding the ethical, legal and clinical implications within this modality, online counselling interventions continue to flourish. Barak et al. (2009) states that this is likely due to several factors including: acceptability of the Internet as a social tool, computer hardware and software developments especially in relation to accessibility, easy of use, privacy protection and online communication options, creation of online counselling ethical guidelines by various professional associations and the establishment of online training options for counsellors.

The hope in writing this thesis is that by increasing awareness among professionals by highlighting the distinctive features such as benefits and risks, and ethical and legal issues to be considered in delivering online counselling - it would seem fundamental to include training in online counselling in academic course as well as part of continued professional development in clinical practice. From a regulatory point of view, should a certain level of training be necessary before a counsellor can officially call herself or himself an online counsellor? (Rumell & Joyce, 2010). Possibly harsher penalties need to be executed to ensure compliance such as associations withdrawing memberships of counsellors that do not comply with ethical and legal guidelines (Bolton, 2017). Corresponding to the current literature, which exposes the lack of ethical compliance by counsellors “highlights the need for both institutionalised and mandatory education and training and for stricter laws and regulations related to e-counselling” (Finn & Barak, 2010, p.276).

According to Anthony (2014), it is clear that training therapists to work effectively online is an ever-changing beast. Training and courses need to be constantly updated and reworked to keep current with the latest client issues. Further, Anthony (2014) states traditional principal trainings that most existing counsellors have had are out of date. Not because the training is invalid but because it is not inclusive of digital culture, also known as “cyberculture” (p.38). It can be argued that online therapy is not a theoretical orientation in itself which is why it is not included in graduate training. However, understanding cyberculture and the psychology of online behaviours and how it affects clients is imperative to conducting therapy both online and face-to-face.

Suler (2004) talks of “Online Disinhibition Effect” (p.321), which discusses the online interactions people have, that work to lower their inhibition and produce results, which may or may not match the self they present in a face-to-face setting. Due to a cybervariable such as perceived anonymity, a person’s inhibitions may be lowered and personality aspects rarely seen in person may emerge and flourish in an online space. According to Suler (2014) people loosen up, feel less restrained and express themselves more openly when using the Internet. He defines the disinhibition as benign or toxic. Benign disinhibition shows people sometimes share personal and intimate details about themselves such as revealing hidden emotions, fears and wishes online. They may also display unusual acts of benevolence and generosity, going out of their way to help others. For example, users on Facebook who live in the same area may band together to help a stranger who has publically posted about losing their cat. In contrast, toxic disinhibition shows people display derogatory language, unkind criticisms, anger, hatred and threats in an online space. Interestingly, people may visit pornography or violent online sites,

which is territory they would not normally explore in the real world. For example, a married man engaging in sexual online chat may confess to his wife that it was just fantasy for him and he had no real intention of actually meeting up with anyone in person. Another example is the prevalence of cyberbullying. Classmates, who are anonymous on an online group with no real repercussions, may choose to band together to bully one of their own. The youth being bullied may show a decrease in their mental health to a point that it can be detrimental and lead to suicide.

Anthony (2014) points toward a new concept of online behaviour called “self-trolling” (p.39). This is a form of self-harm when a person creates an alternate online identity to hurl abuse at himself or herself on a public forum. Therefore an ability to understand why a client would self-harm online and on which social media platforms (such as Facebook or Twitter) is essential to helping clients toward better mental health. Behaviours such as the above illustrate the need for counsellors to understand the depth of psychological experiences that are affected by the Internet. Knowing how and why this behaviour happens and its outcomes is a prerequisite of empathy and connection on a basic level with one’s clients (Anthony, 2014).

Therefore Anthony (2014) states that the inclusion of the concept of cyberculture as a distinct culture and the theories of human behaviour as it acts out in an online environment should be included in postgraduate training.

This includes all the mental health issues that accompany what has become an integral part of everyday life for the generations already with us and those to come- the impact that online communication and participation have on our ability to cope with the day-to-day reality of our lives (Anthony, 2014, p.38).

If this is not the case, then counsellors may be unprepared for the realities of our current society.

### **Implications for Online Counselling: Ethical Framework**

According to Speyer & Jack (2003) there are no claims in the literature (or the media) to suggest that counselling in this medium will displace the need for face-to-face sessions. Anthony & Nagel (2010) argue that because the Internet transcends geographical boundaries, that international guidelines should be strived for. Additionally, the vast amount of information available to counsellors that they need to be aware of, such as ethically, legally and clinically, is both overwhelming and somewhat puzzling due to the differing regulations and laws (Anthony, 2014). They suggest The Online Therapy Institute's Ethical Framework for the Use of Technology in Mental Health as the most comprehensive standard of care model currently available to mental health practitioners. This ethical framework is based off the original codes and guidelines of the BCAP, ACA, NBCC and ISMHO covering the main themes common in these publications. It therefore offers a generic set of guidelines for working online in a global environment and much of what the framework offered was covered in chapter 4.

A summary of these guidelines can be stated as follows: Counsellors should follow all requirements for ethical conduct from their associations' code of ethics regardless of the online modality being used. Counsellors should learn and follow the mental health laws in all jurisdictions to which they will be providing online services. In addition, learning about and following all duty to warn and mandatory reporting requirements in the jurisdictions of practice. Referrals to other competent professionals should be made when in the client's best interest. The usage of a comprehensive

informed consent process covering advantages and disadvantages, the possibility of misunderstanding, issues of confidentiality, maintenance of professional boundaries, the interruptions of services and crisis interventions should be addressed along with any further relevant issues. Counsellors should take practical actions to protect client's confidentiality such as the encryption of email communications and PIPEDA compliant software when providing videoconferencing services. Based on their education, training and appropriate clinical experience, counsellors should only provide services within their level of competence. Counsellors should develop or show competence regarding all hardware and software that they choose to use in communicating with their client's online. Counsellors should attend to any diversity issues in their online interactions with clients such as culture and linguistic competence. Assessing language barrier, reading and comprehension skills and culture difference is part of the screening process. Counsellors need to assess each potential client's treatment needs to ensure the appropriate of participation in online counselling and consider the most appropriate modality to use.

Anthony & Nagel (2010) also address client suitability in the ethical framework. They believe that counsellors should screen potential client's use of technology through questions at the initial consultation. Questions include but are not limited to the client's experience with online culture regarding email, social networks, mobile texting, instant messaging and chat rooms. Counsellors should ensure that the client's access to certain software platforms is compatible with their own during the course of therapy. At first contact, screening for suicidality, homicidality and immediate crisis should be addressed through an intake questionnaire. Counsellors should incorporate a mechanism for verifying identity. Anthony & Nagel (2010) suggest asking clients for a formal

identification number such as driver's license or other means as the client must not remain anonymous. At a minimum, counsellor should obtain client's first and last name, home address and phone number for emergency contact. Not directly in the ethical framework but in the case of not being able to get hold of the client directly, an emergency contact such as a relative's name and number should also be considered as part of the intake procedure. Minors must be identified through parental consent. The ethical framework (Anthony & Nagel, 2010) also points out that client's who are currently experiencing forms of psychosis such as hallucinations or delusions or assertively using alcohol or drugs to an extent reveals that insight-orientation interventions would not be suitable. Any physical issues must also be screened for interventions to be used and possible methods of delivery. For example a disability that impairs typing will render any text communication inaccessible (Anthony & Nagel, 2010). With regards to insurance, subsidy or reimbursement information, the ethical framework states that if the client lives in a geographic area that accepts insurance or other forms of reimbursement for counselling services, it is the duty of the counsellor to inform client of this information. If online services are not covered or apply at the same rate, the counsellor should inform the client of this information as well. Payment methods should be secure and encrypted and thoroughly explained to the client by the counsellor. Pertaining to record keeping, unless specified through the law in the counsellor's geographic location, the counsellor remains the owner of therapeutic transcripts, notes and emails. The client is informed that posting information about the counsellor or verbatim material from therapy sessions is forbidden.

It is advised that counsellors acquaint themselves directly with the OTI's ethical framework, as doing so will help with ethical decision-making. For example, should a counsellor feel that they are unable to type quickly and accurately in response to instant chat, then their choice to exclude this modality from their online services is a good instance of working ethically as they have determined that they cannot best service their client this way.

### **Additional considerations**

Regarding an area that seems to be underdeveloped in the literature concerns the role of the counselor according to Richard & Viganó (2013). They suggest that there is great value in future theory and research that focuses on providing a clear theoretical framework for online counseling and on furthering our understanding of the suitability and adaptability for online counseling delivery. They illustrate this by asking, "What is the role of the counsellor in the context of online counseling? Has it changed or is it changing, and if so how? (p.1007).

Richards & Viganó, (2013) make the argument that should online counselling move toward being incorporated and accepted as a legitimate form of delivery of therapeutic intervention, it will be looked at not as a renegade but as a trustworthy and viable option that would benefit from regulation and standardisation for both counsellors and consumers. Within Canada, counselors can only be held responsible to association standards such as the CCPA if they choose to become a member. Membership with an association is not compulsory. According to the CCPA website (<https://www.ccpa-accp.ca/>, 2017), there is no current regulation specific to counselling in British Columbia, Manitoba, Saskatchewan, Alberta, Yukon, North-West Territories, Nunavut, Prince

Edward Island, Newfoundland or New Brunswick. This means that one does not need any specific qualifications to be able to practice in these provinces. This means that the term “online counsellor” can be loosely used in the absence of licensure. According to Manhal-Baugus (2001), unlicensed persons may be promoting themselves as competent online counsellors. In addition these impersonators may be legally unchallenged should they display a disclaimer statement indicating that they are providing life coaching or life advice services instead of counselling. Counsellors who are not licensed or governed by professional associations practicing online raises huge concern to the quality of therapy being offered to the consumer and should be addressed.

In conclusion, Holmes & Ainsworth (2010) state that the future of online counselling is up to you, the reader. The reader can be interpreted as fellow counsellors who will act in the best ethical interest of clients when providing online counselling. Instead of waiting on the sidelines to see what happens, counsellors are encouraged to take an active role in shaping and guiding emerging online practices.

### References

- Anthony, K. (2014). Training therapists to work effectively online and offline within digital culture. *British Journal of Guidance & Counselling*, 43(1), 36-42.
- Anthony, K., & Nagel, D. M. (2010). Ethical considerations. *In Therapy Online: A Practical Guide* (pp. 58-78). London, UK: Sage Publications Ltd.
- Barnett, J. E., & Kolmes, K. (2016). The practice of tele-mental health: Ethical, legal, and clinical issues for practitioners. *Practice Innovations*, 1(1), 53-66.
- Bolton, L. (2017). The Ethical Issues which must be addressed in online counselling. *Australian Counselling Research Journal*, 11 (1), p 1-15.
- British Association for Counselling and Psychotherapy (2016). *Ethical Framework for the Counselling Professions*, Leicestershire BACP House
- Canadian Psychological Association. (2017). *Canadian code of ethics for psychologists*. 4rd edition. Retrieved 10 June 2017 from [http://www.cpa.ca/docs/File/Ethics/CPA\\_Code\\_2017\\_4thEd.pdf](http://www.cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf)
- Canadian Psychological Association, Committee on Ethics. (2006). *Draft ethical guidelines for psychologists providing psychological services via electronic media*. Retrieved 20 August, 2017 from <http://www.ca/aboutcpa/committees/ethics/psychserviceselectronically>
- Childress, C. A. (2000). Ethical issues in providing online psychotherapeutic interventions. *Journal of Medical Internet Research*, 2(1), 5th ser., 1-10. Retrieved August 20, 2017, from <http://www.jmir.org/2000/1/e5/>
- Cook, J.E., & Doyle, C. (2002). Working alliance in online therapy as compared to face- to-face therapy: Preliminary results. *CyberPsychology & Behavior*, 5(2), 95-105.

- Corey, G., Corey, M. S., & Callanan, P. (1998). *Issues and ethics in the helping professions*. Pacific Grove, CA: Brooks/Cole Publishing.
- Deardoff, W. (2010). Internet based treatment: A comprehensive review (ethics and risk management). Retrieved 20 September 2017 from [http://www.behavioralhealth.com/index.php?option=com\\_courses&task=view&cid=69](http://www.behavioralhealth.com/index.php?option=com_courses&task=view&cid=69)
- Elleven, R., & Allen, J. (2004). Applying technology to Online Counseling: Suggestions for the beginning e-therapist. *Journal of Instructional Psychology*, 31(3), 223-227.
- E-Mental Health in Canada: Transforming the Mental Health System Using Technology*. (2014). Ottawa, ON: Mental Health Commission of Canada. Retrieved from: <http://www.mentalhealthcommission.ca>
- Frame, M.W. (1997). The Ethics of counselling via the internet. *The Family Journal: Counseling and Therapy for Couples and Families*, 5(4), 328-330.
- Finn, J., & Barak, A. (2010). A descriptive study of e-counsellor attitudes, ethics, and practice. *Counselling and Psychotherapy Research*, 10(4), 268-277.
- Glasheen, K, J. & Campbell, M,A. (2006) Are you keeping up with the kids?. In *Connections*, 23(2), pp2 2-7, Queensland Guidance and Counselling Association Inc.
- Grohol, J. M. ( 2010 ). Online counseling: A historical perspective . In *Online counseling: A handbook for mental health professionals* (pp. 94- 111 ). San Diego CA : Elsevier Academic Press

- Heinlen, K. T., Welfel, E. R., Richmond, E. N., & Rak, C. F. (2003). The scope of webcounseling: A survey of services and compliance with NBCC standards for the ethical practice of webcounseling. *Journal of Counseling and Development*, 81,61- 69.
- Holmes,L & Ainsworth, M (2010). The future of online counselling. In *Online counseling: A handbook for mental health professionals* (pp. 298-313 ). San Diego , CA : Elsevier Academic Press
- Huggins, B. (2017, August 27). Free Online Therapy Software Choices, HIPAA-Secure, Ranked. Retrieved September 20, 2017, from <https://personcenteredtech.com/2016/02/16/free-online-therapy-software-compared-usefulness-ease-security-support-hipaa/>
- International Society of Mental Health Online (2009). *Suggested principles for the online provision of mental health services (version 3.11)*. Retrieved August 20, 2017, from <http://ismho.org/resources/standards-for-online-practice/>
- Kanani, K., & Regehr, C. (2003). Clinical, ethical, and legal issues in e-therapy. *Families in Society*, 84(2), 155-162 .
- Kessler, D., Lewis, G., Kaur, S., Wiles, N., King, M., Weich,S., Sharp,DJ., Araya,R., Peters, TJ. (2009) Therapist-delivered internet psychotherapy for depression in primary care: a randomized controlled trial. *The Lancet* , 374, 628–634
- Kraus, R (2010). Ethical and legal considerations for providers of mental health services online. In *Online counseling: A handbook for mental health professionals* (pp. 166-187). San Diego , CA : Elsevier Academic Press
- Lee,S (2010) Contemporary issues of ethical e-therapy. *Journal of Ethics in Mental*

- Health*, 5(1), 1-5.
- Mallen, M.J., Vogel, D.L., Rochlen, A.B., & Day, S.X. (2005). Online counseling: Reviewing the literature from a counseling psychology framework. *The Counseling Psychologist*, 33(6), 819-871.
- McGregor, A., & Radman, D. (2012). The hype with skype: The ethics of providing online therapy. *Rehab Matters*. Retrieved September 25, 2017, from [www.brainworksrehab.com](http://www.brainworksrehab.com).
- Manhal-Baugus, M. (2001). E-Therapy: Practical, Ethical, and Legal Issues. *CyberPsychology & Behavior*, 4(5), 551-563.
- Maples, M.F., & Han, S. (2008). Cybercounseling in the United States and South Korea: Implications for counseling college students of the millennial generation and the networked generation. *Journal of Counseling & Development*, 86, 178-183.
- Nelson, E., Barnard, M., & Cain, S. (2003). Treating childhood depression over videoconferencing. *Telemedicine Journal and E-Health*, 9(1), 49-55
- Rassau, A., & Arco, L. (2003). Effects of chat-based on-line cognitive behavior therapy on study related behavior and anxiety. *Behavioural and Cognitive Psychotherapy*, 31(3), 377-381.
- Robinson, P., & Serfaty, M. (2001). The use of e-mail in the identification of bulimia nervosa and its treatment. *European Eating Disorders Review*, 9, 182-193.
- Robinson, P., & Serfaty, M. (2008). Getting better byte by byte: A pilot randomized controlled trial of email therapy for bulimia nervosa and binge eating disorder. *European Eating Disorders Review*, 16, 84-93.

- Richards, D., & Viganó, N. (2013). Online counseling: A narrative and critical review of the literature. *Journal of Clinical Psychology*, 69(9), 994-1011.
- Rummell, C. M., & Joyce, N. R. (2010). “So wat do u want to wrk on 2day?”: The ethical implications of online counseling. *Ethics & Behavior*, 20(6), 482-496.
- Shaw, H.E., & Shaw, S.F. (2006). Critical ethical issues in online counseling: Assessing current practices with an ethical intent checklist. *Journal of Counseling and Development*, 84, 41-53.
- Singer, P. (2017, June 16). Ethics. Retrieved November 04, 2017, from <https://www.britannica.com/topic/ethics-philosophy>
- Speyer , C. M. , & Zack , J. S. (2003). Online counseling: Beyond the pros & cons. *Psychologica* , 23, 11–14.
- Suler, J. (2001). Assessing a person’s suitability for online therapy: The ISMHO clinical case study group. *CyberPsychology & Behavior*, 4(6), 675-679.
- Suler, J. (2004). The Online Disinhibition Effect, *CyberPsychology and Behavior*, 7(3), 321–326.
- Sussman, R.J. (2004). Counseling over the Internet: Benefits and challenges in the use of new technologies. *Cyberbytes: Highlighting compelling uses of technology in Counselling*, 17-20.
- Walker, P., & Lovat, T. (2014) You say morals, I say ethics – what's the difference? Retrieved May 20, 2016, from <http://theconversation.com/you-say-morals-i-say-ethics-whats-the-difference-30913>
- Zack, J.S. (2008). How sturdy is that digital couch? Legal considerations for mental health professionals who deliver clinical services via the internet. *Journal of*

*Technology in Human Services*, 26 (2/4), 333-359.

Zelvin, E., & Speyer, C. M. (2010). Online Counselling Skills, Part I. In *Therapy Online:*

*A Practical Guide* (pp. 163-180). London, UK: Sage Publications Ltd.

Zeren, S. G. (2016). Face-to-Face and Online Counseling: Client Problems and

Satisfaction. *Education and Science* ,40(182), 127-141.