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THE EFFECTIVENESS AND ETHICALITY OF ONLINE COUNSELLING

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CAMPUS ALBERTA APPLIED PSYCHOLOGY:
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ABSTRACT

Online counselling is currently being practiced, even though there are multiple concerns about its effectiveness and ethicality. Within this project, the author aims to define online counselling and review the pertinent literature to gain information regarding the effectiveness of this form of counselling. There is also a discussion about ethical dilemmas resulting from online counselling practice and reflection on relevant ethical codes and guidelines. Specifically, the Canadian Psychological Association's (CPA) proposed guidelines for psychological services via electronic media are reflected upon in light of the literature and research findings. The author concludes with a discussion about the future of online counselling with respect to research, ethical codes, and best practices.

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CHAPTER I

Introduction

Problem Statement

Currently, online counselling is being offered even though experts disagree about its effectiveness and ethicality. For instance, some counsellors and psychologists warn that online counselling or therapy is a contradiction in that it is missing certain critical elements (verbal and non-verbal communication) considered essential to counselling and psychotherapy (Segall, 2000, p. 40). With critical components missing, one could argue that online counselling is not only ineffective, but that it is unsafe and potentially harmful. On the other side, Skinner and Zack (2004) stated, "preliminary indications are that counseling via the Internet can be effective and convenient" (p. 440). Parks and Roberts (1998) provided evidence that real relationships can be formed via the Internet and that people tend to be more open when using the Internet to communicate. As such, a central question is whether it is right to offer online counselling to clients when there is a lack of consensus on whether online counselling is an effective and/or ethical form of counselling practice.

There is currently a need for a systematic and thorough review of the existing literature in order to help resolve the question concerning the effectiveness and ethicality of online counselling. My aim is to meet this need through completion of a comprehensive literature review. Relevant ethical codes and guidelines will also be considered as a means to obtain clarity regarding online counselling practice. Right or wrong, Cook and Doyle (2002) highlighted that online forms of counselling continue to grow and increasing numbers of people have been searching for online psychological

support. The current growth of this form of counselling makes this comprehensive analysis and ethical examination extremely important and relevant.

Project Rationale

Alleman (2002) demonstrated caution in stating that "the mental health profession is unprepared for the possibility that within a few years there may be as many people seeking professional counseling over the Internet as there are looking for it face-to-face" (p. 199). However, to debate whether online counselling should be offered is a moot point at this time. Several people and agencies are currently offering online mental health services which appear to be readily accessed by the public. Chester and Glass (2006) indicated that there has been a three-fold increase in both clients and practitioners involved in online counselling over the past three years. Based on the exponential growth of this form of counselling, examination at this point is critical. The Canadian Psychological Association's Ethical Code (Canadian Psychological Association [CPA], 2000) stressed the importance of responsible caring and risk analysis concerning new interventions and procedures. Principle II.16 reads that psychologists should:

> Seek an independent and adequate ethical review of the balance of risks and potential benefits of all research and new interventions that involve procedures of unknown consequence, or where pain, discomfort, or harm are possible, before making a decision to proceed. (CPA, 2000, p. 17)

With this in mind, it is the ethical responsibility of psychologists considering online practice to review this area carefully. A review of the existing literature on this topic will clarify the benefits and risks involved and help provide guidance on how psychologists and counsellors should proceed.

In addition, the growth of online counselling has generated increased need for professional associations to adapt their ethical codes to reflect this change in the practice of psychology. Robson and Robson (2000) stressed that "professional counselling bodies need to address this topic and if necessary to adapt their codes of conduct to help to ensure that potential and actual clients are not exploited" (p. 256). To attend to this concern, the ethical codes and guidelines of many of the leading organizations in the psychological realm have begun to make more specific mention of online services. Specifically, the Canadian Psychological Association (CPA) has accomplished this through posting a draft of their Ethical Guidelines for Psychologists Providing Psychological Services via Electronic Media on the CPA website (Canadian Psychological Association [CPA], 2006). The CPA has requested feedback and comments to help with the development of these guidelines. In response to this request, my aim is that the content of this project will provide direction to the CPA and other mental heath organizations with the development of their existing ethical codes and guidelines.

Project Procedures

In the second chapter, there will be a thorough review of the literature relevant to the subject of online counselling. Specifically, this literature review will define online counselling and distinguish it from other forms of counselling. Within the literature review, the positive and negative factors associated with this emergent medium of counselling practice will also be presented.

In the third chapter, the literature reviewed in the previous section will be synthesized and summarized, with specific attention given to both the effectiveness and ethicality of online counselling. The ethicality of online counselling will be examined

using the CPA Code of Ethics (CPA, 2000) and the proposed Ethical Guidelines (CPA, 2006) as benchmarks.

In the fourth and final chapter, there will be a discussion concerning the information gathered in the preceding chapters. Implications and considerations for the future of online counselling will be shared, areas for future research will be indicated, and recommendations for the future of online counselling practice will be provided.

CHAPTER II

Literature Review

Definition

Online counselling refers to counselling activities that use the computer as the primary medium; the most common methods are e-mail and chat-room discussions. With this type of counselling, the counsellor and client are not in the same physical space, and there is no face-to-face interaction. Other names that refer to online counselling include: online therapy, Internet counselling, Internet therapy, web-based counselling, e-therapy, e-counselling, cyber-counselling, virtual therapy, and web-counselling. For the purposes of this project, these terms will be used interchangeably and online counselling will be the predominant term.

Online counselling activities are varied and are practiced by a diverse range of practitioners. Finn (2002) stated:

> E-therapy websites are run by a variety of professionals, including social workers, psychiatrists, psychologists, counselors, and marriage and family therapists, and they offer a wide variety of services for issues such as interpersonal relationships, depression, family relationships, substance abuse, anxiety, sexual problems, eating disorders, bereavement or grief, phobias, career counseling, medical illnesses, and gay and lesbian issues. (p. 404)

As indicated, counsellors are not the only mental health professionals involved in online practice. However, in this project the term "counsellor" will be used generically to cover the long list of professionals involved in this emerging area of practice. The Internet is also being used for peer-to-peer support and groups (e.g., Griffiths, 2005; Reeves, 2000;

Zabinski et al., 2001). These groups are available for addictive behaviours, AIDS, eating disorders, and a variety of illnesses, conditions, and problems. Although valuable in their own right, for the purposes of this project, groups will only be considered online counselling if moderated by a trained professional.

Elleven and Allen (2004) made a distinction between synchronous and asynchronous online counselling technologies. Synchronous tools allow communication to occur in real time, where asynchronous refers to online tools that delay the communication. The most typical form of online counselling involves the asynchronous writing of email messages back and forth between a counsellor and client. With this type of communication there is a delay between responses that can range from a couple of minutes to a couple of weeks. On the other hand, the most common synchronous tool is private chat-rooms. These are online environments where a client and counsellor engage in typed message exchanges to each other in real time.

With reference to duration of counselling, the period of time spent between counsellor and client is as varied online as it is in face-to-face practice. Online counselling can range from short term crisis intervention to long term psychotherapy. People are seeking online counselling for as wide a scope of problems and durations as they are for more traditional forms of counselling and psychological support (Oravec, 2000).

It is also important to note that it is becoming increasingly common for online practices to be used in adjunct to regular face-to-face services. Although online tools are employed to aid traditional practice, this does not match the definition of online counselling stated within this project. For instance, an email between face-to-face

sessions would not meet the outlined criteria. In this example the counselling that occurs online is an addition to a counselling relationship that has been developed face-to-face. Since the computer is not the dominant means of communication, this example lies outside the intended definition.

There is also a difference between online counselling and telephone counselling. Although these forms of counselling share some similarities; online counselling is unique in that there is the absence of both visual and auditory cues. At its fundamental level online counselling uses the computer as its primary medium for counselling, where telephone counselling involves use of the telephone. In this regard, an examination of telephone counselling is beyond the scope of this final project.

Supporting Literature

Positive aspects of online counselling. Skinner and Zack (2004) indicated that counselling on the Internet can be both effective and convenient. They also highlighted that this form of counselling helps take "the seeking out of health seeking" (p. 444). Internet counselling allows individuals to connect easily and quickly to access support when needed. Skinner and Zack further emphasized that online counselling is not about replacing human interaction, but increasing it. They stated that there should be a place for various types of helping in the field of counselling, and online methods should not be excluded. From this perspective, improving access to support is considered "nothing but an unqualified advancement in a world with so much suffering and precious little solace" (p. 444).

Chester and Glass (2006) also claimed that one of the strongest attributes of online counselling is its ability to bring counselling services to a new population that otherwise

would be unlikely to present for treatment. This places emphasis on the idea that online counselling is extremely valuable to those unlikely to access face-to-face counselling for a variety of reasons. For example, those who live in remote areas may not have access to a counsellor, or may be wary of seeking support due to the limits of confidentiality associated with smaller rural areas. Other strengths of online counselling discussed by Chester and Glass involved convenience factors. Some of these included: decreased client defensiveness due to client perceived anonymity, increased flexibility in services, lower costs, and immediate access of thorough counselling records.

Murphy and Mitchell (1998) highlighted several of the benefits of online counselling via email. They favoured the permanent record of counselling via email and the opportunity for online clients to review this record when needed in the future. Practicing counsellors can also benefit from the ease of consultation and supervision with email counselling. Counsellors can have a colleague review an email before they send it, and supervisors can request to view emails before they are sent as well. Murphy and Mitchell also stressed that counsellors can take their time in formulating polished and intentional communication via this media, and as a result counsellors are held to extremely high standards. Since everything counsellors communicate online is on record, this practice invokes care and ethicality. Finally, Murphy and Mitchell discussed the benefits of clients writing down their concerns. They stated that this helps clients to externalize their problems and aids them to view themselves separately from their situations. Murphy and Mitchell concluded that benefits of online counselling warrants its consideration as a treatment option in the future.

Similar to Murphy and Mitchell (1998), Barak (1999) asserted that counselling via email is unique in that quotations or direct references can be extracted from previous messages in order to aid the therapeutic process. Therapists can also readily forward any other relevant information that they believe will be helpful to the client. There is also benefit in that the counsellor can send clear, concise, and efficient messages. As Barak noted, "the delayed-correspondence technique enables thinking, planning, and editing of any message" (p. 236). Other benefits listed included: ease of supervision, flexibility in time, and easy access for those with barriers (i.e., elderly, personal handicaps, sickness, busy schedules, living in remote areas, and shyness). Barak also indicated that online counselling could be beneficial for those who prefer communicating about sensitive issues through writing rather than trying to express themselves verbally. Certain clients find the online environment less threatening and as a result are more open and honest in their online expressions. Under these circumstances, it is possible that the online counsellor could gain a deeper understanding of the client via this media.

Hall (2004) added "therapist idealization" to the list of benefits supporting online counselling (p. 168). Therapist idealization refers to the idea that in the online world clients may visualize and hear their therapist in the way that is best suited to them. Where one client may prefer a counsellor who is old, mature, wise and soft spoken another may prefer a young and energetic counsellor. In online counselling a client may idealize their counsellor to suit their needs and this may result in the development of a more effective working relationship.

Research supporting online counselling. Ainsworth, one of the founding members of the International Society for Mental Health Online (ISMHO), reported from

her Internet therapy site that consumer satisfaction is extremely high with respect to online therapy (Metanoia, 2006a). In this survey the vast majority of people who had tried e-therapy stated that it had helped them (416 out of 452 or 92%). Ainsworth extrapolated from these results to state that clients and therapists can develop meaningful therapeutic alliances online. She also suggested that writing can be an excellent therapeutic tool and means for expression of emotion. Further, Ainsworth added that with practice and skill therapists and clients can become very adept at recognizing and expressing emotions online.

Young (2005) completed a study inquiring into the perceptions and attitudes of clients who accessed online counselling for addiction issues. By interviewing 48 clients Young surmised that the majority of people who accessed online counselling were seeking counselling for the first time (85%). It was also discovered that the main reason for seeking online counselling over face-to-face counselling was the perceived anonymity. Clients expressed concern about family, friends, and coworkers discovering they were going to counselling and believed that online counselling was more anonymous. Furthermore, an important reason for the client's choice of online counselling was the access of expertise. Some clients found that they could seek out specific expertise for a specific problem online, where this could not be found in their communities. Lastly, convenience was cited as a benefit given that online counselling does not involve traveling and could take place on evenings and weekends.

An area of interest to writers and researchers in the area of online counselling is the potential for therapeutic relationship development in an online environment. Cook and

Doyle (2002) inquired into whether an effective working alliance could be developed online. Their findings are summarized as follows:

> Working alliance scores were compared between a small, primarily female sample of online therapy consumers and a representative sample of traditional face-to-face therapy clients. Results revealed significantly higher means on the goal subscale and composite score of the Working Alliance Inventory in the online sample, suggesting that a working alliance can be adequately established in therapy delivered online. No significant differences in the level of working alliance were found within the online therapy sample with respect to modality of communication, client presenting problem, or therapist. (p. 95)

These results indicated that with those who are interested in online therapy, a strong therapeutic relationship and working alliance could be developed via this modality. Extrapolating from this, Cook and Doyle suggested that if an effective working alliance could be developed online, then online therapy could be highly effective.

In a more recent study measuring the therapeutic strength of online counselling versus face-to-face counselling, Reynolds, Stiles, and Grohol (2006) found favourable results. In their study it was discovered that there was no difference between online and face-to-face client's ratings of session impact and therapeutic alliance. Reynolds and colleagues also found that online counselling outperformed face-to-face counselling in certain areas. For example, they stated, "online therapists evaluated the depth, smoothness, and positivity aspects of session impact, and the confidence aspect of the therapeutic alliance, more highly than face-to face therapists" (p. 167). Although the

authors expressed some uncertainty about the rationale for these favourable results, at the very least they suggested their results show promise for the future of online counselling.

Although not related directly to counselling, Robson and Robson (2000) and Parks and Roberts (1998) reported that strong relationships could be developed online. Robson and Robson reported that the Internet has given birth to a variety of new communities that could become valuable supplements to existing social structures. In these environments "intimate exchanges can occur between people who may never physically meet" (Robson & Robson, 2000, p. 250). Parks and Roberts studied the development of relationships online versus offline by examining participation of people in online chat rooms known as MUD's (Multi-User Dimensions). They found that 93.6% of people involved in MUD's formed ongoing personal relationships. Further, Parks and Roberts surmised that relationships initiated via online media reached moderate to high levels of relational development, interdependence, depth and breadth of interaction, commitment, understanding, and communication. Both these studies provided general support that online relationships have the potential to be very strong and meaningful.

Another supporting example involved the discussion of King, Engli, and Poulous (1998) regarding the benefits of using the Internet in Family Therapy. They emphasized that it is ideal when working with families to be able to work with the entire family if possible. And, since it is increasingly common for one or more family members to be geographically separated from the rest of the family, the Internet can be viewed as a valuable tool to include distant family members in therapy that would not be available in its absence. They concluded their article with the following statement:

> When implemented in a responsible and ethical manner, electronic communication can enhance the therapist's ability to be effective in facilitating positive therapeutic changes for the clients involved. Adding the exchange of e-mail to a family therapy treatment plan in an effort to gain access to distant family members may make therapy possible in situations where it might not otherwise occur. (p. 50)

As demonstrated, King and associates believed there are some very valuable reasons to pursue Internet-assisted therapy. Although these researchers viewed online practices as an adjunct to regular service, they underscored the benefits of an online approach to family therapy. Moderating an online family session may allow the strengthening of families across geographical boarders.

In another study with a different focus, Zizzi and Perna (2002) compared team athlete's use of electronic methods versus more traditional methods when working with sport psychology consultants (SPC). They made the point that SPC's have begun to use the Internet to conduct interventions with very little research to support this practice. In order to address this concern, they conducted a study in which groups were randomly assigned to contact a sport psychology consultant by traditional means or by electronic methods. Zizzi and Perna found that the groups assigned to the electronic group were more likely to contact and complete the assessments with the SPC's. The authors stated that these results suggest that athletes prefer using online methods over phone and face-to-face meetings during the initial stages of treatment. Zizzi and Perna claimed based on their research that online methods were equal if not superior to traditional face-to-face methods. They also noted that 87% of the athletes who did not contact the consultant

reported that "lack of time" was a primary factor in this decision. It is worth considering that the preference noted by Zizzi and Perna is a result of electronic methods typically requiring less time than some of the more traditional approaches. It is a possibility that people prefer electronic methods simply because they are more time efficient. In a society where everyone seems to have less time and more things to do, the efficiency of online counselling is a factor that should not be overlooked.

Opposing Literature

Negative aspects of online counselling. Barak (1999) efficiently summarized several concerns raised with respect to online counselling. First was that the absence of visual cues puts the online counsellor at an enormous disadvantage. Barak cautioned against neglecting the importance of visual cues based on well-documented research outlining the importance of nonverbal cues in the counselling context. The absence of these cues makes it more difficult to communicate and to accurately read and assess the client. This can also pose as a barrier to showing positive regard and empathy for the client and ultimately make development of the counselling relationship more difficult. In light of this concern, Barak warned that forms of online counselling may resemble advice giving more than actual therapy. In addition concerns about confidentiality are also raised.

Another concern presented by Barak (1999) involved the idea that online counselling indirectly promotes the use of computers. This is troublesome in light of the "Internet Paradox" discussed by Kraut et al. (1998). Kraut and colleagues found that over an 18 month period heavy Internet users became more socially isolated, depressed, and lonely compared to light Internet users. The paradox was that heavy users of the Internet

were using it primarily as a means of communication. But, using the Internet to communicate was having the cumulative effect of making users more isolated. Hence, Internet use for communication did not help to increase psychosocial well-being. Barak added that promoting the use of the Internet may be indirectly increasing anti-social behaviour and be resulting in more isolation experienced by clients. Barak concluded that he believes that psychology is currently driving down the information superhighway to an unknown destination, and he calls for careful consideration, attention, and brainstorming to minimize the risks of this journey.

Finn (2002) presented some additional negative aspects about online counselling. For example, there is concern about the ability to warn third parties during times of threat, difficulty providing intervention during emergency situations, knowing appropriate local resources for referral, and consulting with past and future service providers to ensure continuity of service. Finn further cautioned that online counselling may only target an affluent population thereby neglecting many disadvantaged, low-income, and uneducated people. Indeed, these areas of concern warrant consideration in their own respect; and the Internet counsellor needs to address them in order to provide responsible counselling to potential and current clients.

Maintaining confidentiality is another commonly cited problem with respect to online counselling. For instance, Robson and Robson (2000) warned that it is difficult to know with certainty that confidentiality is being upheld when working with a client online. There is the possibility that messages can be intercepted, and that computers can be accessed without authorization (hacked). Clients could be accessing counselling services in public rooms where messages may be viewed by onlookers. And, even in a

private home, curious family members might look over a client's shoulder and attempt to gain access to what is intended to be confidential communication. This becomes an extremely serious and dangerous situation in the cases of reporting domestic abuse. In addition, there is the issue of where to store saved files related to the online counselling. It is not difficult to recognize how confidentiality could be breached when another person has access to the client's computer. Generally speaking, maintaining client confidentiality is complicated online and practitioners need to diligently address these issues in order for online counselling to be considered ethical.

Nearly 7 years ago, Maheu and Gordon (2000) warned that there had not been enough empirical research completed to support the use of Internet counselling and this continues to be a problem. This absence of empirical research made it difficult to evaluate the benefit and efficacy of online counselling. Maheu and Gordon concluded their paper with the following statement:

> Each Internet technology requires thoughtful and flexible research, legislation, and ethical guidelines to make it safe and effective as a service delivery vehicle. During the rapid changes in communication technology, it is crucial for professional psychologists to give proper attention to empirical research and current standards of practice before attempting to deliver counseling or psychotherapy via the Internet. (p. 487)

With this in mind online counselling should not be practiced in the absence of objective information to support its use.

Research opposing online counselling. Leibert, Archer, Munson, and York (2006) found that although clients were generally satisfied with online counselling relationships,

online counselling was significantly less satisfying when compared to face-to-face counselling. Scores on the Consumer Satisfaction Inventory (CSI) out of a possible 100 were 68 for online counselling versus 88 for face-to-face counselling. These findings suggest that relationships formed online do not quite measure up to those built between counsellor and client face-to-face. Leibert and associates also found that Working Alliance Inventory (WAI) scores were much higher in the face-to-face group when compared to the online group. To summarize, consumer satisfaction scores and working alliances were much stronger in face-to-face counselling when compared to the working alliances in online counselling. This is important based on evidence that counselling effectiveness is strongly correlated with the strength of the relationship between the counsellor and client.

Rochlen, Beretvas, and Zack (2004) also discovered that participants expressed more favourable attitudes to face-to-face counselling when compared to online counselling. This research involved three separate surveys comparing these two forms of counselling. The first involved a survey administered to 471 undergraduate students. The second was another survey given to 51 university students. And the third involved a subset of students from the first two surveys as a means to test for construct validity. Rochlen et al. found that "in all three studies, participants consistently expressed attitudes that were more favourable, in regard to perceived value and level of discomfort, toward face-to-face counseling services than toward online counseling services" (p. 106). This highlighted that the public still seems to have a preference and is more comfortable with traditional face-to-face counselling.

In another survey regarding the attitudes of students towards online counselling, Finn (2002) questioned 378 Masters of Social Work students. This survey used a voluntary questionnaire handed out in class by professors to a sample of social work students from four different universities in the United States. E-therapy was defined and then students were asked to provide demographic information and respond on an e-therapy attitude scale (EAS) and an e-therapy ethics scale (EES). Finn reported that student's attitudes were not positive concerning online practice. Over half of the students believed that counselling could not be done effectively online. And that the vast majority of students believed that online counselling is less effective than face-to-face counselling. In addition, students were sceptical that a strong therapeutic relationship could be built, that confidentiality could be maintained, and that assessments could be completed properly. The results presented are useful in that they provide a particular snapshot of the attitudes of a certain group over a particular period of time. Generally, they inform that online approaches are not currently accepted in psychology and its peripheral areas and that work needs to be done to improve the image of this mode of counselling practice. The attitude of the public is still one of caution and uncertainty concerning the effectiveness of online counselling. It will be up to proponents of online therapies to convince the public that online counselling is an effective mode in which to practice. To date, the jury is still out.

Nevertheless, there has been a recent effort by some organizations to establish guidelines for the practice of online counselling. The National Board for Certified Counselors (NBCC) has been one organization that has aimed to establish such guidelines for ethical online practice. Heinlen, Welfel, Richmond, and Rak (2003) discussed a

survey of current web-counselling services and how they comply with NBCC standards. Their findings suggested that adherence to the NBCC guidelines was relatively low amongst 136 sites offering web-counselling. Heinlen and colleagues stated that a minority of online practitioners achieved what would be considered ethical practice based on the NBCC standards. Even though credentialed counsellors outperformed those without credentials, the overall scores were still surprisingly low.

A more recent study conducted by Shaw and Shaw (2006) found similar results with respect to online counselling and adherence to ethical standards. Through administration of a 16-point ethical intent checklist to 88 online counselling websites, they discovered that fewer than half of them were adhering to 8 of the items on their checklist. Problem areas not addressed adequately by several websites included: confidentiality, consent, security, high risk clients, and referral. Shaw and Shaw outlined some of these concerns effectively in the following quotation:

> Only approximately a third of online counselors required an intake procedure and that only approximately a third required an electronically signed waiver explaining the limits of confidentiality on the Internet. Fewer than half of online counselors required the client to give his or her full name and address, and a third did not provide clients with an alternate means of contacting them in an emergency. (p. 49)

The results of both Shaw and Shaw, and Heinlen and colleagues indicated that online therapy has yet to achieve what would be considered ethical practice, and that practitioners need to be increasingly attentive in this area. These studies also highlighted

the importance of more diligent regulation and licensure of online counsellors in the future.

Furthermore, Finn and Banach (2000) addressed some of the problems and dangers that may be encountered when women seek human services on the Internet. That is, online harassment, cyberstalking, and victimization can occur based on the unregulated nature of the Internet. Anyone can claim to be an expert in a given area and if clients are not careful they can place themselves at risk by not confirming the identity and credentials of whom they are communicating. There is also considerable evidence and media attention currently devoted to the victimization of children and vulnerable populations online. When considering something as serious as victimization the better stance is to be proactive and preventative rather than reactive. Finn and Banach provided awareness of the potential for the victimization of women through the online modality; and hopefully consideration and action to safeguard against this possibility will prevent serious harm to vulnerable populations in the future.

Summary

As can be seen by the review of the literature presented, there are reasons to both support and refute the practice of online counselling. In many cases the reasons to support it are intimately tied to the negative aspects charged against this medium of counselling. For instance, although the absence of face-to-face contact and visual cues may put the counsellor at a disadvantage, for some clients the distance afforded by online counselling may allow more complete and open communication. Examples such as this illustrate how the efficacy and ethicality of online counselling becomes a complicated question. In a global sense, the question of the online practice of counselling is an ethical dilemma in

which taking one course of action to uphold certain moral and professional principles results in offending other principles. In order to resolve this dilemma there needs to be a thorough examination and synthesis of the literature and resultant dilemmas in which the benefits and repercussions of this practice are carefully weighed. In the next chapter, some of these dilemmas will be outlined and examined further. In addition, relevant codes of ethics will be discussed in attempt to gain clarity regarding the practice of online counselling.

CHAPTER III

Evaluation and Synthesis of Literature

The Effectiveness of Online Counselling

As presented, the literature concerning online counselling does not resolve ambiguity regarding the effectiveness of online counselling. To illustrate, the positive and negative factors associated with online counselling are outlined in Table 1. Review of this table provides evidence of the conflicting pros and cons involved in the practice of online counselling (see Table 1). Some of these points are substantiated by research while others are more theoretical in nature. In order to further assess and synthesize this information there will first be an evaluation of the research followed by an exploration of some of the less substantiated theoretical claims.

INSERT TABLE 1 (HERE)

Evaluation of online counselling research. My review of the literature provided earlier was presented without critique, even though there are several flaws with the majority of research presented on this topic. For example, there are numerous problems with survey results reported by Ainsworth (Metanoia, 2006b). In this study clients were asked to provide self-reports on the support they received. However, self-reports are not a reliable nor accurate measure. As discussed by Mertens (1998) "the validity of the information is contingent on the honesty of the respondent" (p. 105). These results do not provide much information as to what areas of online therapy the participants felt were helpful and the quality of the help they received. Upon further investigation of the results presented by Ainsworth the following was found. When asked "Was your interaction with your Internet therapist helpful? 60 % responded very helpful, 32% responded somewhat

helpful, 6% responded not very helpful, 1.5% responded extremely unhelpful, and 0.5% did not respond" (Metanoia, 2006b). It paints a different picture to present that 92% found online counselling helpful versus stating that almost 1/3 maintained that online counselling was only "somewhat helpful" and that 8% found it not helpful. As such, presentation of the research findings may be biased in favour of online counselling. Furthermore, in Ainsworth's study, a suspicious number of questions were not reported on in the presentation of results. That is, only results of 4 questions are reported out of a possible 26. This naturally leads to the question of why results of so many questions were left out. Such presentation of results invites suspicion on the validity of the research in general. Incomplete disclosure can result in the arousal of suspicion and apprehension in the reader. Another concern is that the survey was not conducted by an objective or unbiased party. Martha Ainsworth is the founder of the Metanoia website and most likely one of the beneficiaries of the profits that the site generates. For this reason it may be in her financial best interest to promote the positive aspects of the survey and downplay the negative. When someone potentially stands to gain financially from the positive results of a survey this calls for extra close examination of the results. Although, the consumer satisfaction survey reported on Ainsworth's website suggests positive results, there are many questions left unresolved and unfortunately the results presented do not provide substantial enough evidence to support online counselling with resolve.

With respect to the study completed by Young (2005), although positive results are achieved for clients seeking online counselling for addiction issues, it is unclear how transferable these results are in other contexts. For instance, can one safely infer that because online counselling is effective for addiction, that it will also be effective for

treating depression? Although the results of this study are encouraging, one should be careful not to over-generalize.

Another critique of the research in terms of methodology is that several of the survey results presented to support online counselling are based on small sample sizes (Cook & Doyle, 2002; Finn, 2002; Zabinski et al., 2001). The survey completed by Finn for instance involved mostly female university social work clients. It is common practice for researchers to use their students when conducting research, but unfortunately this sample is not representative of the general population. Cook and Doyle also acknowledged that due to the small sample size used to obtain their data the results should "be interpreted and generalized cautiously" (p. 102). Their study involved 15 participants (14 female and 1 male) and participants were also primarily Caucasian college students. The majority of online counselling research to date fails to adequately represent or consider minority populations. As it stands, current research on the effectiveness of online counselling appears to be conducted with small samples of an educated population lacking diversity (students), which limits generalizability of findings.

Likewise, the positive results reported by Zizzi and Perna (2002) are also questionable. Their results debatably provide evidence for the effectiveness of using online methods in sport psychology. However, upon closer examination, researchers only evaluated two groups over a short period of time (one-month), and positive results in favour of the electronic methods may not apply over the long-term. Another area to note is that this study focussed on young athletes (high school and college), and this leaves the question as to whether these results would be transferable to older populations. Furthermore, Zizzi and Perna acknowledged that some of the research participants in the

traditional method group lived a fair distance away from where the Sports Psychology Consultant was located, and hence part of the difference could have been the result of travel time needed or long-distance phone charges. This study also focussed primarily on generating interest and requests for service on a short term basis, it did not delve into quality of service over the long term. For all of the reasons presented, the positive results reported by Zizzi and Perna are confounded.

In addition, Leibert et al. (2006) critiqued Cook and Doyle (2002) and their own research due to the non-random selection of their groups. In both cases clients self-selected online counselling which demonstrates a motivation and favourable attitude towards online counselling from the outset. Leibert and colleagues also noted that they measured clients working alliance ratings at the end of therapy rather than in the middle. This becomes a problem because the outcome of therapy holds influence over working alliance ratings. Leibert et al. also pointed out that their research was largely based on Caucasian women, which makes generalizing results problematic.

Generally, it is important to note that Canadian literature specific to online counselling is currently lacking, and additional attention to this area is warranted for more explicit direction to Canadian counsellors and psychologists. Although the evaluated research is overall applicable in the Canadian context, further Canadian research would facilitate a more comprehensive and applicable review.

This is by no means an exhaustive discussion concerning the problems with research conducted in this area, but it does highlight common problems with the current research available. One consistent problem noted was that the majority of research involved small sample sizes. As acknowledged in most of the literature, it is difficult to

generalize from small and unrepresentative samples. Another repeated problem was the time frames in which the studies took place. The studies reviewed did not measure results over a long period of time (longitudinally), so it is impossible to determine the long-term effects of the various therapies. The final consistent problem was that very few of the studies attempted or effectively used control groups to compare and measure their intervention groups. This makes it difficult to ascertain a causal relationship between the treatment and the effect.

As is evident through the presentation of relevant research in this area, there are several research problems yet to be resolved. Most studies conducted are preliminary in nature and require follow up studies. Nevertheless, the newness of online counselling makes it more difficult to address these issues. For instance, it is difficult and perhaps unethical to use large sample sizes to research new interventions. Although the results obtained using small sample sizes are less convincing, it may be too risky to start with large samples. Once preliminary research is conducted and results are favourable, then a researcher could include larger samples. In a similar vein, length of study requires attention. It would not be advisable to research effects of online counselling over a three-year period initially. Due to the potential for harm, it would not be fair nor ethical to subject participants to a lengthy longitudinal evaluation period. With this in mind, at this point, it is more ethical for preliminary research to be short in duration and include small samples sizes. After positive results have been obtained, and harm assessed it will be more appropriate for future research to respond to these concerns. Currently, research focusing on online counselling is evolving and becoming more comprehensive. It is building upon itself, revising and reworking, and constantly improving. As there is more

supportive evidence based on small samples and short durations, researchers can ethically begin to expand their studies and hopefully be able to obtain results that are more generalizable.

Is online counselling an effective method of therapy? From the research presented, the answer to this question is a resounding "maybe". As is evident through the presentation of the literature there are numerous confounds, areas for improvement, and areas for reflection. Several of these areas need to be addressed before this research question can be answered more definitively. However, research is not the only thing that drives practice, it is also important that there is theoretical support. The theoretical arguments regarding online counselling will be investigated next.

Evaluation of online counselling theory. As presented in the literature review, some of the items supporting and opposing online counselling are based in research while others are largely based in theory. Frequently theory drives practice, so if theory is not supported by research, an intervention may never be practiced.

One example that is grounded in theory but not research is the claim that a new population of clients will be served through online counselling (Barak, 1999; Chester & Glass, 2006; Skinner & Zack, 2004). Although researchers have not substantiated this assertion, the idea is that online counselling will assist individuals less able to access traditional services. Some of the groups of people that could benefit include individuals with social phobias, agoraphobia, severe obesity, anxiety disorder, the deaf (without access to interpreters), and those in remote areas. At this point there is a paucity of research to support this claim, but the nature of each of the barriers presented logically suggest that online counselling could be helpful.

The convenience and flexibility of online counselling has also not been supported by research. The idea proposed is that online counselling can occur in the evenings and weekends, and that it would be easier and more convenient than more traditional methods. However, whether clients actually find online counselling more convenient has yet to be proven. There are potential arguments that face-to-face counselling may be more convenient and efficient. For example, it might take more time via email to cover what could normally occur in a typical 50-minute face-to-face session. Also, if the client is not comfortable with computers and/or has poor keyboarding skills, the convenience of online counselling declines significantly.

Perceived anonymity is another theoretical argument in favour of online counselling. The idea behind this argument is that clients will be more open with online counselling due to the perception of increased anonymity. Under this guise of anonymity clients may share information that might be considered too personal or embarrassing to share in a face-to-face session. For example, a client might be more likely to share issues concerning sexual dysfunction online versus face-to-face. Once again, there is no evidence to support this assertion, but the argument seems logically plausible.

Many concerns about online counselling are also theoretical at this point. For instance, concerns about confidentiality, security, emergency protocol, referral, consultation, and assessment have not been validated by research. Counsellors have expressed concern in these areas as a way to warn practitioners and potential clients. However, there is currently a dearth of information suggesting that online counselling is any less effective at addressing these concerns than face-to-face counselling. The security of online counselling is one way to further emphasize this point. Although the potential of

computer hacking and email messages being intercepted is possible, it is likely no more likely than a counselling office being broken into and a filing cabinet being stolen (Alleman, 2002).

To summarize, the presented theoretical arguments are helpful in identifying issues along with strengths and weaknesses, but they do little to resolve the issues discussed. Reflecting further on the arguments in the debate concerning online counselling, it is extremely important to acknowledge the interconnectedness of the points on both sides of the argument. For example, although one of the supporting points for online counselling is lower cost, this could be contrasted with the difficulty in development of therapeutic rapport. In order to answer the question concerning the effectiveness of online counselling it is important to prioritize the arguments on both sides of the debate. With this example, the question that needs to be asked is whether the benefit of lower fees is worth a potential sacrifice in the therapeutic relationship between the counsellor and the client. Another example could be formulated around the convenience of online counselling compared to the challenge of completing accurate assessments. The question arises as to whether the potential convenience of online counselling is worth the cost of an inaccurate assessment made by a counsellor. Although it is a benefit for clients to be able to readily access online services from the comfort of their homes and computer workstations, it is also convenient to have dinner delivered to one's home every night. However, one needs to carefully weigh the potential downsides to these advantages. To explore the food delivery example further, downsides might involve poor nutrition, high cost, and lack of exercise. At first glance something might look favourable but upon further examination,

the benefit might not be advantageous over the long term. This example launches the debate into the realm of online counselling ethics.

The Ethicality of Online Counselling

The competing positive and negative factors associated with online counselling practice can result in several ethical dilemmas. Wikepedia, an online encyclopaedia defined an ethical dilemma as "a situation that will often involve an apparent conflict between moral imperatives, in which to obey one would result in transgressing another" (Wikepedia, 2006). Sinclair and Pettifor (2001) stated in the Companion Manual to the Canadian Code of Ethics for Psychologists that an "ethical dilemma arises when the psychologist has conflicting obligations to different people or groups, when an ethical principle or value conflicts with some other value, or when ethical principles themselves conflict" (p. 106). Although online counselling does not always necessitate a conflict in moral principles, ethical dilemmas are quite common in the consideration of its practice.

For example, a counsellor could feel very strongly that it is important to bring psychological support to everyone that needs or wants help. On the other hand, she or he may also hold the belief that it is important to provide the best service to all clients at all times. In this example the moral imperative of access conflicts with the moral imperative of quality service. If online counselling is less effective than face-to-face varieties, providing online counselling to a client who cannot leave their home due to a disability would align with one imperative but conflict with the other. The counsellor would not be providing the best service possible to this client. When faced with such a dilemma, a counsellor needs to reflect personally on her or his imperatives in order to decide on a course of action and whether one imperative is more important than the other. This

inquiry can lead a counsellor down the road to a searching moral inventory, and it can be difficult to resolve such conflicts. A counsellor faced with this dilemma may also ask whether there is another way to approach the problem that would avoid the conflict. In order to help with the resolution of ethical dilemmas a counsellor may turn to ethical decision making models, theory, guidelines, standards, or ethical principles for guidance.

Robson and Robson (2000) discussed the importance of four ethical principles with reference to online counselling. The authors listed autonomy, beneficence, nonmalefience, and fidelity as important principles to consider with respect to ethical dilemmas. Autonomy refers to the idea that clients have the right to act freely and make their own choices. However there are times where a counsellor may need to act in discord with this principle. Clients do not have unlimited freedom, and if their choices are going to result in harming themselves or others, this principle may be overruled. Obvious examples of this include counsellor knowledge of a client's plan to commit suicide and/or homicide. A less clear cut example involves whether a client should be permitted to choose a treatment that has yet to be proven effective or that is potentially harmful.

Robson and Robson (2000) also discussed beneficence, "the principle that involves acting to enhance client well-being" (p. 252). A general goal of counselling and psychological support is to aid clients in becoming healthier in a holistic sense (physical, emotional, mental, and spiritual). With respect to physical well-being, online counselling may lead to clients spending an unhealthy amount of time sitting in front of their computers. It is also important to consider the effect online counselling has on mental or psychological health. If online counselling is ineffective or harmful, the mental well-being of the client will definitely not be enhanced.

Nonmalefience refers to the principle that states counsellors should avoid harming their clients. Several of the negatives listed in Table 1, emphasize the potential that exists for harm resulting from online counselling. Specifically, if confidentiality and security are breached there is a very high potential for harm. Online counselling needs to respond to these concerns in order ensure ethical practice.

The final ethical principle cited by Robson and Robson (2000) involves fidelity. Fidelity involves keeping faith with the client and acting with professional integrity. Robson and Robson explained that online counselling jeopardizes fidelity in that there are concerns with respect to reliability, qualifications, competence, and response to complaints. These concerns make it more difficult to trust online counselling and complicate the development of effective therapeutic rapport.

Considering the four principles outlined by Robson and Robson (2000) is a helpful general starting point for counsellors and psychologists presented with ethical dilemmas. However, it is important to consider that there can be cases in which trying to uphold one principle raises concerns with another. For example, a client may request online counselling and have the right to do this based on the principle of autonomy. However, this may bring in to question the principles of fidelity, nonmalefience, and beneficence.

The complications are listed not to suggest that online counselling cannot be ethical, but to illustrate some of the challenges to the ethicality of online counselling. In order to ensure that online counselling practice is ethical, those considering offering this type of practice would be wise to ensure that all of these principles are carefully considered before they get started. In addition, it will be important for practitioners to

respectfully discuss ethical concerns with their clients in generating the most appropriate treatment plan.

As a tool to help resolve ethical conflicts, both the Canadian Counselling Association (CCA) and the CPA offer ethical decision making processes. The CCA (1999) suggests that counsellors faced with an ethical dilemma: (1) identify the key ethical issues, (2) examine the CCA Code of Ethics, (3) review the moral and ethical principles involved, (4) choose the most important principles, generate alternative courses of action, secure additional information, and examine probable outcomes, (5) take time to reflect on the various alternatives on an emotional level, and (6) ultimately follow a concrete action plan. A systematic progression through these six steps will help counsellors in determining an ethical course of action. It is important to note that this decision making process is a tool to assist the counsellor work through the CCA's Code of Ethics. Hence working knowledge of the CCA's Code is necessary. The CCA's Code is guided by six fundamental principles, these are: (a) respect for the dignity of persons, (b) not wilfully harming others, (c) integrity in relationships, (d) responsible caring, (e) responsibility to society, and (f) respect for self-determination. Quickly reflecting on these six principles exemplifies the dilemma presented when considering online counselling. Questions surface regarding whether online counselling facilitates responsible caring, strong relationships, benefit or harm, respects the dignity of clients, and upholds responsibility to society. Counsellor's using this model of decision making will need to do their best to obtain answers to these questions. As presented in the literature review, consensus regarding some of these questions has yet to be achieved. As noted when considering the four principles cited by Robson and Robson (2000),

consideration of online practice can lead to a conflict with fundamental principles involved.

The CCA Code of Ethics with foundational support of the six guiding principles offers 70 standards of ethical conduct in which Canadian counsellors are held accountable. One of particular interest to the provision of online counselling is standard B16 regarding computer use. This standard states:

> When computer applications are used as a component of counselling services, counsellors ensure that: (a) client and counsellor identity is verified; (b) the client is capable of using the computer application; (c) the computer application is appropriate to the needs of the client; (d) the client understands the purpose and operation of client-assisted and/or self-help computer applications; and (e) a follow-up of client use of a computer application is provided to assist subsequent needs. In any case, computer applications do not diminish the counsellor's responsibility to act in accordance with the CCA Code of Ethics, and in particular, to ensure adherence to the principles of confidentiality, informed consent, and safeguarding against harmful effects. (CCA, 1999)

This standard exemplifies some particular concerns that need to be addressed by online counsellors in order for their services to be deemed ethical, namely identity verification and confidentiality. As noted by Robson and Robson (2000) and Shaw and Shaw (2006) upholding security and privacy can be a complicated task with respect to online services. More generally, standard B16 highlights the importance of safeguarding against harmful effects and ensuring that the computer medium is suitably matched to the needs and the skills of the client. As this example illustrates, reviewing the individual standards

included in the CCA Code provides guidance on how to proceed, but still leaves the question of whether or not to practice online counselling up to the individual counsellor. In the end counsellors will be responsible for carefully weighing the importance of conflicting principles, values, and standards in deciding on the most appropriate course of action.

A more thorough examination of online counselling through the lens of the CCA Code of Ethics (1999) and the associated decision making process is beyond the scope of this project, however the usefulness of this ethical decision making process should not be overlooked. It is important to note that the CPA (2000) also offers a similar process for ethical decision making that is especially valuable when principles conflict. Using these processes can help ensure that counsellors and psychologists are acting with ethical integrity when faced with an ethical dilemma. Canadian psychologists and certified counsellors are thus required by their governing bodies to engage in an active reflection of ethical and moral principles before engaging in all modes of practice. The ethical decision making process is a systematic process aimed to ensure that active reflection is diligently approached.

As illustrated, the practice of online counselling can place certain moral imperatives or ethical principles at odds with one another. With this in consideration, Canadian certified counsellors and psychologists are expected to engage in a rigorous decision making process before deciding on a course of action. A hasty consideration would be to abandon the practice of online counselling altogether and to find other ways to help those with limited access. Alleman (2002) discussed the downsides to this possible solution in the following quotation:

> Going forward, the greatest ethical risk we may face is that we will write rules or enforce local laws in a way that competent, principled professionals are forced to exclude themselves from online availability. It cannot possibly be ethical to create such a trap for potential clients who are merely seeking help through technology that is available to them. (p. 204)

If credentialed professionals decide to ignore online practice, it is possible that those without appropriate credentials will offer counselling online. Those lacking qualifications and ethical guidelines in practicing online will be far more dangerous than calculated risks being taken by trained professionals. With this in mind, it is possible that counsellors not offering counselling online poses greater potential for harm than the ethical practice of online counselling.

Regardless of whether online counselling is supported or opposed, the reality is that it is being offered. Evidence of this reality is available by typing "online counselling" in a web search engine. The results indicate that online counselling exists and that it is very accessible to the Internet savvy public. The primary question then becomes not whether online counselling is ethical in a general sense, but how the ethicality of online counselling can be enhanced and assured.

As presented in the literature review, online practice as it stands today is not upholding the ethical standards of the profession (Heinlen et al., 2003; Shaw & Shaw, 2006). Elizabeth Welfel proposed some solutions in response to the lack of ethicality associated with online counselling in an interview granted with Behavioral Health Management magazine ("E-therapy: A Question of Ethics", 2003) Her solutions take the practice of online counselling from the theoretical realm into the practical. As online

counselling is already being practiced, it is imperative to ensure that it is practiced in an ethical manner. One of the main premises presented by Welfel is that it is important and ethically necessary that practitioners and clients be educated about the potential risks and limits associated with online counselling. This education would inform clients that online counselling is currently new, its efficacy relatively unproven, and that there are limits to confidentiality based on the computer medium. Welfel stated that most sites offering online counselling fail to acknowledge these risks, and as a result are operating unethically. Counsellors need to be educated first and foremost so that they can adjust their practices, and clients need to be informed so that they can consider the risks in making educated decisions. Welfel also expressed concern about the difficulty in verifying the credentials of the counsellors providing service online: "Since imposters can easily develop Web sites and claim professional credentials, this gap is troublesome" (p. 18). In response to this concern, she encouraged full disclosure of therapist credentials on all online counselling websites. If clients are not informed about the risks and limits involved, and the credentials of their counsellor, offering services to them is unethical.

Amig (2001) also warned about the ethical and legal issues surrounding online counselling. She stated that the field of online counselling needs to respond to (1) privacy and security, (2) standards and regulations, and (3) training. Addressing these three areas would help to ensure that online practice is ethical. Amig pressed the idea of education a step further by calling for increased accountability in online counselling. The establishment of regulations and training helps to maintain the integrity of the profession and ensures that online practice is being done as safely and as competently as possible.

The next step in increasing the ethicality of online counselling is the development of principles and guidelines for the provision of online counselling. Leading the way in this development is the International Society for Mental Health Online (ISMHO, 2000) and the National Board for Certified Counselors (NBCC, 2005). The ISMHO recognized the need for principles regarding online counselling, developed them, and then posted them on their website. The main headings used for these principles are (1) informed consent, (2) standard operating procedures, and (3) emergencies. Under the heading of informed consent the ISMHO stressed the importance of clients having understanding and knowledge about the process, therapist qualifications and full name, benefits, risks, safeguards, alternative services, and consent. Next the ISMHO principles outlined general operating procedures in order to establish the framework for ethical counselling. The online counsellor should acknowledge boundaries to their competence, be licensed to practice, clearly establish the structure of services, evaluate each client individually, protect confidentiality, maintain records, and follow other established guidelines relevant to their respective professional associations. Lastly, the ISMHO stressed the importance of emergency procedures in online practice. Establishment of procedures to follow in the event of an emergency is important at the outset of therapy, and these need to be clearly communicated to clients. This should include local backup that can respond immediately during times of crisis. Reflecting on the ISMHO principles and Table 1, it becomes evident that these principles are a proactive response to the negative points charged against online counselling. In following these principles from the outset, the online counsellor should be able to minimize potential risk to clients and uphold their ethical integrity.

The NBCC (2005) also responded to the need for increased ethicality of online counselling by the development of Internet counselling standards of practice. These standards are meant to be used with the guiding principles included in NBCC's Code of Ethics. The NBCC outlines 14 standards that online counsellors should follow. These standards fall into three categories, the Internet counseling relationship, confidentiality in Internet counselling, and legal considerations, licensure, and certification. Without going into too much detail, these standards outline methods to ensure that online practice is ethical. For instance its standards support a thorough orientation that includes emergency procedures, technology failure, how to cope with the absence of visual cues, and local referral numbers. Similar to the ISMHO principles the NBCC includes specific instructions to ensure that confidentiality is explained and maintained, and that qualifications of practitioners are easily accessible. The principles and standards supported by the ISMHO and the NBCC are both excellent examples of proactive and reactive responses to online counselling practice concerns. It is evident that in developing their principles and standards they carefully weighed the current and potential problems associated with the online medium.

Even though research is preliminary and questionable at this point, generally it appears as though there is enough support to ensure that online counselling will have a future in the realm of mental health. With this in consideration it is encouraging that organizations such as the ISMHO and the NBCC have initiated a response to help ethically guide this future. Led by this example, other professional associations are beginning to follow suit. This involvement is important because professionals look to their associations and organizations to guide their practice. Although ethical decision

making models are helpful, more specific guidance can help alleviate and simplify this process. Currently the Canadian Psychological Association (CPA) is in the process of providing more specific guidance to Canadian psychologists considering online practice.

Online Counselling and the CPA Code of Ethics

As noted, the CPA is becoming more actively involved in guiding the practice of online psychology. In June of 2006 the CPA posted a draft of their Ethical Guidelines for Psychologists Providing Psychological Services via Electronic Media on their website (CPA, 2006). The CPA is currently requesting feedback and comments to help with the development of these guidelines. In this section their proposed guidelines will be reviewed with reference to the CPA Code and other relevant resources. The strengths and weaknesses of these guidelines will be presented in order to aid the development of ethical guidelines pertaining to online counselling.

Review of the proposed guidelines. Before discussing the actual draft (CPA, 2006) it is important to acknowledge that the proposed guidelines have their origin in the Canadian Code of Ethics for Psychologists (CPA, 2000). In order to fully understand the relationship between the proposed guidelines and the Ethical Code, the structure of the CPA Code needs to be understood. The CPA Code (CPA, 2000) defines it structure in the following quotation:

> Four ethical principles, to be considered and balanced in ethical decision making, are presented. Each principle is followed by a statement of those values that are included in and give definition to the principle. Each values statement is followed by a list of ethical standards that illustrate the application of the specific principle and values to the activities of psychologists. (p. 1)

With this structure in mind, the proposed ethical guidelines can be perceived as an application or extension of the four ethical principles to the specific practice of online counselling. Where standards are a more general operationalization of this framework in terms of professional behaviours, guidelines do not prescribe behaviour. Hence the CPA's proposed guidelines are worthy of consideration as an interpretation of the CPA Code. The guidelines are thus connected to the moral framework (principles and values) and standards of the CPA Code, and are best considered in conjunction with a thorough understanding of this Code.

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 (CPA, 2000). Six guidelines for ethical online practice fall under the principle of respect for the dignity of persons and are listed as follows:

1. When obtaining informed consent for electronic provision of services, psychologists include information about the particular nature, risks (including possible insufficiency, misunderstandings due to lack of visual clues, and technology failure), benefits (including appropriateness and advantages *re* distance, convenience, 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 interception of communications) of providing services through the particular electronic medium/media to be used.
2. Psychologists providing services to clients for whom capacity to consent or freedom of consent may be an issue arrange for an in-person contracting session,

either with themselves or with another qualified health care practitioner.

3. If a substitute decision maker is needed to provide consent (e.g., a parent), the identity of the substitute decision maker is verified in person, either with themselves or with another qualified health practitioner.
4. 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 clients' privacy.
5. Psychologists inform clients of their security practices, and reach agreements with clients regarding maximization of security for each client, including whether the client will require any special equipment (e.g., special software) to access and transmit information and, if so, whether the psychologist provides the special equipment as part of the services.
6. In situations where it is difficult to verify the identity of the client being served electronically, steps are taken to address impostor concerns (e.g., by use of identity code words or numbers). (CPA, 2006)

As can been seen by this review of the first six proposed guidelines, the CPA guidelines recommend actions to ensure that online counsellors are operating in an ethical manner. These proposed actions align with the value statement given in the CPA Code concerning respect for the dignity of persons. These guidelines also specifically deal with several of the concerns listed in the literature review and presented in Table 1. For instance, absence of visual cues, barriers to confidentiality, consent, and security are all mentioned, and guidance is provided to ensure that ethical online counselling can be provided when presented with these concerns. The first, fourth, and fifth guidelines in this section also

emphasize the need for ongoing education advocated by Welfel (E-therapy: A Question of Ethics, 2003). The ongoing education of both clients and service providers regarding online practice is a necessary component of ethical practice.

Under the principle of responsible caring, the CPA proposed ten guidelines, these are as follows:

1. Psychologists keep up to date with the e-service literature, including research literature regarding the efficacy and effectiveness of services using electronic media, and take this literature into consideration when deciding what services to provide to which clients, with what methods, and under which circumstances.
2. Psychologists do not attempt to address a problem using electronic media unless they have demonstrated their competence to do it in in-person services.
3. Psychologists ensure that prospective clients for e-services receive an adequate assessment of their needs. If the type of service being offered requires in-person assessment, psychologists provide such assessment or arrange for another health care provider to conduct the assessment prior to beginning e-services.
4. Psychologists develop e-service plans that are consistent with the client's needs and the limitations of e-services.
5. The client's record includes hard copies of all online communications of a material nature, and notes regarding contacts of a material nature using other electronic media.
6. Prior to beginning e-service, the psychologist obtains from the client the name and phone number(s) of someone for the psychologist to contact in an emergency.
7. Prior to beginning e-services, psychologists discuss with clients the procedures to

be followed in an emergency. Psychologists collaborate with clients to identify a qualified health care provider (e.g., the family physician) who can provide local back-up assistance, and to determine the local crisis hotline telephone number and local emergency telephone numbers.

8. Psychologists make adequate plans for accessing and responding to messages left by clients in electronic form during times of psychologists' unavailability, illness, or incapacity.
9. Psychologists inform clients of alternative communication procedures if there is a technology failure.
10. If a client is receiving only e-services (i.e., not combined with any in-person services), and it becomes evident that the client would receive significantly greater benefit from in-person services, and such services are available, psychologists provide in-person services or refer the client to a qualified professional who can provide such service. (CPA, 2006)

As becomes evident through reading the guidelines reflecting the principle of responsible caring, there are numerous measures taken to ensure that practice of online counselling is responsible. This includes a mix of proactive and reactive measures. For instance psychologists are encouraged to plan for an emergency with clients ahead of time (proactive), but also assess and refer a client to other services if it is discovered that online methods are ineffective as treatment progresses (reactive). These guidelines also address some of the more common concerns outlined in the literature review. The guidelines address the concern of Finn (2002), by suggesting that assessment should be arranged in person if needed. In addition, the CPA guidelines clearly outline the

importance of establishing emergency protocol at the outset of treatment for all clients. There is also significant consideration of the difficulty in the development of online relationships, and the possible need for referral is clearly communicated. Generally speaking, under the principle of responsible caring, concerns of social isolation (Barak, 1999) are also put at ease. It is of utmost importance that online service providers become attuned to the problems of their clients, and referral should occur when problems get worse or new ones develop. If a counsellor were to discover that online counselling was increasing the social isolation of their client, this would be reason to help the client to seek alternative services.

Under the principle of integrity in relationships, the CPA proposes three guidelines and these are as follows:

1. Psychologists set appropriate boundaries with clients regarding their availability.
2. Psychologists ensure that the possible convenience and financial advantages of providing e-services are never allowed to outweigh the best interests of clients.
3. Psychologists inform themselves of jurisdictional requirements regarding licensure or certification, and are licensed or certified in any jurisdiction that requires licensure or certification of psychologists providing e-services to persons who reside in that jurisdiction. This may include being licensed or certified both in a client's home jurisdiction, as well as being licensed or certified in the psychologist's own home jurisdiction. (CPA, 2006)

These guidelines advocate on behalf of the well being of the clients along with the professionalism of services. The first guideline speaks to the concern presented by Finn and Banach (2000) regarding the potential for victimization of vulnerable populations.

Setting appropriate boundaries with clients, along with the proactive measures mentioned under the principles of respect and responsible caring ensure that online practices will be set up to prohibit the potential for online victimization. Practitioners need to ensure that they are practicing within their jurisdiction, as not doing so would be unethical.

Considering the fourth and final principle listed in the CPA Code (2000), the CPA proposes four guidelines reflecting the responsibility online psychologists have to society.

1. To prevent the loss of security of assessment techniques, psychologists do not administer electronically any psychological tests for which such administration would put the security of the assessment techniques at risk or would violate any copyright restrictions.
2. Psychologists obtain, where feasible, liability insurance coverage for their e-services.
3. Psychologists provide to clients relevant contact information (e.g., mailing address, phone number, fax number, Website address, and/or e-mail address) of all appropriate certification/regulatory bodies.
4. Psychologists familiarize themselves with and honour the relevant laws and regulations of all jurisdictions to which they provide e-services. This includes such matters as age of consent or definitions of capacity to consent, and requirements for mandatory reporting. (CPA, 2006)

Reflecting on these final four guidelines, once again the importance of accurate assessments is emphasized. Professionals have the responsibility to society to ensure that they are not compromising the integrity of their respective professions. The third and fourth guidelines also adequately respond to the concern of unclear credentials raised by

Welfel (E-therapy: A Question of Ethics, 2003). These proposed guidelines ensure that the service provider's information is readily available, clear, and transparent. These guidelines also respond to the concern of poor adherence to professional standards raised by Shaw and Shaw (2006) and Heinlen et al. (2003). Specifically, the fourth and final guideline encourages adherence to professional guidelines and jurisdictional regulations. Where in the past adherence to professional standards has been poor, future practice of e-services needs to change this in order to be considered ethical. Making such a change will hopefully address the concern discussed by Finn (2002) and lead to further professional and societal acceptance.

Strengths of the proposed guidelines. As noted, Robson and Robson (2000) made a plea for professional bodies to address the topic of online counselling. On the whole, the proposed ethical guidelines (CPA, 2006) effectively and efficiently respond to this request. As presented in the review of the proposed guidelines, they address the majority of points made opposing the venture of online counselling. In doing this, they make the pursuit of online counselling a much safer endeavour. It is also a strength that the proposed guidelines coexist nicely with the standards, principles, and procedures outlined by the ISMHO (2000) and the NBCC (2005). Although proposed under a different framework, the same concerns are covered. The ISMHO for instance has informed consent, standard operating procedures, and emergencies as its guiding principles. Although these are quite different from the principles outlined by the CPA (CPA, 2000), the ISMHO's principles are still addressed both in the CPA Code and in its proposed guidelines for Internet services. The NBCC takes another direction and emphasizes the Internet counseling relationship, confidentiality in Internet counselling, and legal

considerations, licensure, and certification as the foundation of their 14 standards for ethical practice. Once again, although emphasis is different, these principles are adequately represented in the CPA's proposed guidelines. In comparing and contrasting the proposed guidelines with the literature reviewed and what is offered elsewhere in the profession, it becomes evident that the guidelines are a comprehensive and well researched tool for ethical online practice. The use of these guidelines would undoubtedly assist online practitioners in obtaining and maintaining ethical and professional integrity.

Weaknesses of the proposed guidelines. Even though it is acknowledged that the CPA's proposed guidelines (CPA, 2006) are strong, there are some potential areas of weakness that should be considered. One area that could be made more explicit is the need for psychologists to obtain specific training and/or education related to online practice. Although the need for ongoing education permeates several of the proposed guidelines, it would be helpful if ongoing training and education was stated more directly. The proposed guidelines also do not specifically address the issue that online counselling discriminates against those who do not have access to a computer. Even though, the CPA (2000) standards state that psychologists should "act to correct practices that are unjustly discriminatory" (p. 10), the proposed guidelines ignore this concern. The NBCC (2005) standards place emphasis on the need to communicate clearly, provide barrier free environments, and to be knowledgeable about free Internet access points. The CPA proposed guidelines are vague in this area even though their standards are not. For instance, standard I.3 encourages psychologists to "strive to use language that conveys respect for the dignity of persons as much as possible in all written or oral communication" (p. 9). It is apparent by reading through the standards of the NBCC, and

the standards of the CPA, that more attention could be given in the areas of respect, rights, and non-discrimination.

Another area that could be expanded upon is information recording. The guidelines are vague in their suggestion of how to deal with documentation obtained during online counselling. As discussed earlier in this project document, everything said in online counselling is typically on record. This contradicts standard I.39 which states "record only that private information necessary for the provision of continuous, coordinated service, or for the goals of the particular research study being conducted, or that is required or justified by law" (CPA, 2000, p. 13). Further discussion on how to deal with the information obtained through online counselling, as well as deleting sessions from computer hard drives would help obtain clarity about this issue.

An additional concern that is raised in the CPA Code (CPA, 2000), but not in the proposed guidelines involves the need to consult with other professionals when problems occur. This becomes especially important when a mental health practitioner becomes involved in a new area of practice. Inclusion of more specific guidelines around consultation may help the proposed guidelines offered by the CPA (CPA, 2006) become a stronger document.

It is important to acknowledge before moving on that the CPA Code of Ethics (CPA, 2000) contains several standards that encourage psychologists to more fully consider the ethicality of online practice. In all three of the examples discussed with regard to weaknesses of the proposed guidelines (CPA, 2006), review of the CPA Code provided further insight and clarity. This illustrates the usefulness of the CPA Code as a tool to assist in the development of ethical online counselling.

Synthesis and Summary

As presented, the guidelines proposed by the CPA (CPA, 2006) do an excellent job at addressing concerns related to online counselling and providing the foundation for ethical practice in the future. Although some suggestions for improvement were made, these weaknesses should be measured with the following qualification in mind. The ethical guidelines are meant to be read in conjunction with the CPA Code (2000). With this in mind, it is not necessary and likely redundant to restate standards listed in the Code. As indicated, guidelines are meant to be a helpful interpretation and application of codes of ethics. During times of indecision, the CPA Code should be consulted for more direction. Consideration of the presented weaknesses should be given, but the strong foundational support of the CPA Code of Ethics resolves the presented concerns. It is also important to note that the proposed guidelines are intentionally vague in some areas based on the evolving nature of technology. If guidelines are made too specific, they run the risk of being out of date before they are approved. As such, it is important to state that since psychology as a whole and online counselling as a medium is constantly growing and changing, ethical codes and guidelines need to evolve and change as well. As we look to the future of psychology and counselling, ethical codes and guidelines will continue to play a critical role. In the next Chapter, there will be a more thorough discussion about the future of online counselling and recommendations as to the role ethical codes can play in this regard.

CHAPTER IV

Discussions and Conclusions

Review of Findings

As indicated throughout this project, online counselling is an emerging area of practice that deserves thought and consideration. This is reflected by the increased attention it is receiving by clients, counsellors, researchers, and professional associations. Taking into account the research and literature reviewed, there are numerous positive and negative factors associated with practicing counselling online. Though there is currently theoretical and empirical support for online counselling, there is not enough to unequivocally substantiate claims of efficacy. Oravec (2000) stated "there are few research results as of yet as to the effectiveness of online counselling in relation to face-to-face modes, which at this point makes the placement of clients in online counselling risky and the redirection of funding into it problematic" (p. 121). Although this quotation is still applicable 6 years later, progress has been made in this capacity. As presented herein, research in this area continues to grow and there appears to be preliminary evidence to support the use of online counselling in certain situations. And even though concern has been regularly raised about the potential for harm to clients, there has been no documented evidence of this in practice. It is also important to consider that even if online counselling does not equate to face-to-face counselling, this is not a sufficient reason to reject it as a mode of practice. There is still potential for an alternative tool or mode of practice to be helpful to a great number of people.

It is also worth noting that online counselling is not the only type of intervention in the psychological field under question. Psychology as a profession and numerous

specific interventions have been placed under scrutiny during the past 100 years, and there are very few interventions if any that have completely dissuaded their critics. With this in mind, although research needs to continue to develop, the ability to obtain absolute certainty about the efficacy of online counselling is an ideal that may be hard to achieve. For instance, the statistical phenomenon called regression to the mean confounds many experiments in psychology. This refers to the idea that extreme scores tend to drift back to the average over time. For example someone may decide to go and see a psychologist for depression when they are at the peak of their depression (extreme score). With quantitative research it is difficult to determine whether improvement is the result of treatment, or just the levelling out process explained by regression to the mean. Difficulties considered, professional associations should avoid waiting for absolute certainty concerning the efficacy of online counselling, before consenting to its practice. There needs to be diligence and care with respect to this emerging area of practice, but not to the extreme in which we are all paralyzed and inactive.

The field of counselling and psychology is currently making progress with respect to online counselling and ethics. Just a couple of years ago, professional associations appeared to be waiting for more research and information before they would provide direction concerning the practice of online counselling. For example, the College of Alberta Psychologists (2000) issued an article stating that guidelines could not be provided due to the evolving and borderless nature of the Internet along with concerns regarding efficacy and safety. Presented with professional hesitancy, several practitioners may have chosen to avoid online counselling in the absence of specific guidance. At the same time researchers were unable to complete effective research because of the lack of

professionals providing online counselling and unpopular public and professional opinion regarding its practice. As associations and ethics bodies begin to turn their attention in the direction of online counselling, more practitioners are beginning to practice it, and in turn there is a larger sample from which to conduct effective research. There exists a correlation between research, codes of ethics, and online counselling practice but the direction of the causation is uncertain. As each area continues to develop, online counselling appears to be moving forward and gaining credibility. Research, codes of ethics, and specifics of practice will each play an important role in determining the future of online counselling.

The Future of Online Counselling Research

In the years to come, studies of online counselling need to be methodologically sound and able to withstand scrutiny. In this regard, future research should aim to include larger and more diverse samples, be more longitudinal in nature, and include control groups. Generally, prospective research should endeavour to be more broad and inclusive in scope, and more scientific in method. In addition to quantitative research, there should be qualitative studies in which the experiences of clients and practitioners are explored from a subjective point of view. Further Canadian research would also be helpful in providing more specific guidance regarding online counselling within our national context. The developing nature of online counselling requires ongoing examination, evaluation, and research. As technology develops (i.e., videoconferencing) online counselling will likely adapt these new technologies into practice. Research needs to be proactive and respond to new developments by including them in their inquiries.

Forthcoming research will play an important role in charting the future development of online counselling.

The Future of Ethical Guidelines and Codes

Several counsellors/psychologists and their related professional associations have ignored online counselling, waiting to see whether it will develop into a legitimate form of practice. However, the CPA Code (2000) encourages the principles of non-discrimination and caring, and these principles open the door to new and potentially helpful therapies. The argument can be made that it is unethical to provide online counselling when it has not been validated by research nor supported by professional associations. However, the argument can also be made that it is unethical not to offer potentially helpful and theoretically justified services to individuals who need help. Though it is hard to resolve this dilemma completely, the proposed ethical guidelines outline a way in which online counselling can be practiced ethically. As demonstrated, the risks and negative factors involved in online counselling are all minimized or alleviated through careful and ethical planning using the proposed guidelines (CPA, 2006) with the foundational support of the CPA Code. This does not absolve the psychologist of responsibility when practicing a very new type of intervention, but does provide the framework in which to operate ethically. In order to continue to help ensure ethical practice of online counselling in the future, professional associations need to stay abreast of online trends and adopt their codes and guidelines accordingly.

The Future of Online Counselling Practice

Counsellors considering or those who are already involved in Internet therapies have a great responsibility to secure the future of online counselling through ethical

practice. Faced with this responsibility, counsellors should continue to utilize ethical decision making processes and respectful conversations with clients to help guide their actions when faced with ethical conflict. In addition it is paramount for each individual practitioner to ensure that she or he receives enough education and training to competently provide counselling services online. This education needs to be of an ongoing nature, and counsellors need to stay informed about changes in ethical guidelines and remain well-versed regarding the latest research findings. It is also important that they practice from within the boundaries of ethical guidelines and codes, and in consideration of the online counselling literature. Finally, Elleven and Allen (2004) suggested the importance of regular consultation with colleagues in order to stay informed regarding developments in the field. This could be helpful not only with respect to technological advancements, but also developments in research, ethical codes, and discussion of individual cases. Since online counselling is in its genesis, ongoing education, evaluation, review, and consultation are all crucial to ensure best practice and the provision of ethical service.

Additional Considerations

As counsellors look to practice online counselling, it is important to consider that this mode of practice is not for everyone, and not appropriate in all circumstances. The question of which clients are best suited for online counselling requires more discussion. For instance the question has been posed about whether online counselling should be offered to those with an Internet addiction (Young, 2005). Suler (2001) suggested inquiry into cross-cultural issues, medical and physical concerns, personality type, diagnoses, and computer skills to assess suitability for online treatment. Practitioners are required to be

thorough and cautious when considering client suitability for online treatment until more research is completed. In addition, jurisdictional concerns should be addressed given the accountability to a regulatory body. As already outlined, the CPA guidelines (2006) note the importance of obtaining licence to practice in the home jurisdictions of both the client and psychologist. However, if the practitioner is not a licensed psychologist, counsellor, or social worker, meeting jurisdictional requirements is less of an issue. This leads to the question of who should be permitted to provide online counselling, and raises the concern regarding the ambiguity of the term "counsellor". In Canada, counsellors are only held accountable to the CCA standards if they choose to become a member, membership is not mandatory. Terms such as "counsellor" and "therapist" are widely used and practitioners can utilize them loosely in the absence of licensure. Hence, abiding by jurisdictional requirements is only applicable to those who are governed by them in the first place. Practitioners who are not licensed or registered by governing bodies practicing online is a problem and various mental health organizations will need to work together to address this concern in the future.

Another area to consider is whether insurance companies and Employee Assistance Plans will support online counselling practice. If Internet counselling is not funded by or supported by these sources there will ultimately be less demand. However, if online counselling is supported by insurance companies this should also be examined to ensure that this occurs in the best interest of clients and the profession as a whole. Norcross, Hedges, and Prochaska (2002) outlined the influence that economic efficiency has on the future of mental health. Based on the lower fees associated with online modes of treatment, it is conceivable that this could become the preferential mode of treatment

suggested by insurance companies. With this in consideration, care will have to be taken to ensure that quality of service does not suffer in an attempt to save money. The best possible care of clients will need to remain top priority.

One further concern that has been raised involves whether online counselling will detract from more traditional forms of counselling. However, preliminary research completed by Alleman (2002) indicated that online counselling appears to reach a new counselling market. A high percentage of online clients indicated that they had never received counselling before in any form. This finding suggests that online counselling may in some instances bridge the gap between hesitant individuals and face-to-face counselling services. In this respect online counselling can be viewed as creating a new niche and paving the path to face-to-face connections. Online counselling does not need to be considered as separate from face-to-face services, but can be used as part of a continuum of services. It is possible that clients may start in online counselling, and move to face-to-face services and vice versa. Online counselling could also be used in between face-to-face sessions during times of need. In this sense the development of online counselling can be viewed as a creative way to provide better counselling service to clients in need.

Viewing online counselling in addition to more traditional counselling support is akin to counsellors adding a new skill to their repertoire. From an eclectic theoretical orientation, it is important for a counsellor to match each intervention to the individual client. By careful consideration of the client's needs and goals and in respectful consultation with the client, an individual approach is designed to help the client achieve success. The ethical practice of online counselling may or may not be suited to an

individual client, and a competent counsellor needs to become adept at using a variety of tools and assessment techniques to help determine this.

Conclusion

Although the specifics of future online counselling practice have yet to be determined, it appears to be here to stay. The applicability of the Internet in the mental health field is wide ranging, and its presence should be considered and reflected upon. This does not mean universal acceptance, but it is a call for groups to discuss their concerns, desires, and visions for the future. Alleman (2002) states:

> Established practitioners will probably look first to fellow practitioners, publications, licensing bodies, and their professional organizations for guidance as they seek to understand online therapy and/or develop their own online therapy skills. At the very least, debates and seminars discussing the theory, methods, ethics, and practice of online counseling should be considered wherever conference agendas are being planned. (p. 205)

As Canadian counsellors begin to observe online practice as a viable option for psychological support, it is imperative that it be provided effectively and ethically. Increased attention towards online counselling in the form of research, ethical guidelines, and practice sets the foundation for ethical and effective practice. The primary principle of the CPA's Code of Ethics (CPA, 2000) is "Respect for the Dignity of Persons". However, is the respect to allow choice and freedom more important than the profession's duty to provide respect in the form of protection? Perhaps the best means to resolve this dichotomy is educating the public so that choices are made with knowledge of both the pros and cons of online counselling. Counsellors and psychologists need to stay informed

regarding this emerging area of practice and should use this knowledge to work together with clients to make safe, intelligent, and informed decisions regarding treatment. Well-informed practitioners will be able to respectfully listen to the concerns of clients and help generate the possible positive and negative outcomes related to different treatment options.

At this point there has been a great deal of thoughtful preparation done by researchers, ethics boards, and individual practitioners to allow for online counselling to function effectively and ethically. Although concerns and risks are not completely resolved, efforts to minimize them have been diligent. At this point it is up to counsellors and psychologists to consult and use the information available to ensure that the future of online counselling is effective and ethical.

Ultimately, the question of whether online counselling is effective and ethical is inappropriate. A better question would be whether online counselling can be provided in an ethical and effective way. In the end, it is up to the individual counsellor to practice effectively whether in an online or face-to-face milieu, but this cannot be done without help. Reflecting on relevant literature, theory, research, ethical decision making processes, and the ethical guidelines presented in this project would be an excellent way to set the foundation for ethical and effective online counselling. Looking forward in the 21st century, the ongoing collaboration between researchers, professional associations, individual counsellors, and clients regarding the ethicality and effectiveness of online counselling will be necessary to ensure the value and strength of online counselling in the future.

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TABLES

Table 1

Positive and Negative Factors Associated with Online Counselling

Positive Factors	Negative Factors
• Convenience (Skinner & Zack, 2004; Chester & Glass, 2006; Young, 2005) • New population of clients served (Skinner & Zack, 2004; Chester & Glass, 2006; Barak, 1999) • Decreased client defensiveness (Chester & Glass, 2006) • Flexibility in services (Chester & Glass, 2006; Barak, 1999) • Lower costs (Chester & Glass, 2006) • Access to electronic records (Chester & Glass, 2006; Murphy & Mitchell, 1998; Barak, 1999) • Ease of consultation and supervision (Murphy & Mitchell, 1998; Barak, 1999) • Intentional, concise, efficient, clear, precise, polished, ethical, and referenced communication (Murphy &	• Absence of visual and auditory cues (Barak, 1999) • Barriers to confidentiality (Robson & Robson, 2000; Shaw & Shaw, 2006) • Difficulty in conducting Accurate Assessments (Finn, 2002) • Promotion of social isolation (Barak, 1999) • Lack of emergency protocol with high risk clients (Finn, 2002; Shaw & Shaw, 2006) • Referral complications (Finn, 2002; Shaw & Shaw, 2006) • Consultation and continuity of service issues (Finn, 2002) • Limited availability (Finn, 2002) • Security and privacy issues (Robson & Robson, 2000; Shaw & Shaw, 2006) • Difficulty in the development of

Positive Factors	Negative Factors
Mitchell, 1998; Barak, 1999) • Externalisation of problems via the writing process (Murphy & Mitchell, 1998) • Comfort (Barak, 1999) • Perceived anonymity Chester & Glass, 2006; Young 2005) • Writing as a therapeutic tool (Barak, 1999, Metanoia, 2006a) • Therapist idealization (Hall, 2004) • Access to expertise (Young, 2005) • Unification of groups across geographical borders (King et al., 1998)	therapeutic rapport (Barak, 1999; Leibert et al., 2006; Rochlen et al., 2004) • Lack of professional and societal acceptance (Finn, 2002) • Poor adherence to professional standards (Heinlen et al., 2003, Shaw & Shaw, 2006) • Consent (Shaw & Shaw, 2006) • Online victimization of vulnerable populations (Finn & Banach, 2000)