

Pelling, N. (2009). The Use of Email and the Internet in Counselling and Psychological Service: What Practitioners Need to Know. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 1-25.



## **The Use of Email and the Internet in Counselling and Psychological Service: What Practitioners Need to Know**

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## **Abstract**

The use of Electronic mail (email) and the Internet are no longer novelties but fixtures in numerous workplaces and the leisure activities of many. Since the mid 1990s counsellors and psychologists have debated the use of email and the Internet in applied work. This chapter reviews the most commonly identified arguments for and against the use of email and the Internet in client service provision. This information will assist practitioners in deciding if they wish to include in their work electronic modes of service. In addition, *set up* and *how to* information is provided, for those who wish to work in the electronic realm.

Clients and prospective clients are using electronic mail (email) and the Internet in their workplaces and as part of their leisure activities (Martin, 2003; Pelling, 1995a; Pelling, 1996). Counsellors and psychologists are also using email and the Internet (Pelling 1995b; Pelling 1995c; Pelling, 2000; Pelling & Renard, 1998; Sampson, Kolodinsky, & Greeno, 1997). As a result, it should not be surprising that a debate regarding the use of email and the Internet in applied work has long existed (Goss, Robson, Pelling, & Renard, 1999; Goss, Robson, Pelling, & Renard 2001; Pelling, 2002). What follows is a select examination of the common arguments for and against the use of email and the Internet in client service provision. It is hoped that this information will assist practitioners in deciding if they wish to extend their work to include electronic

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modes of service. Various *set up* and *how to* issues are then outlined for those who wish to begin applied work in the electronic realm.

Before, however, we begin our examination of email and Internet counselling it would be prudent to identify what is meant by email and Internet counselling. Electronic counselling, email counselling, ecounselling, cybercounselling, Internet counselling, chat room counselling, and video support telecounselling are all terms used to describe various forms of service mediated by electronic means. These terms all have in common the defining aspects of WebCounseling as outlined by Bloom (cited in Morrissey, 1997); the practice of professional service when the client and professional are in separate or remote locations using electronic means to communicate. This chapter is primarily concerned with the use of email and chat room services. Email and chat room services are provided by professionals who are located separate from their clients, use electronic means to communicate via the typed word, and result in communication with varying amounts of time delay between responses. A focus on email and typed based chat has been chosen as such communication modes are the most likely used forms of Internet counselling and psychological service provision (Pelling & Renard, 2000).

Definitions of the Internet and explanations of how email and chat rooms operate are beyond the scope of this chapter, readers interested in such detail are referred to Goss, Robson, Pelling and Renard (1999, 2001) and Sampson, Kolodinsky, and Greeno (1997). The reader is assumed to have a basic level of computer literacy and thus a working knowledge of email and the Internet. Let us now take a look at the arguments in favour of email and Internet use in applied service.

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## **The Pros and Cons of Electronic Service Provision**

### *Arguments in Favour of Electronic Service Provision.*

A number of arguments have been made in favour of electronic service provision. These include the ability of email and Internet contact to facilitate access to services, client privacy and disclosure, and ongoing client support and facilitating face to face (F2F) contact (Ainsworth, 2002; Bradley, Sullivan, & King, 2003; Caleb, 2000; Hamilton, 1999; Health Services Division, 2003; Hsiung, 2002; Koppel, 2001; Sampson, Kolodinsky, & Greeno, 1997). We will now look at each of these in turn.

**Access Issues.** Email and Internet services may facilitate engagement in counselling service for those who have access to technology and who may have difficulty with travel or affording the cost of F2F counselling. This group is likely to include some disabled individuals, those living in rural or remote areas, as well as children and teenagers. As a result, services may be provided to some individuals who would otherwise have difficulty accessing counselling or psychological professionals.

Access to services may also be facilitated by the flexibility afforded by electronic services. Namely, one can arrange to engage in counselling at unusual times, not just during standard office hours. Thus, access to services for those who engage in shift work could be improved by making services available electronically.

There are some, of course, whose access to counselling related email and Internet services is lacking. These individuals may include those with limited fluency in written

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English, people from non-English speaking backgrounds, and those with limited access to and use of computer technology.

**Client Privacy and Disclosure.** Those who are embarrassed to seek out counselling services can avoid visiting an actual counselling centre and engage in counselling electronically. Similarly, those who fear discrimination based on gender or racial status can keep such information private while engaging in counselling services, although this could negatively impact one's ability to receive multiculturally appropriate counselling. Thus, one's privacy can be enhanced by avoiding F2F services.

In general, email and the Internet are seen to be private spaces. Consequently, honesty and disclosure may be enhanced by electronic service provision. As a result, the Internet has been stated to have a disinhibiting effect on some individuals. This could be said to facilitate, enhance, and hasten the progress of applied work.

**Ongoing Client Support and Facilitating Face to Face Contact.** Electronic client contact does not always mean engaging in counselling services via email or the Internet. Electronic client contact could simply support ongoing client F2F contact via notes regarding appointment changes, follow-up or relapse services, encouragement, and the provision of information. Some indicate that client support activities versus direct counselling or psychological services is the best professional use of email and Internet contact.

Having an email and Internet presence can be an excellent marketing tool for counselling and psychological services. Prospective clients may decide to seek out service, electronic or F2F, on the basis of information available on the Internet. In

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addition, professional contact that begins as electronic contact may progress to F2F contact as a counselling relationship develops.

### *Arguments Against Electronic Service Provision*

A number of arguments have been levied against electronic service provision. These include the lack of nonverbal and verbal cues, limits regarding counselling and psychological interventions and general efficacy issues, client and practitioner identity issues, counselling setting issues, confidentiality and security issues, and iatrogenic issues (Bailey, 2003; Bradley, Sullivan, & King, 2003; Caleb, 2000; Cooper, 2001; Cooper, Scherer, Boies, & Gordon, 1999; Davies & Lipsey, 2003; DeAngelis, 2000; Foxhall, 2000; Griffiths, 2003; Hall & Parsons, 2001; Hart, 2001; Hughes & Pakieser, 1999; Health Services Division, 2003; Hsiung, 2002; Kaltiala-Heino, Lintonen, & Rimpela, 2004; Kraut, Kiesler, Boneva, Cummings, Helgeson, & Crawford, 2002; Marshall, 2003; Mathews, Grant, & Littlefield, 2003; McLaughlin, & Milholland, 2000; Mingail, 2000; Murray, 2000; Murray, 2002; Osborne, 2004; Parker & Wampler, 2003; Pawlak, 2002; Pelling & Renard, 2000; Reed, Mattas Curry, 2000; Sanders, Field, Diego, & Kaplan, 2000; Shepherd & Edelman, 2001; Simon, 2000; Smith, 2001; Stofle, 2002; Wallace, 1999; Yager, 2002). We will now look at each of these in turn.

**Lack of Nonverbal and Verbal Cues.** The lack of nonverbal and verbal cues impacts interactions from both client and counsellor perspectives.

Counsellor and psychologist ability to observe clients is lessened by the absence of nonverbal and verbal cues. This could have a negative impact on counselling and

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psychological work. Closed body posture, diverted gazes, and tearful expressions may exist but are unable to be observed by professionals in typed communication.

Moreover, while some clients may be self aware and literate enough to indicate, in typed form, how they are feeling or interacting we must acknowledge that some will not. Indeed, even the most communicative client will only be able to disclose that about which they are conscious. A client who is unconsciously clenching their fist whenever they discuss a difficult family interaction will be unable to disclose this fact or have this brought into counselling.

Similarly, hushed or raised vocal tones are absent in electronic form. Thus, the client's ability to communicate may be unwittingly negatively impacted by communicating purely in typed form. This is the first way in which the lack of nonverbal and verbal cues can negatively impact counselling interactions.

The microskills approach to counsellor training proposes that effective helping skills are built upon a base of attending behaviour (Ivey, 1988). It has been argued that email and Internet chat fail to provide the basic counselling building blocks that enable helping relationships. Namely, attending behaviours involving eye contact, body language, and vocal qualities have no functional equivalents in the typed electronic realm. Thus, the second way in which the lack of nonverbal and verbal cues can negatively impact the counselling process is by impacting how the counsellor is presenting to the client. The interest and caring demonstrated by counsellor attending behaviours is missing in email and Internet counselling.

**Limits of Interventions and General Efficacy Issues.** Clearly certain interventions cannot be used when professional contact remains electronic in nature. For

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instance, play therapy, sand tray therapy, and other creative forms of interaction and expression do not translate well to a typed format.

There is little research indicating the effectiveness of email and Internet counselling and generally electronic means of service provision are viewed as less effective than F2F services. Electronic communication is considered especially inappropriate for clinical populations, versus self development or counselling populations, and those at risk of harm. Further research regarding both process and outcome is needed.

**Client and Practitioner Identity Issues.** Counsellors and psychologist have a duty to protect clients from harming themselves and others. Practitioners may have a difficult time intervening when needed if they do not have accurate client identity and contact details. This can make difficult situations in which a referral to a local counsellor or emergency services is required. Obtaining such identifying information, however, can be difficult if clients choose electronic contact for the assumed increase in privacy such contact provides.

A related aspect of client anonymity involves the *trying on* of different personalities and styles of relating. Internet communication is different from F2F interactions in that they tend to be more permissive, aggressive, and sexual. However, generally one often fails to integrate online and offline identities and it can be difficult for practitioners to know if the client being presented to them is a reality or a fantasy identity. For example, a 45 year old man may pose as an 18 year old woman.

Some young clients may similarly present themselves as adults. This can have an obvious negative impact on providing appropriate counselling to said individuals as their

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cognitive and emotional developmental levels are likely to be overestimated. In addition, a clinician has a duty to respond quite differently when a minor is talking about unwanted sexual contact than when an adult does so (mandatory reporting regulations). Moreover, in some parts of the world minors can only engage in regular counselling with the permission of a responsible adult. Thus, unwittingly providing counselling to minors can result in legal implications.

Identity deceptions or the withholding of important information can also prove clinically dangerous. For example, a client who makes contact for diet and exercise support but who is obviously underweight may be able to gain support in limiting their caloric intake by failing to mention or misrepresenting their body weight when asking for counselling support electronically. Such deceptions are more likely to be avoided in F2F contact because of the counsellor or psychologist's ability to observe the client. Similarly, the withholding of racial or cultural information can limit a practitioner's ability to provide multiculturally appropriate interventions.

Clients are also impacted by the lack of identity certainty afforded by electronic communication. Degrees and licenses to practice are often present in counselling and psychological offices (a requirement in some areas) and can help prospective clients assess the qualifications of their prospective practitioner. Moreover, many practitioners practice within a group, or via an official agency, which lends credibility to those who provide service within such groups. It may be more difficult for prospective clients to assess the qualifications of practitioners via the Internet, possibly leaving clients open to individuals who are not qualified to provide professional services and are *posing* as counsellors for financial gain or out of morbid curiosity. Although some online

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verification schemes for professionals exist, these are not in widespread use (see [www.metanoia.org/imhs/directry.htm](http://www.metanoia.org/imhs/directry.htm) for an example).

**Counselling Setting Issues.** Clients and practitioners do not engage in counselling in public but generally in quiet, comfortable, and private offices. Clients and practitioners both need a quiet environment away from distractions to engage in electronic counselling and psychological services. Such a setting needs to be able to facilitate disclosure and ensure confidentiality as much as possible. A busy cyber cafe or lounge room in which one's partner can look over one's shoulder and read ongoing interactions will simply not suffice. Similarly, engaging in counselling while simultaneously viewing a television show is not appropriate.

**Confidentiality and Security Issues.** Confidentiality is not absolute. Counsellors and psychologists inform clients regarding the limits of confidentiality. Communicating electronically holds some special limitations that prospective clients need to know about.

Personal items are not discussed in public and email is not always secure, thus an email can be said to be public communication. The frequency at which emails are misdirected or lost makes this point clear – have you ever had an email sent not be received by its intended recipient or fail to receive an email someone has said they sent to you? Where did this email go? Did anyone ever receive the email? As a result, email communications need to use encryption and passwords to protect clients from computer hackers, curious individuals, and simple mail misdirections. Similarly, chat room discussions need to take place in secure sites. Of course, encryption programs are only as good as their latest version and passwords are only useful when kept private and not detectable by others.

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Practitioners need to remember that counselling and psychological services must conform to certain ethical standards regardless of the mode of communication used.

Confidentiality is one standard that needs to be protected.

**Iatrogenic Issues.** Providing services in electronic form can be iatrogenic in three main ways.

First, counsellors or psychologists could unwittingly encourage dysfunctional behaviours. For instance, continuing to engage in services electronically with those who have underdeveloped social skills and report to be lonely does little to develop social skills in reality and encourage appropriate social involvement. Indeed, research exists that suggests Internet communication may increase versus decrease difficulties for those who indicate experiencing high levels of loneliness. Such difficulties may include increased incidences of Internet addiction. As people increase the time they spend on the Internet they report decreases in family and social communication, thus experiencing increased feelings of loneliness and depression.

In addition, even in situations where one can ostensibly find social support on the Internet this can develop into an unhealthy connection. Such situations can occur when self help groups become a refuge not for supporting healthy behaviours but a covert way to share unhealthy activities. Recently, a number of support areas for eating disorders have been noted as developing into areas that can encourage one to continue with anorexic behaviour (i.e., sharing ideas for purging behaviour). A more sinister use of social support via the Internet is also possible. Namely, the well known ability of paedophiles to use the Internet for finding support from like-minded individuals.

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Similarly negative in nature, obsessive and extremely self critical individuals may work for perfection in their typed communications, writing and rewriting notes before sending them. Consequently, what is intended to be a therapeutic interaction could turn into a reinforcement of compulsive behaviours.

Second, Internet addiction may not gain the type of attention that narcotic addiction does in the press but it, nonetheless, has been identified in many and implicated in much human suffering. There are those who compulsively use email and the Internet. Thus, some clients or prospective clients are likely to be susceptible to developing such a compulsion. Certain authors have indicated that such addiction or Internet behaviour dependence is analogous to pathological gambling and involves long amounts of time spent on the Internet, environmental distress, deception regarding the amount of time spent on the Internet, and mood modification via internet use.

Some studies suggest as many as 9% of adolescents (cyberteens) and 10% of university students and 6-14% of the general population may experience Internet addiction. High Internet usage levels have been shown to negatively influence adolescent health, parental relationships, stress levels, and school achievement. For such individuals involvement in email and Internet communications, even service related, is possibly contraindicated. Luckily, there is some research to suggest that compulsive overuse of Internet resources may be a temporary condition for some or a newbie difficulty that dissipates once the novelty of the Internet lessons.

Third, an issue related to Internet addiction is the use of the internet to fuel other addictions. This includes gambling, shopping, and sexual related addictions including pornography. Individuals with a tendency towards or a history of such difficulties may

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need special monitoring when accessing the Internet to help ensure that the Internet does not become a convenient avenue for other compulsive behaviour. Similarly, as practitioners, we wish to increase healthy activity and discourage the physical inactivity of people or *mouse potatoes*.

## **Electronic Service Set up and How to Issues**

### *Set up*

A number of issues must be addressed before a professional engages in email or Internet counselling. These include location, insurance, record keeping, computer based difficulties, emergency situations, response frequency and structure, and fees. Let us now look at each of these in turn.

**Location.** A number of different topics relate to one's location. First, where are the people to whom you are to provide service located? Are you able to provide service there and where are clients to go if they feel they have been harmed and wish to make a complaint? For example, counselling is an activity licensed in The United States of America (USA) but not in Australia, where any regulation is currently voluntary. Is an Australian counsellor who is not licensed in the USA providing services illegally when

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engaging in counselling with a client located in the USA? Such legal matters may be contentious and practitioners are warned to err on the side of caution (Foxhall, 2000; Simon, 2000; Terry, 2002).

Second, where is your email or Internet practice to be located? Are you going to set up a solo site or join a group email or Internet practice? Deciding to set up a solo site may be difficult if you do not have the technological knowledge required to maintain a secure site, but gaining professional technical assistance could be costly. Such decisions require a number of business versus client focus questions be asked.

Third, where are you going to locate yourself when you are engaging in email or Internet service provision? Do you have a quiet and private space in mind? You will need to find a place free from distraction to give the best service to your clients.

**Insurance.** Professional indemnity insurance protects counselling and psychological practitioners when charged with malpractice. Such insurance also provides an avenue for clients to receive compensation from counsellors when necessary. Before engaging in email or Internet counselling practitioners need to check with their insurance provider regarding the extent of coverage they have and if this extends to electronic forms of service. Practitioners will need to know what limitations any such coverage may entail.

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**Records.** When working electronically counsellors and psychologists must determine how they are going to keep records and if this is to include a verbatim transcript of typed email or Internet chat interactions. Clients need to be made aware of record keeping practices, as they may be considered the legal owner of the verbatim transcript. The existence of verbatim transcripts can have an obvious impact on legal proceedings if any type of malpractice action were to result from the services provided.

**Computer Based Problems.** Practitioners also need to give thought to how they will deal with potential problems when working electronically. How will you deal with potential computer hackers, unwanted and unsolicited email (spam), potentially lost or misdirected emails, computer viruses, computer crashes, phone line or broadband difficulties, and power outages?

**Emergency Situations.** As previously discussed, counsellors and psychologists will need to determine what type of identity information they require from email and Internet clients prior to engaging in service provision, as identifying information may be needed if the practitioner is to respond to a client emergency (i.e., suicidal threat, harm to other threat, or admission of child abuse). Will you feel the need or be able to verify this information? Correspondingly, practitioners need to provide potential clients with emergency contact details for themselves and hopefully a contact in their area of location should a difficulty requiring phone or F2F contact arise.

**Response Frequency/Structure.** F2F practitioners need to determine if they are going to see clients weekly or fortnightly and for one hour or more. F2F practitioners also have to determine their regular business hours. Likewise, those providing service via email and the Internet need to determine how often to respond/send emails (daily,

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weekly, or fortnightly) or when to meet online and for how long, respectively. Will you consider ten short emails or postings equivalent to one very large email or posting? What will you do if inundated with a large amount of rambling postings? What will you do if cyberstalked by a client (Posen, 2003)? Will you put a maximum limit on the amount of email to be received from any one client and what will you do if this limit is tested by either a needy or demanding client?

**Fees.** If you are going to provide service electronically you will need to determine how much you are going to charge for service. You will need to determine if you are going to charge per amount of typed information (per word read and responded to), time taken to read and respond (minutes), or per email (irrespective of length). You will need to determine how you will obtain payment (bank draft, cheque, or credit card).

**Set up: Conclusion.** The above seven items are just a few of the things a potential email and Internet practitioner will need to think about and determine before offering applied services electronically. Obviously, providing applied services electronically is not a simple venture and not enabled by simply having an email account or access to Internet chat services. Setting up a F2F private practice is no simple task. We should not be surprised that setting up an electronic service is no simple task either. Sometimes technology does not easily or immediately make our lives and work simpler.

### *How To*

Assuming those engaging in F2F counselling and psychological services are competent and hold the qualifications required to do so, it needs to be noted that

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competency in F2F counselling does not necessarily translate to competency in email and Internet forms of applied service. Practitioners need to engage in professional development and training to continuously increase their competence in various areas, including electronic service provision (Hsiung, 2002; Stamm & Perednia, 2000; Stofle, 2002; Yellowlees, 2002).

A number of training workshops and programs in email and Internet counselling exist. One such program is offered online via the American Counseling Association (see the course offered by Dr. John Bloom via [www.counseling.org/resources\\_online](http://www.counseling.org/resources_online) for details). Practitioners need to assess if they are able to provide service in a competent manner using electronic means of communication and not provide said service if their competence is lacking (Reed, McLaughlin, & Milholland, 2000).

Because of the lack of verbal and nonverbal communication in email and Internet counselling practitioners need to make emotional connections in different ways. What follows is a simple introduction to two main interventions used in email and Internet counselling. Obviously, additional techniques and interventions are available via email and Internet contact. Interested readers are encouraged to gain additional training and supervision in the use of text based counselling interventions if they plan on engaging in email or Internet counselling.

**Emotional Bracketing.** Emotional bracketing is a skill to be used by the practitioner and can be taught to clients. Emotional bracketing occurs when emotional content is placed in square brackets within typed communication.

For example, a counsellor may type, “It was good for me to read that you are feeling less depressed this week [it makes me smile while I type this note to you, it makes me happy

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to know your mood is improving after your difficult personal work]. I hope we can continue to help you make improvements in your mood” thus indicating emotional content in square brackets. Such an expression of emotion is not immediately natural but when practiced can become more innate over time and practice. Emotional expressions of this sort can help build the connection between the counsellor or psychologist and client and thus enhance understanding and eventual efficacy of service.

**Descriptive Immediacy.** Descriptive immediacy is the typed equivalent to making a process comment or using immediacy in session with a client. Such comments are used by practitioners to deepen the connection between client and practitioner. Clients can also learn to convey information in such a manner. Specifically, descriptive immediacy is used to highlight a moment of emotion when a simple typed response is not enough. For example, a practitioner may type, “I have just finished reading your last message and I am feeling compassion for you and your situation. I can clearly read your desire for support and wish I could look in your eyes and let you know I am here for you” in order to demonstrate their caring and current reactions. Such comments can once again build the relationship to be formed between client and practitioner.

**How To: Conclusion.** In addition to being generally competent, technologically competent, and knowing the two text-based counselling interventions outlined above, practitioners need to be aware of and follow national and international email and Internet counselling standards. It is disheartening that many do not follow established standards for the ethical practice of counselling in the electronic realm (Heinlen, Reynolds Welfel, Richmond, & Rak, 2003). To not follow best practice as established in any area is to provide a lesser form of service and clients deserve the best possible care we can provide.

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The reader is referred to their local national counselling and psychological organizations for guidance, and especially to the resources made available by the American Counselling Association ([www.counseling.org](http://www.counseling.org)) and the American Psychological Association ([www.apa.org](http://www.apa.org)) who have completed a large amount of work regarding electronic service provision.

## **Conclusion**

Email and Internet counselling and psychological services are occurring. If practitioners are to engage in such services they need to be informed of the pros and cons of electronic service and be prepared to competently engage in said service. Similarly, clients and prospective clients must be able to give informed consent for service without coercion or pressure (Hsiung, 2002). This necessity remains despite the fact that increased levels of informed consent information regarding online counselling is likely to result in a decrease in desirability regarding those services (Barthelmeus, 2000). In order to give their informed consent, clients and prospective clients will need to know a variety of items including the pros and cons of said service and be explicitly aware of confidentiality issues and the benefits/ limitations of using encryption software, record keeping practices, the potential for computer difficulties, lack of efficacy research regarding electronic means of conducting counselling, and emergency procedures and contact details. A summary of necessary information can be provided via an informed consent document, a personal disclosure statement.

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The difficulties regarding providing service via email and the Internet have discouraged many practitioners from engaging in electronic service provision. Others have not been so discouraged and are engaging in electronic client contact. If the reader is not dissuaded but enthused by the notion of providing counselling or psychological services via electronic communication then I wish you a well informed trip on the Information Super Highway. Drive safely as the reputation of counselling and psychological service, your professional existence, and the welfare of clients are at stake.

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