CLIENT PERCEPTIONS AND ATTITUDES TOWARD COMPUTER-BASED MODES OF PSYCHOLOGICAL INTERVENTION

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Abstract

Previous research suggests that utilization of computers and the Internet as therapeutic tools may be efficacious while addressing a number of barriers to traditional treatment. Advantages of tele-health modalities include reduced costs, increased access to treatment, and an ability to reach underserved populations. While computer-based interventions may hold significant promise, client's interest in such services has not been extensively evaluated. To assess client's interest in computer-based therapeutic interventions, a brief pencil and paper survey was created to survey attitudes of various aspects of computer-based services. Sixty-five participants were recruited from a local psychological services center. Overall, endorsement of computer-based methods was found to be 40-50%, with a larger percentage endorsing it as an adjunctive to face-to-face rather than a standalone. Findings also suggested that clients would only be willing to pay less, relative to face-to-face services. Few age, gender, and ethnic differences in endorsement of key variables were found.

Keywords: clients; computers, patrons, tele-health; telepsychology

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Client Perceptions and Attitudes Toward Computer-Based Modes of Psychological Intervention

Digital communication has become the standard means through which society interacts. According to the 2010 U.S. Census, more than 70% of the adult population uses the Internet, an increase from previous years (U.S. Census Bureau, 2011). As digital communication continues to advance, many envision technological applications to counseling services. This notion of tele-health has become a prominent issue in the mental health community with proponents on both sides of the argument (Rochlen, Zach, & Speyer, 2004). Despite studies demonstrating the efficacy of computer-based interventions, a prominent question arose regarding the willingness of counselors to utilize such techniques. Research has recently initiated investigation of this issue (e.g., Mora, Nevid, Chaplin, 2008; Wangberg et al., 2007); however, a secondary concern stands unanswered: are the clients of psychological services wanting and willing to utilize tele-health modes of therapy?

Research has identified several potential benefits of tele-health interventions available to consumers. Within the field of mental-health, communication is crucial, and employing the Internet may allow clients dealing with difficulties related to location, cost, availability of therapists, disabilities, logistics of scheduling, stigma, and time limitations to comfortably maintain contact with a therapist (Cartreine, Ahern, & Locke, 2010). As Emmelkamp (2005) reported, a major benefit of utilizing tele-health interventions is the time-effectiveness of being able to complete therapy in one's home, removing driving time while providing increased flexibility of hours. Although seemingly a minor aspect in the greater sense of the therapeutic

process, this novel modification may allow for many who may not otherwise engage in therapy to build a relationship with a mental health professional. Additionally, work by Richardson, Frueh, Grubaugh, Egede, and Elhai (2009) reported that published articles since 2003 have generally found high levels of satisfaction among clients who participated in a variety of tele-health services. Suggested benefits, coupled with findings of satisfaction may demonstrate a desire among clients for tele-health opportunities.

While some studies have begun to examine client perception of tele-health services, they present conflicting findings. One such study by Mohr et al. (2010) found 48% of clients interested in some form of behavioral health service were also interested in Internet care. Supporting this claim was a study utilizing a computerized cognitive-behavioral therapy program for anxiety that was conducted with a 6-month follow-up (White, Jones, & McGarry, 2000). Not only was the computerize method effective in reducing the participant's symptoms while improving their quality of life, but was also reported by participants to be a welcomed change due to its rapid, effective, convenient, and inexpensive approach (White, Jones, & McGarry, 2000). In contrast, work by Pelling (2006) found that of 106 surveyed "carers" (individuals who care for a friend or relative in need of psychological, physical, or developmental support), only 5.7% were interested in counseling over the Internet, with these individuals only interested in paying less than they would for face-to-face services. While this disparity may be due to several possibilities, it creates difficulty for interpretation and generalization.

Given these conflicting conclusions, further work is required to clarify previous findings, as tele-health modalities would not be helpful if the general population does not wish to utilize

them. While much of the research in the field focused on the efficacy and counselor factors related to the tele-health debate, client's perceptions are paramount in determining reasons for acceptance or rejection of this progressive mode of intervention. As Mohr and colleagues (2010) stated, there is scant information on what creates, supports, or diminishes interest in receiving treatments via tele-health modalities. In this regard, the current study sought to provide a preliminary exploratory analysis of client's attitudes towards tele-health modalities, while evaluating key variables that may influence clients' acceptance or rejection.

For this study, four hypotheses were developed. First, there will be at least a 50% acceptance from participants expressing some interest in a computer-based intervention, agreeing with work by Mohr et al. (2010). Second, of those endorsing, many would be willing to pay more for service reimbursements due to the convenience the modality creates. Third, no ethnic differences will emerge; however, younger individuals are posited to be more endorsing than older. Finally, in line with Whitley's (1998) findings that males are more accepting of computers than females, male consumers of tele-health are hypothesized to be more endorsing than females.

Methods

Participants. A sample of 65 current clients (*M*=39.45 years of age, *SD*=13.60) of mental health services, aged 18-75, were gathered from the Psychological Services Center at Nova Southeastern University's Center for Psychological Studies in Ft. Lauderdale, Florida. When divided into age brackets, 20 participants were under 30 years of age (younger aged), 31 were 31-60 (middle aged), and 3 were over 61 years of age (older aged). All participants were at

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least 18 years of age and spoke English as their primary language. The sample consisted of 23 males and 42 females. Of this sample, 33 identified themselves as being Caucasian (50.8%), 8 as African American (12.3%), 21 as Hispanic (32.3%), 2 as Asian (3.1%), and 1 as Other (1.5%). When asked to rate their self-perceived left of computer expertise, 1 (1.5%) reported having little to no computer-related knowledge, 14 (21.5%) reported that most have more computer-related knowledge and ability than they do, 22 reported (33.8%) that they have about as much computer-related knowledge and ability as others, 18 (27.7%) reported that they have more computer-related knowledge and ability than some people, and 8 (12.3%) reported having more computer-related knowledge and ability than many people. Participants reported that on average, 20 (30.8%) spend 0-5 hours a week using a computer, 8 (12.3%) spend 6-10 hours a week, 11 (16.9%) spend 11-15 hours a week, 9 (13.8%) spend 15-20 hours a week, and 17 (26.2%) spend 20 or more hours a week utilizing a computer. Coupled with this 24 (36.9%) spend 0-5 hours a week online, 13 (20.0%) spend 6-10 hours a week, 9 (13.8%) spend 11-15 hours a week, 8 (12.3%) spend 16-20 hours a week, and 11 (16.9%) spend 16-20 hours a week online.

      Mental Health Patrons Attitudes Towards Computer-Based Intervention Survey.
The Mental Health Patrons' Attitudes Towards Computer-Based Intervention Survey assessed domains including demographics, overall self-perceived computer-related ability, attitudes towards tele-health modalities, attitudes towards efficacy, and willingness to provide financial compensation for services rendered. To evaluate the survey, a pilot study was completed and questions were adjusted based on participant input. Each assessment began with a short

description of the purpose of the study and a demographic section. All information remained confidential and participation remained anonymous.

Procedures. When a client checked in at the Psychological Services Center at the Center for Psychological Studies at Nova Southeastern University, they were asked if they would be willing to participate in a short anonymous research study. If they were interested, they were provided with the survey, as well as an attached "participation letter" which outlined the study, including purpose, goal, design, confidentiality, right of study refusal and termination. Following completion of the survey, participants were instructed to place the survey in a locked dropbox near the exit of the clinic. No names or identifying information were collected.

Results

Overall, 46.2% of participants believed that computer-based therapists can be effective in the treatment of psychological disorders, with 43.1% believing that those programs can be beneficial to them, and 46.2% indicating that they would like the option to receive a computer-based therapy delivered via the Internet. Despite nearly a 50% divide in desire for some type of computer-based therapy, 58.5% indicated that they would like a mix of both face-to-face and computer-based therapies with the same therapist, and 52.3% reported that they would use a computer-based intervention or program as an addition to face-to-face therapy if given the opportunity. Although many may be willing to try a technique and think it may be effective, only 18.5% believe that a computer or Internet-based intervention would be as effective as face-to-face therapies.

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Of particular interest, willingness to provide financial compensation for such services was assessed. Of those assessed, 52.3% indicated that they would only be willing to pay less than they would for face-to-face therapies, 16.9% indicated that would pay the same amount as face-to-face therapies, and 12.3% indicated that they would be willing to pay more .

Additional surveyed questions focused on whether clients believe that mental health counselors should be allowed to utilize such techniques. Participants indicated that 50.8% believed that counselors should be allowed to incorporate computers into therapy. Although half are in favor of allowing counselors, clients in this study were nearly unanimous (90.8%) in declaring that the therapeutic process relies on the relationship between the client and the therapist, and therefore believed face-to-face is essential regardless of whether an adjunct is used.

ANOVA procedures allowed for analysis of differences of age brackets (younger, middle, older-aged), gender, and ethnic differences of key outcome variables. Despite analyzing several outcome measures across age brackets, few significant differences were found. The only notable exception was an age-related difference which was recognized for the question surveying the notion that therapy should only be face-to-face and not be allowed through other means, such as through a computer (F(2, 28)=3.671, Bonferroni p=.033). When further analyzed it was found that older adults were significantly more inclined (p=.041) to indicate that therapy should only be face-to-face and not be allowed via other means, such as a computer-based model. No significant findings among gender or ethnicity were noted.

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Discussion

The current study served to explore and provide preliminary analyses of key points of interest for clients of psychological services regarding their attitudes towards mental health tele-health interventions. Overall, more than 40% of those surveyed believe that a computer-based intervention can be effective, with more than 50% indicating that they would like a mix of face-to-face and computer intervention. These findings are in agreement with Mohr et al. (2010). Consensus was found regarding computers not being replacements for face-to-face therapy, which coincides with the additional finding that patrons of psychological services believe that the therapeutic bond is of paramount importance and may not be able to be replicated through an online relationship. Although research has suggested that a therapeutic bond, as measured through alliance scores, can be attained via a computer-based medium (Cook & Doyle, 2002; Wade, Wolfe, & Pestian, 2004), it is unlikely that the general population is aware of this type of research, and may therefore be skeptical about attempting such techniques.

Interestingly, our second hypothesis was disproven. In line with Pelling's (2006) findings, clients were only willing to pay less for tele-health services rendered and were not willing to pay the same amount or more than they would for a face-to-face interaction. This suggests that while convenience may be a factor for financial compensation, it is not the most pressing. As with overall endorsement, a hypothesis proposes that a lack of a general knowledge of tele-health modalities may be contributing to one's lack of willingness to put financial resources into a form of therapy that they may see as "untested."

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Despite hypothesized gender-related differences that were informed by Whitley's (1998) findings, data indicated that there were no significant differences between genders in endorsement of outcome variables. Additionally, no significant differences were reported among ethnic groups. However, one interesting difference among age analyses was recognized with older adults appearing significantly more inclined to report that therapy should only be face-to-face and not via other means. Despite findings demonstrating that since 2005, the use of the Internet among those over 70 years of age has grown faster than any other demographic (Jones & Fox, 2009), current data suggests that this age bracket may still not be endorsing of technology integrated with therapy, possibly due a lack of comfort that a younger age bracket may possess. However, caution should be taken with this interpretation, as this is based on the sample size (3 older adults) and may not be indicative of the overall age bracket.

Limitation. While this study served to explore preliminary differences in acceptance of tele-health interventions, a key limitation was recognized. The primary criticism involves the small sample size, which serves to limit conclusions and generalization of the current findings. Despite several attempts from the researchers to gather participants at several mental health centers, difficulties with policies of confidentiality limited the ability to assess the clients at several locations. As a result, future work should continue to explore the differences of age, ethnicity, and gender in acceptance or rejection of tele-health modalities within a larger framework. Future work should also continue to explore reasons for acceptance or rejection including the role that education plays and how a potential lack of knowledge of efficacy may be a contributing factor to rejection.

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Conclusion. While this investigation had a small sample size, the current findings demonstrated preliminary exploratory findings for client's attitudes towards computer- and Internet-based modalities of treatment. Specifically, it was found that although some interest exists for tele-health interventions, many remain skeptical of the gains that may be achieved. Additionally, from the current findings it is suggested that clients of psychological services are not willing to pay the same amount or more than they would for face-to-face, even with the increased convenience and timesaving possibilities associated with a computer-based intervention. Rather, clients would be willing to try such methods if the price was cheaper. Although several explanations for such trends are possible, it is hypothesized that a lack of education on the efficacy of tele-health therapies may be responsible for some to reject consideration. Overall, further work is needed to truly clarify if the clients of mental health services are both wanting and willing to utilize computer- or Internet-based interventions in their treatment.

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AUSTRALIAN INTERNET-BASED COUNSELLING SERVICES AND THEIR ETHICAL COMPLIANCE

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Abstract

In the study an examination was made of demonstrated compliance with ethical guidelines in websites offering Internet-based counselling by Australian Psychologists. A summary of ethical guidelines for Internet-based counselling was compiled from the Australian, Canadian, and British Psychological Societies, as well as the International Society for Mental Health Online (ISMHO). Eighty three currently operational websites were individually assessed for compliance against the operationalized ethical summary. Fifty percent of the websites were compliant on 13 of the 28 items in this summary. Psychologists and non psychologists did not differ in their overall ethical compliance. Nor was there a difference between members of the Australian Psychological Society and other practitioners. Suggestions are made to improve demonstrated compliance including providing information on the impact of ethical practice. We also suggest development of a unified international set of ethical guidelines for psychologists providing similar internet-based services.

Key words: Australian Code of Practice, Counselling, Ethical, International, Internet.

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Psychological Intervention and Communication Technology

While a number of writers have expressed positive views about the possibilities the Internet offers for psychological services (Barak 1999, Pollock 2006), concerns have been raised including ethical issues arising from the unique properties of this technology (Griffiths 2001, Gutheil & Simon 2005, Robson & Robson 2000, Zack 2008). Professional psychological societies have responded to ethical challenges by developing guidelines or codes of practice. However, empirical data is limited on how internet based counselling adheres to ethical guidelines. This study seeks to provide evidence about ethical compliance demonstrated by current Australian Internet-based psychological counselling services.

Psychological Counselling using Internet-based Technologies

Barak (1999) identified a number of ways that the Internet is being used to provide psychological services. These include information resources on psychological concepts, issues and self-help guides; psychological testing and assessment; help in deciding to undergo therapy; information about specific psychological services; single-session psychological advice through email or e-bulletin boards; ongoing personal counselling and therapy through email; real-time counselling through chat, web telephony, and support groups (either in real-time or in receiver-initiated time). The literature has found that the dominant mode for providing online services has been email (Chester & Glass, 2006; Gedge, 2002; Heinlen, Welfel, Richmond, and O'Donnell, 2003a) with a minority of services offering other modes. This may change with popularity and use. As well as different modes, the services themselves can be described in a variety of ways. While

counselling is the most common term, other terminology such as therapy and

education is used (Heinlen et al. 2003a; Chester and Glass 2006).

Level of Activity of Internet-based Counselling

Determining the level of Internet based psychological counselling is difficult

(Gedge, 2002; Heinlen et al. 2003a). Barak (1999) reported no reliable statistics on

the use of web based counselling. This situation has not changed in recent years.

Studies by Urbis Keys Young (2002) and Gedge (2002) indicated that between 20 and

40 internet counselling service sites were available at the start of the twenty first

century in Australia.

Methodologies used to identify the sites impact on the number found. For

example identification through web and telephone directories and snowballing (Urbis

Keys Young, 2002) yields different information from the use of multiple keywords

and search engines (Gedge, 2002). This study aims to provide a more recent and

methodologically sound estimate by employing a more systematic approach to web

site identification as described in the Procedure section.

Advantages and Disadvantages of Internet-based Psychological Counselling

Internet-based psychological counselling services have a number of

advantages including increased access, increased disclosure and honesty, and support

of face-to-face counselling (Pelling, 2009). The increased access has particular

relevance to people who would otherwise find it difficult to access face-to-face

services including people with disabilities and those living in rural and remote areas.

There are also drawbacks to Internet-based counselling services, including a

lack of verbal and non-verbal cues, restriction of activities, misrepresentation by the

counselor or client (or both), confidentiality issues and iatrogenic issues (Pelling,

2009). Pelling notes that the lack of visual and audio cues, particularly in text-based electronic communication reduces the efficiency of the communication (Donn & Sherman, 2002). Misrepresentation by some clients can be clinically and legally dangerous. For example, minors that present themselves as adults create legal implications related to duty of care, or clients who suffer from eating disorders can misrepresent their body weight and receive inappropriate advice (Griffiths, 2001). The flexibility of the Internet can also result in communication occurring in places which do not support therapeutic outcomes (Gutheil & Simon, 2005). Pelling (2009) identifies three main ways in the literature through which electronic communication can actively promote worse mental health. These are the encouragement of dysfunctional behavior (e.g. avoidance of face-to-face social interaction); active promotion of internet addiction; and fueling other addictions such as shopping, gambling or sexual addictions (Beard & Wolf, 2001; Caplan, 2002; Donchi, 2004; Ladd & Petry, 2002; Osborne, 2004).

Ethics and Standardization of Practice

The possibility of harm raises ethical concerns for internet-based counselling (Skinner & Zack, 2004). The literature suggests 3 approaches to ethical theory: deontological, utilitarian and virtue (Athanassoulis & Knight, 2009; Mizzoni, 2010; Robertson, Ryan & Walter, 2007a; Sayers & de Vries, 2008).

Empirical data regarding the implementation of ethical theory is sparse. One of the few examples is Osmo and Landau (2006) who found that social workers use deontological and utilitarian arguments when ranking ethical principles.

Practitioners' ethical philosophy will guide their practice. Those who use a utilitarian approach will emphasize the risks or benefits of actions while those who

adopt a deontological approach focus upon duty (Pettifor, Sinclair & Strong, 2005). In contrast, virtue ethics is less amenable to prescriptive action and appeals more to the development of moral character (Doherty, 1995).

Both the utilitarian and deontological frameworks prescribe behavior and the development of universal principles for decision making; this has been expressed in the preparation of standardized codes of practice (Voskuijl & Evers, 2000). Professional codes of ethics promote ethical behavior by providing principles that encourage reflection and ethical decision making (Pettifor, 1996).

Ethical codes of practice have been developed by groups of people defining themselves by profession and location, for example, the American Psychological Association (APA) and the Australian Psychological Society (APS) (Young, 1992).

Creation of the APA Code was an inclusive process, involving a survey of members asking them to identify instances of behavior that involved an ethical dilemma (Pope & Vettor, 1992). However, since ethical codes were first developed new forms of communication in counselling, including internet and telephone delivery, have arisen, raising additional ethical concerns. The provision of psychological services across traditional boundaries has created a global challenge.

Global Ethics in a Technological Age

In 2002 the General Assembly of the International Union of Psychological Science (IUPsyS), the union of most nation-based psychological societies, the International Association of Applied Psychology (IAAP) and the International Association for Cross-Cultural Psychology (IACCP), established a committee to develop a universal declaration of ethical principles. These universal principles,

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adopted by the IUPsyS and the IAAP in July 2008 and the IACCP in July 2010, unify

ethical practice internationally (Gauthier, 2005). The principles are:

1. Respect for the Dignity of All Human Beings

2. Competent Caring for the Wellbeing of Others

3. Integrity

4. Professional and Scientific Responsibilities to Society

To respond to the international challenge of the internet, some societies have defined

specific codes of ethics and practice for Internet-based psychological counselling. The

only four English speaking Psychological Societies who have addressed these ethical

issues are:

- The APA (1997) [1],

- The APS (2004b),

- The British Psychological Society (BPS, 2000)[2],

- The Canadian Psychological Association (CPA, 2006).

Other Codes of Practice relating to Internet-based Psychological Counselling

As well as psychologists, a number of other professionals provide counselling

services. These include social workers, mental health nurses, occupational therapists

and counsellors. These professions are guided by their own ethical codes. Perusal of

the codes of practice or conduct of the Australian Society of Social Workers, the

Australian and New Zealand College of Mental Health Nurses, and the Australian

Counselling Association did not reveal specific guidelines that relate to Internet-based

counselling. However, the American Counseling Association (1999), the American

Mental Health Counselors Association (2000) and the National Board for Certified

Counselors (2005) have all issued detailed documents discussing ethical behaviour

when using Internet-based technologies. In addition, the International Society for Mental Health Online (ISMHO), an organisation established to promote the development of online technology for mental health, has developed a list of suggested principles for the online provision of mental health services. These have been used in a previous study of the demonstrated ethics of Internet-based psychological counselling services (Heinlen et al., 2003 a). The focus in this study is on the guidelines for Internet-based psychological counselling for the psychology profession. There are, however, a number of similarities in the codes of other professions and the psychology profession (for example, the importance of confidentiality) and the results will have some relevance for other professions providing Internet-based psychological counselling.

Empirical Studies on Ethical Issues

While a number of papers discuss the ethical concerns with Internet-based psychological counselling (Bloom, 1998; Robson & Robson, 2000; Skinner & Zack, 2004), empirical studies are less plentiful. Empirical studies of the ethical issues associated with Internet-based psychological counselling have taken two forms, either qualitative or quantitative. Readers who are interested in qualitative studies on this subject can consult McLure, Livingston, Livingston, and Gage (2005), Vandenbos and Williams (2000), Wangberg, Gammon, and Spitznogle (2007) and Young (2007).

Surveys of online counselors indicate a lack of compliance with ethical standards. Mahue and Gordon (2000) surveyed 56 online counselors (40 located in the United States of America and 16 elsewhere), recruited through professional email lists. Seventy-three per cent of those surveyed were aware of ethical concerns, although the majority did not attend to legal concerns about practicing outside the

state and only 50% had a strategy to deal with a mental health emergency. A follow-up study by Chester and Glass (2006) found an increase in ethical awareness in some areas such as the need to provide information about the possible limitations of Internet-based psychological counselling (99% compliance). In other areas, however, such as encryption (58% compliance) and procedures for technological failure (65% compliance), compliance with ethical standards remained low.

Five studies have compared websites that offer Internet-based psychological counselling services to identified codes of ethical practice. All five studies found low demonstrated compliance. Methodological rigor, however, could be said to be lacking in all of them.

Heinlen, Welfel, Richmond, & Rak (2003b) sampled internet-based counselling websites by entering the words "online and counselling" into "several" search engines (not specified). The resulting 136 websites were compared to 12 ethical standards developed by the National Board of Certified Counselors (NBCC) for undertaking online counselling.

The lack of specificity in the search engines used and the limited number of terms used for searching, may have limited the data obtained for analysis. Demonstrated compliance rate was very low, with 50 per cent of the websites being compliant on only three of the 12 standards examined.

In a similar study, Heinlen et al. (2003a) examined 44 sites using a 93 item checklist derived from the American Psychological Association's Ethical Principles and Code of Conduct, and the International Society for Mental Health Online principles for providing online counselling. The choice of items comprising the checklist included some degree of interpretative subjectivity. For example, one item

in the checklist asks whether the website provides free material, an issue that would not be interpreted by many psychologists as having ethical implications. Again the authors reported low demonstrated compliance, with 50% of the websites conforming on only seven of the 20 general principles.

Shaw and Shaw (2006) assessed Internet-based psychological counselling websites sourced from four directories of online counselors. The sites were examined for their compliance with the American Counseling Association's (ACA, 1999) Ethical Standards for Online Counseling. The researchers used a 16 item Ethical Intent Checklist developed from the ACA's standards to assess the ethical intent behind 88 Internet-based psychological counselling sites. Limitations in the methodology included the representativeness of the sample (given that they were all from four directories and not from a representative sample of the Internet) and the representativeness of the selective 16 item checklist representing the ACA Standards. Nevertheless, Shaw and Shaw acknowledged the important distinction between actual compliance and demonstrated compliance. They interpreted that lack of demonstrated compliance with the checklist, reflected on ethical intent (although not necessarily ethical practice). They found that 50 per cent of the websites did not demonstrated compliance with the code in eight out of the 16 items.

In Australia, Gedge (2002) studied ethical issues of security, identification of the provider, the provision of information about client rights, and the limitations of Internet-based psychological counselling for fee-for-service sites. The study was not described in sufficient detail to allow replication, thus leaving the results open to interpretation. Using "multiple different keywords and search engines, including Australian specific engines", "numerous" free and not-for-profit service sites were

identified. Despite the methodological limitations, Gedge's results confirm other research which shows low demonstrated compliance with ethical standards such as providing secure chat and secure payment options.

In this study the development of a measure considering the guidelines for the provision of psychological services of all English speaking Psychological Societies ensured a comprehensive and internationally relevant assessment. Thus this study provides more recent and methodologically rigorous data regarding the level of demonstrated compliance by Australian Internet-based counselors with relevant guidelines.   Based on previous research low demonstrated compliance with ethical standards was expected.

Methodology

Instrument

A list was prepared describing actions indicative of compliance with a complete set of English language guidelines concerning ethical Internet-based psychological counselling. This list was generated by examining the statements of the APS, CPA and BPS**,** comparing the actions required in each statement to ensure compliance. The statement of the APA (1997) was not chosen as it is general in nature and does not suggest specific actions to be followed when engaging in internet based counselling. The final instrument was comprised of twenty-eight actions which together ensure that the provision of Internet-based psychological counselling services comply with accepted ethical standards of the three Psychological Societies. The twenty-eight actions also addressed the Suggested Principles of Practice of the International Society of Mental Health Online (ISMHO) which is referenced in the literature on ethical compliance of online counselling services. (see Appendix I).

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This resulted in three scales being available for analysis: items relevant to the APS, the ISMHO Principles of Practice, and all items.

Procedure

Websites for assessment were identified using three methods. Firstly, the 20 websites identified by Gedge (2002) were examined for their present operational status. Secondly, the Yellow Pages directory of psychologists offering Internet-based psychological counselling services in each state of Australia was examined. Thirdly, three popular search engines were utilized to search for appropriate websites based in Australia.

Internet search engines were used to simulate general public use. Hence they were selected on the basis of popularity. The three most popular search engines at the time of the study were Google (58% of searches), Yahoo (23% of searches) and MSN/Windows (10% of searches) (Burns, 2008). Search terms were derived from the terms used in previous studies (Heinlen et al., 2003a, 2003b; Urbis Key Young 2002). The search was undertaken is a systematic manner using a term indicating Internet-based provision (e.g. on-line, web) combined with a term indicating personal help (e.g therapy, advice), Thus the terms were entered into the search engines two at a time using Boolean logic until all possible combinations of terms were explored. Table 1 lists the terms used in the searches. The search was restricted to the first three pages of results as studies indicate that searchers usually only look at the first two pages (Jansen & Spink, 2006; Park, Lee, & Bae., 2005; Spink et al., 2001). .

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Only Australian websites that provide professional personalized counselling services of a psychological nature were selected for further assessment. Websites that provide only general or educational information with no personal interaction were excluded e.g. interaction with a computer program.

Website Assessment

The websites were assessed with reference to the 28 identified actions (Appendix I). Websites were assessed by a panel of two raters, one being the primary researcher who resolved the few discrepancies between ratings. Where there was a difference between the statements on the APS Guidelines and those of other countries, the raters used the wording of the APS. The actions were rated on a three point ordinal Likert scale (from zero to two) as "not demonstrating compliance", "partly demonstrating compliance" (evidence rated as weak) or "fully demonstrating compliance" (evidence clear and unequivocal).Thus the score ranged from a possible zero to 56.

Items identified as irrelevant were rated as fully demonstrated. For example, one item is that guidelines are established in online groups that promote respect, such as avoidance of foul language. In most sites group services were not provided and hence this item is irrelevant. In this case the item was scored as fully demonstrated.

Analysis

T-tests compared differences between the ratings of websites of psychologists and other online practitioners. Differences in the ratings of websites sponsored by members of the APS and those who did not identify as APS members were also compared using t-tests. T-tests were further used to compare the websites of members of any professional society and those who did not state any professional society

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affiliation. The relationship between professional qualification and demonstrated compliance was also explored using a one way ANOVA. Statistical analyses were undertaken using SPSS version 16.0 for Windows.

Results

A total of ninety-three websites were initially identified. Seven (8%) of the twenty websites identified by Gedge (2002) were still active and operating in 2009 (35% of the original Gedge sample). The Yellow pages search yielded 22 website (24%) offering internet based counselling. In contrast the search engine procedure identified eighty two websites resulting in 88% of all the websites identified in the study.

Description of the Websites

A total of 44 descriptive terms were used across the 93 websites. Overall 'online counselling' [sic.] was the most frequent term used, with 23 (26%) websites choosing this term to describe their service. The next most popular term, used by 12 websites, was 'email counselling'.

The modalities that were used to provide Internet-based psychological counselling were: email, text based chat, Voice Over Internet Protocol (Skype), and short message service (sms). One service referred to an email ticket system. Three websites stated that they provided Internet-based psychological counselling, but did not specify what modality was used.

Five (5%) of the websites provided a choice of three modalities, while twenty three websites (25%) provided a choice of two modalities for Internet-based psychological counselling. The remaining sixty-five websites (69%) provided one modality.

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Professional qualifications ranged from Doctorate level to personal experience alone. Thirty two (34%) of those offering internet based counselling did not state a qualification while 51 practitioners (44%) had post graduate qualifications. Professionally, psychologists represented 34% of the practitioners responsible for the websites although registration information was not always provided. Practitioners not governed by statutory regulation (e.g., Counselors) provided the majority of web site offerings. Forty seven (50%) of websites did not provide details of professional affiliation. Sixteen psychologists indicated professional membership with the APS and seventeen counselors indicated membership with a counselling association.

Website activity

A period of nine months elapsed between the initial identification of the 93 websites and the completion of the process of rating their compliance, because the primary researcher is a full time practicing psychologist. During this time ten websites either became non-operational or ceased providing Internet-based psychological counselling services, a drop-out rate of 10.8%. This resulted in a final number of 83 websites that were included in the study of demonstrated ethical compliance.

Demonstrated compliance of websites

Table 2 indicates the mean scores of demonstrated compliance for the websites.

The table illustrates a low level of website demonstrated compliance with the three sets of ethical standards used. The items in which demonstrated compliance was high included attending to best practice when undertaking testing and making clear the purpose of site. In contrast low compliance was demonstrated for having appropriate insurance, and preventing the spread of misleading information.

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Appendix II provides details on demonstrated compliance for individual items. The data also indicates a high level of variability in demonstrated compliance. Fifty percent of the websites did not demonstrate compliance on thirteen of the twenty eight items examined. Worryingly, more than 50% of the websites did not demonstrate compliance with items relating to client confidentiality in a technological format, and planning for emergencies.

A number of comparisons were made relating to demonstrated compliance. No significant difference was found between the demonstrated compliance of psychologists and non psychologists on any of the three measures of demonstrated ethical compliance [meets all psychology societies' standards $(t(81) = 1.44, p = .153)$; meets APS standard $(t(81) = 1.56, p = .123)$; meets ISMHO standard $t(81) = 1.15, p = .255)$]. When comparing ethical compliance on each of the 28 actions, psychologists demonstrated relatively greater compliance with the provision of qualifications $(t(81) = 3.0, p = .003)$ but non-psychologists demonstrated relatively greater compliance in the provision of information on regulatory bodies: $t(81) = 1.8, p = .040$.

Membership of the APS did not result in an overall significant difference in demonstrated ethical compliance in each of the three measures of demonstrated ethical compliance [meets all psychology societies' standards $(t(81) = 1.86, p = .067)$; meets APS standard $(t(81) = 1.71, p = .091)$; meets ISMHO standard $t(81) = 1.59, p = .116)$] particularly considering family-wise error. However, APS members were more likely to demonstrate compliance with identifying an ethical approach to the collection of fees with transparency $t(81) = 2.1, p = .009$), and compliance with providing alternatives to online counselling $t(81) = 2.1, p = .004$).

There was no significant difference in the demonstrated ethical compliance measures between members and non members of any professional society (t(81) = 0.71 , p = .477) [meets all psychology societies' standards (t(81) = 0.71, p = .477); meets APS standard (t(81) = 0.42, p = .677); meets ISMHO standard t(81) = 0.93, p = .356)]. However, members of a professional society were more likely to demonstrate compliance by providing alternatives to online counseling t(81) = 3.4, p = .003) and identifying qualifications and experience t(81) = 2.9, p = .001).

One way ANOVA also found no significant association between qualification and overall demonstrated compliance on the measures of demonstrated ethical compliance. [meets all psychology societies' standards (F(81) = 0.48, p = .825); meets APS standard (F(81) = 0.35, p = .911); meets ISMHO standard (F(81) = 0.50, p = .804)]

Discussion

Cyberspace provides challenges for those in the helping professions, including psychologists, who are practicing in this domain. This study explored how Australian psychologists demonstrate compliance with ethical guidelines when working through the internet.

Results indicate a low level of demonstrated ethical compliance. Of particular concern is the lack of attention to confidentiality and duty of care. The lack of these particular requirements is practical and not simply academic in nature. An example of a duty of care issue is the high rate of turnover for internet-based counselling services. In this study 11% of websites identified were no longer operating after 9 months. Managing ongoing ethical practice in a changing environment, especially in relation to duty of care for clients, is problematic. Therefore practitioners providing internet-

based counseling services need to pay particular attention to relevant ethical guidelines.

Given that psychological services provided on the internet are global phenomena, ethical guidelines need to address an international context. Currently the diversity of ethical guidelines provides complexity to internet based counselling. For example there is variation, as well as overlap, in the actions that various National Societies deem important enough to include in their guidelines. There was only one action (provision of information on privacy and privacy limitation) that was common to the APS, CPA, and BPS, while the APS required 9 unique actions to fulfill ethical obligations. This implies that further consultation at the international level is required for psychology as a profession to respond to the challenges of working in cyberspace. To achieve a consensual international code of ethics for internet-based services, we recommend surveying practitioners and conducting focus groups on ethical practice (Pope and Vetter, 1992).

In cyberspace easy comparison can also be made between different backgrounds of those seeking to provide counselling type interventions. Our research indicated a large number of non-psychologists providing internet-based counseling. Due to the overlap of professional activity between counselors and psychologists, we suggest a unified set of ethical guidelines for all helping professions providing internet-based services. The ISMHO (2000) principles provide a template for such a project.

This study, like previous studies in this area, is based on the demonstration of compliance with ethical principles, rather than on the compliance itself. Lack of demonstration of ethical compliance can be due to ethical failure or a lack of

transparency. An example is the display of the provision of suitable insurance. In this study only one website demonstrated compliance with this requirement, and this was established through inference by the negative statement that services to clients in North America were not available because such services would not be covered by insurance. The measurement and enforcement of ethical compliance is problematic and cannot be undertaken simply by observing websites at face value. Nevertheless, transparent demonstration is important in order to clearly establish ethical credibility.

Membership in a professional society has been one way in which ethical reputation has been promoted. The results of this study suggest that membership in a professional society is not a factor in the demonstration of compliance with ethical standards by practitioners in cyberspace. As a major role for professional bodies is to provide education on ethical guidelines and conduct, further research is suggested to explore the impact of membership in psychological societies on ethical conduct.

Conclusion

The predicted growth in the use of formalized Internet-based psychological counselling (Norcross, Hedges, and Prochaska, 2002) is apparent in this study. There has also been some development of ethical guidelines by psychological societies to provide guidance to clinical psychologists wanting to provide Internet-based psychological counselling services. However, given the international nature of the internet, an internationally accepted guideline for internet based psychological services is required, similar to the universal declaration of ethical principles (Gauthier, J. 2005). We suggest that the International Union of Psychological Science. address this issue.

However, the results of this study confirm that demonstrated compliance with the existing professional ethical guidelines is very varied, and generally poor. The lack of demonstration of ethical practice threatens the development of the field, both through a negative effect on reputation, and as a major barrier for concerned practitioners to become involved. This potentially leaves the field open to less scrupulous operators.

Until international guidelines are established, individual nation based psychological societies can make ethical compliance easier to demonstrate by taking a utilitarian focus. This is likely to have an impact given the tendency of applied professional to subscribe to an utilitarian ethical approach (Osmo & Landau 2006). For instance case scenarios illustrating possible negative consequences of not adhering to guidelines would help in clarifying the practical importance of demonstrating ethical compliance.

A further approach is to use a branding opportunity, such the use of a specific logo, with a connection back to the psychological society web-page to confirm that the site demonstrates compliance with ethical guidelines. The integrity of the brand could be maintained by Societies through Internet spot-checks. Additionally a specific registration could be developed for psychologists providing Internet- based counselling as a specialized service.

Benefits of using internet-based counselling services include the ability to work cross-culturally and to reflect on offline practice (Lin & Schwartz, 2003). For example, the process of clinical assessment in another culture, can stimulate the ethical clinical psychologist to reflect critically on their local assessment process, thereby enabling possible insights into the process generally. The process of

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considering the various ethical issues involved in Internet-based psychological counselling also raises consideration of the need for transparency, a consideration that could well extend to practice involving face to face interactions.

Finally while this study has considered ethical failings in the use of Internet-based psychological counselling, the ethical problem of *not* developing this field should also be considered. Psychologists are expected to maximize benefits of interventions to groups and communities (Gauthier, 2005). We argue for the importance of providing access to all who need psychological services. Therefore not exploring this field would be an ethical failing.

Key Points

What is already known about this topic?

- Internet based counselling is increasing worldwide in availability.

- Technological advances are increasing the variety of ways in which internet based counselling can be provided e.g. Skype, chat rooms, email.

- Demonstrated compliance with ethical guidelines has been historically low for internet based services although there are issues with methodology.

What this article adds

- Using a rigorous methodology, Australian based websites offering internet counselling are also low in demonstrated compliance.

- A set of 28 actions derived from National Psychological Societies Guidelines (including the APS) are proposed as a basis for consultation for an International set of guidelines appropriate for cyberspace.

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- There is no difference found in demonstrated compliance with ethical guidelines between psychologists and counselors, nor between members of APS and psychologists with no stated membership affiliation.

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Footnotes

[1] Since this study was conducted, the APS has updated its Guidelines for providing

psychological Services and products on the Internet (APS 2011).

[2] Since this study was conducted, the BPS has updated its Code for Internet based

Counselling (BPS 2009)

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Table 1.

Search Terms Utilized in Study

Terms indicating Internet-based nature	Terms indicating psychological help
on*	couns*
on-line	psych*
Internet	therapy
web	help
cyber	advice
e-*	education
e-mail	
chat	
e-	
Tele	
computer mediated	

Table 2.

Scores on three compliance scales

Standard	Mean	Standard deviation	Minimum	Maximum
Meets all Psychological Societies' standards (0-56)	28.0	9.4	13.0	54.0
Meets APS standard (0- 40)	20.5	7.3	10.0	40.0
Meets ISMHO standard (0- 32)	13.8	7.2	0.0	32.0

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Appendix I. Twenty-eight actions to comply with various guidelines concerning ethical Internet-based psychological counselling

Issue	Source
1. Consent is obtained	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) Canadian Psychological Association Statement (2004) International Society for Mental Health Online Principles (2000)
2. Information is provided on benefits of Internet-based psychological counselling	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) Canadian Psychological Association Statement (2004) International Society for Mental Health Online Principles (2000)
3. Information is provided on the risks of Internet-based psychological counselling	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) Canadian Psychological Association Statement (2004) International Society for Mental Health Online Principles (2000)
4. Information is provided on alternatives to Internet-based psychological counselling	Canadian Psychological Association Statement (2004) International Society for Mental Health Online Principles (2000)
5. Information is provided on privacy limitations	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) Canadian Psychological Association Statement (2004) British Psychological Society Working Party (2000) International Society for Mental Health Online Principles (2000)
6. Information is provided on the regulatory bodies	Canadian Psychological Association Statement (2004)
7. Information is provided on the technology used, particularly with reference to the impact on security	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) Canadian Psychological Association Statement (2004) International Society for Mental Health Online Principles (2000)
8. The name of the psychologist/counsellor and qualifications are identified	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) British Psychological Society working party (2000) International Society for Mental Health Online Principles (2000)
9. The timing in communication is defined, e.g., real time, turnaround time for emails	British Psychological Society Working Party (2000) International Society for Mental Health Online Principles (2000)
10. Technology is used securely, e.g., use of passwords, checking use of answering machines, etc.	Canadian Psychological Association Statement (2004) International Society for Mental Health Online Principles (2000)
11. Actions are taken so that personal information is not forwarded in groups	Australian Psychological Society Guidelines for providing services and products on the Internet (2004)
12. Guidelines are established in online groups that promote respect	Australian Psychological Society Guidelines for providing services and products on the Internet (2004)
13. Clients are adequately identified	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) British Psychological Society Working Party (2000)

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Issue	Source
14. Adequate assessment of problem and matching to appropriate response	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) Canadian Psychological Association Statement (2004) International Society for Mental Health Online Principles (2000)
15. Planning exists for emergencies	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) Canadian Psychological Association Statement (2004) International Society for Mental Health Online Principles (2000)
16. Only effective and appropriate services are provided	Canadian Psychological Association Statement (2004) British Psychological Society Working Party (2000)
17. Best practice is undertaken when using testing, including use of technology, quality of test materials, control about the delivery of tests and security of responses	Australian Psychological Society Guidelines for providing services and products on the Internet (2004)
18. Adequate record keeping is maintained	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) Canadian Psychological Association Statement (2004) International Society for Mental Health Online Principles (2000)
19. Appropriate insurance is obtained	Canadian Psychological Association Statement (2004)
20. Competence in Internet-based psychological counselling is maintained	Canadian Psychological Association Statement (2004)
21. Fee collection is undertaken ethically and with transparency	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) International Society for Mental Health Online Principles (2000)
22. Appropriate boundaries are set regarding availability	Canadian Psychological Association Statement (2004)
23. Psychological assessment techniques are protected	Canadian Psychological Association Statement (2004)
24. Effort is made to prevent the spread of misleading information, e.g., restriction of forwarding information	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) International Society for Mental Health Online Principles (2000)
25. Acknowledgement is made of external resources, including advertising revenue	Australian Psychological Society Guidelines for providing services and products on the Internet (2004)
26. Purpose of site is made clear	Australian Psychological Society Guidelines for providing services and products on the Internet (2004)
27. Editorial process is made clear (including date of last posting)	Australian Psychological Society Guidelines for providing services and products on the Internet (2004)
28. Legal requirements are met, including provision of services to a different state or country	Australian Psychological Society Guidelines for providing services and products on the Internet (2004) Canadian Psychological Association Statement (2004)

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Appendix II. Demonstration of compliance with items in codes of practice of ISMHO, APS and All International Psychological Societies

ITEM	Society requirements demonstrated				Society requirement
	Non	Partially	Fully	Irrelevant	
19. Appropriate insurance is obtained if possible	82 (98.8%)		1 (1.2%)		CPA
24. Effort is made to prevent the spread of misleading information	74 (89.2%)	1 (1.2%)	78 (9.6%)		APS ISMHO
20. Competence in Internet-based counselling is maintained	73 (88.0%)	4 (4.8%)	6 (7.2%)		CPA
18. Adequate record keeping	65 (78.3%)	1 (1.2%)	17 (20.5%)		APS CPA ISMHO
3. Information is provided on the risks of online counselling	64 (77.1%)	7 (8.4%)	11 (14.5%)		APS CPA ISMHO
13. Clients are adequately identified	58 (69.9%)	11 (13.3%)	14 (16.9%)		APS BPS
10. Technology is used securely, e.g., use of passwords, answering machines, etc.	58 (69.9%)	3 (3.6%)	22 (26.5%)		CPA ISMHO
14. Adequate assessment of the problem and matching to the response	55 (66.3%)	11 (13.3%)	17 (20.5%)		APS CPA ISMHO
15. Planning exists for emergencies	55 (66.3%)	7 (8.4%)	21 (25.3%)		APS CPA ISMHO
7. Information is provided on the technology used, particularly with reference to the impact on security	54 (65.1%)	11 (13.3%)	18 (21.7%)		APS CPA ISMHO
1. Informed consent is obtained	54 (65.1%)	8 (9.6%)	21 (25.3%)		APS CPA ISMHO
28.Legal requirements are met including certification	50 (60.2%)	9 (10.8%)	24 (28.9%)		APS CPA

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ITEM	Society requirements demonstrated				Society requirement
	Non	Partially	Non	Irrelevant	
5. Information is provided on privacy including limitations	42 (50.6%)	11 (13.3%)	30 (36.1%)		APS CPA BPS ISMHO
22. Appropriate boundaries are set (e.g., regarding availability)	39 (47.0%)	1 (1.2%)	43 (51.8%)		CPA
27. Editorial process is made clear (including date of last posting)	39 (47.0%)	4 (4.8%)	40 (48.2%)		APS
2. Information is provided on benefits of online counselling	38 (45.8%)	14 (16.9%)	31 (37.3%)		PS CPA ISMHO
6. Information is provided on regulatory bodies	34 (41.0%)	6 (7.2%)	17 (20.5%)	26 (31.3%)	CPA
9. The timing in communication is defined, e.g., real time, turnaround time for emails	32 (38.6%)	2 (2.4%)	49 (59.0%)		BPS ISMHO
21. Fee collection is undertaken ethically and with transparency	25 (30.1%)	11 (13.4%)	36 (43.4%)	11 (13.3%)	APS ISMHO
4. Information is provided on alternatives to online counselling	21 (25.3%)	3 (3.6%)	59 (71.1%)		CPA
16. Only effective and appropriate services are provided	21 (25.3%)	2 (2.4%)	60 (72.3%)		CPA BPS
25 Acknowledgement is mad of external resources, including advertising revenue	19 (22.9%)	8 (9.6%)	18 (21.7%)	38 (45.8)	APS
8. The therapist(s) and qualifications are identified	15 (18.1%)	11 (13.3%)	57 (68.7%)		APS BPS ISMHO
12. Guidelines are established in online groups that promote respect	5 (6.0%)	1 (1.2%)	2 (2.4%)	75 90.4%)	APS
23. Psychological assessment techniques are protected	3 (3.6%)		1 (1.2%)	79 (95.2%)	CPA

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	Society requirements demonstrated				
ITEM	Non	Partially	Fully	Irrelevant	Society requirement
17. Best practice when undertaking testing	3 (3.6%)			80 (96.4%)	APS
26. Purpose of site is made clear	3 (3.7%)		80 (96.3%)		APS