

Upsdell, T.G., Pelling, N.J., & Campbell, A. (2012). Australian Internet-based Counselling Services and Their Ethical Compliance: What Practitioners Need to Know. *Counselling, Psychotherapy, and Health*, 7(1), 14-48.



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

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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,

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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 (Athanasoulis & 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

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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

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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

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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

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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

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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 in 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 ($t(81) = 2.1$, $p = .004$).

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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-

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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

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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.

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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 (Osimo & 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 as 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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ITEM	Society requirements demonstrated				Society requirement
	Non	Partially	Fully	Irrelevant	
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