The Ethical Issues which must be addressed in online counselling

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Abstract

Advocates of internet-based counselling cite benefits such as cost effectiveness, relative anonymity, immediacy, increased access, easy self-disclosure, and convenience for clients with mobility and transportation issues (Deardorff, 2010). However, this article uses the research emerging within the profession to discuss a range of ethical issues which must be considered in order to develop best practice. Such issues involve the inability to utilize non-verbal cues as part of treatment; potential threats to confidentiality and privacy the unsuitability of particular client groups for online counselling; difficulties maintaining professional boundaries. Several other issues are also outlined in this article. Guidelines recommend that as a minimum standard, there are several topics must be addressed within the informed consent process, including items such as possible advantages and disadvantages of online therapy, encryption; file storage procedures; privacy policy; the practitioner's geographical jurisdiction.

Key Words: Internet-based counselling, Online counselling, Ethical issues, Online mental health services, Guidelines

Introduction

Online Counselling is a contemporary issue facing counsellors in this current internet-focused world. This is whether they are personally in favour of this modality or not. However, perhaps the technology is outpacing our understanding of how to best utilize it, not only from a treatment perspective but also in an ethical manner (Deardorff, 2010). Online mental health services are clearly here to stay and client demand for online services is growing (Hunt, 2002). Therefore, it is the responsibility of every practitioner to address these ethical concerns, familiarize themselves with the guidelines and standards for the use of technology in clinical practice, and then to comply with these standards.

This article discusses text-based internet counselling in particular, and uses the research emerging within the profession to define and give an overview of this new online mode of interacting, as well as to discuss a range of ethical challenges that are arising. Best practice guidelines currently available for professionals wishing to use this mode of helping clients will be incorporated throughout, as will discussion around suitability of clients for online counselling, and any noticeable differences in building the therapeutic relationship online.

Definitions of online counselling

There is a myriad of internet facilities which can provide forms of counselling online. Some modalities are synchronous (real time) such as IRC chat, Instant Messaging, texting and videoconferencing, and others are asynchronous (time-delayed) such as email. The majority of modalities are text-based while some are video-linked.

Mallen and Vogel (2005) offer the following definition of online counselling:

Any delivery of mental or behavioural health services, including but not limited to therapy, consultation, and psychoeducation, by a licensed practitioner to a client in a non-face-to-face setting through distance communication technologies such as the telephone, asynchronous email, synchronous chat, and videoconference (p.764).

As each form of online counselling has its own unique ethical considerations, as well as advantages and disadvantages, for the purposes of this article, when referring to online counselling, the author will primarily be referring to fee-paying, text-based, asynchronous email counselling.

An overview of text-based internet counselling

Deardorff (2010) provides a clear summary of current views in the literature when he states that proponents of Internet-based treatment cite benefits such as cost effectiveness, relative anonymity, immediacy, increased access, easy self-disclosure, and convenience for clients with mobility and transportation issues. For example, "mental health issues are not constrained by geography, but rather by access to a computer and an internet connection" (Baker & Ray, 2011). However, opponents of this increasingly prevalent mode of treatment list such issues as a loss of the human factor in psychological treatment, the inability to utilize non-verbal cues as part of treatment,

potential threats to confidentiality and privacy, a variety of potential ethical and legal problems, and a lack of research and guidelines to justify its use. This paper will address some of the ethical challenges in more detail.

The ethical challenges of text based internet counselling

Although there are mutually inclusive ethical considerations for online counselling and face-to-face counselling, there are additional challenges that are unique to on-line delivery. Lee (2010) states that therapists should become familiar with these unique risks of e-therapy and be prepared to discuss these concerns with the client during the informed consent process. Some of these unique challenges are outlined below.

1. Identifying the types of concerns which are appropriate for online counselling

One of the first risks which needs to be discussed with clients during the informed consent process is which concerns are suitable or not suitable for online counselling. Several authors suggest that clients whose presenting concerns are due to an immediate crisis, eating disorder, or severe psychosis would not fit well within this modality due to the difficulty in ensuring the safety or accuracy of assessment without visual cues and the physical proximity of the client (Kanani & Regehr, 2003; Metanoia, 2009, as cited in Lee, 2010). Neither is asynchronous text based counselling suitable for suicidal clients due to the time delay between sending and receiving communication. In addition, provision of emergency care may be difficult if the client is resistant to providing contact information such as current location (Shaw & Shaw, 2006).

Due to these safety concerns, the International Society of Mental Health Online (2009) guidelines recommend that therapists inform clients of possible emergency procedures, obtain proper contact information that can be used to inform emergency officials if the situation arises, and identify an alternative therapist or another mental health professional who is local to the client and has agreed to be accessible to the client if needed. Jencius and Sager, (2011, as cited in Harris & Birnbaum, 2015) suggest creating a list of emergency, urgent or distress contacts and supportive services in the client's community, which they could access for immediate assistance.

2. The Possibility of Misunderstanding

Another risk that clients are likely to encounter while engaged in online counselling is the potential misunderstanding between therapist and client due to the missing non-verbal cues (ACA, 2005; Alleman, 2002; Mallen, Vogel & Rochlen, 2005). Traditional counselling relies heavily on characteristics such as tone of voice, facial expression, body language, eye contact and even silences to communicate information that words may be unable to (Gedge, 2002). Given that accurate diagnostic assessments require an evaluation of non-verbal cues, online counselling services may not be able to provide an accurate diagnostic assessment. Consequently, online counselling may not be an appropriate service for individuals who are experiencing complex or comorbid mental health concerns (Harris & Birnbaum, 2015).

The therapist could build trust by addressing these risks early within the informed consent process. Some alternative methods which have been suggested are: emoticons, use of capital letters, fonts, and size, as a means to provide text-based cues of typical non-verbal behaviour (Alleman, 2002). Another way of overcoming this issue would be to encourage clients to consider using teleconferencing technology, such as Skype or Zoom, which allows for direct observation of the non-verbal body language communication (Lee, 2010).

3. Maintenance of Professional Boundaries

Another challenge is to keep the delicate balance between professional and personal boundaries in order to avoid dual relationships which may be potentially harmful. Of particular concern is the growing accessibility of private information about the counsellor on sites such as social network webpages. There is documented evidence of an increase of clients utilizing these websites to gain additional information about health professionals (Lehavot, 2009).

APA ethical guidelines do state that any foreseeable multiple relationship that may be potentially harmful should be avoided. Therapists should be aware of the type of personal information about themselves that is accessible to the public online. Boundaries in cyberspace should also be discussed (e.g. not 'friending' clients on facebook) and privacy options for social

networking sites should be utilized as a means of controlling the type of information which is accessible to the public.

4. Electronic Confidentiality and Privacy Issues

The risk to maintaining confidentiality and privacy, of both client and counsellor must also be addressed within the informed consent process. Breaches to confidentiality for the client can occur either due to unauthorized access of information (i.e. inadequate security) or an error in correspondence transmission (i.e. human error when sending an email) (Kanani & Regehr, 2003). Also, emails and chat histories can be potentially accessible to others not intended to have access to the information, either on a home, work or public computer. Privacy can also be an issue when clients participate in a session from their home as they are subject to interruptions (Gedge, 2002). It is important for the counsellor to disclose this potential risk and to educate the client about how to keep their information secure.

The ISMHO (2009) and APA (2002) ethical guidelines state that proper security must be taken by the therapist in maintaining confidentiality. This would include implementing proper security such as the use of encryption software, firewalls and passwords to protect information from hackers or third-party viewing. Counsellors must also follow ethical guidelines with regard to storage of data and making provisions for what happens to this information should they become incapacitated or killed.

5. Interruption of Therapy Due to Technological Problems

During the informed consent process counsellors should discuss with the client the possibility that therapy may be interrupted due to technological problems, such as when servers crash, equipment malfunctions, or the internet goes down.

To minimise the risk of undue harm to the client in these circumstances, the APA (2002) code of ethics states that therapists should make a reasonable effort to plan with the client an emergency plan for alternative continued services if online counselling is interrupted. The ISMHO (2009) ethical guidelines address this concern more specifically by stating that clients should be informed of safeguards to service interruptions, alternative contact information for the therapist,

procedures in case of emergency, and local therapists who can act as a back-up in case of interruption.

6. The Capacity to Form a Therapeutic Alliance Using Online Counselling

The microskills approach to counsellor training proposes that attending behaviour is essential to an empathic relationship (Ivey, Ivey & Zalaquett, 2014, p.64). As Pelling (2009) states, attending behaviours involving eye contact, body language and vocal qualities have no functional equivalents in the typed electronic realm, and so the interest and caring demonstrated by the counsellor attending behaviours is missing in text-based internet counselling.

The ability of online counselling to develop a positive and effective therapeutic alliance has been questioned (Barnett, 2005). However, there is evidence that a significant therapeutic alliance can be established in online counselling (Carlbring et al. 2006; Hanley, 2009; King et al. 2006; as cited in Harris & Birnbaum, 2015). It has been suggested that perhaps the ways that counsellors form a therapeutic bond might be different in an online environment than a face-to-face environment (Mallen & Vogel, 2005). For example, Williams et al. (2009) found that rapport-building processes were used more and had a greater effect in online sessions than in-person sessions. Many authors have discussed phenomena such as "time to think" (Dunn, 2012) in asynchronous online communication, "transitional space" (Winnicott, 1990, as cited in Dunn, 2012) in which the anonymity and protection afforded by the computer, offers increased choice and control over when and how to engage, and the "disinhibition effect" (Suler, 2004) where people say or do things more openly and with less restraint in cyberspace than in face-to-face environments. These factors are unique to the online counselling approach, and appear to contribute to developing the alliance. Surprisingly, some researchers have found that counsellors who previously expected to be less capable of forming a relationship in distance modes, were actually surprised at their ability to form a therapeutic alliance over a distance, (Mallen, Jenkins, Vogel & Day, 2011; Day & Schneider, 2000, as cited in Mallen et al, 2011). Barak, Klien & Proudfoot, (2009) reviewed the treatment outcome literature on online therapy and found that "in terms of process and contrary to common myths, most studies show that close, empathic, warm, and allied therapeutic relationships can be created and maintained online through various types of technologies" (p. 10).

7. Competence Issues

The Australian Counselling Association (ACA) guidelines remind practitioners that they are required to work within their professional capabilities. This may necessitate specialist training in online provision of counselling in order to obtain additional skills and experience.

Since the majority of online counsellors report not having training in online counselling during their professional training programs (Finn and Barak, 2010), associations and regulatory organisations should provide professional training in online counselling that promote and highlight best practice approaches given the ethical issues that can arise in the online world of counselling (Fang et al. 2013, as cited in Harris & Birnbaum, 2015).

The BACP (British Association of Counselling and Psychotherapy) Guidelines for Online Counselling (3rd ed.) (Anthony & Goss, 2009) state that practitioners also need to ensure they have a sufficient understanding of technology as it relates to delivery of services online such as encryption, backup systems, password protection, firewalls and virus protection.

8. Client Identity Issues

Therapists have a duty to protect clients from harming themselves and others. However, it may be difficult to intervene when needed if they do not have accurate client identity and contact details (Pelling, 2009). She goes on to state that obtaining such information can be difficult when clients choose electronic contact for the assumed increase in privacy such contact provides. However, the BACP Guidelines recommend that a formal identification number such as a Driver's License be required at the initial screening and intake process.

Another related issue involves clients giving a false identity - including children presenting themselves as adults. The Australian Counselling Association's Guidelines warn practitioners that the definition of 'minor' and the implications of working with those below that age at which legal consent may be required to participate in activities such as counselling, may vary from state to state.

Harris & Birnbaum (2015) state that verifying a client's identity becomes most critical to providing online therapeutic services when serious issues such as psychoses, sexual abuse, suicide or intimate partner violence are raised, and that given the level of uncertainty surrounding client identity, offering online counselling may be less appropriate with serious clinical issues that involve individuals who are a significant threat to self or others or who are in significant danger themselves.

9. Counsellor Identity Issues

It can also be difficult for clients to verify the authenticity of online counsellors. Clients may have difficulty verifying a prospective therapist's qualifications via the internet, which may leave them more vulnerable to unqualified individuals who are pretending to be counsellors for financial gain.

A website called Metanoia, associated with ISMHO, has developed a Credentials Check for therapists listed through their site (Gedge, 2002). The Australian Counselling Association (ACA) recommend that clients should be able to verify a practitioner's identity, and the accuracy and adequacy of their stated credentials by referring to the ACA Practitioner Register found on the ACA website www.aca.asn.au.

10. Time delays

The natural time delay in asynchronous communication can lead to potential anxiety for both the client and counsellor (Richards and Vigano, 2013, as cited in Harris & Birnbaum, 2015). Gedge (2002) explains that for the client experiencing long delays between disclosures or insights and the therapist's response may be quite uncomfortable.

The ACA guidelines suggest that practitioners need to clearly communicate at the outset to clients, issues around when the practitioner will be available to read and respond to messages, as well as what the expected response time might be.

Harris & Birnbaum (2015) raise concerns for the therapeutic process and the counsellor's ability to effectively engage in interventions, due to the delayed response in asynchronous communication. Harris, Danby, Butler & Emmison, (2012) suggest that in situations that require

more intensive support, changing to telephone counselling has been found to be beneficial in overcoming immediate needs and conveying empathy.

11. Recordability

Online counselling sessions can be saved to a file. While this may be useful for a client to view at a later date, these emails would very likely have been tailored to the client's specific situation and may not be applicable to another person. They may also become public material without the counsellor's consent (Gedge, 2002). Counsellors should discuss at the outset with the client that the emails remain the property of the counsellor, and should always be mindful that their written emails could potentially be subpoenaed to appear in court one day.

12. Limits to Informed Consent

Many authors have raised the concern about the limited capacity of the counsellor to determine a client's capacity to consent without the use of verbal and non-verbal cues (Wiggins-Frame, 1998; Harris & Birnbaum, 2015). Issues such as the client's literacy level, cognitive capacity, and whether they speak the language they are being asked to sign the consent form in, will affect their ability to consent for themselves. Therefore, it is critical that the therapist conveys adequate information to the client so that they can decide about whether to proceed. Additional concerns with assessing a client's condition in an online environment, relate to whether the practitioner could adequately determine whether a client was under the influence of drugs or alcohol, or whether they were experiencing distortions in reality.

Another ethical issue concerns the fact that some online consent forms only require clients to tick a box to indicate consent, which means the client may not necessarily have even read or understood the information.

13. Licensure Issues

Since the work of counsellors is governed by national or state regulatory bodies, the introduction of online counselling means that these counsellors may now be providing services to clients outside of their regulated jurisdiction and in a different country altogether (Alleman, 2002; Mallen et al. 2005). It would be advisable for counsellors to check with their licensing board that

they are practicing ethically and responsibly since there are still so many questions around this topic.

The ethical issues discussed in this essay highlight the urgent need for ongoing development of best practice guidelines for online counselling.

Current guidelines for ethical use of text-based online counselling

With continuous and rapid growth in technology, legal and ethical regulatory bodies have enormous challenges in keeping up with the changing online landscape.

While the Australian Counselling Association (ACA) Code of Ethics does not mention online counselling, the ACA website does provide a link to two related documents entitled "*Guidelines for Developing a Counselling Service Website"*, and "*Guidelines for Online Counselling & Psychotherapy"*. The Psychotherapy & Counselling Federation of Australia (PACFA) only makes a very brief mention of online counselling in one sentence. However, the following sources provide specific guidelines for mental health services over the internet. The American Counseling Association (ACA, 2005); American Mental Health Counselors Association (AMHCA, 2010); the National Board of Certified Counselors (NBCC, 2005), the British Association of Counselling and Psychotherapy's (BACP, 2009), and the Australian Counselling Association (ACA) Guidelines for Online Counselling and Psychotherapy. The Online Therapy Institute provides both training and an ethical framework for the use of technology in mental health.

Minimum standard for the informed consent process when using online counselling

The BACP Guidelines recommend that as a minimum, the following topics must be addressed within the Informed Consent Process – possible advantages and disadvantages of online therapy; encryption; therapist as owner of the record; file storage procedures; privacy policy; the practitioner's geographical jurisdiction; how to proceed during a technology breakdown; emergency contact for the client; dual relationships (explanation of boundaries); fees and payment details.

Compliance to ethical standards

Because online counselling is becoming increasingly popular it is critical that these ethical concerns be consistently enforced to ensure the safety of clients (Lee, 2010). Shaw & Shaw (2006) found that less than half of the online counsellor websites surveyed followed the accepted American Counselling Association's ethical guidelines. This is of great concern as it puts both the client and the counsellor at greater risk of harm. Perhaps harsher penalties need to be implemented to ensure compliance? One solution might be for associations to withdraw membership for their members who do not comply with ethical guidelines.

Conclusion

The literature showcases a range of practitioner attitudes towards online counselling from complete opposition to embracing the approach whole-heartedly. However, regardless of one's position on the matter, it is necessary to be informed about this increasingly popular mode of delivery and its impact on mental health treatment. It is the responsibility of every counsellor to consider and address the ethical concerns surrounding the use of the internet to provide counselling services. However, equally importantly, associations must ensure that their guidelines for ethical use of the internet for online counselling are keeping up with the ever-changing advances in technology, and work to improve compliance by their members to meet minimum standards, in order to ensure the safety of both clients and counsellors in this era of online counselling.

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