

Contemporary Issues of Ethical E-therapy

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ABSTRACT

E-therapy is fast becoming an inevitable addition to counseling due to the increased use and accessibility, the internet and advances in e-therapy technology in the U.S. With the growth of any method of treatment, awareness of ethical concerns regarding best practices is a necessity. E-therapy has unique ethical challenges that mental health professionals should be aware of when utilizing computer mediated counseling. Specifically, there are five common ethical concerns of on-line counseling that should be addressed during the informed consent process: appropriate concerns for e-therapy, the possibility of misunderstanding, maintenance of professional boundaries, issues of confidentiality, and interruption of services. This paper also calls for professional organizations to update their ethical guidelines to reflect the changing ethical concerns in e-therapy, as well as enact better enforcement of these guidelines.

Key Words: e-therapy; on-line counseling; telepsychology; ethics.

Introduction:

The internet has become a conduit for everyday communication and a tool to access both physical and mental health services. For the past 20 years, there has been a surge of on-line activity with approximately 128 million subscribed internet users in the U.S. (Fox, 2009). Of these on-line consumers, approximately 61% of American adults surveyed reported using the internet to obtain health information. Also 42% of all adults say they or someone they knew was helped by the medical advice or health information found on the internet (Fox, 2009). This finding is consistent with reports of steady increases in the utilization of on-line search engines for information regarding mental health issues, as well as the documented increase in use of telecommunication in providing psychological services within the current field (APA, 2010; Rainie, 2009). These statistics indicate that Americans are relying increasingly on the internet as a resource to improve their overall well-being.

The popularity of on-line mental health resource consumption is supported by the recent advancements in technology. Current

internet-accessible devices have eroded barriers that once stood in the way of consumers' access to information and/or mental health services (Pew Internet & American Life Project, 2009). The explosion in technological advances and cultural shift towards internet-based communication has also supported the acceptance of e-therapy. E-therapy is defined in this paper as an internet-based modality in delivering psychological support that can be synchronous (simultaneous) or asynchronous (time-delayed) communications. Beginning in the 1980's, e-therapy became an emerging delivery method within the practice of counseling psychology (Alleman, 2002; Oravec, 2000; Skinner & Zack, 2004). This modality of communication is mediated primarily through a computer-like device between a mental health professional and client (Alcaniz, Botella, Banos, Zaragoza, & Guixeres, 2009; Grohol, 1999).

E-therapy's use of computer mediated communications (CMC) also has several unique nuances that differ from face to face (FtF) transmissions of counseling, such as the lack of non-verbal communication. These nuances have critical implications in adhering to ethical practices in therapy. The ethical concerns of e-therapy addressed in this paper will use the ethical guidelines outlined by the American Psychological Association (APA) and the International Society of Mental Health Organization's (ISMHO). The use of both ethical guidelines will provide a comprehensive means of understanding the ethical needs within e-therapy. Though the APA ethical guidelines (2002) has modified the language in several of its codes and standards to be more inclusive of internet therapy, it has not specifically addressed all ethical concerns regarding e-therapy. Therefore ISMHO (2009) guidelines can be used as a complement to APA guidelines in order to enhance the understanding of the ethical nuances faced by e-therapists.

This paper will first give a brief overview of existing e-therapy modalities and then elaborate on five common ethical challenges for e-therapists that should be discussed within the informed consent process. Lastly, final thoughts will be provided about the future needs of e-therapy for practitioners.

Modalities of E-therapy

Today's advances in computer hardware and software allow for instantaneous interactions between human users that come in

various formats, such as: e-mail, support groups, live chats, video-conferencing, and informational websites. E-mail counseling was one of the first methods to be utilized in e-therapy. An asynchronous method, this modality allows the client and therapist to exchange short narratives through e-mail. Typically, most e-mail services limit responses to 200 words and clients are provided with a response from the therapist within 48 hours. On-line support groups are held in open forums that connect individuals all over the world surrounding a specific mental help topic (Oravec, 2000). This format generally has a rolling membership and allows anonymity for users who wish to participate (Oravec, 2000). Unlike e-mail and support groups, video conferencing and live chats are synchronous methods of communication which allow for instantaneous conversation between users. Finally, informational websites provide psychoeducational information about various mental health topics. These various modalities within e-therapy all have their unique strengths and challenges, and are not immune to common ethical dilemmas that therapists may face.

Common Ethical Concerns of E-therapy

With the new technological advances in conducting therapy, mental health professionals need to be continually vigilant about conducting therapeutic services in the most ethical manner possible. This ensures that trust and quality services are provided as e-therapy continues to become mainstreamed. Providing ethical services for clients is a difficult challenge for therapists. Despite the overlapping ethical considerations between e-therapy and FtF modality, there are additional challenges that are unique to on-line delivery. Five ethical challenges that will be elaborated in this paper are: appropriate concerns for e-therapy, the possibility of misunderstanding, maintenance of professional boundaries, electronic confidentiality and privacy issues, and interruption of therapy due to technological problems. All five concerns are important components to include within an informed consent process.

Appropriate concerns for e-therapy

One of the first risks of e-therapy to be discussed with the client during the informed consent process are the appropriate concerns that e-therapy can address. For instance, 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). Self-harm is especially a concern within this modality due to several limiting factors within e-therapy. For instance, those who offer e-therapy through e-mail communication will find that it is lacking in its immediacy of receiving and responding to communications by a suicidal client. Additionally, those who offer therapy over instant messaging are often only given a screen name and may not know the location of the client at the time of communication. Therefore provision of emergency care may be difficult if the client had not provided and/or is resistant in providing any additional contact information,

such as his or her current location. (Kanani & Regehr, 2003; Shaw & Shaw, 2006). Due to the safety challenges associated with e-therapy, the ISMHO (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 alternative therapists or another mental health professional that is local to the client and has agreed to be accessible to the client if needed.

Possibility of misunderstanding

Another risk that clients are likely to encounter while engaged in e-therapy is the potential misunderstanding between therapist and client due to the missing non-verbal cues (ACA, 2005; Alleman, 2002; Mallen, Vogel, & Rochlen, 2005; Recupero & Rainey, 2005). Within FtF therapy, both therapist and client have the benefit of non-verbal cues that enhance the understanding of what is being said in session. These non-verbal communications allow for more subtle communication of important feelings, such as empathy and understanding. However, within some modalities of e-therapy, such as e-mail or live chats, non-verbal cues are not accessible for either the therapist or client. In Haberworth, Parr, Bradley, Morgan-Fleming, & Gee's (2008) qualitative study of counselors-in-training experiences of communicating with a client via an instant message chat function, they found that the dearth of non-verbal communications could hinder conversations between the therapist and client. This was especially true for those who had little prior experiences with communicating on-line. This study highlights the importance of body language as well as prior experience with the communication medium within a therapeutic session. Without these two components, a potentially difficult environment for building the therapeutic alliance could be created. Thus it is important to consider building more time into fostering the alliance, as well as taking care in discussing the methods of conveying meaning within the sessions.

One method of building trust and alliance is to address these risks early on within the informed consent process. Not doing so could easily lead to feelings of frustration, lack of control, and hurt between the client and therapist. During the first few sessions, an exploration of alternative methods that both parties can implement to reduce the risk of misunderstanding can help to facilitate communication within the counseling sessions. Some alternative methods proposed are: emoticons, use of capital letters, fonts, and sizes as a means to provide text-based cues of typical non-verbal behavior (Alleman, 2002). Adjustments, such as these, can help to accommodate some limitations of service delivery over the internet. Another method of assisting in the facilitation of communication and trust is to encourage the use of teleconferencing technology. This technology allows for direct observation of non-verbal body language communication that is often lost in other modalities of e-therapy. Additionally, this method of communication has become a growing trend as more personal computers are equipped with webcams. Free programs such as Skype are becoming more popular as a method of communication on-line. For instance, in a recent survey video conferencing has quadrupled in direct mental health service use between 2000 and 2008 (APA, 2010). Though the percentage of mental health professionals utilizing this technology is still quite

small compared to use of e-mail, it has shown great potential in overcoming communication barriers often experienced within other modalities of on-line communication.

Maintenance of professional boundaries

A third challenge within e-therapy is maintaining the delicate balance between professional and personal boundaries. One important boundary concern is the ever growing accessibility of private information on the internet. Today's internet users utilize search engines and social network webpages, such as Wikipedia or Facebook, than in the past (Rainie, 2009). For instance, Lenhart (2009) found that in a survey of adults 18 and older, 46% use social networking websites such as Facebook, Myspace, and LinkedIn. Additionally, there is documented increase of clients utilizing these websites to gain additional information about health professionals and illness, as a means to connect to their health care providers, or to find medical or emotional support (Lehavot, 2009). Though the ethics codes were created to apply directly to professional activities, cyberspace constantly blurs the boundaries of professional and personal. Ethical guidelines that were developed to address multiple relationships are not specific to this type of on-line activity. However, 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 on-line. This potential for harm is especially salient in therapist's use of blogs or social networking sites, such as Facebook (Lehavot, 2009). For instance, if a client requests to "friend" their therapist on Facebook, which allows them access to the therapist's profile, this puts the mental health professional in a difficult situation if the profile was not meant for public viewing. Potentially damaging information may be accessed by the client, and could be counterproductive to treatment. However, if the request to access and connect with the therapist through social networking is denied, this could also be damaging towards the established therapeutic alliance. Therefore, boundaries in cyberspace should also be discussed if necessary, and privacy options for social networking sites should be utilized as means in controlling the type of information are accessible to the public.

The second challenge to professional boundaries is the increased incidences of distraction when providing service and likelihood of confidentiality breaches when working from a distance. One of the greatest benefits of e-therapy is the convenience of providing services from home. However, this can also increase the risk of distractions while providing services as the professional and personal sphere becomes more blurred. This can increase the chances of distraction by family members or household duties, which may decrease the quality of the therapy session. Haberstroh et al. (2008) recommended that professional and personal life spheres be clearly delineated when therapists work from home. This could include set hours in a private and separate room or office so that professional business can take place without distraction. Additionally, extra precaution regarding the accessibility of the computer by others should be taken to ensure confidentiality. Such precautions could be to avoid using a family computer and enabling a password protection for the computer used for therapy

purposes. By adhering to these boundaries, therapists are able to maintain best practices and decrease the risk of harm to the client.

Electronic confidentiality and privacy issues

The fourth ethical risk that should be addressed within the informed consent process is that of maintaining confidentiality and privacy, of both the client and counselor. E-mails, on-line support groups, and instant messaging all leave a digital trail that can be compromised if not secured properly (Frame, 1997; Kanani & Regehr, 2003; Mallen et al, 2005). Therefore, a clear understanding of the risks to confidentiality must be discussed during the informed consent process, as confidentiality breaches could have potential serious consequences for the client.

The risk of confidentiality breaches can be twofold for the client. Breaches can occur due to unauthorized access of information and or an error in correspondence transmission (Kanani & Regehr, 2003). Examples of these breaches include: inadequate security of the website or simple human error when sending off an e-mail. The ISMHO (2009) and APA (2002) ethical guidelines state that proper security must be taken by the therapist in maintaining confidentiality. For the e-therapist, this means implementing proper security, such as the use of encryptions and firewalls that protect information from hackers or malware (Frame, 1997). Hackers, identity thieves, and malware are common threats within the cybersphere that can forcibly access confidential information; therefore knowledge of technology and best practices in securing correspondence is important for both client and therapist. These serious breaches of confidentiality can be avoided by both therapist and client through due diligence in implementing security practices, and a clear understanding of the limitations in confidentiality within cyberspace. Therefore one of the most important tasks of a cyber-therapist is to ensure that confidentiality disclosures are thoroughly discussed prior to entering a therapeutic relationship.

A necessary disclosure about maintaining confidentiality is a shared responsibility between both client and therapist. Typically, both have access to the digital transcripts generated from e-mail and chat correspondence and stored in their respective computers (Kanani & Regehr, 2003; Mallen et al, 2005). E-mails and chat histories can be potentially accessible to others not intended to have access to the information. For instance, significant others may have access to e-mail accounts and computers in their home, employers often monitor computer use at work, and strangers may have access to the browser history on the public computers at an internet café or library. These confidentiality breaches leave the client in both a psychologically and economically vulnerable position, as the sensitive information shared could potentially be utilized in a malicious manner. For instance, information regarding the mental health of an individual can be used as a means to stall employment advancement or could be fodder for office gossip. All of these possibilities of potential breaches that fall outside the therapist's control; therefore, it is important for the therapist to disclose this potential risk as well as educate the client how to keep their information secure and to remain mindful of their own confidentiality (Mallen et al, 2005).

Interruption of therapy due to technological problems

The last risk that should be included during the informed consent process is the potential of interrupting therapy due to technological problems. This is an inherent and unique problem of e-therapy, as it is foreseeable that servers may crash, equipment may malfunction, or there may be a loss of internet connection. APA (2002) code of ethics states that therapists should make a reasonable effort to plan with the client on emergency plans for alternative continued services if e-therapy services are interrupted. The ISMHO (2009) ethical guidelines address this concern more specifically by stating that clients should be informed of safeguards to service interruption, alternative contact information for the therapist, procedures in case of emergency, and local therapists who can act as back-up in case of interruption. Without these precautions, interruption of therapy may cause undue harm towards the client if he or she urgently needs to speak with the therapist.

Discussion

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.

While this paper only presented five common ethical dilemmas faced by e-therapists, the number of ethical concerns is likely to expand as this method of service delivery becomes more popular and technology continues to evolve. Though FtF counseling may never be fully replaced by e-therapy, it is likely that most therapists will have the opportunity to incorporate e-therapy into their practice.

Because e-therapy is becoming more popular, it is important for ethical concerns to be consistently enforced to ensure the safety of clients. Shaw & Shaw (2006) found that less than half of the online counselor websites surveyed followed the accepted American Counseling Association's ethical guidelines. This information is disconcerting, as this puts both client and counselor at a higher risk of harm and is damaging to the reputation of the field as a whole. One contributor to this problem is the inconsistency between the various professional organizations that outline the necessary ethical guidelines for e-therapy, as well as how they enforce these ethical guidelines. For instance, APA guidelines only recently changed their wording to be more inclusive of electronic use. However, the organization's effort in addressing the ethical needs of this growing modality pales in comparison to the American Counseling Association's (ACA) changes and inclusion of e-therapy ethical guidelines. Though ACA has more specific guidelines that address e-therapy, it is still not comprehensive. As e-therapy is a continually emerging modality, therapists are encountering professional ethical guidelines which may not address all the concerns of providing counseling on-line. It is imperative that in-depth and updated guidelines be considered for inclusion on all the major psychological association's ethical guidelines. By raising consciousness about these issues within the professional field, this will allow e-therapy to grow into a stronger and safer method of service provision.

References:

- American Counseling Association (2005). *ACA code of ethics*. Retrieved from <http://www.counseling.org/Files/FD.ashx?guid=ab7c1272-71c4-46cf-848cf98489937dda>
- APA (2010). Telepsychology is on the rise. *Monitor on Psychology*, 41, 11.
- Alcaniz, M., Botella, C., Banos, R.M., Zaragoza, I., & Guixeres, J. (2009) The intelligent e-therapy system: A paradigm for telepsychology and cybertherapy. *British Journal of Guidance & Counselling*, 37, 287-296.
- Allenman, J.R., (2002) Online counseling: The internet and mental health treatment. *Psychotherapy: Theory/Research/Practice/Training*, 39, 199-209.
- American Psychological Association (2002). *Ethical principles of psychologists and code of conduct*. Washington, DC. : Author
- Fox, L. (2009, October 26) *The social life of health information*. Retrieved from <http://www.pewinternet.org/Presentations/2009/39--ePatientConnections.aspx>
- Frame, M.W. (1997) The ethics of counseling via the internet. *The Family Journal*, 5, 328-330.
- Grohol, J.M. (1999). Best practices in etherapy. Retrieved from <http://psychcentral.com/best/best3.htm>.
- Haberstroh, S., Parr, G., Bradly, L., Morgan-Fleming, B., & Gee, R. (2008). Facilitating online counseling: Perspectives from counselors in training. *Journal of Counseling & Development*, 86, 460-470.
- International Society of Mental Health Online(2009). *Suggested principles for the online provision of mental health services*. Retrieved on from
- Kanani, K.,& Regehr, C. (2003). Clinical, ethical, and legal issues in e-therapy. *Families in Society: The Journal of Contemporary Human Services*, 84, 155-162. <http://www.ismho.org/suggestions.asp>
- Lehavot, K. (2009). "MySpace" or yours? The ethical dilemma of graduate students' personal lives on the internet. *Ethics & Behavior*, 19, 129-141.
- Lenhart, A. (2009, October 8). *The democratization of online social networks*. Retrieved from <http://www.pewinternet.org/Presentations/2009/41--The-Democratization-of-Online-Social-Networks.aspx>
- Mallen, M.J. , Vogel, D.L., & Rochlen, A.B. (2005). The practical aspects of online counseling: Ethics, training, technology, and competency. *The Counseling Psychologist*, 33, 776-818.
- Metonia (2009). The ABC's of "Internet Therapy" Retrieved from <http://www.metanoia.org/imhs/isitforyou.htm>
- Oravec, J. (2000). Online counseling and the internet: Perspectives for mental health care supervision and education. *Journal of Mental Health*, 9, 2, 121-135.
- Pew Internet & American Life Project (2009, June 11). 61% of American adults look online for health information. [Press release]. Retrieved from <http://www.pewinternet.org/PressReleases/2009/The-Social-Life-of-Health-Information.aspx>
- Postel, M.G., Haan, H.A., & Jong, C.A.D (2008) E-therapy for mental health problems: A systematic review. *Telemedicine and e-health*, 14, 706-714.
- Shaw, H.E., & Shaw, S.F. (2006). Critical ethical issues in online counseling: Assessing current practices with an ethical intent checklist. *Journal of Counseling & Development*, 84, 41 53.
- Skinner, A., & Zack, J.S. (2004). Counseling and the internet. *American Behavioral Scientist*, 48, 434-446.

Rainie, L. (2009, October 7). *The rise of the e-patient*. Retrieved from <http://www.pewinternet.org/Presentations/2009/40-The-rise-of-the-e-patient.aspx>

Recuperio, P.R., & Rainery, S.E. (2005). Informed consent to e-therapy. *American Journal of Psychotherapy*, 59, 319-331.

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