

Distance Therapy  
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It is now the year 2012 and we are living in a world where most people live two lives, one in reality and the other over the Internet. The Internet has allowed activities like shopping, educating, socializing, dating, banking, and various other activities over the World Wide Web to take place over this new medium. As our technology advances, new industries are slowly integrated into the Internet, counseling psychology is no exception. The growing demand for online counseling has started to raise certain issues involving the laws and ethics of counseling someone. Currently the industry of counseling psychology is so new that we are still learning so much about the effects it will have on the therapeutic relationship between the client and the therapist. As the demand for online counseling grows, more questions arise, questions like “what type of client would be appropriate for online counseling,” and many other questions that will be discussed.

Counseling over the Internet is slowly developing due to the demand it is beginning to present. UK research psychologists have found that the origins and demand of online therapy began with self-help support through chat rooms and news groups. Although, this was not the first documented evidence that therapy took place from a distance, Sigmund Freud had the practice of treating patients by letter. Two major types of online services being requested for mental health are for assessments and counseling (Skinner & Latchford, 2006).

### **Distance Therapy Procedural Practice**

“Researchers have found that various psychotherapeutic approaches can be used online, such as dynamic, narrative, cognitive, cognitive-behavioral, behavioristic, and client-centered” (Finn & Barak, 2010, p.268). These approaches have demonstrated that a therapeutic relationship is possible and can be successful online.

In “duty to warn and protect” situations it is wise to have prepared the necessary steps to take immediate action if required. Clients who are a threat to themselves or others will need the attention of the proper authorities in their jurisdiction and it is the counselor’s responsibility to know this information prior to having an emergency take place (Shaw & Shaw, 2006).

### **Attitudes Towards e-Therapy**

Basic economics tell us if there is a demand, supply will increase. In the case of online therapy, the demand for services of e-therapy will cause an increase in therapy to take place online. According to an interview by Audrey Jung, the president of the International Society for Mental Health Online (ISMHO), clients typically will lead the way to their own healing and in the case of the Internet research has found that it was possible to have a therapeutic relationship with notable advantages (Anthony et al., 2010).

In her interview, Audrey Jung stated that: “clients sometimes revealed information avoided in face-to-face sessions and, with care, their difficulties could be addressed more directly, while retaining a secure therapeutic frame and one that allowed far greater opportunity to reflect” (Anthony et al., 2010, p.1).

The studies that have taken place for online counseling have informed researchers and the psychotherapeutic community that clients will self-disclose more via the Web, though because there are so few studies, researchers are still unsure if it is because of the channel of communication or the personality type that is using the channel of communication (Skinner & Latchford, 2006). This same research has discovered that the online environment allows individuals to feel invisible even when we know their true identity. In being invisible clients feel their status on the Web can be masked because they are not judged by their clothing, age and environment.

Clients who have been most responsive to distance therapy are those individuals that have difficulties getting to a therapist due to “transportation, handicap, need for anonymity, shyness or fear of face-to-face disclosure or interaction, having no free time for counseling during regular work hours and those living in rural places” (Young, 2005, p.174).

Dr. Kimberly Young’s research has concluded that out of 48 online clients, the demographics of the e-client is typically Caucasian, middle-aged, male, and has a four-year degree (2005). In my opinion, because technology has evolved and access to the Internet has allowed other demographics to have use of the Web, new research would have to validate these findings.

Most of the research that has taken place for distance therapy warns therapists using this method to consider the disadvantages associated with the lack of security, confidentiality, non-verbal cues and not being able to provide an empathic, warm, emotionally rich experience to the client. The majority of these issues are of an ethical nature. The primary legal concerns have to do with jurisdiction and qualifications of the counselor (Anthony et al., 2010).

Some topics that come up in therapy are best handled in person, according to Audrey Jung. It would be more comforting to the client if dealing with suicidal ideation or issues of an intense psychotic nature. A face-to-face client would allow the therapist to do more by physically intervening, calling local support like the police, hospital or proper authorities (Anthony et al., 2010).

### **Distance Therapy Laws and Ethics**

The biggest challenges with providing mental health services via distance therapy have to do with legal and ethical issues that can occur in therapy like jurisdiction, regulation, unethical practices that would normally occur in face-to-face therapy and licensing (Baker & Ray, 2011).

Issues that can occur are typically honest mistakes like checking email in a different state, providing video conferencing while traveling internationally, and being disconnected from a client and not being able to communicate causing client abandonment. Because online therapy is still relatively new, we are just now starting to see policy makers, professional organizations and other governing parties provide guidelines.

Various works of research have directed much of the ethical guidance to the American Counseling Association (ACA) because they have detailed specific guidelines for therapy taking place online. The 2005 ACA code of ethics goes into rich detail to help therapists and policy makers avoid issues that may occur while practicing therapy via the Internet.

#### *ACA Technology Code of Ethics*

The American Counseling Association (2005) has established the following guidelines:

“When establishing informed consent, counselors should do the following:

1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.
2. Inform clients of all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
3. Urge clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use in the counseling process.
4. Inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries.
5. Use encrypted Web sites and e-mail communications to help ensure

confidentiality when possible.

6. When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific.
7. Inform clients if and for how long archival storage of transaction records are maintained.
8. Discuss the possibility of technology failure and alternate methods of service delivery.
9. Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.
10. Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.
11. Inform clients when technology-assisted distance counseling services are not covered by insurance.

Counselors maintaining sites on the World Wide Web (the Internet) do the following:

1. Regularly check that electronic links are working and professionally appropriate.
2. Establish ways clients can contact the counselor in case of technology failure.
3. Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.
4. Establish a method for verifying client identity.
5. Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed

consent.

6. Strive to provide a site that is accessible to persons with disabilities.
7. Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations.
8. Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications (p.6-7).”

Compared to the CAMFT, AAMFT, APA and other professional organizations, the ACA has the most sophisticated guidelines as shown. Shaw and Shaw (2006) support that a “solid code of ethics professionalizes an occupation by creating social contract with the public that balances professional privilege and responsibility with a commitment to the welfare of clients (p.41).”

### *Social Media*

Social media raises another layer of complexity for therapists that wish to do work at a distance because unethical practices are likely to occur. Clients may find therapists on social media outlets like Facebook, Twitter, and MySpace, with a request to become connected through the social media outlet. The problem the therapist would have in this case is a dual relationship would take place. By allowing the client to enter the therapist’s personal life online, the client would have access to information that would give a great amount of disclosing information that would tarnish the therapeutic relationship (Anthony et al., 2010).

Another concern with social media is allowing clients to see personal information that may put the client’s family and friends in danger if the client were to become hostile or threatening. I personally would not approve of mixing social media with clients. It would be best to create a business page with relevant information for clients and the general public. The

key point here is that an innocent request to become friends or connected online will have a negative effect to the client's view of the therapist because boundaries would be crossed (Anthony et al., 2010).

### *Training and Supervision*

Finn and Barak (2010) have reported that counselors doing online therapy learned proper online therapy skills through various formats. 92% of e-therapists personally read about the subject, 80% had an informal consultation with colleagues, 20% attended an online therapy workshop, and 16% attended an e-counseling training program. The majority did not have supervision in the area of distance therapy.

The education of online counselors varied in the study by Finn and Barak (2010), 27% of online therapists had a masters degree in counseling, 14% a masters in psychology, 10% had a PhD or PsyD in psychology, and the remaining percentage had varying degrees such as social work, education, humanities, medical degree and other graduate work. Although most practicing online therapy have formal education, it is currently not regulated and anyone is able to provide online therapy without formal education. This is a concern and is currently under review with policy makers (Finn & Barak, 2010).

### *Privacy and Confidentiality*

Because privacy and confidentiality is not guaranteed, the e-counselor should attempt to prove they are doing their best to keep privacy and confidentiality by interacting in a secure and private environment. Public hotspots and Internet café's should be avoided. Clients should also be advised to be in an area where it is private and secure to receive online counseling (Haberstroh, 2009).



Professor Haberstroh of San Antonio (2009) advises that creating a security passcode to confirm identity is recommended, other tips would include copies of official identification from the client. Because hacking is possibility, the e-therapist must be confident with the technology being used. The technology the e-therapist uses should be properly secured with the most advanced security features such as antivirus software, spyware, firewalls and high encryption.

### **Client Appropriateness**

Professor Shane Haberstroh from The University of Texas in San Antonio (2010) has found through research that online therapy has a potential of treating patients with symptoms of anxiety, depression, panic disorders, posttraumatic stress disorder, and eating disorders. Through Haberstroh's research, he found that men had a higher positive response to online treatment than women (2010). Men were more receptive to having online therapy versus face-to-face counseling.

Further studies have provided further support to the list of appropriate clients that are able to receive help via the Internet; populations that include smoking cessation, sex therapy, loneliness, gambling problems, geographically isolated areas, physically handicapped individuals, those who would not normally seek face-to-face therapy, adolescents and elderly (Finn & Barak, 2010).

One group of the population that is expected to increase the use of online therapy is adolescents. According to research by Shaw and Shaw (2006), "out of 73% of teens between the ages of 12 and 17 using the net, it is likely that most teens will use some form of online counseling services (p.43)." Within 73% of these teens that use the net, they use technology to discuss subjects that would not be discussed with anyone else in person. "Teens that use the Internet the most are most likely to be depressed and to be socially isolated. Many teenagers

may therefore be seeking treatment for serious mental health issues such as depression and anxiety and may also have suicidal ideation (Shaw & Shaw, 2006, p.43).”

It is important to note that counseling services require the written consent from a legal guardian if under the legal age of 18 (Shaw & Shaw, 2006).

### **Disadvantages to Distance Therapy**

Although there are many positives aspects to online psychotherapy, there are also setbacks that hinder the therapeutic process. In assessing a client, therapists may find it difficult to correctly diagnose or assess a client compared to a face-to-face assessment (Finn & Barak, 2010).

Research by Finn and Barak (2010) has shown that certain areas of online therapy are at risk: “participants concealing their true identity, possibly impersonating the actual client, which would breach confidentiality and privacy. Other areas of concern have to do with emergency assistance, ability to fulfill mandatory reporting requirements, relying on fragile technology, difficulty in communicating accurately both verbally and non-verbally, cross-cultural misunderstandings, difficulties with billing and fee collection, and legal problems related to jurisdiction and licensing laws as discussed previously” (p.269).

### **Final Thoughts**

Although there may be disadvantages to distance therapy, a population of clients are requesting therapy through an electronic medium like the Internet. As professional organizations continue to work on the legal and ethical concerns, many counseling professionals can begin to properly work with individuals without being at risk. Education and supervision is expected to grow and evolve as more research uncovers methods that will improve the practice and use of online therapy.

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