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### Cybercounseling: Legal and Ethical Considerations

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## Cybercounseling: Legal and Ethical Considerations

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Cybercounseling: Legal and Ethical Considerations

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### Abstract

With the advent of computer systems, our lives have become increasingly digitized. Once it took months for a letter to travel overseas, now a few clicks can pull up a videoconference from one's home. Many face-to-face interactions are being supplemented with their digital counterparts. Counseling is no exception. This paper will define cybercounseling, review new ethical guidelines and concerns, contrast benefits and challenges, and provide some recommendations for those interested in exploring counseling's online counterpart.

*Keywords:* cybercounseling, etherapy, internet counseling, legal, ethical, online counseling

### Cybercounseling: Legal and Ethical Considerations

Cybercounseling, also called electronic therapy, e-therapy, Internet counseling, Internet psychotherapy, online counseling, computer-mediated counseling, webcounseling, and telehealth services, has become a growing source of ethical debate in the field (Doverspike, 2009; Heinlen, Welfel, Richmond, & Rak, 2003). These are only a few of the many terms used to depict this type of counseling and the multiplicity of names has led to considerable confusion among practitioners and legislators alike. The term *cybercounseling* will be used in this paper as defined by Mallen and Vogel (2005):

Any delivery of mental and behavioral 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 e-mail, synchronous chat, and videoconferencing (p. 764).

While this definition may seem broad, it attempts to cover many of the emerging delivery systems being used by counselors (Mallen & Vogel, 2005). Furthermore, a counselor can be labeled as cybercounselor if he or she hosts either an information-based or an interactive-based website; receives or exchanges e-mails with clients, even to schedule appointments; provides any online service, such as testing, counseling, or assessments; consults with colleagues via electronic medium; or transmits records to colleagues or insurance companies electronically (Doverspike, 2009).

According to Gupta and Agrawal (2012), the Internet has existed for about 40 years and by 2001, over 400 million people worldwide had access. Cybercounseling was born from the needs of educational and research institutions, designed to enhance the learning environment. The first Internet-based psychotherapy was offered in 1972 at UCLA and Stanford during the

International Conference on Computer Communication. By 1979, the first cybercounseling services were available for public use.

Since new sites are continuously being added and deleted, actual tallying of websites offering cybercounseling services is impossible. Current estimates stretch into the hundreds (Heinlen, Welfel, Richmond, & O'Donnell, 2003). Heinlen, Welfel, Richmond, and Rak (2003) found that 37% of the sites sampled in their study were no longer operational eight months later.

Common methods of cybercounseling include asynchronous or synchronous e-mail exchange, individual or group chat rooms, individual or group videoconferencing, or some combination thereof. One creative case study by Quackenbush & Krasner (2012) used avatars – computerized personifications – to represent the counselor and client in an online “office.” The actual therapeutic session occurred through text messages, but the authors noted that the client would occasionally change the qualities of his avatar to represent his inner self.

### **Ethical Guidelines**

“Technology often develops at a faster pace than emerging ethical and legal standards” (Doverspike, 2009, p. 17). One of the most comprehensive sources of ethical guidance for cybercounseling comes from the International Society of Mental Health Online (ISMHO), a volunteer organization of counselors interested in the ethical promotion of online counseling. In January, 2000 the ISHMO endorsed and released their *Suggested Principles for the Online Provision of Mental Health Services*, which provided guidance on such topics as informed consent, confidentiality, boundaries of competence, record keeping, and emergency procedures (International Society of Mental Health Online [ISMHO], 2000). The ISMHO has directed the majority of research in the area of cybercounseling and endorsed web guides, such as

“Metanoia,” that provide counselor recommendations, references, and credentials for the perusal of potential cybercounseling clients (Heinlen et al., 2003b).

Another source of ethical guidance is *Standards for the Ethical Practice of WebCounseling* which was issued in 1997 by the National Board for Certified Counselors (NBCC). This document is regularly reviewed and updated, with the latest revision approved on July 31, 2012 and entitled *NBCC Policy Regarding the Provision of Distance Professional Services* (National Board for Certified Counselors [NBCC], 2012). The title change reflects the evolution of cybercounseling over the years. One interesting difference between the NBCC’s guidelines and others is that the NBCC identifies specific actions that National Certified Counselors (NCC) *must take* in order to remain in compliance (NBCC, 2012).

The American Counseling Association (ACA) *Code of Ethics* also provides guidance for cybercounselors. In 1999, the ACA published their *Ethical Guidelines for Online Counseling*, stating that the guidelines should only be used in conjunction with the latest code of ethics. This early attempt provides some direction, but lists few specific actions that an ethical counselor should take. In keeping with the times, the 2005 *Code of Ethics* compiles more detailed suggestions in section A.12 (American Counseling Association [ACA], 2005). However again, these suggestions lack the thoroughness required for the budding field. Then earlier this year, ACA came out with the new *2014 ACA Code of Ethics*, doubling in length its section on technology use and distance counseling to address the additional requirements of cybercounseling that goes above and beyond typical face-to-face sessions (ACA, 2014).

These guidelines, which were established to promote best practice in this growing technological world, are considered voluntary in nature and thus not enforced. However, Heinlen et al. (2003b) noted in their study that since cybercounselors often place identifying

information on their websites, counselor accountability is possible. Unfortunately, compliance with these ethical codes has been low (Heinlen et al., 2003a; Heinlen et al., 2003b; Laszlo, Esterman, & Zabko, 1999).

### **Ethical Concerns**

It has been proposed that cybercounselors are either unaware of these ethical guidelines or unfamiliar with the nature of technology, but many still fail to meet the most basic ethical codes of practice (Heinlen et al., 2003a; Heinlen et al., 2003b). Of particular interest in the literature are the issues of informed consent, confidentiality, anonymity, and multicultural awareness.

### **Informed Consent**

According to the *ACA Code of Ethics* (ACA, 2014), counselors must provide sufficient information regarding numerous aspects of the counseling process so that interested persons may make informed decisions about whether to enter into or remain in a counseling relationship. The inclusion of technology in services requires that additional standards to be mentioned in the informed consent, such as legal boundaries, use of encryption, technology failures, emergency procedures, and other benefits and risks. Doverspike (2009) recommended adding to the informed consent the limitations of cybercounseling, possible misunderstandings that may arise due to lack of verbal and nonverbal cues, and populations that may not benefit from cybercounseling. Appendix A provides a sample from Mallen, Vogel, and Rochlen (2005) of some of the additional information that a cybercounselor needs above and beyond what is required of a face-to-face counselor.

Two studies by Heinlen et al. (2003a) and Heinlen et al. (2003b) have found a disconcerting lack of compliance with informed consent procedures among cybercounselors.



The first study gathered a sample of 44 websites hosted by doctoral-level, licensed psychologists that offered cybercounseling services (i.e., web-based services were not in addition to traditional face-to-face counseling). These sites were reviewed for technical features, expenses, and compliance with ISMHO's *Suggested Principles* and APA's *Ethical Principles and Code of Conduct*. The second study considered a sample of 136 sites that offered cybercounseling services, selected through common search engines as these were the sites most potential clients would locate first. This survey looked at compliance with NBCC's 13 standards of Internet-based ethical behavior.

Of the 44 sites examined in the first study, barely 46% provided any kind of informed consent procedures (Heinlen et al., 2003a). Additionally, while 82% presented professional education and credentials in psychology, only 48% explained the limitations of state licensure and fewer than 34% identified which state he or she was licensed in. Furthermore, only a minority of sites discussed the experimental nature (23%) or potential risks (14%) of cybercounseling, although the majority of sites (85%) lauded its potential benefits.

Of the 136 sites examined in the second study, 49 gave no relevant credentials or listed any mental health training (although some held doctorates in fields as diverse as theology, law, and architecture) while the rest were licensed at either the master's or doctorate level in an appropriate field (Heinlen et al., 2003b). Hardly any site discussed the experimental nature of cybercounseling or the potential risks. About 32% of these sites listed issues that were inappropriate for cybercounseling (e.g., crisis counseling, Internet-addiction counseling), while only 33% cautioned that misunderstandings may occur due to the lack of visual cues. An astonishing 3% discussed actions to be taken in the event of technology failure.

**Confidentiality**

*ACA Code of Ethics* (ACA, 2014) explicitly states that the client's confidentiality will be respected and upheld. The use of technology in counseling presents some unique challenges to maintaining that confidentiality, namely: computer hackers, unauthorized access from other users or employers/employees of the computer, the Internet service provider's retention of e-mail and chat communications, e-mail misdirection, and curious passers-by who may read confidential information over the client's shoulder (Gupta & Agrawal, 2012; Heinlen et al., 2003a). Gupta and Agrawal (2012) encouraged cybercounselors to be aware of who and how many people, companies, and institutions have the ability to look up client records and to use encryption to protect against accidental or intentional electronic "eavesdropping."

According to Schwartz and Lonborg (2011), any e-mail communication between the counselor and client must pass through a number of servers, where they are stored and archived. Any number of personnel has the ability to review those e-mails at any time. Cybersecurity is "... a 'two-way' street. Security protections on one end of a network or communication line may be only as good as those at the other end" (Schwartz & Lonborg, 2011, p. 422). It is the duty of the ethical counselor to educate the client on ways to protect their confidentiality, but it is also the duty of the client to protect their end of the line. ACA code H.2.d requires the use of encrypted websites and e-mail communication (ACA, 2014).

Compliance with confidentiality standards is minimal among active websites. In the Heinlen et al. (2003a) study, confidentiality was only mentioned in 50% of the sample, 39% discussed the limitations of confidentiality, 27% indicated any use of encryption, and another 30% provided clients with identification numbers and passwords. In the Heinlen et al. (2003b)

study, about 22% of the sample included encryption measures, although several others offered security methods for additional payment, and only 4% mentioned data preservation.

### **Anonymity**

Anonymity is prevalent throughout the Internet, the safety of the computer screen a shield from prying eyes. Although the NBCC encourages cybercounselors to take steps to protect against imposters and to verify the identities of clients and guardians of minor clients (Doverspike, 2009), it is not unusual for cybercounselors to allow their clients to use pseudonyms or to never meet face-to-face, which begs the question of who exactly is being counseled on the other side of the screen. Anyone could assume a client's online identity and garner confidential information without the counselor being the wiser (Gupta & Agrawal, 2012).

In a vast improvement from the vague 2005 edition, ACA code section H.3. says to:

. . . take steps to verify the client's identity at the beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers. (ACA, 2014, p. 18).

The counselor must obtain accurate information regarding the client's physical location in case of an emergency. If the counselor feels that the client is a risk to himself/herself or to others, the counselor is legally obligated to send emergency responders to the client's location. The ethical counselor should make every reasonable effort to verify the client's personal information, by searching online directories or phone books or mailing something to the client's address that they must identify to verify receipt. Passwords are sometimes used to verify that the person on the other end of the line is the intended client. Some counselors require an initial face-to-face intake meeting to verify the client's age, identity, and competence to give informed consent (Gupta & Agrawal, 2012).

Yet, according to the research, minimal imposter protections were taken by 38% of cybercounseling websites for either party (Heinlen et al., 2003b) and barely 27% of cybercounselors required identification and contact information from their clients (Heinlen et al., 2003a). Most sites neglected information about counseling minors, other than 34% stating they would not counsel minors. Further, the measures taken to ascertain a client's age, if any measures were taken at all, tended to be minimal, such as asking the client to check a box confirming he or she was over 18. Heinlen and colleagues (2003a) state:

Simply asserting that services are limited to those over the age of 18 may be insufficient as the sole precaution against use by minors because adolescents are heavy users of Web health-related sites, are often reluctant to admit their mental health concerns to parents, and have increasing access to credit cards in their own names. (p. 122)

Conversely, some argue that anonymity is a good thing. Postel, Hein, Elke, Eni, and Cor (2011) found that the anonymity of e-therapy attracted different clients (measured by age, gender, education level, employment, and prior alcohol treatment) than face-to-face therapy among problem drinkers, thus reaching new populations.

### **Multicultural Awareness**

Cybercounseling also presents some unique multicultural issues for the ethical practitioner. "Online practitioners would be culturally insensitive and professionally negligent if they were to assume automatically that online clients share their same customs, beliefs, orientations, and the like, based solely on their use of the Internet" (McCrickard & Butler, 2005, p. 108). Since the cybercounselor potentially has the ability to interact with people from around the world, cultural issues could arise at any time. Even within the United States, the cybercounselor could come into contact with clients from different backgrounds and cultures.

“In text-based e-mail or chat, visual cues of obvious cultural differences such as skin color, language, age, and all other surface-level appearance indicators are not available . . .” (Mallen et al., 2005, p. 792). This could have a double impact; while it could help prevent the counselor from making assumptions based on visual demographic data, it could also have the opposite effect and lead the counselor to rely on more stereotypical judgments.

A related potential pitfall of text-based cybercounseling is a client who uses English as a second language. This may make it difficult for the client to properly communicate his or her feelings and emotions. “A counseling psychologist may be tempted, if he or she did not know the client was typing in a second language, to make negative judgments about the client or his or her abilities” (Mallen et al., 2005, p. 793). The ethical counselor should ask the client whether he or she is communicating in a language that he or she is not proficient in or simply nervous. A counselor could also borrow a technique from face-to-face counseling and openly discuss cultural differences with the client (Mallen et al., 2005).

Another area of concern involves the availability of services. While the Internet opens up services to a broad range of people, statistics show that it is most often available to affluent Whites, creating a digital divide. “Therefore, groups that are already marginalized in United States culture . . . could in some ways continue to be marginalized in regards to online counseling access” (Rummell & Joyce, 2010, p. 489). The digital divide not only involves access to services, but also the knowledge of what type of service is available. “It is not only a matter of access to the technology, but the digital divide also speaks to the lack of awareness of how the Internet can be used successfully” (Mallen et al., 2005, p. 795).

### **Expenses**

Expenses range all across the board. Some sites offering e-mail therapy required prepaid flat fees of \$15 to \$80 dollars per e-mail (Heinlen et al., 2003a) while chat room sessions ranged from \$12 to \$150 per hour (Heinlen et al., 2003b). Other sites required payment by the minute and still more offered prepackage deals. One particular site distinguished payment between simple problems at \$15 and complex problems at \$60 (Heinlen et al., 2003a). Most sites also required payment before services were rendered, leading to questions of self-interest and exploitation of clients (Heinlen et al., 2003b).

A small amount offered free services or some variant thereof (Heinlen et al., 2003a). A couple of sites allowed 15 minutes of free services, with payment requisite for more time. Others asked only for donations after sessions. Cybercounselors were ironically meticulous in their protection and sensitivity regarding financial matters. As Heinlen and colleagues (2003a) lamented, "Why do e-therapists not consistently apply the same care to other sensitive client disclosures?" (p. 122).

### **Benefits**

Despite growing ethical concerns, there are several known benefits to cybercounseling. The Internet already provides access to various therapeutic materials, such as psychological assessments, professional training, supervision, consultation, self-help books, and relaxation tapes (Gupta & Agrawal, 2012). Why not counseling as well?

Gupta and Agrawal (2012) noted that many individuals view the Internet as private, or at least anonymous, which leads them to more easily divulge the details of their life. The authors go on to note that this belief may enhance and hasten counseling sessions. Some people find it easier to express themselves through writing. With e-mail counseling, counselor and client can

gain prospective and greater understanding through rereading exchanged e-mails – similar to the way traditional counselors watch recordings of sessions. Scheduling may also be more flexible, with sessions being attended from the comfort of home, while abroad, or even on holiday.

The largest faction of proponents cite that cybercounseling provides services for populations who cannot come in for traditional face-to-face counseling, such as people with debilitating physical or medical problems, people with travel limitations, people living in rural/remotes communities, and military personnel (Gupta & Agrawal, 2012; Heinlen et al., 2003a; Heinlen et al., 2003b; Wilshire, 2012). Cybercounseling may also be beneficial for populations unwilling to come in for face-to-face counseling, such as expatriates, undocumented citizens, people who work alternating shifts, people with familial responsibilities, children and teenagers, people who are ashamed to seek counseling, and people who are wary or uncertain about the counseling process (Gupta & Agrawal, 2012; Heinlen et al., 2003b; Postel, et al., 2011).

### **Challenges**

Opponents of cybercounseling have also been quite verbal in their arguments. As seen in the Heinlen et al. (2003a) and Heinlen et al. (2003b) studies, ethical standards regarding electronic usage in counseling have neither been complied with nor enforced. Specific laws regarding boundaries have not yet been enacted, leading to further confusion (Hughes, 2010).

There are myriad risks with cybercounseling to consider. Lack of theoretical models and research, questions of jurisdiction, limits of confidentiality, the presence of technical problems, and difficulty in verifying identities have all been noted in the literature (Heinlen et al., 2003b). Legalities become complicated when cybercounselors accept clients not native to their state or country (Heinlen et al., 2003a). Typically, a licensed counselor may only practice in the state in

which they are licensed. With cybercounseling the counselor may interact with someone in another state, or even in another country, without realizing it. Legal theorists are debating whether the laws of the state where the counselor is licensed or the laws of the state where the client resides applies, but so far there has not been a direct court case to settle the issue (Rummell & Joyce, 2010). One study reviewed a sample of 40 cybercounseling sites and found that 78% of providers were licensed, about 71% of providers were United States residents, and of those 55% worked with clients outside their state of residence and/or licensure (Laszlo et al., 1999).

Incorporated into this issue is the validity of malpractice insurance. Typically, malpractice insurance is restricted by state regulations and is valid only if the professional is providing services within the scope of her/his license (Mallen et al., 2005). In other words, cybercounseling clients may be unable to seek reimbursement from damages if the counselors in question do not have licensure in the clients' states. Recently, the new 2014 *ACA Code of Ethics* addresses this discrepancy in section H.1.b. by warning cybercounselors that legal repercussions may stem from either the counselor's location of practice, the client's area of residence, or both; however such legal ramifications have not yet played out in the courts (ACA, 2014).

Gupta and Agrawal (2012) further noted that body-language and verbal cues are nonexistent online and only minimally available during videoconferencing, leading to higher rates of misunderstanding or miscommunication. Sometimes it is difficult for counselors to discuss sexual issues with clients without crossing the boundary, either accidentally or intentionally. E-mail counseling is usually asynchronous, ergo not ideal for emergency situations, and equipment may malfunction for a multitude of reasons.



Populations that might not benefit from cybercounseling include high-risk individuals (e.g., suicidal, homicidal, etc.), individuals with underdeveloped social skills, individuals with Internet Addictions, and individuals in crisis (Doverspike, 2009; Gupta & Agrawal, 2012). Due to the relative anonymity of the Internet and physical distance between counselor and client, it is difficult for cybercounselors to provide adequate assistance for clients in crisis or clients with intentions to harm themselves or others (Heinlen et al., 2003a).

### **Recommendations for Cybercounselors**

As Doverspike (2009) said, “The best way to avoid ethical problems is to anticipate and solve them in advance” (p. 17). Since this is a fledgling, yet growing field, recommendations abound throughout the literature. Cybercounselors are encouraged to examine and adhere to the various ethical standards that have thus far been published (Doverspike, 2009; Heinlen et al., 2003a; Heinlen et al., 2003b; Laszlo et al., 1999). Prior to any form of counseling, counselors are advised to first evaluate clients, preferably in a face-to-face intake session, for cybercounseling compatibility, and then have candidates further evaluated by a physician to rule out physical causes of symptoms (Doverspike, 2009). Counselors should also become familiar with Internet etiquette before engaging in cybercounseling (Gupta & Agrawal, 2012).

Solutions to the limitations of malpractice insurance have been considered throughout the literature. Mallen et al. (2005) suggested, “If counseling psychologists wish to broaden the scope of their online practices, it is advisable to obtain a license in neighboring states or from states that have simple procedures to transfer licensure” (p. 780). A state-by-state reciprocity agreement would help to solve the problem, but getting all 50 states to agree on anything seems to be a daunting task. Further, some have suggested that a national cybercounseling license would make more sense. “The current system in the United States of licensing as structured by

the state of residence becomes obsolete with the Internet. Geographical borders for counseling practice mean nothing in cyberspace” (Jencius & Sager, 2001, p. 299). A national license, monitored by a group similar to NBCC, designed specifically for cybercounseling seems to be a feasible solution. This is a good area for counselors to become legislative advocates for the profession.

Heinlen et al. (2003b) stated, “If the potential of this medium is ever to be realized, it must be grounded in rigorous scientific research and commitment to the public welfare as its highest priorities” (p.68). In an effort to supply cybercounselors with an ethical framework to follow, Shaw and Shaw (2006) developed a 16 point *Ethical Intent Checklist*. Based on the ACA 1999 *Ethical Guidelines for Online Counseling* this list provides the cybercounselor with a checklist for establishing an ethically acceptable online website. It includes such items as: is the counselor’s full name given, does the site clearly identify the state from which the counselor is operating, are degrees listed, and does the site have an intake form for the client to fill out? (Shaw & Shaw, 2006). The list is given in its entirety in Appendix B. Future research may consider updating this checklist, especially with the publication of the new *ACA Code of Ethics* 2014 revision.

Furthermore, Hughes (2010) noted that the medical profession has been using technology in practice and is ahead in legal and ethical issues. As counseling dips into the pool of cybercounseling, it would be advantageous to examine the regulations in place to determine the probable path of cybercounseling.

### **Conclusion**

Despite its prevalence as a hot topic of debate, cybercounseling has been given little serious consideration by those who practice it. Both Heinlen et al. (2003) studies found a 0%

full compliance rate with the leading ethical standards. Although cybercounseling has been shown to be beneficial in several studies (Postel et al., 2011; Quackenbush & Krasner, 2012; Wilshire, 2011), no touchstone exists to provide guidance. “Counseling professionals should not merely engage in cybercounseling as a novel use of technology, but rather they should evaluate whether it is an ethical and appropriate modality based upon a client’s individual circumstances and therapeutic needs” (McCrickard & Butler, 2005, p. 108). The future is bright for cybercounseling, but there are many pitfalls to be identified and accounted for in order for the profession to thrive. One area of glaring need, that hasn’t been adequately addressed, is the need for increased education and training in cybercounseling. There are many transferable skills to be taken from traditional face-to-face counseling, but cybercounseling requires some unique skill sets, that are not currently being taught. Now is the time for ethical counselors to cautiously move forward, ever mindful of the welfare of the client and the desire to do no harm.

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## Appendix A

**Additional Informed Consent for Online-Counseling Template**

The distance involved in online counseling brings up specific issues in terms of confidentiality and privacy. First, although specific measures have been taken to protect the information that will be communicated between you and your therapist through encryption technology, the privacy and confidentiality of computer-mediated communication cannot be 100% guaranteed. Your therapist will take every measure to safeguard your information, but you should be aware that there is a very small chance that information can be stolen from transmissions between yourself and the therapist.

Second, it is possible that you may save the information discussed in your online counseling session to your computer as a transcript, or print out this transcript to save for your records. If you do decide to save this information, you are encouraged to take steps to ensure that this information remains confidential as your therapist cannot be responsible for the safeguarding of these materials. For instance, another individual could access your computer and view the saved transcripts, or may locate print copies of transcripts from your sessions, which likely contains sensitive material. Please take steps to protect your confidentiality and do not assume that information on your computer is private if others have access to the machine.

Third, because therapists have a duty to warn and to protect if there is an indication that the client is a danger to themselves or others, there is a need for extensive contact information so services can be delivered to you in the case of an emergency. For example, if you demonstrate to your therapist that you have strong intent to harm yourself or another, your therapist is legally and ethically bound to take action to protect everyone involved. These potential services will be easier to implement if you were attending face-to-face counseling sessions because both you and

your therapist would be in the same location. To make the delivery of emergency services more efficient, please provide the following information:

Client Name: \_\_\_\_\_

Home Address:

Home Phone Number:

Cell Phone Number:

Work Address:

Work Phone Number:

Primary Physician: \_\_\_\_\_

Address:

Phone:

*Emergency Contacts*

Local Police Department:

Phone Number:

(Mallen, Vogel, & Rochlen, 2005)



## Appendix B

**The Ethical Intent Checklist**

Following are the 16 items that make up the Ethical Intent Checklist. In parenthesis after each item is the reference to the ACA (1999) standard or standards from which the item was derived.

1. Is the full name of counselor given? (Confidentiality: b.2., Professional Counselor Identification)
2. Does the site clearly identify the state from which they are operating? (Establishing the On-Line Counseling Relationship: d., Boundaries of Competence)
3. Are degrees listed? (Confidentiality: b.2., Professional Counselor Identification)
4. Are areas of study and university given for degrees? (Confidentiality: b.2., Professional Counselor Identification)
5. Is the address or the phone number of the counselor given for backup purposes? (Establishing the On-Line Counseling Relationship: c., Continuing Coverage)
6. When requesting client information, does the site require client's full name and address? (Must be a required field for client to fill in.; Confidentiality: b.3., Client Identification)
7. Does the site clearly state that clients must be 18 years or older or have consent of a legal guardian? (Establishing the On-Line Counseling Relationship: e., Minor or Incompetent Clients)
8. When requesting client information, does the site require client's age or birth date? (Must be a required field for client to fill in; Establishing the On-Line Counseling Relationship: e., Minor or Incompetent Clients)
9. Does the site have an intake that clients must fill out before counseling can begin? (Must be a required field for client to fill in; Establishing the On-Line Counseling Relationship: a., The Appropriateness of On-Line Counseling)

10. Does the site have a statement stating that online counseling is not the same as face-to-face counseling? (Establishing the On-Line Counseling Relationship: a., The Appropriateness of On-Line Counseling)

11. Does the site have a statement stating that not all problems are appropriate for online counseling? (Establishing the On-Line Counseling Relationship: a., The Appropriateness of On-Line Counseling)

12. Does the site refer clients to traditional forms of counseling, or provide other suggestions (crisis lines, etc.) for clients who are not deemed appropriate for online counseling? (Establishing the On-Line Counseling Relationship: b., Counseling Plans)

13. Does the site have a statement indicating that ensuring complete confidentiality over the Internet is not possible? (Confidentiality: a., Privacy Information)

14. Is e-mail secure via a Secure Sockets Layer (SSL) or via encryption software? (Confidentiality: a.1., Privacy Information, Secured Sites)

15. Does the site have a statement about conditions under which confidentiality must be breached for legal reasons? (Confidentiality: a.4, Privacy Information, Limits of Confidentiality)

16. Does the site have a waiver that clients must electronically sign or mail in before beginning counseling that specifically states the limits of ensuring confidentiality over the Internet? (Confidentiality: a.4., Limits of Confidentiality; Confidentiality: C., Client Waiver.)

(Shaw & Shaw, 2006)