

Ethics and the Internet

William F. Doverspike, PhD , ABPP

This article is based on excerpts from Risk Management: Clinical, Ethical, and Legal Guidelines for Successful Practice (2008), including key points made during a GPA workshop on “Ethics and the Internet” (Doverspike & Hahn, 2008). The opinions expressed in this article are those of the author and do not reflect any official policy or opinion of the GPA Ethics Committee or the State Board of Examiners of Psychologists. This article is designed to be educational in nature and is not intended to provide legal advice. The reader is encouraged to contact an attorney for legal advice regarding state laws and administrative rules governing professional conduct.

Is it ethical to provide Internet counseling? Perhaps a better question would be, “How is Internet counseling provided ethically?” Just as we are no longer a profession of generalists, we are also no longer a profession confined by geographic boundaries. The definition of electronic therapy (e-therapy) ranges from the occasional use of e-mail to schedule appointments to the use of real-time chat lines and video-conferencing to conduct individual, couple, or group counseling. The terms e-therapy, cybertherapy, webcounseling, and Internet counseling are often used interchangeably. Notice that there is no use of the term *psychotherapy*, which implies direct contact with the client, although the ethical standards for psychotherapy do apply when providing e-therapy. The salient ethical dimensions of e-therapy include competence, credentialing, informed consent, exceptions to confidentiality, as well as privacy and security limits (Corey, Corey, & Callanan, 2007).

A review of the literature on web-based services reveals an emphasis on the importance of informed consent, particularly as it relates to limits of privacy, exceptions to confidentiality, and threats to security. As discussed by Maheu (2001), “many practitioners do not know how to completely remove patient files from their own computer hard drive, how to secure email transmissions to protect patient confidentiality, or how easily a patient can install a ‘Trojan Horse’ program into the practitioner’s computer to download its contents onto a remote computer” (p. 23). In terms of establishing adequate informed consent when providing Internet counseling, the following factors should also be considered: the limited scope of Internet counseling, the inherent risks of Internet counseling, the lack of a personal presence that limits the therapeutic relationship, the lack of social and nonverbal cues that limits diagnostic assessment, and the likelihood that Internet counseling may be inappropriate for certain high risk groups (including those with so-called Internet Addiction Disorder).

In addition to the above risk management considerations, Riemersma and Leslie (1999) address some of the practical and therapeutic factors that must be considered when providing web-based services: First, evaluate the client at the outset, ideally through an initial face-to-face session, to determine whether the client is a good candidate for web-based services. Second, require the client to be evaluated by a physician to rule out any physical cause of the problem prior to initiating Internet counseling. Third, inform the client of the possible limits of privacy and confidentiality that are inherent in web-based environments. Specify what actions will be taken if privacy is compromised. Develop a plan for how you will address equipment failures. Finally, explain how you will handle any clinical emergencies that might arise (Riemersma & Leslie, 1999).

In contemporary science and medicine, technology often develops at a faster pace than emerging ethical and legal standards. In contemporary psychology, APA’s development of ethical guidelines for e-therapy has been slower than the development of practice patterns based on the technology of Internet services. Many psychologists ask why the 2002 APA Ethics Code does not contain specific standards related to e-therapy, cybercounseling, Internet counseling, or other Internet services. The reason is simple: Implicit in

all standards of Ethics Code is the assumption that ethical standards apply to *all* forms of services, whether provided in person, via electronic transmission, or otherwise. In addition, the phrase “electronic transmission” is further emphasized in five separate sections of the 2002 Ethics Code, which essentially defines the standards for services rendered via the Internet, telephone, or otherwise. Furthermore the APA “Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions” (p. 1061). In other words, the ethical standards contain language designed for psychologists who provide services in person, via electronic media, or by other forms of communication. In addition, the APA Ethics Code does have specific requirements for those offering services electronically. APA (2003) Ethical Standard 4.02 (c) (Discussing the Limits of Confidentiality) states: “Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality” (p. 1066). For further information regarding APA standards, see the APA website at apa.org.

The National Board of Certified Counselors (NBCC; 2007) has been at the forefront developing specific guidelines for practitioners who provide various forms of Internet counseling. Based on factors such as necessity and convenience, the NBCC taxonomy encompasses a continuum of counseling options that may include face-to-face, telephone-based, email-based, chat-based, and video-based. The NBCC recommends that web-based counselors who have websites provide links to the websites of relevant credentialing organizations and state licensing boards. The NBCC guidelines require Internet counselors to take steps to address imposter concerns (i.e., a form of identity theft in which someone poses or masquerades as the client) and to verify the identity of a consenting parent or legal guardian if the client is a minor child. NBCC counselors are encouraged to explain how the client is to contact the web-based counselor when he or she is off-line, and to explain alternatives if there is a technology failure. The client is to be informed of encryption methods used to protect privacy as well as how long session data will be preserved (i.e., electronic record retention). As a matter of informed consent, NBCC Internet counselors explain to clients how to cope with problems related to lack of visual cues inherent in some forms of electronic communication (e.g., email-based, chat-based). Finally, the web-based counselor has the responsibility to collaborate with the client to determine emergency contacts in the client’s vicinity (NBCC, 2007). For further information regarding the NBCC guidelines for Internet counseling, see the NBCC website at nbcc.org.

A cursory review of counseling websites reveals a surprising lack of compliance with the NBCC standards. In a survey of 136 websites offering counseling through e-mail and computer chat rooms, Heinlen, Welfel, Richmond, and Rak (2003, pp. 65-66) found a wide range of credentials of providers, a wide range of fees, and low levels of compliance with the NBCC standards:

- 64% websites gave no counselor information other than counselor’s name and credentials.
- 57% websites discussed confidentiality (not exceptions) only in general terms.
- 47% websites included information about contacting counselor when offline.
- 38% websites indicated some means of detecting imposter clients or counselors.
- 37% websites were no longer operational 8 months later at follow-up.
- 36% websites associated with a counselor who claimed no mental health training.
- 32% websites stated problems that might be inappropriate for online counseling.
- 26% websites addressed issues related to parent or guardian consent for minors.
- 22% websites indicated a method of encryption of communications.
- 8% websites had links to APA, ACA, NBCC, or state licensing boards.
- 3% websites mentioned the possibility of a failure of technology.

The above results might not seem surprising in view of the fact that “the largest group of providers had no training or credentials in mental health” (Heinlen, Welfel, Richmond, & Rak, 2003, p. 64). Eight months

after their first data collection point, the authors found that more than a third of the counseling websites were no longer in operation. To gain some perspective of the prevailing practices in your profession, take a look at the best and worst websites of your colleagues. Even better, periodically review your own website and determine how well you meet the NBCC guidelines. Best of all, ask a colleague or a member of your professional association to audit your website and make recommendations for improvement.

At a recent conference on ethical issues and technology (Doverspike & Hahn, 2008), I asked for a show of hands of workshop participants who have provided any form of e-therapy, cybertherapy, online therapy, webcounseling, or Internet counseling. Only a handful of the participants raised their hands in response to the question. I then asked for a show of hands of anyone who has ever sent or received an email from a client, in response to which the majority of the participants raised their hands. Reflecting some rather obvious generational differences, the level of expertise in the audience varied widely, ranging from practitioners who routinely provided (and wrote the programs for) web-based services to practitioners who did not know the meaning of the email term “blind copy.” Nevertheless, the majority of the practitioners were surprised to learn that their range of electronic services encompassed what has become variously known as Internet counseling. You might be considered an Internet counselor if you engage in any of the following activities (Doverspike & Hahn, 2008):

- Host an information only website (i.e., no interaction)
- Host an interactive website (e.g., downloadable files)
- Receive email messages only (i.e., no reply to sender)
- Send or exchange email messages (i.e., interactive service)
- Schedule appointments electronically (e.g., email)
- Provide other online services (e.g., testing, assessment)
- Consult with colleagues electronically (e.g., email, list serves)
- Submit insurance claims electronically (e.g., clearinghouses)

If you have a reasonable cause to believe that you may be engaged in Internet counseling, consider the following Top 10 risk management recommendations (Doverspike & Hahn, 2008):

- Do not provide any online service that you are not competent and licensed to provide in your office.
- Do not provide a service online that you would not provide in your office (i.e., provide only professional services).
- Do not provide online service to anyone who is not an established client in your office practice.
- Do not provide online service as a sole service, but only as an adjunct service for established clients.
- Discuss in advance fees and financial arrangements for various online services.
- Discuss in advance benefits and risks of online service, while clarifying role expectations.
- Discuss what actions will be taken if privacy is compromised or security is threatened.
- Discuss in advance possible limits of privacy, privilege, and confidentiality.
- Discuss your policy for handling mandated reporting (e.g., child and elder abuse) and discretionary disclosures (e.g., duty to protect).
- Discuss how you will respond to technology failures and clinical emergencies.

To ensure that you are aspiring to the highest standards of practice in your profession, consult with a member of your local, state, or national professional association to find areas for improvement. Remember, the best way to avoid ethical problems is to anticipate and solve them in advance. The best way to stay off the ethical floor is to strive for the ethical ceiling. Good ethical practice involves an ongoing process of informed consent, communication, consultation, and documentation.

References

- American Psychological Association. (2002). Ethical Principles of Psychologists and Code of Conduct. *American Psychologist*, *57*, 1060-1073.
- Behnke, S. (2008, July/August). Ethics in the age of the Internet. *Monitor on Psychology*, *39*(7), 74-75.
- Corey, G., Corey, M. & Callanan, M. (2007). *Issues and Ethics in the Helping Professions* (7th ed.). Pacific Grove, California: Brooks/ Cole.
- Doverspike, W. F. (2008). *Risk Management: Clinical, Ethical, and Legal Guidelines for Successful Practice*. Sarasota, FL: Professional Resource Press.
- Doverspike, W. F. & Hahn, L. A. (2008). "Ethics and the Internet." Ethics workshop presented at the Autumn Conference of the Georgia Psychological Association, Crowne Plaza Ravinia, Atlanta, Georgia, September 26, 2008.
- Heinlen, K., T., Welfel, E. R., Richmond, E. N., & Rak, C. F. (2003). The scope of WebCounseling: A survey of services and compliance with NBCC standards for the ethical practice of WebCounseling. *Journal of Counseling & Development*, *81*, 61-69.
- National Board of Certified Counselors and Center for Credentialing and Education. (2007). The practice of Internet counseling. Greensboro, NC: Author. Retrieved June 12, 2009, from <http://www.nbcc.org/AssetManagerFiles/ethics/internetCounseling.pdf>
- Riemersma, M. & Leslie, R. S. (1999). Therapy/ counseling over the Internet: Innovation or unnecessary risk? *The California Therapist*, *11*(6), 33-36.