Confronting the Challenges of Therapy Online:
A Pilot Project

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Abstract

The number of counselling services delivered via the Internet is growing rapidly. Several advantages of Internet-based counselling services as compared with traditional methods have been identified. However, the behavioural health community has also raised many concerns. These concerns focus on a lack of ethical standards, an absence of procedural protocols, and a dearth of evidence to support the effectiveness of online counselling. The authors therefore initiated a pilot project to devise a method of providing ethical counselling via e-mail. In collaboration with the National Board for Certified Counselors, the NBCC Standards for the Ethical Practice of WebCounseling were established. One year after receiving counselling via e-mail, a single client was interviewed to obtain a consumer's perspective of the concerns raised within the counselling profession. Procedural protocols were refined to reduce or eliminate the concerns expressed. Favourable anecdotal evidence for the effectiveness of e-mail counselling was obtained.

1.0 Introduction

The primary purpose of this article is to rise to the challenge issued by Dr. Courtland C. Lee, President of the American Counseling Association, regarding Internet-based counselling services: "I think it is important that we prepare for this brave new world of counseling practice and make it as safe, effective, and ethically sound as all other forms of client service delivery [1]."

1.1 Proliferation of counselling on the Internet

The growth of the Internet has created excellent opportunities for providing accessible counselling via computers. Many counsellors have begun to grasp the enormity of the opportunity to reach "multiple groups of underserved populations who will gain from . . . Internet/Web-based services [2]." Sampson, Kolodinsky, and Greeno reported that, in August of 1996, there were "at least 275 practitioners currently offering direct counseling services across the Internet [3]." At that time, these authors estimated the annual growth rate of counselling home pages to be 72%. Using these figures, we can estimate that by August 1998, 813 practitioners would have been offering counselling to clients via the Internet.

1.2 Advantages of online counselling

Numerous benefits of conducting therapy online have been identified. A few of the most important advantages have been noted by Bloom. He asserts that Internet-based counselling

> "can provide important services to clients who might not otherwise be willing or able to meet with professional counselors in their offices. Specifically I am referring to the geographically isolated, or those isolated by their various physical or emotional conditions, including the elderly and physically challenged. On-line services can also be incredibly cost effective as they can minimize travel costs and office related expenses [4]."

In addition, when receiving online counselling, clients may be more apt to disclose intimate concerns due to the anonymity afforded them. For example, they cannot be seen in a waiting room [5].

1.3 Advantages of written forms of online counselling

Many advantages of written therapeutic exchanges have been identified. If family members or friends are not speaking to one another, some clients, under a therapist's guidance, may be interested in using e-mail to restore communication [6]. E-mail can also be used for letter writing campaigns, a procedure described by White and

Epston [7], to solicit support from several significant others.

Use of e-mail for clinical supervision has advantages as well. Myrick and Sabella [8] describe the use of e-mail to supplement face to face supervision. They remark that when supervision is available by e-mail, counsellors feel that they are always within reach of assistance or encouragement. Furthermore, supervisors can comment on counsellors' e-mail before it is sent to the client [9].

Perhaps the most significant advantage is that both client and counsellor have the opportunity to save a permanent record of the interaction. King et al. [6] point out that if e-mail is the counselling medium with two or more family members, their arguments about what was really said may be reduced. It may also be helpful to clients trying to maintain changes or for recovering from a relapse of the initial problem [9]. Furthermore, "the retention of the document puts a huge measure of responsibility on the therapist to say the right thing. . . . In a very real sense, the written document forces impeccable ethics [9]." Finally, with online counselling, safety for both clients and counsellors is increased because the potential of any act of physical violation is eliminated [5].

1.4 Concerns about counselling via the Internet

The advantages of conducting counselling via the Internet are mitigated by numerous concerns. In a recent survey of 38 counsellors, counselling students and counsellor educators [10], more than one-third of the participants said they would not use the Internet for counselling or counsellor education. The reasons provided for this cautious stance include the lack of security for confidential material, including the difficulty of verifying the identity of the client and counsellor; lack of visual cues; and the negative impact of physical absence on relationship formation. Related to security is a concern that clients receiving services via the Internet have to manage their own privacy on their computer and their immediate surroundings [3]. Guterman and Kirk [11] also discuss the need for procedures to address the situation of clients who threaten to endanger themselves or others. Lee [1] expresses concern about technological failure, either at the client's or the counsellor's location.

Another concern is the question of whether counselling is really possible by e-mail [12]. Robson and Robson [13] develop the argument that therapeutic intimacy is severely limited on-line. They conclude that, "the relationship that is necessary in client-centred counselling could not be facilitated in its wholeness thorough [sic] computer communication."

Inequitable access to the Internet is yet another concern. While some research in its early stages seems to show that the Internet enables greater accessibility for some clients, especially ill or disabled persons [14], other potential clients may be excluded. In particular, clients who experience `technoanxiety' [15], those lacking computer literacy, those with low income, or less education may not have the means or the desire to access services via the Internet.

2.0 Method

2.1 Background

In September of 1995, the authors began exploring the feasibility of providing counselling services via e-mail. We began by setting up modem access to services on a private section of a local computer bulletin board system. During the first phase of the project, access to counselling services was granted only to the two thousand members of the computer bulletin board system. Three services were created:

> - the Virtually Solve It worksheet (VSI), a form consisting of several questions carefully designed so that clients gain a fresh understanding of the problem and develop potential solutions;

> - Therap-e-mail, therapeutic e-mail communication between client and counsellor, and;

- Ask PATtY Q, an acronym for a Professional Answer To Your Question.

2.2 Pilot Project

In May of 1996, the authors began offering counselling services on the World Wide Web under the name Therapy Online. The web site consisted of information regarding the services offered, the qualifications of and professional information about the therapists, advantages of and precautions for online counselling, and a Conditions of Services consent form. Counselling services were available exclusively by e-mail. A current version of the website can be viewed at http://www.therapyonline.ca.

The web site was almost immediately noticed by the National Board for Certified Counselors (NBCC) for its attention to ethics and professionalism. Bloom [16] graciously writes, "Without doubt, Mitchell and his partner, Lawrence Murphy, have gone farther than any other WebCounselors known to me in their attempts to offer professional, ethical services and to address the many concerns raised by professionals and the public alike." The NBCC invited the present authors to participate in the development of the NBCC Standards for the Ethical Practice of WebCounseling™. These standards address many concerns raised regarding online counselling and can be viewed at http://www.nbcc.org/wcstandards.htm.

2.3 Client Interview

In July 1998, the authors interviewed, by e-mail, a client who participated in an exchange of more than 100 therap-e-mail messages between March and August 1997. We will call this client SW. Most of the therap-e-mail messages involved SW as an individual. On a few occasions, her husband was invited to read and reply to the therapist's e-mail. The follow-up interviews consisted of a series of e-mails presenting SW with several of the concerns raised by the profession and asking for her perspective of the concerns.

3.0 Results

In this section, we consider the concerns raised by the profession and SW's perspective on those concerns, and discuss procedures we have developed that alleviate or reduce each concern.

3.1 Security Issues

To address the concern regarding the security of e-mail, we encourage all clients to use encryption software. This reduces the risks associated with the transmission and storage of confidential counselling material. However, we recognize that clients may not have appropriate software and/or the skill to encrypt their e-mail. If they do not have suitable software, free software, available on the web, is recommended. Therapy Online's web site also states a recognition that some clients will feel more distressed if they are asked to acquire and learn how to use encryption software. These clients are welcomed to use the services without e-mail encryption provided they are willing to accept full responsibility for the risks of using non-encrypted e-mail.

Verifying the identity of clients remains a challenge. To reduce the likelihood of clients using false identities, At another point in the interview process, she wrote, "I felt that there was someone out there who cared about me and would help me." Her choice of words, "out there" is interesting. They suggest that the physical presence of the counsellor may not be necessary in order to communicate the warmth and caring that characterizes a healthy therapeutic relationship. In fact, physical absence appears to have encouraged her to deal with sensitive topics. She writes: "It was less embarrassing to write it down than to talk to someone face to face." Writing allowed her a means of confronting her concerns in an emotionally safe manner: "I was so distressed I couldn't tell someone without becoming hysterical, so writing it down allowed me to say it all, without showing someone how distressed I was."

3.3 Emergency Situations

Therapy Online asks clients who are registering for services to make a declaration that they are, in fact, the person they are claiming to be. As a further precaution, we ask clients for certain pieces of personal information that would likely be known only by the client.

Clients can verify therapists' identities if the therapists register with a third party who confirms their credentials and makes that information available on a secured server. Clients can click on a link to the secured server to verify the identity of the therapist. One such service is available at https://www.cmhc.com/check/clinicians/. We are currently exploring similar procedures for clients.

3.2 Physical Absence

Counsellors who are blind cannot see their clients' nonverbal behaviour. They must attend closely to tone of voice, volume, choice of words, and changes in speech patterns [17]. Text-based counsellors must develop similar compensatory skills. It is our experience that careful attention to basic counselling skills, in written form, is highly effective in establishing and maintaining a therapeutic relationship. The liberal use of empathy, warmth, paraphrasing, interpretation, and immediacy seem especially important to clients. When interviewed about the impact of the lack of visual cues and the physical absence of the counsellor, SW reports a surprisingly positive experience:

> "I learnt to become more aware of the feelings I was expressing, and to emphasize them. (e.g. being attentive to explaining how I feel, sending hugs, etc., that I could then imagine.) I think this is a great skill to learn -- to become more conscious of one's behaviour. It's useful all the time in life. Impact suggests something negative, but I don't think it was negative at all. I learnt a new and useful skill."

SW's mention of distress points to the responsibilities of online counsellors to help their clients manage emotional crises. In advance of participating in online counselling, we ask our clients to read a page on our web site (http://www.therapyonline.ca/crisis/) that advises them on how to manage an emotional crisis. In addition, Therapy Online provides clients with a toll-free telephone number which can connect them with a crisis centre in the counsellor's city.

In the eventuality of more serious emergencies such as suicide, homicide, or children at risk of harm, it is important that online counsellors follow procedures that are consistent with face-to-face procedures. In the case of an imminent emergency, appropriate authorities in the client's locale need to be contacted by telephone. This points to the importance of collecting client addresses and telephone numbers at intake. As an additional

precaution, Therapy Online asks clients for the name and telephone number of an emergency contact person that does not live in the client's household.

In the case of children at risk, the appropriate procedure in Canada is to contact the child protection service in the counsellor's locale. The child protection authorities will then contact the appropriate parallel service in the client's locale.

3.4 Technological Failure

Therapy Online's web site states that clients can expect their counsellor to reply to their e-mails within a specified time frame. The web site also notes that Therapy Online's technological equipment or the client's equipment could fail unexpectedly and at any time. Clients are advised to send their latest e-mail again if they suspect the latter. The same advice is given if they think there has been an unwarranted delay in the counsellor's response. As a failsafe measure, clients can use our toll-free telephone number if they have concerns of this nature.

3.5 Therapeutic Relationship / Efficacy

Regarding the question of whether therapy is possible via e-mail, SW shares that she felt personal caring from the counsellor, and reveals: "I was helped a lot! I went from hardly able to think coherently to being able to tell my whole story, express my feelings and identify ways I've grown."

Regarding the use of therap-e-mail for couples and/or families, SW had this to say:

"I think therap-e-mail could work well for a family/couple. It can be less painful to write things down, and have time to consider rather than getting angry and saying something you later regret. I think it can be a good environment to learn to respect the other person's feelings and think of the implications of what you say."

There are obvious limitations to the anecdotal results presented. Since the perspective of only one client has been reported, we cannot assume that all clients of Internet counselling services will share similar perspectives.

At the same time, SW's comments here suggest that the therap-e-mail process holds great promise. For example, her comments go some distance to alleviating Robson and Robson's [13] concerns about the potential of developing a therapeutic relationship.

As technology becomes more dependable, computers more ubiquitous, and security more seamless, the idea of Internet-based therapy will become routine. It is imperative that we avoid the sorts of problems that the medical community is facing where the technological advances have far outdistanced the ethical theory.

3.6 Access

We expect e-mail counselling services to be especially valuable to people with disabilities and illnesses. Some studies are beginning to support this assertion. Pingree et al. [18] used an interactive computer system which was placed in the homes of HIV-infected people. Part of the system provided opportunities for HIV patients to connect with one other via e-mail. Although there were numerous other services provided on the computer system, by far the most widely used service was the e-mail Discussion Group, which was used by 73 percent of patients. Forty one percent of these patients used the Discussion Group more often than once a day. Focus groups revealed that, "Discussion Group allowed far more and varied contact with others than [patients] had managed previously through other means (pp. 340-341)."

SW also makes an interesting point about accessibility of online services:

> "It's not just physical handicaps that prevent people from getting to a counsellor. For some people seeing a counsellor is a stigma. Many people don't want to ask for help. Perhaps for these people, online help is a little easier. I guess this was somewhat the case for me too."

4.0 Conclusion

The Internet affords tremendous opportunities to provide remote counselling services. Such services are growing rapidly in number. This growth is likely due to the numerous advantages of Internet-based counselling services as compared with traditional face-to-face methods. However, there are several concerns for which the present authors have attempted to provide ethical, professional, and technologically sound solutions.

Cloning, genetic manipulation and the use of fetal tissue are only a few examples of this phenomenon. We cannot allow this to happen in our field. Instead, the counselling profession should rise to Dr. Courtland C. Lee's challenge as noted above.

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