THE EMERGING FIELD OF CYBERCOUNSELLING: PERSONAL AND PROFESSIONAL REFLECTIONS

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At first glance, a modern desktop or laptop computer seems an unlikely conduit for the transformative engagement between counsellor and client. Indeed, when Dan Mitchell and Lawrence Murphy first began delivering clinical services via e-mail in 1995, counsellors they told about their new approach wavered between shock, bewilderment and derision.

Today, clinical services offered online are ubiquitous, with virtually every major Employee Assistance Provider (EAP) in Canada offering some form of service. A simple search of the Internet using the term "online counselling" delivers more than 250,000 hits. Counsellors are offering services throughout the world and in numerous languages. And we are starting to hear interesting stories from service providers who do not offer internet-based services: stories of clients who do all their banking online, take university courses online, shop online, connect with friends online, watch movies and television online; clients who themselves waver between shock, bewilderment and derision when told that they cannot receive mental health services online.

Cybercounselling offers social workers opportunities to connect with their clients in many unique ways. Core social work values such as client self determination and

building and sustaining effective relationships, are key components of any social work intervention. Social workers strive to ensure that their clients' interests are valued, respected, and come first in any social work intervention. Cybercounselling offers social workers who provide counselling services, a new dimension by which to form relationships and establish goals with their clients. Clients are empowered to take control of the counselling relationship, by determining the timing of their exchanges and the amount of information they wish to reveal in print. Clients use text based counselling to communicate their strengths, their fears and aspirations, and the social worker uses this information to assist the client to change and to build a new reality for themselves.

These dynamics can occur in many social work settings. For example, social workers in hospital settings can exchange emails with cancer patients who are searching for ways to empower themselves and learn new strategies to deal with their illness. Words of hope and strength written by the client and affirmed by the social worker, can provide powerful reminders of one's ability to overcome adversity.

Social workers engaged in couple counselling can use email exchanges to help each spouse to communicate differently. Each spouse has an opportunity to reflect on their needs, their concerns, and their hopes, and can take their time to communicate these needs to their spouse, in print. Each partner is given equal air time and power imbalances can be readjusted through the medium of the written word.

Cybercounselling offers social workers new opportunities to provide service to their clients. Our technology now enables us to reach clients in remote areas who would not easily have access to Social Work services. Lower costs and more accessibility to computers allow more clients easier access to online counsellors. Indeed, although in the 20th century the so-called digital divide between the mainstream population and more marginalised populations was considered a significant impediment to serving the latter, growth of school, library, community centre and other such Internet access points has resulted in the overwhelming majority of North Americans having access to the Internet (Banerjee & Hodge, 2007).

This paper will begin by looking at the history of the relationship between computers and counselling as well as a brief review of the work one particular online practice: Therapy Online. After exploring recent research we will present challenges to the effective ethical delivery of online counselling, challenges of which all social workers considering practicing online must be aware. Select clinical challenges and advantages of online work, particularly asynchronous text-based methods (i.e. methods in which the sending of and responding to messages is done at different times, as in email), will be explored. Finally, implications for future research will be addressed.

Because clinicians of various trainings engage in cybercounselling the term counsellor will be throughout this paper to represent all those engaged in this groundbreaking work. This includes, though is not limited to, social workers, career counsellors, youth workers, psychotherapists and psychologists.

HISTORY

As Granello (2000) indicates in an excellent review, early applications of computers to the field of psychotherapy were attempts to create a computer counsellor. Skinner and other behavioural psychologists felt that their theories of human learning and adaptation fit perfectly with the systematic nature of computers. As early as the 1980's programs were designed that provided psycho-educational support to individuals with depression. Today there are numerous online programs that allow one to apply the principles of cognitive-behavioural therapy without the presence of a counsellor. Such work can be traced back to ideas of programmed instruction from the 1950's.

Programs such as the famous ELIZA (cf. Pruijt, 2006), developed in 1966, were created in an attempt to use the brute power of computers to analyse linguistic elements of a client's writing and generate appropriate non-directive Rogerian empathic responses. Using ELIZA even briefly makes plain how complex is the project (cf. ELIZA, nd).

That said, there are increasing numbers of programmers trying to best the Turing test with what are commonly known as Chatterbots. Turing proposed that if a computer could behave in such a way that an individual could not distinguish it from a human being, this would imply that the computer had a mind; that it was thinking. To date no computer has passed the Turing Test. Computers, however, were finding use in testing in the 1980's as they could take in tremendous amounts of data and provide scores and results immediately. Today, almost every testing instrument known has been computerised.

More recently has been the use of the computer, not as a replacement for the counsellor or psychometrist, but as a tool for the delivery of therapy by a counsellor. We call this cybercounselling.

A BRIEF HISTORY OF THERAPY ONLINE

As one might expect, Therapy Online (Worldwide Therapy Online Inc.) grew out of two disparate streams. The first was the narrative therapy work of Michael White and David Epston. They introduced the idea of sending letters to clients between sessions (White and Epston, 1990). White and Epston discovered that these letters were both meaningful to clients and powerful therapeutically.

The second was the delivery of computers to the desks of every counsellor in the alcohol and drug clinic where Mitchell and Murphy worked. With these computers came Internet access and e-mail. The idea came to them almost immediately. They could marry the letter writing of narrative therapy with the computer technology of e-mail and help anyone anywhere at any time.

They began in 1994 by creating a site and placing it on a bulletin board system. Such systems were ubiquitous in the early 1990's (America Online is the only remaining example). An individual would take a powerful computer and set it up with a router that would allow multiple users to call in and play games against each other, exchange messages and download software. They installed their site on a server in White Rock,

British Columbia and offered therapeutic e-mail services, and regularly sought consultation and feedback from clients. They called it therap-e-mail.

Two things struck them immediately. First, with text only, misinterpretation was a concern. They needed to develop techniques that would compensate for the lack of tone of voice and non-verbals in the textual medium. Second, the ethical considerations were qualitatively different from face to face counselling. They began to develop a catalogue of text-based therapeutic techniques that would address the absence of tone and non-verbals (Murphy & Mitchell, 1998) and they set to work analysing and providing solutions to the ethical concerns (cf. Mitchell and Murphy, 2004).

One such text-based technique is called Emotional Bracketing. This technique involves placing the emotion or sub-text relevant to a comment in square brackets after the comment itself. So, for example, a counsellor might write "I have not heard from you in 3 weeks [feeling concerned]". With this the client knows that the counsellor is not angry or disappointed or anything else but concerned. This technique also serves to prevent clients from projecting their own interpretation of the counsellor's meaning onto the counsellor's words. This and other techniques are covered extensively and in detail in Murphy and Mitchell (1998) and in Collie, Mitchell and Murphy (2000).

By 1995 they launched the first web-based version of Therapy Online. By 1997 their work had caught the attention of the National Board for Certified Counselors (NBCC). The NBCC had struck a committee to create an ethical code for online practice and one

group in the committee was instructed to search the web and find the best example of ethical practice already in effect. This led them to Therapy Online. The resulting collaborative work was published online in 1998.

THE GROWTH OF RESEARCH

The year 1998 also saw the publication of a special issue of the British Journal of Guidance and Counselling which focused on new forms of distance counselling. John Bloom of the NBCC contributed an excellent piece on ethics, and there were other articles on family therapy, telephone counselling, and using e-mail as therapy.

Since then numerous manuscripts have been published reviewing the many aspects of cybercounselling. Indeed, dedicated print journals (e.g.: Journal of Technology in Human Services; Cyberpsychology and Behavior) now publish solid research in the field.

Recently, Azy Barak and his colleagues at the University of Haifa (2008b) produced the first meta-analysis of effectiveness research in the field. A meta-analysis is a systematic method to integrate and assess the results of different studies in a particular field. Only studies that meet criteria for rigorousness of research methods are included and their results are combined statistically so that more powerful conclusions can be drawn than could be from any of the studies individually. Barak and his colleagues reviewed 92 studies which examined internet based psychotherapeutic interventions involving a total of 9,764 clients. These clients represent the full gamut of client groups in terms of age,

gender, race and language. The authors concluded that "internet based therapy on the average is as effective or nearly as effective as face-to-face therapy" (p. 147).

Over the past decade many studies have been conducted examining various aspects of online and other forms on internet based counselling. Different modalities have been studied including support groups (Barak, et. al, 2008a), audio and video counselling (Day and Schneider, 2002), and asynchronous text-based work (Murphy and Mitchell, 1998; Mitchell and Murphy, 1998; Collie, et. al, 2000; Reynolds, Stiles and Grohol, 2000).

Work has also been done exploring the characteristics of online clients (DuBois, 2004; Johnson and Kulpa, 2007, Tsan and Day, 2007). And some published work looks at the use of cybercounselling with specific client groups like opioid dependent outpatients (Bickel, et. al, 2008) and problem gamblers (Griffiths and Cooper, 2003).

ETHICS

Since the publication of the NBCC code, some counselling associations have weighed in with ethical statements on cybercounselling. Some, like the American Psychological Association, have simply integrated telephone and internet-based services into their broader code. Other associations, though, make no comment at all on the practice of cybercounselling. Leaving the issue unaddressed seems inadvisable, particularly when there are certain fundamental issues that remain to be researched and resolved. We will address three specific issues that require further thought and debate.

Location

One of the troubling things about working online is the location of the activity. Here is an example from one of the authors' own cybercounselling experience. The counsellor lived in British Columbia and had a client in a rural area of another province. After the counselling had gone on for some time the client found the courage and will to move into the city to begin pursuing a diploma. Soon after that the counsellor moved to Saskatchewan. After the client completed his diploma he moved to another province to take a job. The counsellor then moved to Ontario. During summer vacation the counsellor checked in and sent the client a message from Portugal. The question of where the counselling happened seems absurd at best.

The issue of location, though, becomes important if clients feel they have been harmed and want to seek legal redress, and when clients require emergency intervention, such as cases of imminent suicidality, which we will discuss later in this article. Where one can sue, how much one might receive in a suit, which laws govern the activities of the individuals involved and other such questions go to the heart of most legal battles. In the United States of America most state licensing boards assert that the counselling happens wherever the client is located.

Our approach is to assert that the counselling happens where the counsellor resides. Our clients understand and consent to this assertion before online counselling begins. This means that counsellors need only know and apply their local codes of conduct and rules

for reporting. Social workers who are considering setting up a Cybercounselling practice should check with their local college or association to determine if guidelines have been developed which can assist social workers with jurisdictional issues.

Even in the case of a conflict between the counsellor's own legal and ethical responsibilities and a foreign client's local laws, the counsellor and client have an a priori agreement that defines the governing laws for the online counselling and counsellor's ethical responsibilities. Some object that this means clients who wished to follow legal channels would need to pursue a lawsuit in a jurisdiction other than their own. True though this is, it is not without legal precedent. For example, if as a Canadian one decides to go on safari in Tanzania with a British tour company, one will sign a form that requires the pursuit of legal remedies in Britain and under British law. So even if one is injured in Tanzania, and even though one is Canadian, one would have to seek redress in Britain.

We believe that it is inevitable that cybercounselling services, like other activities on the Internet, will continue to be practiced across boarders. Clients should be able to access counselling services regardless of their location. Trained and qualified counsellors should be able to offer those services globally.

Inappropriate Client Concerns

It seems self-evident that if a cybercounsellor commits to responding to their client for the first time within 72 hours this is an inappropriate modality for suicidal clients.

Services do exist online for people who are experiencing suicidal ideation (cf. Befrienders Worldwide, 1999) and even the American Department of Veterans Affairs is piloting a suicide prevention chat program (VA suicide-prevention program adds chat service, 2009) but unless the response is immediate, such clients are better served through other modalities. Counsellors must be able to perform two critical duties in order to provide appropriate suicide response: to immediately converse with the client (including conducting a suicide risk assessment), and, if necessary, to forthwith engage appropriate medical and/or legal resources in the client's close proximity. The former condition is not possible in the context of e-mail counselling.

There are other client issues that may be more or less inappropriate to online work. In our practice we screen out individuals with severe distortions of reality. This includes individuals with severe anorexia and those with psychiatric disorders including some Axis I and most Axis II disorders. This decision, however, is based on our own experiences with such clients and our knowledge of the cybercounselling experience, rather than research into the specific clinical issues.

In particular, the screening out of such clients rests on concerns about misinterpretation of the text. Face to face, most counsellors can detect when a client has misinterpreted s statement, ask the client about their interpretation, and clarify the meaning of the counsellor's statement. Online, once an email is sent there is no opportunity for the counsellor to observe the client's reaction and clarify their meaning. As such, those clients who are prone to misinterpretation and distortion are screened out.

Recent research does exist in the area of eating disorders and it is promising. Paxton et. al (2007) delivered an 8-session intervention for body dissatisfaction both face to face and synchronously online. They concluded that although the face to face modality was best, the Internet-based intervention was effective and had the potential to increase access to therapy. Other intriguing work with bulimic and binge eating clients has been done by Serfaty and Robinson (2008). This work suggests that clients with eating disorders may benefit from cybercounselling interventions although the parameters of such work and how it would be integrated into a clinical approach require further investigation.

As the field of cybercounselling progresses, more refinement to assessment and treatment procedures may make it possible to appropriately address the needs of clients with other distortions of reality. For example, if a physician were consulted (with, needless to say, an appropriate consent to release signed) during the online counselling process, there would be a secondary source of information regarding the nature and impact of the primary client's distortions of reality.

Unique Competencies

Without exception, ethical codes require counsellors to be competent and trained both in the methods that they use and the client groups with which they work. It is disconcerting that even a cursory review of cybercounsellors offering services reveals that few of them

identify any training in the modality. The field of cybercounselling is still young, but it behoves counsellors to seek to develop their competencies.

Quality training, based on emerging identification of core cybercounselling competencies, does exist for counsellors wishing to develop expertise to practise online. The authors deliver two levels of post-graduate training in cybercounselling in collaboration with the University of Toronto Factor-Inwentash Faculty of Social Work. In addition, this faculty now offers an MSW course in cybercounselling and a full-year MSW cybercounselling practicum. A handful of other training programs exist online but none are overseen by a social work faculty.

Along with training is the need for ongoing quality control. Clinical supervision as well as client feedback are essential in this emerging field. In the area of quality control, cybercounselling can excel. It is not difficult to ask clients to complete a brief online questionnaire at the completion of the cybercounselling process. And online supervision can be very direct.

One fact of conversing with clients via secure e-mail is that transcripts are created. This is very unlike face to face situations, where verbatim records are rarely obtained. In cybercounselling settings, transcript creation means there is a very high level of accountability. Counsellors' every word can be scrutinized. Policies for record keeping need to be in place. Fortunately, clinical supervision is very easy as a result of transcript

creation. In fact, it is even possible to supervise a therap-e-mail session before the counsellor sends it to the client.

Other technological aspects of being online create a qualitatively different set of circumstances than simply being in another office. Confidentiality, for example, is only assured using encrypted e-mail. Numerous sites either assure clients that they will not share the client's information with anyone else – the same thing one would say face to face – and yet fail to acknowledge that outsiders could easily steal unencrypted e-mails. Sniffer software allows for the capture of information transmitted on the Internet. Anyone with sufficient knowledge could capture and publish, or use in some other way, any information transmitted unencrypted over the Internet.

And then there are the challenges of solving technical issues for the client. Counsellors may think that this is not an issue they ought to have to deal with. But it is comparative with providing clients with directions to one's office or the numbers of buses that go by. If a client calls and asks for directions efforts are most certainly made by most professionals to help them make it to the appointment on time.

Clients can be assumed to expect nothing less online. Indeed, there are indications that clients take into account all of their experience in the online environment when assessing the value of their cybercounselling experience (Murphy et. al, 2009). Just as a client might complain about the road work outside the office when asked to rate their face to

face counselling experience, so too can we expect clients to complain about their slow Internet connection or the frustration of having to upgrade their web browser.

In neither case is any of this the fault or responsibility of the counsellor. Yet to deal appropriately with the online example, counsellors ought to be familiar with the ins and outs of the Internet, problems that arise and solutions to those problems, and typical human experiences online. The bar is higher with the technology involved yet it is unclear how many counsellors are aware of the bar being there.

CLINICAL CHALLENGES

Beyond the ethical considerations there are a number of clinical challenges that professionals (rightly) question. The first is whether the therapeutic alliance can be established.

The Therapeutic Alliance

The therapeutic alliance is the open, respectful and collaborative bond between counsellors and clients (Horvath & Luborsky, 1993). Research clearly indicates that the therapeutic alliance is a critical factor when it comes to effective counselling (Gelso & Carter, 1994; Wampold, 2000).

Cook and Doyle (2002) compared the ratings of the therapeutic alliance from 15 online

therapy clients with ratings from clients who engaged in face to face counselling. These

researchers found that clients participated more in the distance modes and reported a

therapeutic alliance equivalent to the face to face ratings.

Prado and Meyer (2004) found similar results. In this work, done exclusively with

asynchronous e-mail counselling, counsellors were able to establish a solid therapeutic

alliance as measured by the responses of 29 clients to the Working Alliance Inventory

(Horvath & Greenberg, 1989).

Cohen and Kerr (1998) found that clients provided similar ratings between online and

face to face counselling regarding the counsellor's expertness, attractiveness, and

trustworthiness. In addition, clients were asked to rate the depth, smoothness, positivity,

and arousal of the counselling sessions as measured by the Session Evaluation

Questionnaire (Stiles & Snow, 1984). Clients rated the level of arousal higher in the face

to face modality but there were no other significant differences between groups.

Finally, recent research (Murphy, et. al, 2009) comparing online clients and face to face

clients resulted in outcomes supporting the results reviewed above.

The establishment of a therapeutic alliance is integral to the practice of social work. A

trusting and respectful relationship between a social worker and a client sets the tone for

any effective social work intervention. Online counselling presents both challenges and

opportunities for the social worker who is considering connecting with their clients online. For example, the question is often asked how one can effectively assess a client in the absence of audio and visual cues. Most counselling courses, including those found in Social Work curriculums, place an emphasis on assessing nonverbal body language in addition to the spoken word. As noted earlier Murphy and Mitchell (1998) have created a set of Presence Techniques which allow the counsellor to establish a presence online with their client.

Social workers engaged in direct practice can now apply the Presence Techniques to effectively connect with their clients in an online relationship. Use of these techniques enables the social worker to establish a trusting and collaborative relationship from which a counselling client can begin to discuss the possibilities for change and growth.

Outcome Measures

The second relevant question is whether in fact this modality works. Cohen and Kerr (1998) had counselling psychology graduate students deliver single sessions of either face to face, or synchronous chat, counselling to undergraduate students. The clients showed significant decreases in anxiety in both modes of treatment as measured by the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970), with no difference in the level of change between the two modes.

Mitchell and Murphy (1998) report a case study of a client who provided feedback to the authors after her online counselling was complete. When asked about the impact of the physical absence of the counsellor and the need for her to engage in writing she said:

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.

Lange, van de Ven, Schrieken, and Emmelkamp (2001) randomly assigned individuals experiencing post-traumatic stress (PTSD) to either a computer-based treatment group or a wait-list control condition. Individuals in the computer-based writing group showed larger reductions in symptoms related to PTSD than did control-group participants and these results held at a 6-week follow up.

Murphy et. al, (2009) compared outcomes using a convenience sample of online clients and face-to-face clients. All clients completed a Client Satisfaction Survey (CSS) and were rated on the Global Assessment of Functioning (GAF) scale. The authors found no statistically significant differences in either degree of GAF change or final GAF rating between the two groups. There were also no statistically significant differences between the two groups on the CSS questions designed to measure therapeutic alliance and progress in counselling.

This research supports the conclusions drawn from the meta-analysis work previously noted (Barak et.al, 2008b): cybercounselling is at least the equal of face to face counselling.

CLINICAL ADVANTAGES

The practical advantages of cybercounselling have been covered in other manuscripts (e.g. Murphy and Mitchell, 1998). Most people understand that computer mediated communication allows one to write when one wants, from any place, in large measure regardless of disability. Less well-known are the clinical advantages. One phenomenon that contributes to the power of cybercounselling is disinhibition.

Disinhibition

We see disinhibition online in clients' willingness to get to the heart of (what they know of) their issue very quickly. Frequently even in their first therap-e-mail reply. In our experience it is the rare client who gets down to brass tacks in the first face to face session. Although experimental research needs to be done to confirm our anecdotal experience, we have found that clients tend to be more honest and more willing to explore themselves online.

We also see disinhibition in peoples' willingness to be rude, judgemental and offensive online. Although this is rarely seen in clients, the two sets of behaviours, the beneficial and the ugly, are theorised to come from the same root: disinhibition.

Suler (2004) identifies six components of disinhibition: dissociative anonymity, invisibility, asynchronicity, solipsistic introjection, dissociative imagination, and minimizing authority. Let us deal with each of these in turn and reflect on their impact in cybercounselling.

First, clients feel anonymous; this despite the fact that we have their real name, address, phone number and so on through registration. Their experience of anonymity may give them a sense of control.

Second, clients feel invisible. Far from being felt negatively, this too can give a sense of power and control, as well as allowing clients to reveal what they wish when they wish.

Third, because they can go away and come back later, as in asynchronous communication, clients do not have to deal with the immediate ramifications of their words. They can write something they feel is shameful, hit Send, and go for a walk. They do not find themselves staring intently at us looking for a sign in our faces that we are disgusted with them (and perhaps detecting it even when it is not there).

Fourth, because we experience reading inside our own heads, clients may integrate our words in ways more impactful than when they hear us speak. Face to face our words are mediated by physical distance, by the client's hearing, and by our own accent or manner of speech.

Consider reading a book written by an Irish author. The typical individual will not read the entire book putting on an Irish brogue. Rather, we read the text with the accent and in the manner in which we ourselves think and speak. In context of cybercounselling, this means that we may bypass differences that arise because of different accents. The potential for getting past certain differences is promising.

Dissociative imagination suggests that individuals online may consider their behaviour there like a game that does not imply consequences in the real world. Interestingly, we have not experienced this type of attitude in cyberclients. This may be because in counselling, clients are intent on goals for themselves and gameplaying gets in the way.

Finally is the construct of minimising authority. This plays out online when individuals show a willingness to send e-mails to those in positions of authority treating that individual as no better than they themselves. In cybercounselling we see this as empowering clients, allowing them to assert themselves and their ideas without the tentativeness that sometimes accompanies disclosures face to face.

Demands on Clients

In the online environment clients must bring their 50% (or more) to the relationship. In our text-based asynchronous work we cannot compensate moment to moment for the client's lack of engagement. Thus, the onus is on them. Cybercounselling demands client engagement and this level of engagement cannot be satisfied simply by showing up. It involves reading, articulating, writing thoughts and showing up physically and psychologically.

Moreover, cyberclients must be more directive in their treatment. The burden is on them to identify their goals, work through the questions and homework provided and ultimately take significant responsibility for the outcome. Although this will not be suitable to all clients we consider this, overall, a positive.

Client self determination is a fundamental tenet of social work theory and practice. Having control over one's course of counselling or therapy is something with which many clients struggle. Social workers engaged in the practice of online counselling offer their clients the opportunity to regulate the degree to which they wish to self disclose. Timing is crucial in counselling, and social work clients engaged in online counselling can control the pace of their work online.

This is perhaps less an advantage of cybercounselling than an element that makes it qualitatively different from face to face work. Face to face we might say to a client something like "it sounds like you are angry at your parents" and then sit silently and wait. At the very least the client would eventually say "oh I'm sorry, did you want me to respond?". More often, the client will naturally reply.

Not so in text-based work. If we write a comment like this in a therap-e-mail, the client is more than likely simply to read this and carry on. Indeed, if one's reply to a client were to lack questions entirely, it is hard to imagine what would push the client to write back.

Thus, questions become an integral part of effective text-based therapy. But it is the way in which questions are asked and the placement of these questions which is critical. This is but one example of a set of skills that are not self-evident in moving from face to face to online work and a major reason that we believe that training in this modality is a must.

FUTURE DIRECTIONS

Throughout this paper issues have been raised that require further research. Although the evidence that this is a modality equal in effectiveness to face to face work is strong, in some respects all questions continue to be fair game. That said we will note three specific areas where research will lead to significant advances.

First, more work needs to be done identifying client demographics and clinical concerns that are more or less appropriate for particular modalities within the online world. Our restrictions are based on our knowledge of psychological disorders and their manifestation in clinical situations and our commitment to taking an ethically conservative position with respect to the practice of cybercounselling. Further research may or may not support these exclusions.

Second, textual analysis needs to be done to explore the specific components of effective therapeutic interactions in asynchronous text-based work. Although the research noted above makes plain that cybercounselling works, the specific elements of effective text-based work need to be identified. The authors, in collaboration with researchers in the Factor-Inwentash Faculty of Social Work at the University of Toronto, are presently engaged in such work.

Third, research using qualitative methodologies needs to be undertaken exploring the lived experience of cybercounselling methods for counsellors and clients alike. Strauss and Corbin (1990) suggest that qualitative methods are ideal for exploring phenomena that are not well understood. They also point to the value of such methods for exploring the meaning of individuals' experiences. Qualitative work of this type will serve to complement the quantitative work already undertaken and deepen our understanding of the value and meaning of cybercounselling for those directly involved.

As the field grows and more and more counsellors practice online, a solid research foundation will be critical. Given how new cybercounselling practice is and the challenges identified we believe it is incumbent on practitioners to ground our work in what is demonstrably effective.

For Social Workers, online counselling offers a new and unique way in which to deliver services to their clientele. And given the growing body of research which examines the effectiveness of the practice of online counselling, social work educators have an opportunity to contribute to this research.

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