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Online counseling : effectiveness, benefits, roadblocks, and ethical dilemmas

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ONLINE COUNSELING: EFFECTIVENESS, BENEFITS, ROADBLOCKS,

AND ETHICAL DILEMMAS

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A Research Paper

Presented to

The Department of Educational Leadership, Counseling,

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In Partial Fulfillment

Of the Requirements for the Degree

Master of Arts

_____

by

Julia Aguilar Reyes

May 2006

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Abstract

This paper provides an overview of online counseling and new technologies in the counseling field. Online counseling is defined. Forms of online counseling are analyzed finding that email and instant messaging have become the most widely used methods for counseling purposes. A review of computer technologies and counseling history from the 1950s to today is also examined. Finally, the author presents an overview of the current literature regarding effectiveness studies and the ethical and moral dilemmas that new technologies pose for the future. Sufficient research is lacking, but a variety of studies provide evidence of the effectiveness of online counseling. Results indicate that highly structured interventions yield positive results in the majority of cases. Assuring confidentiality and security measures are the two most prevalent ethical dilemmas found in the literature. These two, as well as other ethical issues of importance, are analyzed.

Online Counseling: Effectiveness, Benefits,

Roadblocks, and Ethical Dilemmas

A growing body of literature about cybercounseling presents undeniable proof

of the importance and influence that Internet bears for the counseling profession.

According to the search results provided by Google ^{TM} (2005), there are currently

approximately 98,000,000 Web sites that discuss mental health. The amount of

information available to the counselor today is astounding. Overlooking the

Internet as a working tool would be foolish. Becoming familiar with the Internet

resources available today is in the interest of each and every counselor if she is to

be prepared for the future of the profession.

The purpose of this paper consists of presenting an overview of the different

online tools available to the counseling professionals. The emphasis will be on

cybercounseling and the diverse ways of delivering counseling online. A

thorough review of ethics, advantages and disadvantages that Internet brings to

the profession will also be a major focus of this writing.

Definition of Cybercounseling and Its Many Forms

What Is Cybercounseling?

In recent years much research has been done in the area of online counseling.

This type of counseling is referred to in the literature as Internet therapy,

etherapy, ecounseling, cybertherapy, cybercounseling, and telecounseling

(Elleven & Allen, 2004; Rochlen, Zach & Speyer, 2004). Generally speaking,

cybercounseling refers to any kind of counseling or therapy service provided via the Internet. Elleven and Allen (2004) postulate that online counseling implies non-traditional ways of providing services across some distance. However, even the simplest of definitions carries a certain degree of complexity. Cybercounseling implies a variety of ways to operate. According to Rochlen et al. (2004), the definition of "online therapy" remains unclear as the concept is constantly evolving. For practical purposes, this author will use the term cybercounseling and online counseling indistinctly throughout this article with no particular theoretical approach attached to it.

Forms of Online Counseling

According to Elleven and Allen (2004), online counseling services may be synchronous or asynchronous. These authors briefly provide the reader with a helpful list of online formats for service delivery. The first of these formats is email. Tyler and Guth (2004) reviewed a total of 83 Web sites available in the summer of 2002 that provided any kind of counseling services and found almost 80 percent of those sites using email as their main way to deliver services. Contrary to what many may think, asynchronous online counseling is the preferred way for delivery of services today. An extensive review of the ethical dilemmas that this kind of practices may bring will be provided later in this writing.

In addition, synchronous or real time chat and instant messaging (IM) are rated by Tyler and Guth (2004) as the second most used tool for delivery of online counseling services with 57% of sites making use of it on a regular basis.

Telephone communication is often cited in the literature. Tyler and Guth (2004) rated the telephone as the third most widely used tool for delivery of services online. Some may argue that this communication tool does not fit the definition of online counseling. However, telephone services imply both some distance and the use of technology and it is often used in conjunction with other formats of counseling. It would be a mistake not to mention and discuss the many benefits that telephone communication can bring.

Finally, video conferencing is rated fourth by Tyler and Guth (2004) as a preferred means of delivery of services, with only 12% of sites making use of this technology on a regular basis. This tool is the closest to one-on-one in office counseling, but is underused today perhaps because it requires greater expense, resources, and knowledge of technology. Elleven and Allen (2004) view video conferencing as the "wave of the future".

Tyler and Guth (2004) mention other types of services online, such as online assessment materials, group text-chat, snail mail services, bulletin boards, and online journaling.

To conclude, online counseling appears to be a developing movement that will undoubtedly increase the number of services and the reach of counselors. It is in

the interest of all helping professionals to become acquainted with the increasing

and ever-changing technologies as well as the benefits to their own professional

careers.

The Introduction of New Technologies to the Counseling Professional: An

Overview

History of Online Counseling

Granello (2000) reviews the history of computers and their relationship with

the counseling profession. According to Granello (2000), although computers

existed since the 1950s, they were not a widely use resource until the 60s when

certain programming languages such as *BASIC* and *PASCAL* started to develop

and computers became more publicly available.

As Granello (2000) notes, the first attempts to include computers as a tool for

therapy consisted of the creation of computer programs that could emulate a

psychotherapist. Granello (2000) mentions the example of the program *ELIZA*,

developed by Joseph Wizembaum in 1966 and based on the client-centered

therapy of Carl Rogers. Several programs like *ELIZA* were put into practice but

were deemed unsuccessful due to the complexity of the English language and the

computer's inability to accurately make sense of the client's ideas on a consistent

basis. However, not all attempts to use computers as counseling aids failed. It

turned out that computers had great potential for educational and training

purposes (Granello, 2000). The 60s was a trial period for counselors. It became

clear that it was not possible to create a computer capable of substituting a therapist.

Broader possibilities arose during the 70s and 80s when computers became more popular and widely used. Counselors started using computers mostly as treatment or intervention aids, such as personality testing or career guidance (Granello, 2000). A variety of programs focusing on specific topics (depression, decision making, career choices, etc.) came about, adding to the counselors' resources. Granello (2000) also calls attention to the introduction of computerized programs for counselor training and supervision during the 80s. This author points out a few examples of programs that were developed in the late 80s with educational or supervisory purposes, such as *The Great Therapist Program*, created by Halpain, Dixon, and Glover in 1987 or the *SuperShrink* program by Lowman & Norkus in 1987 (Granello, 2000).

Finally, the 90s prompted a total revolution in the computer-counselor dyad. The Internet brought a whole new dimension to the counseling world as virtually every professional counseling association made a Web site available to the public (Granello, 2000). New additions to the already extensive Web resources included the delivery of online counseling services, the massive availability of counseling-related information online, the accessibility of articles and e-books through virtual libraries, mental health sites, listservs, etc. (Granello, 2000).

The future holds great opportunities for counselors and technology and poses newfound challenges for the millennium. Counselors today are exposed to a vast variety of choices for the profession. These choices also bring a number of ethical dilemmas counselors have never had to face before. It is of utmost importance to remain informed and abreast of the latest technologies to be able to cope with the challenges of the new information era.

New Technologies for the Counselor

Discussing the extended benefits of technological innovations would be pointless as it is widely known that technology has expanded the world's work possibilities from accessibility of information to boundless connections. It is imperative for counselors to develop awareness and knowledge of technology if they want to stay abreast of the latest advancements in counseling methods. There are limitless opportunities for the use of technology in the counseling profession, from training online and distance learning to counseling Web sites and counseling services online. Following, the author will introduce the reader to some of these Internet uses.

Information Seeking

The new field of Internet interventions is only going to grow and expand (Ritterband, et al., 2003). The impact of the Internet in the mental health consumer is tremendous. Today, the lay person can have the answers to her health concerns at a click of a mouse button. Ritterband et al. (2003) made reference to

the different ways the consumer can benefit from online interventions. He listed

information seeking as one of the most valuable tools for both the counselor and

the consumer (Ritterband et al., 2003). The number of informational sites for

health-related issues is rapidly growing. Examples cited by the authors include

WebMD.com, drkoop.com, Mayohealth.org, FDA.gov, and HIH.gov. (Ritterband

et al, 2003). Sites for specific mental health issues include mentalhealth.com,

nimh.nih.gov, mentalhelp.net, metanoia.org, etc.

Distance learning. Distance learning seems to be expanding rapidly as life

becomes more complex and work and life schedules are more hectic than ever

before. Altekruse and Brew (2000) made a study of a distance education program

for counseling students offered at the University of North Texas (UNT). They

found that the online program was just as effective as the regular on-campus

attendance program as measured by grades. Students pointed out the flexibility of

this option to be very advantageous. However they found that the lack of one-on-

one contact was a weakness for the online program.

Daniels, Tyler, and Christie (2000) listed some practical guidelines for online

education of counselors. They stressed the importance of assuring course quality,

which must be at least equivalent to the on-campus course. Course work must be

equal as well. The authors also emphasized that the online course should provide

the student with additional opportunities for learning other than the regular ones

offered in traditional courses (Daniels, Tyler, & Christie, 2000). It is important to

take advantage of the possibilities that new technologies make available for students. Distance-based classes should be designed to meet a specific need (Daniels, Tyler, & Christie, 2000). The authors also made reference to confidentiality issues and security measures. Objectives must be the same as for traditional courses as well as the evaluation of student learning. Finally, in terms of educational support and resources, students must have access to library resources, professors, etc. Students should also be trained in all aspects of technology before they take the course. Faculty members must be qualified to instruct using this means as well. (Daniels, Tyler, & Christie, 2000).

Virtual libraries. Counselors also have access to new online resources such as virtual libraries. Waltz and Reedy (2000) reviewed the existent virtual libraries and found the Educational Resources Information Center (ERIC/CASS) to be a great tool to host a variety of virtual libraries. The advantages of ERIC/CASS are multiple and include availability of information in full text, availability of leading-edge counseling topics and updated articles, and no special technology or computer skills needed to be able to use this resource.

Web site implementation. Online counseling services offer an additional possibility for counselors through the implementation of Web sites for counseling services and support resources. Sampson et al. (2004) developed a model for the implementation of Internet Web sites in counseling. This model follows a 7-step design which includes program evaluation, Web site development, Web site

integration, staff training, trial use, operation, and evaluation. The model provides a framework to Web site development by helping the counselor implement Web sites successfully.

According to Ritterband et al. (2003), Web-based treatment interventions (WBTIs) illustrate an additional type of service available to the consumer. As Ritterband et al. (2003) put it: "Web-based treatment interventions offer an opportunity for psychologists to provide specific behavioral treatments, tailored to individuals who prefer or need to seek help from their own homes." (p. 528).

Ritterband et al. (2003) also listed hybrid treatment interventions (THIs) as a counseling Web site implementation. THIs rely heavily on other tools such as CD-ROMs, but still connect to the Internet for bits of information that are not contained in the storage device.

Ritterband et al. (2003) claimed that Internet interventions should provide an extra possibility but are not meant to replace one-on-one treatments. The authors believed that online interventions may reduce traditional barriers such as costs and availability of therapists. The authors tested 12 Internet interventions and found that the vast majority of them reported sound benefits, just as good, or better than, regular face-to-face treatments. There seems to be a strong relationship between the structure of the treatment and the effectiveness of the intervention. It appears that highly structured programs report the most benefits when using online services (Ritterband et al., 2003).

Online supervision. An emergent area for counselors and new technologies is online supervision. Baltimore and Brown (2004) presented a thorough review of an interactive CD-ROM training program called "Clinical Supervisor Training: An Interactive Training Program for the Helping Professions" by Baltimore and Crutchfield and developed in 2002. This material presents 16 chapters developed to guide the individual through the process of becoming a clinical supervisor. The manual provides multiple activities for the supervisor to develop his skills further. Journal writing is encouraged throughout the process. The CD provides the trainee with video vignettes about student case examples. The trainee supervisor then is presented with various sample answers or choices resulting in further interaction with the "student". In sum, programs like Baltimore and Brown's can certainly improve clinical supervision by increasing the resources available to Masters and Doctoral level students.

There are numerous possibilities for counselors in relation to new technologies. The reader must be warned that this writing only lists a few of them. It is imperative to keep an open eye for counselors' resources as they continue to increase in number and complexity.

<div align="center">Studies on Effectiveness and Online Counseling</div>

Ritterband et al. (2003) called attention to the benefits of using Internet interventions, but did not mention how effective each type of intervention may be. In general, online interventions share the advantage of crossing the many barriers

of traditional therapies, such as unavailability of professionals in the client's area, unavailability of information when needed, treatment length and costs, and more importantly, unwillingness to seek out help (Ritterband et al., 2003). In addition, the cost of online interventions will only go down, as the use of computers and the Internet continues to expand.

Cavanagh and Shapiro (2004) focused on cognitive-behavioral online interventions. Among the behavioral programs that are offered online, a few of them seem to work particularly well using computerized technologies. The authors mentioned the desensitization treatments for phobias, posttraumatic stress disorder and obsessive-compulsive disorder (Cavanagh, & Shapiro, 2004). The literature seems to converge with the idea that highly structured treatments are best suited to the Internet and consequently offer better results (Cavanagh, & Shapiro, 2004; Ritterband et al., 2003).

Regarding psychoeducational and cognitive programs, Cavanagh and Shapiro (2004) mentioned anxiety and depression online treatment programs as being the most effective. Multimedia Cognitive-Behavioral Programs are another choice of treatment. These programs are multi-function as they integrate a variety of features, such as video, graphics, voice, testing, journaling, etc. The authors analyzed cost-effectiveness for some online treatment programs (Cavanagh, & Shapiro, 2004). *Beating the Blues* was deemed cost-effective as was a palm-top CBT treatment for panic disorders. Cavanagh and Shapiro (2004) concluded that

CBT treatments are generally effective when the client is persistent in her use of the online program.

Lange et al. (2003) created an online treatment for posttraumatic stress at the University of Amsterdam. This program was based on journal writing and regular feedback from the therapist. Participants were guided through a three phase treatment. The first phase consisted of self-confrontation. Participants were asked to write about the traumatic event with detail and to express their greatest fears and thoughts. Therapists made sure that the participants described the event in detail for this step was necessary to promote healing. The second stage was based on the cognitive process of reappraisal. Participants were asked to reframe their experiences through advice giving. This stage helped participants feel empowered and in control of their own lives and thoughts. Finally, the last stage consisted of a sharing and farewell ritual. Participants wrote a letter to themselves or others about how the event changed their lives and the positive effects of sharing this issue with others. In addition to the journaling and feedback giving, a Web site was available for participants to communicate with their therapists when needed, as well as the sharing of information related to homework tasks and instructions for the treatment, and some testing.

Results from the posttraumatic stress study showed significant improvement compared to the control group. The Symptom Checklist-90 was taken after treatment by participants showing symptom improvement for depression, anxiety,

somatization, and sleeping problems. (Lange et al., 2003). Because participants were mostly graduate students, there is no way of knowing what the outcome would have been had the treatment program been administered to different populations.

Litz, Bryant, Williams, Wang, and Engel (2004) created a therapist-assisted online self-help intervention based on cognitive-behavioral techniques. In practice, CBT is a mixture of stress management, self-care planning, cognitive reframing, exposure therapy, and relapse prevention (Litz, et al., 2004). After an initial assessment, the client undergoes a face-to-face meeting designed to provide information about trauma, the basis of the computerized stress inoculation training (SIT), client and therapist's expectations, creation of a password for the client, etc. The client is expected to log on to the Web site daily for about 8 weeks to complete homework. Information about a variety of topics related to posttraumatic stress is available to clients online as well and they are welcomed and encouraged to review the information regularly. The clients need to complete a series of assignments related to stress-reduction techniques, self-monitoring, process of traumatic event, relapse prevention, etc. The program is encrypted to ensure confidentiality as well as to prevent breaches of information. The treatment seemed promising, but no information on cost-effectiveness was shared, perhaps because they were testing the treatment at the moment of publication.

Zabinski, Wilfley, Calfas, Winzelberg, and Taylor (2004) evaluated an online intervention for women at risk of developing an eating disorder. The intervention in this study consisted mostly of online chatting, a synchronous way of communication using the Internet. This particular program is closer to traditional one-on-one therapy. Participants were college-age students recruited at a west coast university. The recruitment process consisted of a screening procedure through telephone interviews. The treatment was based on psychoeducational readings, synchronous and asynchronous support groups, homework assignments, and weekly summaries (Zabinski et al., 2004). The intervention was successful as the participants showed significant improvement compared to the control group. The authors concluded that when compared with a face-to-face class for improving body image among at-risk college-age women, this program produced stronger effects (Zabinski et al., 2004). However, when compared with similar online treatments, the results were equally positive, suggesting that real-time interventions may be more effective than other online methods such as email or journal writing.

Luce, Winzelberg, Zabinski, and Osborne (2003) analyzed several online interventions targeting body image and eating disorders. Among the studies that were mentioned, the Student Bodies Program had a similar format to that of Zabinski et al. (2004) as the main components were psychoeducational readings, journaling, and discussion groups. Results for this study were deemed moderately

successful. Participants claimed significant improvement related to their eating

behaviors as well as their body weight and shape concerns (Luce et al., 2003).

Email interventions for disordered eating and body image were also analyzed

by Luce et al. (2003). In general, the studies reviewed pointed out that regular

emailing was linked to higher levels of satisfaction and compliance with

treatment. Online support groups offer an alternative intervention treatment that

can be used alone or in conjunction with other methods. Luce et al. (2003)

observed that women usually start by discussing facts and progressively open up

to disclose deeper issues related to body image and disordered eating. The authors

concluded that group members used the same strategies as do participants in face-

to-face support groups, such as self-disclosure, information seeking, emotional

support giving, etc. (Luce et al., 2003).

Mahan Gary, and Remolino (2000) analyzed a variety of online support

groups for loss and grieving and summarized their commonalities. The authors

found out more about online support groups by hosting one such group. Members

of the group could chat with the group as a whole or focus on just one other

member similar to the traditional therapy group. This group was real-time and met

every week for 1 hour. Hosts were not professional counselors, but rather resource

persons and community experts with training in group facilitation skills, computer

literacy, and enforcement of an AOL Terms of Service agreement (Mahan Gary,

& Remolino, 2000). The group is reminded of some ground rules at the beginning

concerning anonymity of its members, turn taking, respect for other members, etc.

Although the authors do not focus on effectiveness, they do list benefits of online

support groups, such as easy access to help, ability to meet specific needs, and

universality. In terms of limitations, the authors mentioned the possibility of

anonymity breaches, the difficulty of maintaining the group at the working stage

as members differ in their phases of grief, which may slow down the process for

some and impede group cohesion, the challenges of crisis management online, the

possibility of hoaxes, etc. (Mahan Gary, & Remolino, 2000).

In sum, the need for effectiveness studies in the field of online counseling is

very pressing today. As the multiple possibilities of interventions on the Web

increase and more clients seek help from home, it is imperative to analyze the

effects such interventions may have on consumers. Comparative studies to find

out effectiveness for online interventions versus traditional ways of delivering

therapy may be necessary. Ritterband et al. (2003) argue that Internet

interventions should not replace face-to-face interventions, but rather increase the

possibilities that already exist. Online interventions may be the alternative of

choice for those clients who are too embarrassed to receive treatment, have no

means of finding a professional in the area or are not comfortable with face-to-

face interventions. As the world of technology continues to develop and expand,

ethical dilemmas will arise along the way. Responsible professionals are urged to

develop their awareness in this area to avoid malpractice and ensure clients'

welfare.

<div align="center">Future Challenges and Ethical Dilemmas</div>

ACA Code of Ethics

In October of 1999 the American Counseling Association created new

guidelines for Internet online counseling (ACA, 2000, Introduction Section, para.

1). They were meant to add to the general ethical guidelines "…and should be

used only in conjunction with the latest ACA Code of Ethics & Standards of

Practice" (ACA, 2000, Introduction section, para. 1). Note that the latest version

of the ACA Code of Ethics was published in late 2005. The ACA Ethical

Standards for Internet On-Line Counseling revolve around three main aspects:

confidentiality, the counseling relationship online and legal issues.

 Confidentiality

Maintaining confidentiality in online practices has been a major concern for

many. The Health Insurance Portability and Accountability Act (HIPAA) clearly

states that severe penalties for violation of confidentiality of health records will be

enforced (Maheu & Gordon, 2000). Counselors must know what the risks are

before engaging in online practices. Counselors not only need to know these risks,

but must inform their clients of the potential limitations related to confidentiality.

Counselors are urged to implement security measures, such as encryption

technology, Public Key Infrastructure (PKI), or biometric identification to ensure

communication is kept confidential (Medquest Communications, Inc., 2001). The ACA (2000, Section D, para. 1) also stresses the importance of keeping adequate records of the online sessions by means of diskettes or hard drive copies. The managing of such information is to be taken with precaution. Clients must be informed and be offered waver agreements for releases of information to third party payers or any other entities that may use it.

Fisher and Fried (2003) list several challenges related to maintaining confidentiality in online practices. First, they warned about hackers breaking into online counseling sites. Alleman (2002) comments that considering that both counselor and client are using encrypted data, the probability of intruders breaking into the system is that of someone breaking into office files. Clients may email the therapist with unsolicited information to her personal email account. Other individuals may have access to these emails. Thus, this practice must be discouraged by therapists. Finally, in order to avoid difficulties managing the client's personal information, a privacy statement should appear online to ensure client's awareness about confidential information practices online (Fisher & Fried, 2003).

Online Counseling Relationship

The second aspect included in the ACA guidelines focuses on the establishment of the online counseling relationship (ACA, 2000). The ACA guidelines point out that the counselor must decide whether online counseling is

appropriate for the specific need the client presents. The ethical dilemma of deciding if the client is suited for online counseling remains a challenge. Counselors must also provide their clients with additional means of communication, such as phone numbers or pagers in case of emergencies, crisis, or any other situation that may require additional measures.

Legal Issues

One of the most controversial aspects in online counseling lies with the legal boundaries and the limitation of services to only those who live within the state the counselor is licensed in. This limitation seems to undercut a major advantage of operating online for both clients and practitioners (Alleman, 2002). As technology develops, boundaries are becoming blurry. Alleman (2002) correctly anticipated that this imposition would be violated in the future. The International Society for Mental Health Online (ISMHO) states in its guidelines that counselors should meet their state requirements for Licensure (as cited by Alleman, 2002). In any case, providing credentials to online clients remains essential.

Finally, ACA's guidelines include a paragraph related to legal considerations for the counselor stating that the counselor's liability insurance must provide coverage for online practices and that this coverage should not conflict with any state, federal, etc. laws or codes (ACA, 2000, Legal Considerations Section, para. 1).

APA Ethical Codes

Fisher and Fried (2003) analyzed the applicability of the American

Psychological Association's ethical codes to online counseling and assessment. It

seems that the APA's Codes emphasize competence in the use of new

technologies, an issue that ACA touched just slightly (Fisher & Fried, 2003). As

Allemand (2002) explains it, counselors that wish to pursue this professional path

will need to become much more computer literate and increase their knowledge of

electronic messaging, the set up of Web sites and chat rooms, ways to verify

client's identity, emergency measures, Web site creation, security measures, and

so on. Counselor's competence, as defined by the APA also includes protecting

the client's interests and welfare. Harm to Internet clients may occur when the

counselor is unable to diagnose appropriately or fails to identify suicidal thinking,

etc. (Fisher and Fried, 2003).

APA guidelines also warn against a counselor's conflict of interest and

privacy and confidentiality, as well as the need for obtaining informed consent

from the client before starting the counseling relationship (as cited by Fisher and

Fried, 2003). The prevention of online fraud is also included in the APA Ethics

Code (Fisher & Fried, 2003).

Additional Ethical Issues

Shaw and Shaw (2006) created an Ethical Intent Checklist based on the

ACA's Ethical Standards for Internet Online Counseling to evaluate 88

counseling Web sites. The results were concerning as less than half of these Web sites were acting according to ACA Ethical Guidelines in 8 of the 16 areas evaluated (Shaw & Shaw, 2006). Less than 30 % of Web sites followed guidelines in terms of security and encryption methods and only 33% of sites offered informing about the limits of confidentiality online (Shaw & Shaw, 2006). In addition, a small number of sites (35%) specifically stated that minors are not allowed to use services without written parental authorization. Finally, less than 40% of sites included some kind of intake procedures (Shaw & Shaw, 2006).

Finn (2002) listed several challenges for professionals involved in online counseling and assessment. Some of those challenges refer to the difficulty in adequately assessing the client due to the lack of visual and verbal cues, the many challenges related to confidentiality in online communications, the difficulty in warning third parties, the issue of providing emergency services when needed, the need to provide local resources for clients, etc.

Overall, the multiple challenges encountered by the online counselor are comparable to those the traditional counselor faces today. As it has been stressed throughout this writing, it is in the interest of the counselor to keep abreast of the new technologies and learn about the codes of ethics governing them whether they choose to follow that path or not. The establishment of a code of online ethics has provided the counselor with valuable guidelines.

Conclusion

There is evidence of the effectiveness of online counseling. However, the

connection between counseling and the Internet is still in its infancy. Among the

different synchronous and asynchronous formats for online counseling, email

seems to be the preferred choice, followed by instant messaging and video

conferencing (Tyler & Guth, 2004). The Internet has expanded the possibilities

for counselors and helping professionals. The Internet is useful not only for

counseling, but also as a valuable resource information and research. Virtual

libraries abound. Distance learning offers an alternative and flexible method of

instruction for counselors around the world. Finally, counseling supervision

seems to be effective online as well.

Studies on effectiveness of online counseling are small in number, but provide

valuable insight. Phobias, posttraumatic stress disorder and obsessive-compulsive

disorder interventions appear effective as they are highly structured in nature.

Anxiety and depression interventions seem to work well online, too (Cavanagh &

Shapiro, 2004). Cognitive-Behavioral interventions are well known for their

effectiveness in one-on-one interventions. Research has shown positive outcomes

for online interventions as well. In addition, online support groups are increasing

in number. These interventions seem to work well. However, they pose additional

ethical dilemmas. Body-image and eating disorders are common topics for online

groups and Web sites offering multiple benefits. In general, there is a lack of

research about effectiveness at the moment. Benefits, advantages, and disadvantages have been listed by researchers. The next step should be to analyze cost-effectiveness and to compare traditional one-on-one interventions to online interventions. The latter should at least equal the effectiveness of traditional therapies if the field of online counseling is to progress. Helping professionals must also develop knowledge of new technologies and an awareness of the possible implications that using technology may have for their practices. Being aware of the codes of ethics for both traditional and online counseling practices and developing the technical knowledge are of utmost importance. ACA's ethical standards emphasize confidentiality, legal considerations and the successful establishment of the counseling relationship online (ACA, 2000). Limiting service to only those clients belonging to the state the counselor is licensed in remains a challenge. Assuring security of information in online transactions and communication seems to pose additional ethical dilemmas.

In conclusion, while there is still insufficient research on the effectiveness, advantages and disadvantages of online counseling, the number of studies is growing. These studies suggest that online counseling is effective, particularly when used as part of highly structured interventions. As technologies advance and increase, so do the possibilities. The future of online counseling appears promising for clients, counselors, and the counseling profession.

References

Allemand, J. R. (2002). Online counseling: The Internet and mental health

treatment. *Psychotherapy: Theory, Research, Practice, Training, 39(2),*

199-209.

Alterkruse, M. K., & Brew, L. (2000). Using the Web for Distance Learning. In J.

W. Bloom & G. R. Walz (Ed.). Cybercounseling and cyberlearning.

Strategies and resources for the new millennium (pp. 129-142).

Greensboro, NC: American Counseling Association and CAPS, Inc.

American Counseling Association. (2000). Ethical standards for Internet on-line

counseling of the American Counseling Association.

http://www.couseling.org/gc/cybertx.htm

American Psychological Association. (2000). APA statement on services by

telephone, teleconferencing, and Internet.

http://www.apa.org/ethics/stmnt01.html

Baltimore, M. L., & Brown. L. (2000). On-demand interactive clinical

supervision training: Using multimedia for building basic skills in

supervision. In J. W. Bloom & G. R. Walz (Ed.), Cybercounseling and

cyberlearning. An encore (pp. 259-274). Greensboro, NC: American

Counseling Association and CAPS, Inc.

Cavanagh, K., & Shapiro, D. A. (2004). Computer treatment for common mental

health problems. *Journal of Clinical Psychology, 60(3)*, 239-251.

Daniels, M.H., Tyler, J. M., & Christie, B. S. (2000). On-Line Instruction in

    Counselor Education: Possibilities, Implications, and Guidelines. In J. W.

    Bloom & G. R. Walz (Ed.). Cybercounseling and cyberlearning. Strategies

    and resources for the new millennium (pp. 303-317). Greensboro, NC:

    American Counseling Association and CAPS, Inc.

Elleven, R. K., & Allen, J. (2004). Applying technology to online counseling:

    Suggestions for the beginning e-therapist. *Journal of Instructional*

    Psychology, 31, 223-225.

Finn, J. (2002). MSW student perceptions of the efficacy and ethics of Internet-

    based therapy. *Journal of Social Work Education, 38*, 403-417.

Fisher, C. B., & Fried, A. L. (2003). Internet-mediated psychological services and

    the American Psychological Association ethics code. *Psychotherapy:*

    Theory, Research, Practice, Training, 40(1/2), 103-111.

Google (2005).

    http://www.google.com/search?hl=en&lr=&q=%22mental+health%22

Granello, P. F. (2000). Historical context: The relationship of computer

    technologies and counseling. In J. W. Bloom & G. R. Walz (Ed.),

    Cybercounseling and cyberlearning. Strategies and resources for the new

    millennium (pp. 3-16). Greensboro, NC: American Counseling

    Association and CAPS, Inc.

Lange, A., Rietdijk, D., Hudcovicova, M., van de Ven, J.P., Schrieken, B., & Emmelkamp, P. (2003). Intherapy: A controlled randomized trial of the standardized treatment of posttraumatic stress through the Internet. *Journal of Consulting and Clinical Psychology, 71(5)*, 901-909.

Litz, Bryant, Williams, Wang, & Engel (2004). A Therapist-Assisted Internet Self-Help Program for Traumatic Stress. *Professional Psychology: Research and Practice, 35(6),* 628-634.

Luce, K. H., Winzelberg, A. J., Zabinski, M. F., & Osborne, M. I. (2003). Internet-delivered psychological interventions for body image dissatisfaction and disordered eating. *Psychotherapy: Theory, Research, Practice, Training, 40(1/2)*, 148-154.

Mahan Gary, J., & Remolino, L. (2000). Coping with loss and grief through on-line support groups. In J. W. Bloom & G. R. Walz (Ed**.),** Cybercounseling and cyberlearning. Strategies and resources for the millennium (pp. 95-114). Greensboro, NC: American Counseling Association and CAPS, Inc.

Maheu, M. M., & Gordon, B. L. (2000). Counseling and therapy on the Internet. *Professional Psychology: Research and Practice, 31(5)*, 484-489.

Medquest Communications, Inc. (2001). Internet dilemmas. *Behavioral Health Management, 2,* 48.

Ritterband, L. M., Gonder-Frederick, L. A., Cox, D. J., Clifton, A. D., West, R. W., & Borowitz, S. M. (2003). Internet interventions: In review, in use,

and resources for the millennium (pp. 161-170). Greensboro, NC:

American Counseling Association and CAPS, Inc.

Zabinski, M. F., Wilfley, D. E., Calfas, K. J., Winzelberg, A. J., & Taylor, C. B.

(2004). An interactive psychoeducational intervention for women at risk

of developing an eating disorder. *Journal of Consulting and Clinical*

Psychology, 72(5), 914-919.