Ethical Issues Involved in Online Counseling

William Ross, EdD

Pew Research Center statistics note that in 2008, approximately 70% of U.S. adults used the Internet, and 50% reported having access to the Internet in their homes. Considering statistics indicating such widespread Internet access, it is not surprising that the web is now being used as a source for mental health services. Although Internet-based mental health interventions have been in use since the 1980s in some form (Skinner & Zack, 2004), there remain questions surrounding the efficacy and ethics related to online practice. A number of ethics codes (American Counseling Association, 1999; International Society for Mental Health Online, 2000; National Board for Certified Counselors, 2001) have addressed Internet practice with specific recommendations. These organizations have identified credentialing, duty to warn and protect, informed consent, and confidentiality as critical areas of concern in Internet counseling.

Standards for Online Counseling

The National Board for Certified Counselors (NBCC) was the first organization to adopt standards for online counseling in September 1997. It defined "WebCounseling" as "the practice of professional counseling and information delivery that occurs when client(s) and counselor are in separate or remote locations and utilize electronic means to communicate over the Internet" (Bloom, 1998, p. 53).

In October 1999, the American Counseling Association's (ACA) governing council approved the Ethics Standards for Internet Online Counseling. These standards include most of the NBCC standards and add that counselors must inform clients that counselors:

- Cannot guarantee confidentiality over the Internet
- Must provide counseling only through secure websites or by encrypted e-mail

Journal of Psychological Issues in Organizational Culture, Volume 2, Number 1, 2011 © 2011 Bridgepoint Education, Inc. and Wiley Periodicals, Inc.
Published online in Wiley Online Library (wileyonlinelibrary.com) • DOI: 10.1002/jpoc.20047

- Must provide background information on themselves (education, licensing, certification, and state of practice)
- Must practice within areas of competence
- Must obtain means of contacting the client in an emergency
- Must require clients to execute a waiver that includes the limits of ensuring confidentiality over the Internet
- Must develop an appropriate intake procedure
- Must provide referrals for clients presenting inappropriate problems for online services
- Must provide clients an alternative means of contact for backup purposes

Professional Qualifications

Another essential ethical component of the ACA's (2005) code of ethics includes the maintenance of credentials and accurate representation of professional qualifications. Alleman (2002) points out that online clients do not have the benefit of viewing a diploma on their therapist's wall; therefore, online practitioners are ethically obliged to make every effort to verify their credentials to potential clients by other means. Manhal-Baugus (2001) suggests that online counselors provide their identifying information on their website—name, state and country, telephone number, discipline, and the certifications and licenses they hold—and register with Internet-based credential checking services. Midkiff and Wyatt (2008) suggest that a neutral third party review and evaluate an online practitioner's web page for accuracy of representation.

Convenience and Access

One of the most commonly discussed potential benefits to online counseling or other Internet-based therapeutic interventions is convenience (Hanley, 2009; Leibert, Archer, Munson, & York, 2006; Mallen, Vogel, Rochlen, & Day, 2005; Rochlen, Zack, & Speyer, 2004; Shaw & Shaw, 2006). Clients who use online services can access mental health assistance from home, without the need for travel (Leibert et al., 2006), and individuals in remote locations or living with physical disabilities or other barriers may have easier access to mental health services (Rochlen et al., 2004; Shaw & Shaw, 2006).

A Brief History of Internet-Based Therapeutic Interventions

Although face-to-face sessions are the norm in therapy, therapeutic interventions have taken various forms over the years. Freud, for example, used written communication in the form of letters in his work with "Little Hans" (Skinner & Zack, 2004), and the telephone is regularly used for crisis interventions of all kinds (Mallen et al., 2005). Mallen et al. (2005) also point out that controversy initially surrounded the use of the telephone for therapeutic intervention, but 98% of doctoral-level psychologists surveyed in a 2000 study used the telephone in providing services for their clients. At that time, 69% of respondents reported conducting individual psychotherapy by telephone, and 79% reported employing the telephone in providing emergency care for clients (Mallen et al., 2005).

Skinner and Latchford (2006) explain that the rise of online counseling corresponded with the rise of dot-com businesses that began using the Internet to sell an array of services. However, Internet-based services for mental health began as early as the 1980s. The earliest provided mental health

advice for students at Cornell University (Skinner & Zack, 2004). The program, "Ask Uncle Ezra," began in 1986 and continues today. By the mid-1990s, however, more specific mental health–related websites began to appear. Ivan Goldberg, a physician, launched an online support group to assist individuals dealing with depression, and John Grohol created an open chat room to discuss various mental health issues (Skinner & Zack, 2004).

In 1995 fee-based mental health services arose online, sometimes offering advice for a small charge. However, the founders of other websites made it their goal to establish ongoing therapeutic relationships with clients online. Skinner and Zack (2004) explain that e-clinics were created to offer independent mental health professionals a website from which to advertise. The e-clinic took care of online security, billing services, screening, and advertising; in exchange, the helping professional paid a monthly fee to take advantage of the e-clinic's services. Consumers were able to peruse the list of mental health professionals on the website to find the best fit for them.

Types of Online Counseling

Barak, Klein, and Proudfoot (2009) note that multiple terms have been used to describe Internet-supported therapeutic interventions, including *online therapy* or *counseling, e-therapy, computer-mediated interventions, web-based therapy, cybertherapy, e-interventions,* and *eHealth*. Alleman (2002) explains that online exchanges can take many forms, but that the most popular is e-mail exchange, an example of asynchronous communication. Instant messaging and video-conferencing take place in real time and are forms of synchronous exchange (Mallen et al., 2005).

Online interventions take different forms as well. Barak et al. (2009) define web-based interventions as self-guided programs. They include online support groups, online bulletins, and postings in this category of self-guided programs, explaining that web-based interventions need not include human support. Online bulletin boards include human support in the form of helping professionals from the physical or mental health fields or from peers (Barak et al., 2009). Fenichel et al. (2002) explain that group work can also be conducted online; in this form, a clinician serves merely as a consultant. Guided self-help has also been shown to be effective in a randomized controlled trial in the treatment of depressive symptoms (Warmerdam, van Straten, & Cuijpers, 2007).

Online counseling or therapy offers significantly more practitioner involvement. Fenichel et al. (2002) explain that the online counseling relationship can consist of one or a combination of communication methods, depending on what is appropriate for the client and practitioner. In some cases, the client may choose e-mail counseling, and in other instances, he or she may also wish to include occasional face-to-face sessions or telephone calls. Some clients prefer to maintain the Internet focus but want synchronous therapy and choose instant messaging or chatting (Fenichel et al., 2002).

Potential Benefits and Challenges of Online Counseling

Before research had been conducted regarding the efficacy of online counseling, anecdotes, experiences, and judgments were used to determine potential risks and benefits. Researchers and practitioners discussed why clients would choose the Internet for mental health services and the sorts of ethical or legal problems that might arise.

Disinhibition Theory

Researchers and practitioners also hypothesized that individuals are drawn to the privacy of online counseling (Alleman, 2002; Fenichel et al., 2002; Hanley, 2009; Leibert, et al., 2006; Richards, 2009; Rochlen et al., 2004; Shaw & Shaw, 2006). Many researchers have also hypothesized that online counseling creates an effect of disinhibition, with clients feeling comfortable discussing private topics online that they would avoid in face-to-face encounters (Suler, 2001). Leibert et al. (2006) explain that researchers projected that online mental health interventions would be an attractive option for individuals struggling with anxiety disorders or social phobias or people with eating disorders. In addition, individuals who fear being judged may benefit from online counseling. Fenichel et al. (2002) cite the examples of survivors of sexual abuse and gay men.

A review of the literature related to relationship development revealed clearer advantages for online communication (McKenna & Bargh, 2000). This review revealed evidence that individuals who were lonely, socially anxious, or struggling with forming relationships in person were more likely to develop relationships online. McKenna and Bargh (2000) opined that the Internet provided a setting perceived as safer and more under the client's control by those who are isolated and anxious. This also supported their previous finding (McKenna and Bargh, 1998) that marginalized social groups benefited when anonymous communication shrouded the influence of physical appearance.

Therapeutic Alliance

Parks and Roberts (1998) hypothesized that when anonymity is coupled with time to fashion clear and thoughtful responses, online communication might result in higher levels of self-disclosure than occur during face-to-face communication. They tested the hypothesis by comparing 155 off-line relationships with relationships formed online (i.e., text-based virtual environments). Their results showed that online relationships equaled off-line relationships in depth of relationship (e.g., "I feel I could confide in the person about almost anything") and breadth of the relationship (e.g., "Once we get started, we move easily from one topic to another"). However, off-line relationship development surpassed online relationships in terms of the amount of interpersonal influence, sense of knowing who the person was, and commitment to maintaining the relationship.

Leibert et al. (2006) showed that the clients, primarily young white women, rated themselves as satisfied with online mental health counseling and had established a working alliance with their mental health counselors. However, the levels of both satisfaction and working alliance were not as strong as levels reported in past studies involving face-to-face mental health counseling (Busseri & Tyler, 2003; McMurtry & Hudson, 2000). Nevertheless, clients reported experiencing greater ease in self-disclosing with their Internet mental health counselors compared to self-disclosing with face-to-face counselors, especially during the beginning stages of counseling. Similarly, clients' reports of gains in psychological safety through anonymity outweighed their reported sense of loss from not having nonverbal cues or the personal warmth received from face-to-face contact (Leibert et al., 2006).

Lack of Nonverbal Cues

With the evolution of the use of the telephone for therapeutic purposes, a criticism of Internet-based mental health interventions has been that clients and practitioners lack the nonverbal cues they access during face-to-face sessions (Alleman, 2002; Leibert et al., 2006; Mallen et al., 2005; Rochlen

et al., 2004; Shaw & Shaw, 2006). Leibert et al. (2006) explain that nonverbal cues have traditionally been considered essential to the formation of counseling relationships.

Resolving Ethical and Legal Dilemmas in Online Counseling

Counseling associations worldwide initially possessed strong and varying opinions on online counseling. In 1997, the International Society for Mental Health Online, a nonprofit organization dedicated to supporting the understanding and use of Internet-based therapeutic interventions, was founded (Skinner & Zack, 2004). That same year, the American Psychological Association issued a statement concerning the use of the Internet for provision of services (Chester & Glass, 2006). The British Association for Counselling and Psychotherapy followed suit, developing applicable guidelines as early as 2001 and a revision of them in 2005 (Chester & Glass, 2006). And in 1999, the ACA issued a supplement to its code of ethics to address the rise in online counseling (Alleman, 2002), followed in 2005 with a more comprehensive code that included technological concerns. Although ethical issues have arisen as a result of the evolving field of Internet-based mental health services, researchers and practitioners are steadily applying the codes of ethics and identifying means of addressing problems.

Technology Applications

The ACA's 2005 ethical code revision included a special section addressing the issues that arise as a result of the introduction of technology into the counseling profession. The section concentrates on the importance of ensuring that Internet-based intervention methods are appropriate for clients; staying informed of laws and statutes regarding licensure; verifying the identities of clients who are using the Internet; obtaining informed consent; and notifying clients of all issues related to confidentiality, privacy, potential technological problems, and local referrals. Since organizations related to the helping professions started naming the many technologically based ethical concerns, researchers have begun addressing solutions.

Technology-Assisted Services, Inappropriate Services, and Access

Researchers have named many ethical dilemmas associated with access to services and client suitability in terms of online mental health intervention. The ACA indicates that practitioners are responsible for ensuring that clients are capable of using the technology and that an Internet-based intervention is appropriate to suit their needs (2005). Fenichel et al. (2002) identify some practical considerations that practitioners must take into account when deciding if a potential client is appropriate for online services. They explain that the ideal client for Internet-based interventions is able to type quickly and expressively and can clarify misunderstandings. Practitioners can assess the skill in clients by attending to qualities such as self-esteem, confidence, and locus of control. In addition, the practitioner must determine, often without meeting a client face-to-face, if online services are sufficient in relation to a particular client's mental health needs. Helton (2003) asserts that there is still debate about which mental health issues can best be treated using Internet-based interventions. For example, a common belief is that individuals experiencing suicidal ideation or recent psychotic episodes should seek face-to-face counseling rather than online interventions and that online practitioners should agree to work with individuals who are functioning at

moderately high levels (Mallen et al., 2005). Rochlen et al. (2004) argue that online practitioners must conduct thorough screenings to make the best assessment.

Laws, Statutes, and Accreditation

The rise of Internet-based practice has also brought up various new legal questions, one of which is the issue of licensure and interstate practice. Licenses and certifications to practice counseling are generally state issued and therefore not transferable to other states. Helton (2003) explains that at issue is whether practitioners should be able to counsel individuals living in other states. Alleman (2002) notes that laws and statutes relating to the Internet are hard to enforce. The ACA (2005) asserts that practitioners are ethically responsible to use the Internet within the boundaries of local, state, national, and international laws. One means of dealing with the issue, according to Mallen et al. (2005), is to recruit clients solely from the state within which the professional is licensed.

Another option is a special accreditation specifically for Internet practitioners (Helton, 2003). Helton points out, however, that standardization of licensure and credentials and determining which organization would oversee accreditation would be difficult. Midkiff and Wyatt (2008) have some novel suggestions of how to do deal with the issue, including requiring that practitioners acquire licenses to practice in every state in which a client resides or link a client to a practitioner within his or her state before beginning therapy and then for face-to-face sessions at required intervals during counseling.

Technology and Informed Consent

According to the ACA's code of ethics (2005), obtaining informed consent is an essential part of the counseling relationship. Interestingly, researchers have identified informed consent as one of the potential ethical challenges of conducting Internet-based mental health interventions. Informed consent entails notifying the client of the legal limits to confidentiality, technological limitations, the means the practitioner will take to ensure confidentiality and privacy, emergency procedures, and fee arrangements. Informed consent must also include details such as time zone differences and scheduling if applicable (Mallen et al., 2005). Perhaps most significant is the issue of confidentiality. Technology is not foolproof, and researchers consistently recommend the use of encryption software to protect privacy (Alleman, 2002; Barnett & Scheetz, 2003; Helton, 2003; Manhal-Baugus, 2001; Midkiff & Wyatt, 2008). In a study evaluating the compliance of the ethical standards for Internet online counseling, Shaw and Shaw (2006) developed a 16-point checklist based on the ACA's Ethical Standards for Internet Online Counseling (1999). After assessing 88 websites, the authors concluded that only about one-third of practitioners conducted intake procedures informing potential clients about the limits of confidentiality.

According to the ACA (2005), online practitioners must also inform clients of the fees for their services, as well as whether they are covered by insurance plans. Skinner and Zack (2004) assert that insurance companies will eventually begin to reimburse for online mental health interventions as their validity and effectiveness are proven. Since 2004 advances have been made. Providers of online counseling and telepsychiatry may receive reimbursement from Medicare, Medicaid, and a growing number of insurance plans. If the client resides in a geographic area that generally accepts insurance or other forms of reimbursement for therapy services, the practitioner informs the

client of this information. Conversely, if services delivered via technologies are not covered at all or at the same rate, the practitioner informs the client of this information also (Anthony & Nagel, 2009). In keeping with the ethical obligations of informed consent, Midkiff and Wyatt (2008) recommend that any money- or insurance-related information be displayed prominently on the website and that links to the information be clearly indicated.

Websites

The ACA (2005) specifies that online practitioners are ethically responsible for maintaining a website with functioning links, establishing a means of contact in case of technological problems, providing assistance in identifying relevant licensing and certification requirements, providing a site accessible to all individuals, and assisting in locating other reputable mental health information on the Internet.

Another key ethical responsibility, which is complicated to execute online, is the duty to develop a means of verifying the identity of clients and obtaining consent to treat minors or others unable to consent to treatment. In Shaw and Shaw's 2006 study evaluating the ethical compliance of Internet-based counseling providers, fewer than half of the online practitioners attempted to verify the identity of clients by requiring names, addresses, or birth dates. Alleman (2002) and Lovejoy, Demireva, Grayson, and McNamara (2009) note that some online practitioners choose to require an initial face-to-face visit to verify identity prior to beginning Internet-based treatment. Requiring a visit may be the only way to truly confirm the identity of a potential client, but it can also deter the client from using the service.

Manhal-Baugus (2001) suggests that online counselors confirm the information they gather from clients, including their local emergency contacts, physical address, and telephone numbers, as a means of verifying identity. Rochlen et al. (2004) maintain that websites should require log-in procedures including passwords to prevent unauthorized individuals from accessing the communication system.

Multicultural and Diversity Competence

One potentially beneficial aspect of online therapeutic intervention is that the medium has the potential to serve populations that traditionally have been less likely to seek face-to-face counseling services. However, Mallen et al. (2005) point out that the issue of diversity in online counseling is complex. For example, Latino Americans and Asian Americans are underserved in terms of face-to-face mental health services, and African Americans suffer from higher risks of stress-related diseases; it is possible that members of all of these groups could benefit from online therapeutic intervention.

Lack of participation in face-to-face counseling services does not automatically translate into a strong interest in or use of online interventions. Although about half of U.S. homes surveyed by the Pew Research Center reported access to the Internet in 2008 (Lovejoy et al., 2009), populations with lower incomes and higher poverty rates may be less able to afford Internet access (Mallen et al., 2005). Midkiff and Wyatt (2008) recommend that online practitioners obtain as much information regarding culture as the client is willing to divulge. They suggest including an assessment on cultural values, along with the informed consent, as an option for clients to provide additional information about themselves.

Termination and Referral

Another ethical issue that arises with Internet-based mental health intervention is the issue of termination and referral. When an online counselor practices in a geographical location separate from the client, problems can ensue if a need for a transfer of services arises. There is also debate as to whether online practitioners can practice crisis management from afar, as well as criticism of online counseling due to failing mental health websites and clients who are left without proper referrals. Shaw and Shaw (2006) found that within the two months of data collection in their study evaluating the ethical compliance of online mental health counseling websites, 20% of the 88 sites shut down, raising the ethical issue of termination and abandonment. Mallen et al. (2005) suggest that online practitioners locate multiple referrals in the geographical area of the client prior to beginning services. In addition, websites can list crisis hotline numbers so clients can locate assistance at any time (Manhal-Baugus, 2001).

Professional Responsibility

Professional Competence

Another key component of the ACA's (2005) code of ethics addresses professional responsibility and professional competence. Practitioners are responsible for practicing only within the bounds of their education, training, and skill level. To attempt to assist others outside that realm is to violate the code of ethics (Alleman, 2002). Helton (2003) explains that practitioners experienced in face-to-face techniques can incorrectly assume that they will perform just as well in the online environment. This is a concern in terms of online or Internet-based mental health intervention because the field is relatively new and graduate programs are not adequately preparing students for online counseling (Lovejoy et al., 2009). Caspar and Berger (2005) agree that practitioners with more traditional mental health treatment skills are not necessarily prepared for online work.

Cárdenas, Serrano, Flores, and De la Rosa (2008) argue that students must become proficient at assigning their skills from face-to-face practice to online service. These authors also discuss a pilot study conducted to evaluate a training program developed to teach the transfer of skills to students studying clinical psychology. Following participation in their intensive one-semester training program, students scored 36% higher in overall knowledge. The program taught symptom diagnosis and treatment and the use of software and its application in online psychological intervention. After two semesters with the program, participants' therapeutic skills improved further, from 15.8% at the initial assessment to 84.7% following the second semester. The authors concluded not only that the training program was effective, but that practitioners require additional training to provide proficient online mental health interventions.

Evaluating Efficacy in Online Counseling

There are multiple ways to assess the efficacy of online counseling. For example, researchers have evaluated the effectiveness of online interventions on the reduction of problematic mental health symptoms. Studies have investigated the efficacy of Internet-based interventions, including self-guided and counseling methods, on mental health symptoms like panic and anxiety disorders (Bergström et al., 2009; Christensen et al., 2010; Klein et al., 2009; Richards, Klein, & Carlbring, 2003), depression (Perini, Titov, & Andrews, 2009; Robertson, Smith, Castle, & Tannenbaum, 2006; Warmerdam et al., 2007), and complicated grief (Dominick

et al., 2009; Wagner, Knaevelsrud, & Maercker, 2005, 2006).

Researchers have also addressed other concerns. Hanley (2009), for instance, points out that a major gauge of therapeutic effectiveness is therapeutic alliance. Researchers continue to discuss whether a strong client-therapist alliance can be formed without face-to-face contact (Fenichel et al., 2002; Haberstroh, Duffey, Evans, Gee, & Trepal, 2007; Hanley, 2009; Helton, 2003; Leibert et al., 2006; Lovejoy et al., 2009; Reynolds, Stiles, & Grohol, 2006; Shaw & Shaw, 2006). In addition, researchers are including client satisfaction surveys in their studies on Internet-based mental health interventions as another determining factor of online counseling's efficacy.

Haberstroh et al. (2007), for example, used a phenomenological methodology in exploring the experiences of five individuals who participated in Internet-based synchronous counseling. Participants were graduate students recruited from a counseling program within a large university. Online counseling was provided by advanced counseling interns, and weekly supervision was provided by credentialed individuals. The researchers found that participants described contrasting experiences. They reported that the most significant barrier to developing the online relationship with the clinician was technical problems. The researchers concluded that to facilitate the best therapeutic relationships, practitioners must establish alternative methods of communication and must also ensure that clients are sufficiently computer literate. In addition, participants reported varying experiences regarding counseling relationships. Some individuals did not develop a therapeutic alliance with their online counselors, while others reported developing strong, supportive relationships.

In a quantitative study, Leibert et al. (2006) assessed the self-reports of 81 individuals who used online counseling services. Eligible respondents were recruited through online advertisements, and participants were asked to complete several instruments evaluating their satisfaction with online counseling, the strength of the therapeutic alliance they established with their online counselor, and ease of self-disclosure. As in the previous study, the researchers found that participants reported mixed experiences. While respondents supported previous research, indicating a correlation between face-to-face counseling and higher levels of satisfaction and a stronger therapeutic alliance, they did report less inhibition and more ease with self-disclosure through online counseling.

Reynolds et al. (2006) also investigated the client-therapist alliance, as well as the session impact associated with Internet-based mental health interventions, by comparing reports from online counseling clients with previously published results from face-to-face counseling studies. These researchers recruited 16 therapists and 17 clients to participate in the study to evaluate the perceptions from both sides. Participants in the 205 asynchronous e-mail psychotherapy sessions were asked to assess their experiences. The researchers found that therapists and clients rated online therapies as strongly as face-to-face sessions in terms of alliance and impact. The therapists rated their Internet-based interactions with more satisfaction and confidence than did the face-to-face practitioners.

Hanley (2009) conducted a mixed-methods study, this time addressing the topic of youth using online counseling in the United Kingdom. From quantitative self-reports and qualitative online interviews, Hanley sought to identify the strength of the working alliances reported by youth, the

features of those alliances, and any correlations between positive outcomes and strong therapeutic alliances. Hanley was unable to use some of the data due to inadequate response sizes; nevertheless, some of his findings could be analyzed. He found that just over 58% of the 46 participants reported their working alliances with their online counselors as medium, just under 25% of participants reported their alliances as low, and just over 17% reported them as high. Seven qualitative interviews were completed, each between 40 and 60 minutes. Participants gave positive feedback, specifically noting that they used online counseling to talk about embarrassing topics and valued the convenience of the service. While some participants reported supportive, empathic, and trusting relationships with their online counselors, others described frustrating misinterpretations that made sessions challenging. Overall, Hanley concluded that the young people participating in the study supported previous research suggesting that positive therapeutic alliances are possible online but noted that additional research is still needed.

In a quantitative study, Richards (2009) took another direction, addressing the benefits of single-session online counseling used by college students in Dublin, Ireland. Trinity College developed a website for students, specifically for single-session counseling in the form of questions submitted to an online counselor. The process started with a student, using a fictitious name, submitting a question to the website. The online counselor delivered a reply directly to the student, followed by a post of the original submission and reply to a board on the website to be viewed by the rest of the students. Not only did the student obtain an answer to the question, but other students benefited because the website served as an educational reference tool. Richards collected data from seven completed client satisfaction inventories out of 17 administered to clients who had used the single-session, online counseling service. Richards reported that his findings were consistent with those of a 2006 study by Leibert et al. that found that although clients were satisfied with Internet-based intervention, they reported higher satisfaction with face-to-face counseling.

Conclusion

Researchers, educators, and practitioners continue to address the issues of efficacy and ethics in Internet-based mental health intervention. Research is continually assessing the effectiveness of online services in maximizing client satisfaction and therapeutic alliance and reducing mental health symptoms. Practitioners and mental health organizations are confronting the ethical and legal issues that arise as a result of online practice. Additional policy and legal changes may be required to address the issues as they surface, including licensure or accreditation requirements to address geographical issues of clinicians who are serving clients living in other localities. In terms of the efficacy of online mental health services, additional research is required to make up for small sample sizes and poor participation in previous studies.

Whether the ascendance of online mental health counseling reflects a deficiency in professionals' ability to build positive working alliances or enables greater outreach to a population that might otherwise go untreated, it is clear that online counseling may improve work in the mental health counseling profession. A proactive approach through support for research concerning online counseling will provide counselor education professionals with the knowledge to prepare future counselors with the skills to work safely and ethically with clients. With online counseling predicted to become more readily available (Andersen &

Vandehey, 2006; Malone, Miller, & Walz, 2007), the profession cannot afford to ignore this modality lest it evolve outside the sphere of its influence. ◆

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William Ross, EdD, LPC-S, is associate professor on faculty in the Department of Educational Leadership and Counseling at Prairie View A&M University. He is involved in research focusing on training mental health professionals, technology and counseling, and racial profiling in education. He can be reached at: wiross@pvamu.edu.