

The Practical Aspects of Online Counseling: Ethics, Training, Technology, and Competency

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This article addresses the practical aspects of online counseling, including ethics, training, supervision, technology, and competency issues. The authors discuss online counseling's strengths and limitations and present guidelines for what types of clients and counseling psychologists may be appropriate for online counseling. To illustrate the components and skills associated with online counseling, the authors present and discuss an example of a synchronous-chat online session.

With more than 100 million people searching the Internet for health information (Harris Interactive, 2002) and with the demand for actual health care services increasing (Grover, Wu, Blanford, Holcomb, & Tidler, 2002), the need is clear for increased regulation and monitoring of Internet health practices. In terms of the practice of online counseling in particular, a small but significant number of practicing psychologists offer professional services on the Internet (Stamm, 1998), with the provision of such services expected to “become as routine, readily accessible, and expected as the telephone” (VandenBos & Williams, 2000, p. 492). The current use of online counseling by practitioners associated with the American Psychological Association (APA) ranges from 2% for individual psychotherapy via the Internet to 13% to 15% for the use of faxes and e-mail to conduct psychological assessments, evaluations, and family therapy (see VandenBos & Williams, 2000). Yet, despite a person’s ability to access the Internet and receive mental and behavioral health services, there remain few guidelines, restrictions, or practical suggestions for the practice of online counseling, with the service modality in general remaining complex and controversial (see Akister, 2003; Barak, 1999; Barnett & Scheetz, 2003; Bloom, 1998; Finfgeld, 1999; Fisher & Fried, 2003; Griffiths, 2001; Grohol, 1998; Holmes & Ainsworth, 2004;

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THE COUNSELING PSYCHOLOGIST, Vol. 33 No. 6, November 2005 776-818

DOI: 10.1177/0011000005278625

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Hsiung, 2002; King & Poulos, 1999; Koocher & Morray, 2000; Manhal-Baugus, 2001; Pomerantz, 2002; Ragusea & VandeCreek, 2003; Rochlen, Zack, & Speyer, 2004; Rosik & Brown, 2001; Shapiro & Schulman, 1996; Stricker, 1996). Clearly, delivering mental and behavioral health services online raises new questions about the therapeutic process, and it is important for counseling psychologists in practice settings to be familiar with basic ethical, legal, training, and technological issues before they meet with clients through distance-communication technologies.

We have made an effort to integrate key concepts and principles of the scientist-practitioner model, which defines counseling psychology, into the discussion of online counseling's practical aspect. This model emphasizes research, training, and practice in addition to the importance of research considerations that support practice. The focus of this article is on issues germane to the field of counseling psychology, including multicultural competencies, educating and training future counseling psychologists, and recognizing the importance of research considerations to support the practice of different online treatment interventions. We discuss issues related to training online skills and competencies for counseling psychologists, and we provide suggestions for preparing to deliver mental and behavioral health services online. To illustrate the practice of online counseling and to provide a unique training example, we present a full-length transcript of a synchronous-chat session with additional commentary about the session's process. The transcript is intended to illustrate the most common mode of online counseling, conducted through a text-based technology without the aid of nonverbal cues. This type of technology illustrates many of the potential practical and ethical issues that counseling psychologists may encounter when working with a client through e-mail or synchronous chat.

ETHICAL AND LEGAL ISSUES FOR COUNSELING PSYCHOLOGISTS

The most common concern addressed in the online-counseling literature surrounds the ethical and legal implications of conducting counseling and behavioral services to someone over a distance. Regardless of the distance technology used in treatment, standard adherence to current ethical and legal codes must be maintained (APA, 2002). For this reason, the ethical implications of online counseling have been rigorously debated for many years (see Akister, 2003; Barak, 1999; Barnett & Scheetz, 2003; Bloom, 1998; Finfgeld, 1999; Fisher & Fried, 2003; Griffiths, 2001; Grohol, 1998; Holmes & Ainsworth, 2004; Hsiung, 2002; King & Poulos, 1999; Koocher & Morray, 2000; Manhal-Baugus, 2001; Pomerantz, 2002; Ragusea &

VandeCreek, 2003; Shapiro & Schulman, 1996; Stricker, 1996). The APA (1997) released a statement concerning the use of the telephone and other distance-communication technologies for delivering mental and behavioral health services, stating that

the Ethics Code is not specific with regard to telephone therapy or teleconferencing or any electronically provided services as such and has no rules prohibiting such services [and that] complaints regarding such matters would be addressed on a case by case basis.

Since this time, the APA has adopted a new Ethics Code, which took effect on June 1, 2003. In the introduction to the new code, it states, "This Ethics Code applies to these [scientific, educational, or professional] activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions" (p. 2). The new code added language throughout the standards that addresses the *Internet* and *electronic transmission* of information. The new language can be found only in the following four standards: 3.10, Informed Consent; 4.02c, Discussing the Limits of Confidentiality; 5.01, Avoidance of False or Deceptive Statements; and 5.04, Media Presentations. For example, Standard 4.02c stipulates that psychologists offering services, products, or information through electronic transmission should inform their clients of the privacy risks and the limits of confidentiality (Smith, 2003).

Although the new APA Ethics Code acknowledges the Internet and electronic transmission of information, it does little to provide clear standards or practical guidelines on how to overcome the unique obstacles of delivering mental and behavioral health services to clients from a distance. As a result, counseling psychologists interested in providing mental and behavioral health services do not have firm guidelines and standards to ensure that they are conducting themselves in a professional and ethical manner. The following is a summary of the most commonly noted ethical and legal issues that have emerged from the practice of online counseling (see also Kraus, 2004).

Danger and Duty to Warn

One of counseling psychologists' primary ethical responsibilities in practicing therapy is to avoid harming the client (APA Ethics Code 3.04), and they have an ethical duty to warn or duty to protect (Melton, 1988) if clients present a danger to themselves or others (APA Ethics Code 4.05b3; *Tarasoff v. Regents of the University of California*, 1976). Delivering counseling services to someone from a distance creates new challenges for counseling psychologists, as it may be difficult to assess and intervene in an emergency. As a

result, clients who pose a danger to themselves or others may not be good candidates for online counseling. This caution applies to a range of possible clients, including serious substance abusers and clients presenting psychotic or actively suicidal concerns. Furthermore, to help ensure that therapists can take steps in an emergency, it has been suggested that they must know the identity of any client that they work with in an online setting and be aware of emergency services in the client's area (Kraus, 2004; Suler, 2001). Counseling psychologists are able to intervene in the case of an emergency only if they have information.

Therefore, one of the first steps in online counseling should be to gather basic contact information from clients and to discuss with them the steps that would be taken if they report being a danger to themselves or others. In case there is a duty-to-warn issue during the course of therapy, therapists will have more options available if they collect this information before treatment begins. Ideally, therapists should accomplish this by using a consent form, completed at the beginning of treatment. In the appendix, we present an example of the additional information that therapists should add to an informed-consent document for online counseling. The consent form would detail an agreement between the client and the counseling psychologist in terms of what will be done in the case of an emergency or crisis. The form would also state the relevant client contact information including home address, telephone, physician, and emergency contacts. However, even if this procedure were followed, a potential problem may arise if the therapist were provided with inaccurate information. Therefore, in addition to gaining identifying information from each potential client, counseling psychologists may need to try to verify this information; however, this may prove difficult or even impossible. As a result, although crises may be handled in a similar manner as face-to-face (FtF) sessions, the distance involved between the therapist and the client can complicate the therapist's ability to intervene. One way to reduce these potential problems would be for counseling psychologists to conduct distance counseling only after an initial FtF meeting, assessing the clients' levels of danger to themselves and others and gathering the necessary contact information.

Scope of Practice

Counseling psychologists must be licensed in each state or province where they provide services or perform activities that fall within the "scope of practice" of that jurisdiction's psychology licensure or practice act. As with the practice of different types of counseling, specializations, and working with various types of clients, it is counseling psychologists' ethical obligation, both in training and in practice, to ensure that they have received ade-

quate preparation and training to demonstrate competence in their selected areas of work. Online counseling should be no exception. Although it is true that determining "competence" in the area of online counseling is currently more ambiguous than in other areas of counseling psychology or specializations (e.g., eye movement desensitization and reprocessing, hypnosis), this lack of clarity does not mean that counseling psychologists should abandon standard scope-of-practice guidelines.

Distance-communication technologies make it possible to meet with individuals around the world 24 hours a day. This is one of online counseling's more promising aspects, allowing counseling psychologists to reach out to populations that may otherwise avoid or not have access to mental health services. This aspect of online counseling also raises another substantial question: whether counseling is ethical or legal when crossing state or international territories. This issue relates primarily to the notion of boundaries of competence (APA Ethics Code 2.01), but it is more directly a matter of legality (APA Ethics Code 1.02). Most commonly, counseling psychologists are licensed and practice exclusively within their states of residence; however, it is possible for therapists to connect with clients from anywhere in the world. This presents a significant question regarding what state's or country's regulations (i.e., the client's or the therapist's) should take precedence if there is any type of dispute related to the delivery of service. Similarly, malpractice insurance is typically valid only if the counseling psychologist provides services within the scope of his or her license, which is commonly bound by state regulations. For example, the American Psychological Association Insurance Trust will include online services falling within the psychologist's license and state guidelines; however, the insurance would likely be voided if a counseling psychologist were providing services outside the scope of his or her license. Therefore, if a counseling psychologist provided services to a client from another state or territory, malpractice insurance companies may not be obligated to cover any legal expenses or damages were the client to pursue a malpractice claim. The ability to meet with clients around the world may be enticing, but the legal risks could be extremely costly. Up to now, clients receiving online counseling have not pursued malpractice claims (Kraus, 2004), but this will likely change.

If they are interested in providing online-counseling services, there are several ways that counseling psychologists can deal with these jurisdictional issues. Unless licensure procedures are simplified to make licensure transfers across states easier, it is best for a counseling psychologist to deliver mental and behavioral health services only in states in which he or she holds a professional license. If counseling psychologists wish to broaden the scope of their online practices, it is advisable to obtain a license in neighboring states or from states that have simple procedures to transfer licensure. Although

this may be cumbersome, it is a legal way to broaden the scope of a counseling psychologist's practice to encompass more area and potentially more clients. Counseling psychologists can also get involved in a growing movement to make clinical licensure transferable and valid in all 50 states. For example, the National Register of Health Care Providers in Psychology (<http://www.nationalregister.org/mobility.htm>) is working toward reciprocity, meaning that one state would immediately recognize another state's license as valid. In essence, this movement would turn a counseling psychologist's practicing license into something similar to a driver's license, which is valid across state lines. Another organization working toward licensure mobility is the Association of State and Provincial Psychology Boards (ASPPB; <http://www.asppb.org>), which offers services to assist and facilitate licensure mobility for doctoral-level psychologists. For example, a counseling psychologist could earn a Certificate of Professional Qualification in Psychology, which is based on the psychologist's meeting core licensure criteria, and thereby not be required to document it over again each time he or she moves or practices in a new state or province. There is also the ASPPB Agreement of Reciprocity, which is based on participating states or provinces conforming their licensure requirements to the agreement's standards and accepting each other's licenses. Thus far, the following states and provinces have agreed to reciprocity: Arkansas, Kentucky, Manitoba, Mississippi, Missouri, Nevada, New Hampshire, Oklahoma, Ontario, Texas, and Wisconsin. Two other states (Nebraska and Oregon) are in the process of making similar legislative changes to join the ASPPB. Until these jurisdictional and scope-of-practice issues are cleared, however, we recommend that counseling psychologists limit the scope of their practice to the state or states in which they hold a license.

Confidentiality

Another problematic ethical issue related to online counseling is maintaining confidentiality (APA Ethics Code 4.01). For instance, to conduct online sessions through synchronous chat or asynchronous e-mail, a counseling psychologist must take steps to limit the risk of a third party's receiving or stealing the information shared during an online session. The most common security step is to use encryption to safeguard the data transfer when communicating to a client. The process of encryption can be accomplished in multiple ways, with different products and programs available, and with varying levels of protection (Zack, 2004). We refer the reader to Stein (1997) and Garfinkel (2002) for more extensive guides on using encryption devices. A counseling psychologist should also inform clients that he or she can only protect their confidentiality to a certain degree and discuss the limits of confi-

dentiality (APA Ethics Code 4.02). For example, a counseling psychologist should educate the client about possible ways another person could view messages sent from a computer, especially if the client decides to save an electronic or paper copy of the sessions' transcripts. Another factor that must be taken into consideration is the Health Insurance Portability and Accountability Act (HIPAA), which was signed in August 1996. The act was designed to protect citizens and to streamline the transmission of health care information with regard to privacy and security. Counseling psychologists who meet with clients online may need to ensure that their practices and record keeping are compliant with HIPAA regulations (for more information about HIPAA regulations and standards, see <http://www.hipaa.org> and <http://www.hhs.gov/ocr/hipaa/>).

Record Keeping

Another issue surrounding confidentiality, specific to online counseling, is the ease with which one can save what transpires during a therapy session. Either the counseling psychologist or the client could save transcripts from synchronous-chat sessions or from asynchronous e-mails to have an accurate log of what transpired. This has both potential benefits and negative outcomes. It could be beneficial for a counseling psychologist to have an accurate account of what occurred with a client to refer back to when developing future treatment plans. For instance, counseling psychologists could choose to include full-length session transcripts from synchronous-chat sessions or copies of e-mail communications (APA Ethics Code 6.01, 6.02). This may allow counseling psychologists to make sure that they are focusing on client strengths and assessing how much growth has occurred during the course of treatment. In addition, it may also have potential benefits for the client to reflect on important statements generated in counseling and to facilitate further work on the material independently.

There are also several risks associated with saving transcripts. Most important, if the client or the counseling psychologist decides to save the messages, then another person might be able to retrieve them. As such, the counseling psychologist should inform the client about the potential benefits and confidentiality risks associated with either party's having a transcript of the sessions or discussions. In addition, if a counseling psychologist were planning to save transcripts from synchronous-chat sessions or from asynchronous e-mails, he or she should inform the client of this practice and gain consent in a fashion similar to that required for videotaping and saving FtF sessions (APA Ethics Code 4.03).

Use of Information

The ability to store what transpires between the counseling psychologist and the client also raises the issue of how this information is used. While it is possible for the counseling psychologist to review entire session logs to monitor a client's development, the client or someone related to the client could also use the transcripts in a legal proceeding. To better illustrate this idea, imagine that a husband is experiencing marital strife and seeks online counseling. In the example, the counseling psychologist cautions the husband about the possibility that his wife and family may be able to access the transcripts of the counseling sessions if he saved them to the computer. Therefore, instead of saving the transcripts on the computer, he decides to save them on a removable disk and stores them in a safe. The man meets with a counseling psychologist for 6 months and decides to become more assertive with his wife as a result of his interactions and explorations during his online-counseling sessions. Saved within the transcript during one of the final sessions is the following comment from the counseling psychologist: "I have really felt how hard you have worked over the past few months. It seems like you are making the right decision in becoming more assertive and standing up for yourself. I can tell that you have excellent qualities and it seems like you would make a great partner in a relationship." At first glance, the comment appears to be typical intervention that combines empathy, reassurance, and self-disclosure. The therapeutic relationship is successfully terminated 2 weeks later. Then, after 2 months, the therapist receives an irate message from the man's wife who has discovered the transcripts, complaining that the therapist has ruined their marriage. The counseling psychologist's comment, in the context of a therapy session, might be considered a demonstration of empathy and support, but months or even years later, it could be interpreted differently in court during a sexual harassment suit (APA Ethics Code 3.02, 10.05) or during a divorce or child custody suit. With a saved transcript, it may be possible for lawyers to use quotes out of context in a trial without needing to question or to have the counseling psychologist present. Thus, someone could even use the statements from the transcripts without the counseling psychologist's knowledge. As can be seen in this example, the potential for misunderstandings and legal complications is increased when full-length transcripts of sessions are available for later review.

The above example shows how new technologies can lead to the need for counseling psychologists to take new precautions to safeguard a client's confidentiality and safety, both during counseling and in the future. It also demonstrates that counseling psychologists need to protect themselves from possible legal actions or misinterpretations of their comments at a later date.

Counseling psychologists can minimize these potential ethical and legal dilemmas by forming a common agreement with precise language in an informed-consent document (see the appendix). The process of informed consent can be replicated in online counseling and can be updated to include policies in regard to what might happen in situations like the above example. Counseling psychologists should continue to adhere to standard ethical codes regarding careful documentation (Mitchell, 2001), supervision (Good-year & Guzzardo, 2000; Larsen, 1998), and consultation (Arredondo, Shealy, Neale, & Winfrey, 2004) when ethical or legal dilemmas do arise.

Marketing

Approaches to marketing online services have been discussed (Kraus & Zack, 2004), but there are not yet strong guidelines for counseling psychologists looking to extend their practices online. Current APA ethical standards (APA Ethics Codes 5.01-5.06) provide guidelines for the advertisement of psychological services, in general, but few professional organizations have released statements or guidelines on attracting clients to online or FtF counseling (Loane & Wootton, 2002; Rochlen & Hoyer, 2005). Yet several ethical issues should be considered when marketing counseling services online. First, if a counseling psychologist designs a Web site and advertises his or her services, then anyone around the world can access that page, which again brings up possible jurisdictional conflicts. As such, it may be important to clearly identify in what areas the therapist is licensed to provide services. Counseling psychologists should clearly define the scope of their practice and their competencies so that clients can make informed decisions about whether to pursue online-counseling services. Second, counseling psychologists who choose to advertise their online services should inform potential clients about the possible limitations of online treatment, such as the lack of nonverbal cues, slower transmission of discourse, and technical difficulties or glitches. It is important to provide this information for a potential client to make an informed decision to enter counseling.

At this point, counseling psychologists cannot provide clear evidence to potential clients about what types of online services may be effective or for whom. Any type of marketing campaign promoting the online delivery of mental and behavioral health services should address this shortcoming. As discussed in the previous article (Mallen, Vogel, Rochlen, & Day, 2005 [this issue]), research has demonstrated that clients are satisfied with online services and have demonstrated a reduction in symptoms in some studies. Populations that seem well suited for online counseling would appear to be those in rural areas or those that otherwise do not have access to continual FtF

encounters with a counseling psychologist. Although clear answers about online counseling's effectiveness are not available, counseling psychologists can still inform potential clients about the scope of their practice and clinical services.

For direction regarding the type of information that should be provided to clients through marketing, counseling psychologists can work from a foundation of research that has investigated the information that consumers and clinicians value in advertising. In a study of clinical Web pages, Palmiter and Renjilian (2003) noted that mental health professionals and potential consumers considered several content areas essential for Web page advertisements. Specifically, consumers wanted to see a professional's degree or licensure information, hours of availability, list of problems treated, list of therapies offered, years of experience, insurances accepted, educational background, fee scale, emergency procedures, description of policies, and general information on therapy. In addition, it was found that a resumé, a picture of the clinician, and a link to other sources of self-help information were desirable. Counseling psychologists should consider these consumer demands if they are interested in branching out their services to include online modes of treatment and in creating a Web site to market their services. Not surprisingly, the authors found important differences between clinician and consumer attitudes regarding clinical Web pages. For example, 80% of consumers, but only 47% of clinicians, reported that clinical Web pages were "very helpful" to consumers. In addition, consumers endorsed 22 key content areas (i.e., years of experience, hours of availability, resumé, etc.) more strongly than did clinicians, indicating that consumers find these pieces of information more ideal and essential than do clinicians.

The results indicate that consumers value mental and behavioral health Web pages more than do clinicians. This result closely parallels findings from the previous article (Mallen et al., 2005), that patients were consistently more satisfied with online-counseling services than therapists were. This early trend in the research findings indicates that consumers may be more willing to accept the new modes of service delivery than professionals are. Research has also demonstrated that consumers with more experience visiting clinical Web pages have higher expectations for content than those without previous experience. This indicates that experienced consumers are more demanding and savvy. As more individuals access mental and behavioral health Web pages (Harris Interactive, 2002), counseling psychologists should be prepared to meet the expectations. We discuss a more detailed description of starting an online-counseling service in a later section on technological issues.

TRAINING ISSUES FOR COUNSELING PSYCHOLOGISTS

Clearly, not all counseling psychologists have an interest in providing online services, with trainees and practicing counseling psychologists being likely to express differences in attitudes toward using this service. Hence, one important factor in the selection of trainees—to initiate such practices or even to participate in research on the topic—would be their overall desire to participate in online-counseling work. If trainees are resistant to the notion of online counseling, then it is likely that they will not be able to work effectively in this environment. For those interested in providing online services, an important challenge involves how to train and supervise this type of work. The following section discusses the education and training issues involved in providing online-counseling services.

Computer-Mediated Communication Competency

Although a counseling psychologist may be extremely skilled in FtF therapy, he or she may not be able to successfully transfer these skills to an online environment. To effectively deliver online mental and behavioral health services, it is vital to gain experience in the necessary communication technologies. It would not be wise for a practitioner to conduct online sessions through synchronous chat if he or she were unfamiliar with the technology. As will be illustrated later during a discussion of a synchronous-chat session, there are many nuances to fully understanding text-based communication. Individuals more experienced with synchronous chat can assess and relate more depth in the messages transmitted back and forth during the conversation. As with other new technologies or advancements, the most effective way to gain experience is to practice using the hardware and the software. For instance, if a counseling psychologist has never entered a chat room, he or she could use an Internet service provider (e.g., America Online) to log into a chat room and see how communication is accomplished. If a counseling psychologist is thinking about delivering online services but is uncomfortable with the technologies involved, structured courses in using computer hardware and software are typically available at local community centers or colleges and through Internet services and readily accessible self-help guides such as *The Internet for Dummies* (Levine, Levine-Young, & Baroudi, 2003) and *The Complete Idiot's Guide to the Internet* (Kent, 2001). These courses often provide instruction about the basics of personal computing, including the skills required to successfully navigate the Internet, download and upload files, and use e-mail.

There are also several measures available for assessing one's computer-mediated communication (CMC) competency or experience (e.g., Potosky & Bobko, 1998; Torkzadeh, Koufteros, & Pflughoeft, 2003; Torkzadeh, Pflughoeft, & Hall, 1999). An example of a computer-efficacy measure is the Computer Understanding and Experience Scale (CUE; Potosky & Bobko, 1998). The CUE consists of twelve 5-point Likert-type items, which ask participants to rate their knowledge of various uses of computers, the extent to which they use computers for various functions, and how good they perceive themselves to be at using computers. Smith, Caputi, Crittenden, Jayasuriya, and Rawstone (1999) indicated in a review that computer experience is positively correlated with attitudes toward computers as well as computer use. Research has also found computer experience to be negatively correlated with anxiety toward computers. Measures of CMC competency can be beneficial in training counseling psychologists as they begin to use CMC technologies for delivering counseling services. If counseling psychologists were found to be deficient in an area of CMC, they could become knowledgeable and accustomed to the technology before using it with a client.

Counseling psychologists interested in providing online-counseling services may also need to practice how to communicate effectively through text-based asynchronous e-mail and synchronous chat. For example, a therapist may be very skilled in verbalizing empathy during FtF sessions; however, text-based online counseling renders those verbalizations irrelevant unless they can be communicated through the text-based program. The therapist must learn to adapt, or the working alliance and outcome of the session could be negatively impacted. In FtF sessions, a counseling psychologist can use body language to communicate emotion and understanding, but he or she must translate this communication into text. Therefore, counseling psychologists would benefit not only from gaining experience with CMC technologies and with general typing skills but also from becoming more educated about writing. It is very likely that counseling psychologists who are capable of crafting words and sentences coherently will be more effective than therapists who struggle with writing when meeting with clients online through text-based programs. As a result, much like how therapists learn to effectively respond to clients in FtF settings through repeated practice and supervision, counseling psychologists interested in providing online services may need to practice responding to clients in online environments and to receive feedback and supervision about not only the clarity of these interventions but also the depth of empathy communicated in the statements. Because research exploring how empathy is experienced in an online environment is minimal, counseling psychologists would do well to check with their clients to determine if the empathy is coming through the text-based messages.

Education and Supervision

Counseling psychologists are trained through graduate course work, supervised practica, and internship to work with clients in an FtF setting. Other texts have described the essential skills and techniques for counseling psychologists in FtF counseling, and we refer the reader to those texts for a more in-depth review of counseling skills and theories (e.g., Day, 2004; Gelso & Fretz, 2000; Hill & O'Brien, 2004; Ivey & Ivey, 2003). The same type of training is needed if counseling psychologists are going to work with clients in an online environment. Although many of the skills required to conduct online counseling may be similar to FtF skills, counseling trainees will need to be informed of the special issues involved in online counseling and be supervised while they are learning the necessary skills. For example, counseling psychologists may need training on how to accurately assess clients and how to provide a nurturing environment and establish a working alliance without the aid of nonverbal cues. Typically, counseling psychologists use verbal minimal encouragers (e.g., "mmm hmm," "yes," "okay") and nonverbal gestures to show support and understanding and to encourage clients to continue exploring their concerns. These interventions are potentially lost in text-based chat, and counseling psychologists must be trained on how to replicate these intentions in a text-based environment.

An example of this type of training would be for therapists to become more overt in communicating empathy. This may be accomplished in several ways through text-based communication. First, counseling psychologists could simply type their emotional reactions as clients present their issues and concerns with messages such as "That must be such a loss. I feel sad for you" or "Wow, I can't believe the week you had!" Although this approach may seem cumbersome and awkward, clients would have no way of ascertaining the reactions of their therapist without these types of comments. A second option available in text-based communication is to use emoticons in the messages. Emoticons, which is short for *emotion icons* (Walther & D'Addario, 2001; Wolf, 2000), are often used in the text-based online communication to convey feelings or to demonstrate facial expressions, such as smiles or frowns. Other examples of emoticons would be ":-(" to indicate a frown or sadness or ";-)" to indicate a wink or sarcasm. Instead of typing, "I feel very sad for you," a counseling psychologist could type :- (to indicate sadness. Although it is possible to convey certain emotions through these symbols, they can be limiting and should not be solely relied on to communicate feelings. Emoticons may be too simplistic, and the development of a therapeutic relationship cannot be established with just a few smile icons. The relationship between a counseling psychologist and a client is complex, and emoticon use may not be able to communicate the complexities of empathy

and understanding during the course of a session. For example, the :-) emoticon could indicate happiness, but it may not truly mean that the client is smiling while he or she is typing the message. The :-) emoticon may be similar to certain rote phrases or gestures in FtF communication. Many times throughout the day, individuals ask "How are you doing?" to each other. It is not a true question but really another way to say "Hello." Emoticons may become overused in a similar way, and counseling psychologists are encouraged to discuss these nuances of online communication with their clients because each client will or will not use them in their own unique way.

A third option would be for counseling psychologists to describe their nonverbal reactions to the client. Examples of this technique would include "As I was reading your last message, my whole body tensed up" and "I have been smiling for the last few minutes because it seems like you feel you are overcoming your fears." Any of these methods can be used in conjunction, and although they may seem clumsy at first, with practice they may be able to convey the necessary support and empathy to form a therapeutic environment.

One problem with educating and supervising counseling psychologists to work in an online environment is that there are few counseling psychologists trained to provide quality supervision in this area. Put another way, there are still few counseling psychologists who themselves have much experience conducting online sessions; so providing supervision to other counseling psychologists is inherently difficult. In addition, graduate course work and advanced practica, at this point, do not account for online counseling in their training. However, professional training in conducting online counseling is becoming available through online workshops (e.g., <http://www.etherapytraining.com>), and several recent books propose standards for online service delivery (Hsiung, 2002; Kraus, Zack, & Stricker, 2004). In addition, there are professional communities active in the development of a standard of care for delivering online-counseling services. For one, the International Society for Mental Health Online (ISMHO) was formed in 1997 to promote the understanding, use, and development of online communication, information, and technology for the international mental health community (<http://www.ismho.org>). Through a clinical case-study group, therapists around the world have consulted with one another to share their experiences of working with clients online (Suler, 2001). Increasingly, resources are becoming available to educate professionals interested in providing online services, such as handbooks (Kraus et al., 2004) and special issues in professional publications (e.g., *Journal of Clinical Psychology* and *Professional Psychology, Psychotherapy: Theory, Research, Training, Practice*), which offer information about the practical aspects of conducting clinical work online, commentary about ethical considerations, and research articles related to service delivery through new technologies.

In addition, to facilitate the development of a trainee's online-counseling skills, Oravec (2000) stated that supervisors should encourage supervisees to gain experience in various online interactions on an informal basis. Direct supervision could facilitate the exploration into online interactions if the supervisor and the supervisee are comfortable meeting online and in FtF sessions. Oravec also stated that supervisors can model the new technologies by using them in supervision. Klitzke and Lombardo (1991) offered an example of a form of online supervision and described a technique of using a teleprompter to cue trainees about interventions and skills while in session with a client.

While questions remain, there are several options available for supervising online-counseling work. First, supervisors in counseling psychology should hold to FtF standards regarding supervision. Trainees should be ready to discuss the client's issues as well as their own reactions to working with the client. Trainees should keep professional records about each online session they conduct, which can be reviewed by the supervisor. In addition to typical case notes, supervisors should also have access to the full-length transcripts of text-based counseling sessions. Similar to watching videotapes of FtF counseling sessions, supervisors can identify certain areas of a session and discuss the interventions that the trainee used. From that point, suggestions can be made regarding any feedback that may typically be provided in a supervision context (i.e., addressing skills, theory integration, countertransference, etc.). Supervisors should be extremely vigilant regarding assessment and should direct trainees to continue monitoring their clients' functioning. Without the assistance of nonverbal cues, it may be difficult to assess that a client is spiraling downward during a synchronous-chat session; so trainees should be instructed to ask direct and specific questions of the client. Trainees are instructed to continuously assess their clients in FtF sessions, but assessment may take on even more importance in online-counseling sessions. These suggestions are offered with the assumption that the supervisor and the trainee are in the same location; online-counseling supervision becomes even more complicated if the supervisor and the trainee are also meeting online.

Providing online supervision is rare, and few counseling psychologists have experience conducting supervision sessions through CMC. A limited number of faculty in APA-accredited counseling psychology programs identify online counseling as a research interest, and few APA-accredited internship sites offer an online-counseling specialization. Certain limitations of text-based online-counseling sessions have previously been mentioned, and these limitations also affect online supervision (Kanz, 2001). Supervisors will be unable to read the trainee and may miss nonverbal signs of nervousness, anxiety, or frustration, which could lead to valuable learning opportunities for the trainee. A second complication is that an online supervisor may

not be available if a crisis takes place or if immediate consultation is desired. Because a supervisor is ultimately responsible and liable for the care of the client, it seems dangerous to supervise trainees from a distance. A third issue is that the relationship formation between the supervisor and the trainee may require more time to develop than in traditional FtF supervision. Similar to how therapists will need to be more overt about checking with their clients on the session's emotional content, supervisors will also need to be more overt about the process of their relationship with the trainee. Issues such as trainee resistance may be difficult to detect, and a working alliance could be hampered by these and other complications. Online supervision requires documents to be sent back and forth through e-mail, fax, or postal mail; supervisors must sign trainees' case notes, and this constant flow of documents can become confusing and cumbersome. Clients will also need to be made aware of the nature of the online supervision and to sign a consent form agreeing to the practice. Because the provision of online counseling remains in its infancy, the leap to online supervision is even more daunting and should be approached deliberately. Supervisors, trainees, and clients should be made aware of policies and procedures, for example, in the case of an emergency or a crisis.

To review, proper online-counseling supervision would include the following:

- Supervisors should encourage supervisees to gain experience in various online interactions, including asynchronous e-mail, synchronous chat, and video-conferencing;
- Supervisors should continue to emphasize FtF standards on clinical work;
- Supervisors should educate trainees regarding the unique ethical and legal issues detailed in this article, which are associated with delivering online counseling;
- Trainees should be ready to discuss the client's issues as well as their own reactions to working with the client online;
- Trainees should keep professional records about each online session they conduct, which can be reviewed by the supervisor;
- Supervisors should also have access to the full-length transcripts of text-based counseling sessions, which can be used to specifically identify certain portions of a session and to discuss the interventions that the trainee used;
- Supervisors should be extremely vigilant regarding assessment and should ensure that trainees are thorough in this domain; and
- Trainees should be instructed to continuously assess their clients in online sessions and be aware that assessment may take on even more importance because of the lack of contextual and nonverbal cues.

Cultural Conditions

The field of counseling psychology has emphasized multicultural competency throughout course work, practica, internship, and continuing education and remains a leader in addressing cultural considerations in psychotherapy. During the 2004 convention of the APA, Dr. Derald Wing Sue, president of Division 17, focused exclusively on cultural issues and racism during his presidential address, indicating that multicultural competence (APA, 2003; Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992; Sue et al., 1982, 1998) and social justice (Arredondo & Perez, 2003; Helms, 2003; Sue, 2001; Vera & Speight, 2003) should be at the forefront of counseling psychology. He began his speech by stating, "First, counseling psychology has been in the forefront in the development of multicultural competence and has a long history with respect to defining characteristics of the culturally competent helping professional" (Sue, 2005, p. 101). His speech on how racism is still prevalent and pervasive in our society and the call to action that he voiced were passionate and were met with a standing ovation from members of the Society of Counseling Psychology. There are various models of multicultural counseling available, including the cross-cultural counseling competency model (Sue et al., 1982; Sue & Sue, 2003) and the racial identity development model (Helms, 1984, 1990), which have been present in the literature since the early 1980s (Ponterotto, Fuertes, & Chen, 2000). Multiculturalism has become a defining core component for counseling psychologists who provide mental and behavioral health services. It is, therefore, important for counseling psychologists working in an online environment to continue to apply our knowledge of multicultural issues and to explore how online counseling can accommodate counseling psychologists' desire to realize the importance of how clients live in their cultural reality and how their cultural backgrounds may be interacting with their presenting concerns.

At this point in time, little is known about multicultural issues as they relate to online counseling. However, online counseling would seem to present unique challenges regarding the implementation of multicultural competencies. In text-based e-mail or chat, visual cues of obvious cultural differences such as skin color, language, age, and all other surface-level appearance indicators are not available, which means that initial impressions during online counseling are not influenced by these visual cues. While this may have the positive benefit of helping a counseling psychologist not make assumptions about the client based only on demographic data, it could also have the reverse effect and actually increase the reliance on stereotypical information. As a result, it is currently unknown whether an online environment could help clients to feel more comfortable because they would not feel immediately judged by their appearance or whether they would feel less

understood because the cultural context is more difficult to comprehend online.

Some examples illustrate these possibilities. A client who uses English as a second language may have a difficult time writing sentences in an online environment. A counseling psychologist may be tempted, if he or she did not know the client was typing in a second language, to make negative judgments about the client or his or her abilities. For example, the therapist may erroneously interpret the client's mistyped comments as a demonstration of poor intellect or lack of commitment to the session. This difficulty in writing could also be interpreted as higher levels of anxiety, which may be interfering with the client's ability to communicate. In either case, the client's true message may be lost because the uncommon text messages might distract the counseling psychologist. As a result, the relationship between a counseling psychologist and a client may become strained and lead to the client's feeling even more embarrassed or isolated. Counseling psychologists can minimize the possibility of misunderstandings by checking with their clients to determine if they are anxious or communicating in a language in which they are not proficient or by recognizing that many clients will be unaccustomed to online communication. In addition, counseling psychologists should rely on methods that have been effective in FtF sessions, such as informing the client that culture is an appropriate topic for discussion and initiating conversations of cultural difference with clients who may be hesitant to bring up such differences.

These new modes of service delivery may allow for some novel research methods and strategies for studying multicultural issues. At this point in time, the potential advantages and disadvantages of online counseling as it relates to working with multicultural clients are unknown. However, we do know through research that certain cultural populations underutilize mental and behavioral health services. As a result, online counseling may be an avenue for reaching out to populations that typically avoid FtF treatments.

An online environment may also bring up unique multicultural issues for a counseling psychologist conducting online counseling. An example of this comes from a Mallen and Vogel (2002) study in which therapists-in-training were connected with clients who were portrayed by confederates, but this deception was not revealed until after the study. As far as the therapists-in-training knew, they were working with a genuine client; so their behaviors during the session and attitudes immediately after the session are informative. Several of the therapists-in-training were international students. After the synchronous-chat session, participants were asked about their experience through the chat program. The following quote obtained through synchronous chat is from one of the participants:

Here's one advantage of online counseling that's probably unique to me—I'm not an American, I'm an international student from Singapore. Although English is my native language, I don't usually speak with an American accent, so it requires additional effort when I talk to Americans because I have to mentally translate what I say from my Singaporean/British accent to an American accent. Of course I don't have this problem in an online counseling session and I can focus on the counseling.

The above quote is from only one counseling psychologist who was still involved in training, and it may be that more experienced counseling psychologists would not be as anxious or self-conscious about their verbal presentation to a client. However, it demonstrates that online counseling may facilitate less anxiety regarding surface-level differences and more concentration on clinical work.

An area that is also wide open for future research is the degree to which people from various cultures and different parts of the world would be interested in seeking out online-counseling services. Help-seeking behaviors, privacy needs, and communication patterns are factors that could determine a person's interest in pursuing online-counseling services (e.g., Sue & Sue, 2003), but individuals from traditionally poorer cultures may not have access to the necessary technology to use online mental and behavioral health services. The following section discusses the potential struggles of individuals who may not have the ability or knowledge to use CMC technologies.

Access

Online counseling also brings up other questions related to cultural conditions beyond the potential to discern cultural factors during a counseling session. In an increasingly mobile world, online counseling may provide counseling psychologists with the ability to keep in touch with clients who normally would be lost because they move or relocate. For example, students moving away to college and individuals working in businesses who travel frequently would be able to stay in contact with their therapists from home instead of finding new ones. International students could continue to see a counseling psychologist from their native countries, or a woman from the East Coast who frequently travels for business could continue to meet with her therapist from home. These possibilities again bring up jurisdictional complications yet to be clarified, but the options for treating culturally diverse clients may expand. Another possibility is that clients in rural areas would have an increasing number of treatment options, including meeting with a counseling psychologist online who might have greater knowledge about the client's specific needs compared with FtF options in the community. In certain rural areas, the lack of professionals that can provide mental

health and behavioral services is a real crisis, and new technologies may allow counseling psychologists to extend their services to these underserved locations.

These examples illustrate how online counseling could service counseling psychology's charge to improve services to underserved populations. Yet, although computer technology is decreasing in price each year, it is still primarily the more educated, young, and affluent who take advantage of the Internet, which excludes impoverished, potentially older, or less affluent populations from these services. Clients who pursue FtF counseling must have the means to pay for the professional services, through personal finances, insurance, or Medicare. Online counseling also requires that the client have a home computer and an Internet connection that will allow him or her to communicate with the therapist. The term *digital divide* (Hoffman, Novak, & Schlosser, 2000) has been used to describe the cultural bias inherent in access to the Internet and all the information and services that exist online. For example, recent statistics indicate that only 2% of Internet users are African Americans, who make up close to 13% of the general population (Hoffman et al., 2000). Projections estimate that African Americans will represent 15.4% of the population in the United States by 2050. If their rate of Internet participation does not change, 58 million of 60 million African Americans will not be online by 2050 (Harvey, 2004). To combat this, efforts may need to be made to increase underserved populations' access to new technologies such as establishing technology centers in low-income neighborhoods. However, it is not only a matter of access to the technology, but the digital divide also speaks to the lack of awareness of how the Internet can be used successfully. For example, research has suggested that individuals from low-income backgrounds may not even be aware of the amount of services and information that can be accessed on the Internet (O'Bryant, 2004). As access to online counseling grows, counseling psychologists must remember to remain committed to providing services to the disenfranchised (e.g., Brammer et al., 1988; Pearson, 2003).

Older generations are another population that may not have immediate access to computer technology. Computer technology, especially CMC such as asynchronous e-mail, synchronous chat, and videoconferencing, is a relatively new development, and most generations have spent the majority of their lives without these services. Although research has demonstrated that older adults can learn computer skills through effective training programs (Blit-Cohen & Litwin, 2004), some older clients and counseling psychologists may not display as much comfort with CMC as do younger adults, adolescents, and children who have grown up with this technology (Selwyn, 2004). Research has demonstrated that older individuals (aged 61-80 years) report less confidence in their computing skills (Marquié, Jourdan-Boddaert,

& Huet, 2002) and demonstrate lower performance than do young individuals (aged 18-39 years) in using an online library database (Mead, Sit, Rogers, Jamieson, & Rousseau, 2000). Results from another line of research (Echt, Morrell, & Park, 1998) indicate that young-old adults (aged 60-74 years) demonstrated fewer performance and motor control errors than do old-old adults (aged 75-89 years). CMC technologies typically require fine motor movements, including typing on a keyboard and successfully using a mouse.

There are technologies that allow for voice-activated, keyboard-control functions, and videoconferencing eliminates some of the fine motor requirements of CMC, but older adults may be unable to use such new modes of treatment. It is also possible that older adults will not trust new modes of service delivery because they are not as comfortable or familiar with the technologies involved. Therefore, a potential generational gap exists that counseling psychologists should be aware of as mental and behavioral health services delivered through new modes become more commonplace. Furthermore, counseling psychologists interested in providing online-counseling services should not overlook older adults as they work for social justice and increased technological access.

TECHNOLOGICAL ISSUES FOR COUNSELING PSYCHOLOGISTS

It is equally important to consider technological issues related to the practice of online counseling. Various distance-communication technologies have been used to provide mental health services, and each presents unique dynamics, strengths, and weaknesses (Zack, 2004). The two most promising avenues for online counseling involve videoconferencing and synchronous chat. As such, we will describe these technologies in more detail. Videoconferencing allows the transmission of audio and visual information, which bolsters the amount of information a counseling psychologist can receive from a client during a session. Instead of merely relying on textual information, a counseling psychologist can also attend to nonverbal cues, such as facial expressions and speech tone.

Videoconferencing technology has been used to serve the families of emotionally disturbed children (Zipper, Broughton, & Behar, 2000) and teenagers with seizure disorders (Glueckauf et al., 2002; Glueckauf, Pickett, Ketterson, Loomis, & Rozensky, 2003; Hufford, Glueckauf, & Webb, 1999; Liss, Glueckauf, & Ecklund-Johnson, 2002), to serve psychiatric patients (Dongier, Tempier, Lalinec-Michaud, & Meuneir, 1986; Stevens, Doidge, Goldbloom, Voore, & Farewell, 1999), as well as to conduct neuropsychological assessment interviews (Clement, Brooks, Dean, & Galaz, 2001; Schopp,

Johnstone, & Merrell, 2000). Research on videoconferencing as a mode of service delivery has demonstrated that clients respond favorably to treatment and report fewer symptoms (Mallen et al., 2005). Although videoconferencing technology is becoming more affordable and has been shown to have potential for service delivery, it has yet to pervade the marketplace to the same extent as e-mail and synchronous chat.

Synchronous chat is available through numerous programs, including America Online Instant Messenger (AOL AIM), Microsoft Network (MSN), Yahoo! Messenger, and "I Seek You" (ICQ). Synchronous chat is similar to e-mail except that both individuals communicate at the same time rather than wait for messages to transmit back and forth. For instance, if a message is typed into a chat window and sent, it instantaneously appears on the screen of the other user, who can respond to the message immediately. Research on using synchronous chat and related technologies have focused primarily on Internet support groups (see Braithwaite, Waldron, & Finn, 1999; Bresnahan & Murray-Johnson, 2002; Chang, Yeh, & Krumboltz, 2001; Finn, 1999; Meier, 2000; Sharf, 1997; Shaw, McTavish, Hawkins, Gustafson, & Pingree, 2000). Research has demonstrated that synchronous-chat group therapy for chronically ill individuals suffering from loneliness is effective compared with a wait-list control group (Hopps, Pepin, & Boisvert, 2003). Research has also shown that this mode of treatment reduces clients' symptoms related to anxiety after one semistructured session (Cohen & Kerr, 1998).

Costs and Promotion

The following discussion of the costs associated with starting and promoting online-counseling services has been assisted by the work of Zack (2004) and Kraus and Zack (2004). Of the various technologies mentioned that can be used to support online counseling, videoconferencing may be the most similar to FtF treatment. Therapists who wish to communicate with clients through videoconferencing will first need a videoconferencing program, such as NetMeeting, VideoChat, CU-SeeMe, and iVisit. Although the most expensive option, videoconferencing can still be implemented for less than \$200 with the purchase of a webcam (available in most electronics stores). For instance, a webcam on the market now is less than \$150 and provides Video Graphics Array-quality resolution (640 × 480 pixels) at up to 10 frames per second, which is ideal for videoconferencing. This webcam can be connected to a desktop computer that is connected to the Internet, which will allow the therapist to transmit his or her image and voice to the client. Videoconferencing systems can be much more expensive (i.e., more than \$1,000) if therapists want higher-quality hardware or software. For clinical purposes, however, regardless of the system, the client would also have to

possess the same videoconferencing program. Because the general public has not widely adopted videoconferencing programs, online-counseling sessions mediated through videoconferencing are still quite rare. The cost of developing a videoconferencing component to a practice may not be that prohibitive for counseling psychologists. The fact that very few clients have access to the software and hardware required to use videoconferencing is more of a detriment to starting an online-counseling practice based on this technology.

An easier and more cost-effective technology that can facilitate online-counseling sessions is synchronous chat. Therapists who wish to communicate with clients through real-time text chat need to acquire a chat program, such as the ones already mentioned—AOL AIM, Yahoo!, MSN, and ICQ—which are typically free to download. The therapist will again need a desktop computer connected to the Internet, but the chat programs are free of charge and quick to download and install. These programs also allow the therapist and client to save session transcripts, which can then be reviewed after the session has concluded or in future sessions to access a client's progress during treatment. Besides the free chat programs available, therapists can also choose from more expensive, Web-based systems such as LivePerson, which would enable them to interact with clients online in a secure, real-time environment. LivePerson offers more security than programs available for free and can be accessed only by individuals given permission by the counseling psychologist. For example, if a counseling psychologist were to use AOL AIM with the screen name *DrJones*, anyone using AOL would be able to send a message to *DrJones*. With a service such as LivePerson, the counseling psychologist has the ability to control who has access to the chat room. Another interesting feature is the ability to include exit surveys after the client exits the session. Surveys could be used to assess the session's outcomes and provide information for practitioners interested in research. These services can be incorporated smoothly into an existing Web site; however, they do come with a price, as it currently costs \$99 per month for each individual to use LivePerson's services.

Potentially the easiest and least expensive option for using online counseling would be to exchange e-mails with clients, and this can be done from any existing e-mail account. This option has the benefit of being accessible to most counseling psychologists and many potential clients because it is the most widely used form of CMC. E-mail also allows counseling psychologists and clients to communicate outside normal business hours. For example, a client can type a message at 12:30 a.m., when meeting with a counseling psychologist in an office would be impossible. The counseling psychologist can respond to the message the following day, and this process may provide a great amount of flexibility in treatment. The downside is that the communica-

tion is not in real time, and issues that a client communicated 2 days earlier may not be relevant by the time the counseling psychologist responds to the message. The use of e-mail is also troublesome because clients in crisis will not receive instantaneous treatment or referrals. If a client is suicidal and writes this in an e-mail on a Wednesday night, the earliest the counseling psychologist can respond to that message is Thursday morning, which may be too late. Although e-mail is the least expensive and easiest way to communicate with clients, the limitations can potentially create numerous ethical and relational problems for counseling psychologists working with clients through this form of CMC.

Joining an existing network of professionals is another option for therapists interested in providing therapeutic services to clients online. Examples of online professional networks are HelpHorizons.com, Find-a-Therapist.com, and OnlineClinics.com. Instead of working to design their own Web sites, therapists can join one of these companies for a fee and then charge clients for each e-mail transaction or chat session. For example, HelpHorizons.com gives therapists access to scheduling, record keeping, automated billing functions, independent credential verification, and a basic entry in its directory for \$9.95 per month. In addition, each e-mail transaction with a client costs the therapist \$4.00, while each online chat session with a client costs \$8.00. Counseling psychologists can determine if they wish to see clients only in the state where they are licensed or to open up their services to clients outside state lines. Although counseling psychologists can decide to conduct online-counseling sessions with clients outside their jurisdictions, we recommend that therapists meet with clients only in states or provinces where they hold a license.

Although signing up with an online network is potentially easier than creating a Web site and online-counseling service from scratch, there are potential dangers as well. First, it is possible that the network could go out of business, which would force therapists and clients to scramble to find alternative services. Second, each therapist still shoulders liability issues, and joining an online network may offer a false sense of security for the therapist when it comes to ethical issues related to providing online counseling services. Online networks provide an easy option for therapists to begin conducting online sessions, but therapists should educate themselves about the networks' policies and procedures. Counseling psychologists with a business background may consider organizing their own such agency to gain more control over the process of working with clients in an online environment.

Regardless of the mode of service delivery (i.e., asynchronous e-mail, synchronous chat), counseling psychologists will likely need to advertise their services online to reach their target audience. In addition, even if a coun-

seling psychologist was not interested in providing online-counseling services, he or she may still want to create a Web site to advertise FtF services to reach more individuals than a typical phone book could. The easiest way to do this is to create a Web site, which advertises and possibly hosts the clinical services. To continue with the example of Dr. Jones, let us assume that he would like to start his own Web site. The first step is to register a domain name, which is similar to an online phone number. Instead of dialing Dr. Jones's office, Internet users can go to DrJones.com, which will transport them to Dr. Jones's Web site. For the record, <http://www.drjones.com> is not currently a registered Web site, meaning that anyone could buy the rights to run his or her site through this domain name. Domain names are relatively cheap to acquire and maintain; usually, prices are around \$35 per year. Once Dr. Jones has the domain name, a Web site must be created and a monthly fee paid to a Web-hosting service. Additional fees would be required for the maintenance of the site if greater levels of security were desired. Because therapists working with clients online would need to gather billing and confidential information, increased security would be essential to any online practice. Web sites have a limitless range of creativity and complexity, and the design, features, and setup will depend on the individual therapist and the need to meet the ethical issues described previously.

As can be seen by the description of the costs of starting and promoting online-counseling services, providing online counseling should not be entered into lightly. While counseling psychologists who would like to offer services can choose a number of online services for a small investment or even for free, it can become more expensive if additional features are desired. In particular, given the ethical issues previously discussed, counseling psychologists would likely need to add security and to limit access to the information that is communicated. Videoconferencing is currently the most expensive form of online counseling, with prices for software and hardware beginning at more than \$100. In all cases, clients must also have access to the same technology and a desire to pursue online counseling for the treatment their psychological and behavioral issues.

ONLINE-COUNSELING SKILLS IN SYNCHRONOUS CHAT

It would seem that text-based synchronous chat and asynchronous e-mail would be the most disorienting for counseling psychologists to adapt to because nonverbal cues are not present. In a study of more than 500 doctoral-level psychologists, 98% reported that they used a telephone in their practice. However, only 2% reported that they used Internet, satellite, or video-

conferencing technologies in their practice (VandenBos & Williams, 2000). Telephone and videoconferencing technology allow the participants in the session to attend to vocal and visual cues, which is not possible in the text-based formats. Because text-based technologies may be the most challenging to adapt to, our discussion of online-counseling skills focuses on a synchronous-chat session.

The following transcript is an example of a 50-minute session taken from a Mallen and Vogel (2002) study in which therapists-in-training from various graduate programs volunteered to conduct a one-time-only online session with a client. The therapists-in-training were told that the client was real, but the client was a confederate. Because of the issues described previously, the researchers used a confederate to ensure the ethicality of the experiment. All therapists were debriefed immediately after the study and informed about the project's deceptive component. Although the responses are not from a genuine client, the statements are realistic and the therapists-in-training responded to the comments as if they were real. Throughout the transcript, we comment on the skills used in the session and on how counseling psychologists can effectively communicate with clients in an online environment. Intentionally, there have been no changes in punctuation or spelling to the transcript. This was done to maintain the session's authenticity and to illustrate how typographical errors must be dealt with during online sessions.

Tara: Hello

Counselor: Hi Tara

Tara: Hows it going?

Counselor: Welcome. as far as I know you have been informed but I still want to make a couple of points clear

Counselor: and it is going fine..:-)

Tara: okay

Counselor: we will only have one session and it will be online through typing

Tara: Okay.

Counselor: do you have any questions about the process or about anything else?

Tara: No, I am ready.

During this piece of the conversation, the therapist-in-training greets the client and attempts to communicate a feeling with the smile emoticon :-). It is unknown if the therapist-in-training is truly smiling at this point, but the intention appears to facilitate a welcoming environment for the client. The therapist-in-training also gives the client clear guidelines about the structure of the online session. The researchers had informed the therapists-in-training not to spend time on specifics regarding confidentiality because the client had already been informed of this in the researchers' informed-consent

document. Counseling psychologists conducting online sessions need to be very detailed about the limits of confidentiality as well as the possible risks and benefits to treatment.

In addition, a counseling psychologist would need to gain specific information about the client, such as his or her name and address, in the case of an emergency. As reviewed earlier, meeting clients online anonymously is strongly discouraged, as there is no possibility to follow through with crisis interventions or to refer the client to local resources (see Childress & Assamen, 1998; Kraus, 2004; Suler, 2001). If the client were to indicate that he or she is having thoughts of suicide and suddenly disconnect from the session, a counseling psychologist would have no way of intervening for a client who is anonymous and in an undisclosed location. However, if information about the client, such as his or her name and address, were available, then local authorities or mental health resources could be contacted to intervene.

Counselor: where would you like to start?

Counselor: what brought you here?

Tara: Well, the main reason I wanted to do this is that I have been feeling a lot of stress lately, and it is effecting me differently than usual

Counselor: would you like to define the stress you are having more clearly?

Tara: I am having a hard time with classes and just studying in general.

Counselor: ok. it has been effecting your school work?

Tara: Yes, I can't seem to focus for very long.

Counselor: what else? you have said that it is effecting you differently than usual? what is the difference?

Tara: Well, on top of the school part, I seem to not be able to sleep like I use to.

Counselor: can you explain it more, please?

Tara: Well, when I lie down to sleep at night I stay up with my mind racing, like I can't get my head to fall asleep even though I want to.

Counselor: is there any specific thing (that you are aware of) that is preventing you to go to sleep?

Tara: I just start to think about all the things I need to get done, and I start to think about relationship stuff. If there is something I can worry about it seems to filter into my head.

Counselor: what do you mean by relationship stuff?

Tara: Things between my roommates and me are as good as they were last year. They are going out and having fun, and I just don't seem to do that was well as they do.

Tara: For some reason when I go out I get choked up and don't really talk to people, in a large group.

Counselor: how long have you been experiencing this?

Tara: Well, I have always been sort of shy, but it hasn't been this bad until this school year.

In the beginning of the session, the therapist-in-training relies on open- and closed-ended questions to gain information about the client's presenting concerns; this is a skill typical to assessing clients in the preliminary stages of an FtF setting (Hill & O'Brien, 2004; Ivey & Ivey, 2003). Because the therapist-in-training is not able to view the client's nonverbal cues, such as noting the rate of speech, many of the questions are clarifying in nature to gather specific details. For example, there is an attempt to get a better definition of stress from the client and one instance when the therapist-in-training simply asks for further explanation. A question-answer format can often occur in text-based online sessions, and this can be useful for gaining information in the early stages of treatment. However, as will be seen, other skills can be communicated during text-based sessions.

Counselor: how does it feel to be choked up?

Tara: Like there are things I want to say but I don't because I am afraid I might sound stupid or weird.

Tara: Either that or wish I had something good to say, usually the first one.

Counselor: so, it is like if I talk, people can perceive as stupid and weird because...?

Tara: They might misunderstand what I am trying to say.

Counselor: so, it is like I may not express myself right and they may misunderstand me?

Counselor: what does it like to be misunderstood?

Tara: You try to explain yourself and it sort of draws too much attention to you.

Tara: it just makes me feel out of place I guess

Counselor: Tara, how do you feel now, at this moment?

Tara: sort of silly talking to you over the internet, but other than okay

Tara: It is just different than anything I have done before.

Tara: Not bad, just different.

Counselor: that's ok. it is true for me, too.:-) so, let's go back to your previous response. it is like I am trying to explain myself but can't or been misunderstood and I just feel like I am out of place, like an outsider?

Counselor: is that right?

Tara: that is correct

During this section of the session, the therapist-in-training begins to incorporate other skills to reach a deeper level of exploration with the client. The therapist-in-training uses restatements and asks an immediate question about how the client, Tara, is feeling at the moment. After the client responds with a certain amount of discomfort, the therapist-in-training normalizes her experience and self-discloses the difficulty of the session's online nature. Again, a smile emoticon is used to convey a sense of understanding, and a restatement attempts to get the client moving again.

It is already noticeable that the therapist-in-training is attempting to build a relationship with the client and is also forming a conceptualization of the client's presenting issues. The therapist-in-training offers an interpretation to the client by asking if she feels like an "outsider" and begins to pursue the possibility that the client may feel socially isolated. During online sessions, counseling psychologists are encouraged to use the skills that are effective in FtF sessions. The difference is that a counseling psychologist may need to be more explicit in text-based sessions and may type certain feelings or reactions that he or she might otherwise indicate with nonverbal cues.

Counselor: what does it like to be an outsider?

Tara: It stinks, for a lack of better words.

Tara: lol

Counselor: lol= what's that?

Tara: oh...laugh out loud

Tara: sorry

Counselor: ok...:-)

Counselor: what was that loud laugh for?

Tara: just the fact that I used the term stinks to explain something to a therapist, I found that funny for some reason.

Counselor: ok. I got it now. sorry. It stinks and I feel...?

In this segment, there is a clear example of the therapist-in-training's lack of online-communication knowledge. However, the therapist-in-training is very quick to clarify the client's statements to understand and comprehend the language. A common symbol in CMC is *lol*, which stands for "laughing out loud" or "lots of laughs." Individuals who frequently communicate online often use such symbols, and these are the types of nuances a counseling psychologist can experience and learn only through practice with the technology. It should also be noted that just as clients in FtF sessions use certain words or phrases that might mean more to them than to other people, clients in online sessions may have similar tendencies. As in this session, when in doubt, a counseling psychologist should clarify any comments or messages that cannot be understood. As can be seen, the clarification in the session occurs quickly: The therapist-in-training uses an emoticon to communicate understanding to the client and refocuses the session with a question.

Counselor: it stinks and I feel ..? tell me something

Tara: ah...rejected

Counselor: so i feel rejected

Tara: yes

Counselor: i feel rejected by...?

Tara: people in general, my roommates, ex boyfriend, other students that won't talk to me.

Tara: I feel left out.

Counselor: Tara, it really sounds like a stressful and difficult! It seems like a big burden on your shoulders-the fear of the continuing rejection?

As the session gets back on track, the therapist-in-training continues to probe the client for details about her feelings of rejection. In the final statement above, the therapist-in-training empathizes with the client and adds an exclamation point for the first time in the session, apparently to increase the amount of emphasis on the statement. The therapist-in-training continues to delve deeper into the client's feelings by providing an interpretation and asking a follow-up question. In an FtF session, this type of empathy might be communicated through some minor verbal or nonverbal cues such as an emphatic look of concern, an auditory sigh, or the quick statement "Wow, that seems stressful." In the text-based environment, the communication of affect and empathy must become more explicit, and there are several ways to emphasize comments, including the use of capitalization and punctuation.

Tara: Well, I fear it, so I avoid the places where it can happen,

Counselor: so, i feel scared of being rejected by others?

Counselor: is it so?

Tara: yes, it is hard to say, but yes

Counselor: can you say (i mean write...-)?

Tara: write what?

Tara: I am confused, sorry!

Counselor: that's fine. I just want you to express your fear of being rejected by others?

Counselor: express your fear...

Tara: Oh, okay, I fear that others won't like me and will reject me. I fear that a lot.

Counselor: OK. but it seems like also there is this part which is not comfortable with this fear?

Tara: well, yes, I mean part of me wants to be part of the group, and out having fun. Part of me is mad at the fear. I hate it.

Counselor: let's focus on this fear of rejection. please, think about it a little. what does that part (scared part) need?

Counselor: be that scared part!

Counselor: you are the part of Tara and you are scared of rejected by people?

Counselor: what do you need?!

Tara: I just need to be told that I am good and wanted, and validated.

Counselor: so, I need to feel worthy!.. is it so?

Tara: Yes! I need to know that I am worthy in others eyes.

This segment of the transcript demonstrates some of the limitations of text-based communication. During this exchange, the therapist-in-training and the client experience miscommunication as the therapist-in-training attempts more dynamic interventions. The therapist-in-training begins to write in the first person as if she were the client, which confuses the client because the change in perspective is not explained. The therapist-in-training is attempting to reach a level of immediacy by having the client involve herself in an experiential activity in the here and now. However, the therapist-in-training does not adequately explain the intervention, and it takes a second, clearer explanation to redirect the client. Also, the therapist-in-training begins to use parentheses for the first time in the session in an attempt to make the messages more dynamic (by adding clarification during messages). The therapist-in-training continues to push for an experiential activity, and it is likely that some clients would not appreciate or adhere to this type of intervention.

As in FtF sessions, a counseling psychologist will need to determine the best interventions to use with his or her clients. Some clients may respond well to cognitive-behavioral interventions, while others may respond well if they are led through experiential activities. It is likely that the same process will occur during online sessions, and it is possible that cognitive-behavioral interventions will be easier to perform in this mode of treatment. As the example above demonstrates, immediate types of interventions, although certainly still possible, will take more time to develop and will likely require more time to explain and set up in an online environment.

Online counseling may be promising for cognitive-behavioral techniques aimed at distorted beliefs and discrepancies in the client's thoughts. Distorted beliefs and faulty thinking can be identified directly in the words typed by the client, and a counseling psychologist can immediately ask the client to read back the statements he or she typed earlier in the session. A counseling psychologist could potentially refer back to sessions that occurred in the past if transcripts have been saved; so the exact words a client used in previous session could be compared against comments the client now states. A counseling psychologist can then lead the client through an exercise of typing out the statement differently in a flexible and less restricted manner. Also, diagrams of the cognitive-behavioral model could be easily shared as an e-mail attachment, or the client could be referred to a Web page containing more information about techniques in cognitive-behavioral therapy and the larger cognitive model (e.g., Greenberger & Padesky, 1995).

Counselor: what do you need in order to see that in others eyes?

Tara: If they went out of their way to do something for, instead of acting like I am not there, I would see it.

Counselor: what would it mean to you?

Tara: It would mean that I am someone worth paying attention to, that I am person worth spending time with.

Tara: It would be great.

Counselor: so I AM a good person and I worth being together and I AM VALUABLE..?

Tara: YES!

Counselor: how does it feel to not feeling in this way?

Tara: Yes I am!

Counselor: I am sorry. yes you are? can you explain it more?

Tara: sorry, it just felt good to say that I am worth the time of day...

Counselor: you need to help me and tell me what you feel about yourself? WHAT DO YOU FEEL ABOUT YOURSELF?

Tara: I feel like I am a really great person that if people just took the time to get to know me they would really like me.

The therapist-in-training continues to probe the client's anxiety and self-esteem in this segment. The therapist-in-training begins to use ALL CAPS to emphasize specific points to the client. However, the therapist-in-training is still using the first person, which is confusing the client. It is possible that the client and therapist-in-training are feeling slightly frustrated at this point in the session because of the miscommunication. The therapist-in-training attempts to take charge of the session by asking "WHAT DO YOU FEEL ABOUT YOURSELF?" By capitalizing the words, the therapist-in-training indicates added emphasis and is strongly leading the client to focus on her affect and feelings. The client then voices some feelings about being misunderstood and ignored. This also is a useful example of how various theoretical approaches (i.e., humanistic, cognitive-behavioral) that counseling psychologists adhere to can be integrated within the online context.

Counselor: so, it is just they do not take the time?

Counselor: i feel like there is some more under that?

Tara: A lot of the time no, people just go about their day and never actually stop and talk to people.

Tara: Its how are you? fine, great, bye

Counselor: so, it is like I need more attention from people?

Tara: I get sick of being ignored by my roommates and classmates, so yes, I would say that I need more attention from people

Tara: lots of typos, sorry...

Counselor: that's ok...:-)

Tara: how do I ask for more attention without coming off as needy?

Counselor: I thought you have said you are also preventing yourself to talk in a group because you may sound like stupid. so, do you see any connection between staying back and being ignored?

Tara: yes, I do know, but I had not really thought about it like that until talking to you.

Although the client has responded to the therapist-in-training's question, the therapist-in-training begins to suspect that there are underlying core issues for the client. The client apologizes for her poor typing ability, and the therapist-in-training responds with an emphatic reply, which again includes an emoticon to communicate understanding and warmth. The client asks for direct guidance from the therapist-in-training on how to get more attention, but the therapist-in-training redirects the session by asking the client to create a connection between her social anxiety and isolation. It is clear that the therapist-in-training is making connections and conceptualizing the client's presenting concerns. Even though the session has consisted of a flow of text back and forth, the therapist-in-training is assessing the client, recording relevant information, and facilitating the client's exploration into her lack of close relationships.

Counselor: so, how do you feel about it now?

Tara: I feel like part of the problem is me getting in the way of letting things happen.

Tara: Maybe I need to not force things and see what happens

Counselor: maybe... Tara, before wrapping the session I jys want to ask what you meant by needy?

Tara: Well, I guess someone that anonies people because they are always wanting attention

Tara: that to me is needy.

Counselor: do you feel like you are needy? or you will look needy if you want to get more involved and get more attention?

Tara: I don't feel needy, I don't really bother people for attention at all, I just don't want to look that way if I get more involoved and get more attention from my roommates, ect.

The therapist-in-training again brings the experience in the session to the here and now. Most likely, the therapist-in-training is curious about the client's affect at this time and cannot evaluate this piece of the client without the nonverbal cues. It is important for counseling psychologists working online to continue to check with their clients as the sessions progress. It is entirely possible that a client is tearful during this exchange, but the therapist-in-training would never know unless he or she asked or the client offered the information. Also, during a text-based online session, counseling psychologists can attend only to the client's self-reports. In an FtF session, it is clear when a client is tearful, but this cannot be readily assessed online. Some of the assessments that counseling psychologists take for granted in FtF

sessions must become more overt and explicit in CMC sessions. Oftentimes, in FtF sessions, therapists will ask clients to report their affect on a scale from 1 to 10, and the results are often surprising even when nonverbal cues can be seen. Counseling psychologists working online should use this technique to gauge the client's level of affect to better understand his or her frame of reference during the session.

In this segment, the therapist-in-training is aware of the time limit on the session and begins to wrap up with the client. However, the therapist-in-training inquires about the client's thoughts regarding feeling needy. If the therapist-in-training were to meet with this client again, it appears that this would be a direction the therapist-in-training would explore. From the information provided in the transcript, it appears that the client is uncomfortable asserting herself and reaching out to others. This seems to be caused by her fear of looking foolish or appearing too clingy to those around her. In this segment, the therapist-in-training appears to become more comfortable with the technology, and there is no misunderstanding between the two.

Counselor: Well, I would like to continue and explore it more but Tara, unfortunately we have to stop. How do you feel now-after this very new experience? and of course with your presenting concerns.

Tara: I feel like I have a map that I can start to work on, it is good, thank you for being here.

Tara: I really don't have too many concerns, it just felt good to get a lot of that off my chest.

Counselor: well, thank you for being here, too...:-) It was great for me too. I feel like you were really open and willingly to explore your concerns. I guess it helped a lot! I mean you helped yourself...:-)

Counselor: good luck in your school work and relationships...

Tara: Well, thanks again

Tara: Bye

Counselor: bye

The therapist-in-training concludes the session and checks with the client about the experience. Because this was a one-time-only session, the therapist-in-training is aware that there will be no opportunity for follow-up. If this were an ongoing client, a counseling psychologist would likely continue to gather information and assess the client's presenting concerns. The current information from Tara in this session may not allow for a complex assessment, and a treatment plan would need to evolve over the course of the following sessions. The therapist-in-training offers several reassuring comments near the end of the session and uses two emoticons to communicate a sense of connection with the client before saying goodbye.

SUMMARY

The above transcript, although partly scripted (the client was a confederate), offers a realistic example of how online counseling in a synchronous-chat environment is conducted. It is interesting to note that the therapist-in-training never supplied a name or any identifying information for the client. The researchers did not give specific directions to the therapists-in-training, in order to see how they would operate in the online environment. When conducting online counseling, not only is it important to be direct about assessing the client's current affect, but it is also important for counseling psychologists to openly communicate with the client about his or her reactions to the text in the session. The transcript also provides an example of how counseling psychologists could work to establish a therapeutic relationship, assess presenting issues, and take early steps toward facilitating client exploration and change.

An interesting future discussion for counseling psychologists is whether learning derived from online-counseling sessions translates into changes in the FtF world. Referring to the above transcript, one could ask, "If Tara does learn to reduce her anxiety related to meeting people through online counseling, then will that learning transfer into real changes in her face-to-face behavior?" It may be that a client's learning, growth, and development from online interventions do not produce real change in FtF environments. One way in which counseling psychologists promote change is through modeling behaviors for the client, and the online mode of treatment also seems to affect this process. The transcript also illustrates limitations, as certain interventions did not seem to translate well to text-based communication. Although cognitive-behavioral therapy (CBT) interventions may be most easily adapted to online counseling, CBT still requires monitoring the client's affect, which is more difficult online. In FtF sessions, counseling psychologists can visually assess the client; as this example demonstrates, however, online-counseling psychologists would need to rely solely on self-report from the client to assess minor or more serious issues such as substance abuse or suicide. Counseling psychologists can develop skills to work with clients online but will need to continue to explore if their interventions are facilitating real emotional, behavioral, and cognitive change in their clients.

INTEGRATING THE SCIENCE AND PRACTICE OF ONLINE COUNSELING

Online counseling is predicted to increase in the future (Norcross, Hedges, & Prochaska, 2002), and it is important for counseling psycholo-

gists to continue to become involved in shaping and developing guidelines for the training, supervision, and practice of online counseling. The research reviewed in the previous article (Mallen et al., 2005) indicates that clients accept online-counseling services and that they can experience symptom relief. If consumers continue to demand these types of services, specific training related to working with clients through distance-communication technologies will need to be offered. This training should be approached in two ways. First, counseling psychologists who have already completed graduate education need continuing education courses or training in the nuances of CMC and the specific ethical dilemmas of online counseling. Second, counseling psychology graduate programs should begin to incorporate online-counseling training into existing course work and practica so that new professionals are ready to provide online-counseling services. We detail these two approaches below.

Experienced counseling psychologists interested in providing online mental and behavioral health services should receive training in communicating effectively through distance technologies. This may include gaining experience with new technologies, such as interpreting text messages written through synchronous chat and assessing clients without the aid of nonverbal cues. Counseling psychologists must also be aware of the legal and ethical issues associated with providing online-counseling services. The most common concerns are providing services across state lines, crisis management, confidentiality, and how best to market these new services. Those interested in providing online services should continue to stay abreast of the new legal and ethical issues related to licensure and jurisdiction with online counseling. This article has presented information about the legal and ethical issues involved in providing online mental and behavioral health services as well as specific recommendations for online-counseling training. Exposure to this information is a first step for counseling psychologists, but future structured training is also needed through continuing education courses.

The second approach is to begin training in counseling psychology graduate programs. Currently, there are no structured means for training future counseling psychologists to work in an online setting in graduate-level counseling psychology programs. If counseling psychology graduate programs begin training therapists to work in an online setting, we can offer several suggestions. First, before therapists-in-training work in an online setting, they should be accustomed to the technology that they are going to be using. There are many nuances to CMC, and increased exposure to it can train therapists to deliver messages with more depth. They would be well served by gaining experience in various forms of CMC before attempting to conduct counseling sessions online. For instance, this can be accomplished through course work in a communication-related field and by seeking hands-on expe-

riences by using the technology to gain a clearer understanding of how communication flows back and forth in synchronous chat. Another option is to have therapists-in-training conduct online therapy sessions through role-plays in conjunction with practicum classes. This approach would be similar to an FtF role-play, which is a standard training tool in graduate counseling programs.

Training should also begin early because results from the current literature (Mallen et al., 2005) indicate that experienced therapists are less likely to acclimate themselves to the new mode of service delivery. With years of training in FtF counseling skills, experienced therapists may be unwilling or unable to translate these skills into a computer-mediated environment. By integrating online-counseling training into the early stages of graduate curriculum, we would expose therapists-in-training to the newer modes of treatment before they get stuck in only an FtF-counseling mindset, which may prevent them from adequately offering these services in the future.

Finally, as illustrated by the synchronous-chat transcript, it appears that certain fundamental counseling skills translate more effectively to the online setting. Specifically, it seems that cognitive-behavioral interventions might be most promising in this domain. However, other techniques and interventions might suffer from the lack of nonverbal cues and the potential misunderstandings from text-based communication. As more counseling psychologists get involved in providing online services, the foundation of knowledge related to practical aspects of treatment will become more solid, and our understanding of how best to implement online counseling will increase.

Counseling psychologists can use their specific training in the scientist-practitioner model to determine the course of online counseling. They are in a unique position to evaluate research findings and translate those findings into practical techniques for online-counseling interventions. Counseling psychologists can potentially extend their reach to serve new populations, but if the field discovers that the mode of treatment is not effective, then counseling psychologists have a responsibility to limit the practice of online counseling to ensure that the treatment does not harm clients. If online counseling is shown to be effective and worthwhile, then counseling psychologists can use these modes of service delivery to serve the unifying themes of the field. The practical aspects discussed in this article give counseling psychologists an orientation to online counseling, but the heart of service delivery remains the FtF clinical skills that counseling psychologists have learned throughout their education and training.

APPENDIX

Additional Informed Consent for Online-Counseling Template

The distance involved in online counseling brings up specific issues in terms of confidentiality and privacy. First, although specific measures have been taken to protect the information that will be communicated between you and your therapist through encryption technology, the privacy and confidentiality of computer-mediated communication cannot be 100% guaranteed. Your therapist will take every measure to safeguard your information, but you should be aware that there is a very small chance that information can be stolen from transmissions between yourself and the therapist.

Second, it is possible that you may save the information discussed in your online counseling session to your computer as a transcript, or print out this transcript to save for your records. If you do decide to save this information, you are encouraged to take steps to ensure that this information remains confidential as your therapist cannot be responsible for the safeguarding of these materials. For instance, another individual could access your computer and view the saved transcripts, or may locate print copies of transcripts from your sessions, which likely contains sensitive material. Please take steps to protect your confidentiality and do not assume that information on your computer is private if others have access to the machine.

Third, because therapists have a duty to warn and to protect if there is an indication that the client is a danger to themselves or others, there is a need for extensive contact information so services can be delivered to you in the case of an emergency. For example, if you demonstrate to your therapist that you have strong intent to harm yourself or another, your therapist is legally and ethically bound to take action to protect everyone involved. These potential services will be easier to implement if you were attending face-to-face counseling sessions because both you and your therapist would be in the same location. To make the delivery of emergency services more efficient, please provide the following information:

Client Name: _____

Home Address:

Home Phone Number:

Cell Phone Number:

Work Address:

Work Phone Number:

Primary Physician: _____

Address:

Phone:

Emergency Contacts

Local Police Department:

Phone Number:

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