

Web-Based Counseling: Evaluating Efficacy in Light of Ethical Challenges and Therapeutic Advantages

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Abstract

The Pew Research Center (2009) report wireless internet usage discovered that 70% of American adults utilized the Internet and about half of U.S. citizenry reported having access to the Internet in their own homes. With statistics indicating such widespread Internet access it is no surprise that the World Wide Web is now being used as a source for mental health services. Although Internet-based mental health interventions have been in use before the 1980s in some forms (Skinner & Zack, 2004), there are still debates regarding the efficaciousness and ethics related to online practice. This research will summarize the history of the use of the internet for the provision of mental health services which also covers the types of Internet delivery systems. In addition it will focus on the ethical guidelines that have been developed by the major counseling agencies that provide guidance to the profession.

Keywords: Internet counseling, Ethics, Online counseling, web-based interventions

A Brief History of Internet-based Therapeutic Interventions

In the mental health profession face-to-face sessions are the customary form of intervention, however therapeutic interventions have taken a variety of forms over the years. Freud, for example, utilized written communication in the form of letters in his work with “Little Hans” (Skinner & Zack, 2004), and the telephone has been consistently used for crisis interventions of all kinds (Mallen, Vogel, Rochlen, & Day, 2005, p. 824). Mallen and colleagues reported the initial controversy enveloping the use of the telephone for therapeutic intervention, but that 98% of the doctoral-level psychologists surveyed in a 2000 study utilized the telephone in providing services for their clients. Also reported in that study, 69% of respondents reported conducting individual psychotherapy by telephone, and 79% reported employing the telephone in providing emergency care for their patients.

Skinner and Latchford (2006) explain that the rise of online counseling corresponded with the rise of technology businesses that began utilizing the Internet to sell a multitude of services, however, Internet-based services for mental health began as early as the 1980s; the earliest provided mental health advice for the students of Cornell University (Skinner & Zack, 2004). The program, *Ask Uncle Ezra*, began in 1986 and continues today. By the mid-1990s, however, more specifically mental health-related websites began to appear. Ivan Goldberg, M.D., launched an online support group to assist individuals dealing with depression, and John Grohol created an open chat room to discuss various mental health issues (Skinner & Zack, 2004). In 1995 fee-based mental health services arose online, sometimes offering advice for a small charge. However, the founders of other websites made it their goal to establish ongoing therapeutic relationships with clients online. Skinner and Zack explain that e-clinics were created, offering independent mental health professionals a website from which to advertise. The e-clinic took care of online security, billing services, screening, and advertising, and the helping professional paid a monthly fee in order to take advantage of the e-clinic’s services. Consumers were able to peruse the list of mental health professionals on the website in order to find the best fit.

The Definitions and Forms of Online Counseling

Barak, Klein, and Proudfoot (2009) note that multiple terms have been used to describe Internet-supported therapeutic interventions including: online therapy or counseling, e-therapy, computer-mediated interventions, web-based therapy, cybertherapy, e-Interventions, and eHealth. Alleman (2002) explains that online exchanges can take many

forms, but that the most popular is e-mail exchange (p. 200). While e-mail is an example of asynchronous communication, instant-messaging and videoconferencing are forms of synchronous exchange as they take place in real time (Mallen, Vogel, Rochlen, & Day, 2005).

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

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

Potential Benefits and Challenges of Online Counseling

Before research had been conducted regarding the efficacy of online counseling, anecdotes and judgments were used to determine the potential risks and benefits associated with online therapeutic interventions. Researchers and practitioners discussed why clients would choose the Internet for mental health services, and what sorts of ethical or legal problems could arise as a result.

Convenience and Access

One of the primary benefits of the internet is the easy of access and convenience. The single most commonly identified benefit of Internet counseling is the convenience for the client (Leibert, Archer, Munson, & York, 2006; Mallen, Vogel, Rochlen, & Day, 2005; Rochlen, Zack, & Speyer, 2004; Shaw & Shaw, 2006). Patients utilizing Internet counseling

can access the mental health provider from their home, cyber café or any place with internet access (Leibert et al., 2006). Additionally, individual with physical disabilities or in remote locations have access to mental health services via the Internet (Rochlen et al., 2004; Shaw & Shaw, 2006).

Disinhibition

Several researchers have hypothesized that would be attracted to Internet counseling because of what is considered the disinhibition effect (Alleman, 2002; Fenichel et al., 2002; Hanley, 2009; Leibert, Archer, Munson, & York, 2006; Rochlen, Zack, & Speyer, 2004; Richards, 2009; Shaw & Shaw, 2006; Suler, 2004). Suler (2006) concludes that the Internet leads to people behaving in ways they wouldn't when away from the screen, often positively, being more open, or honest. Leibert, Archer, Munson, and York (2006) explain that researchers projected that online mental health interventions would be an attractive option for individuals struggling with anxiety disorders or social phobia, or people living with eating disorders. In addition, individuals who fear being judged may benefit from online counseling. Fenichel et al. (2002) espoused the examples of survivors of sexual abuse, domestic violence or GLBTG individuals as examples.

Therapeutic Writing

Numerous researchers have expounded on the potential positive benefits to clients that participate in Internet therapy that concentrate on writing (Haberstroh, Duffey, Evans, Gee, & Trepal, 2007; Mallen, Vogel, Rochlen, & Day, 2005; Rochlen, Zack, & Speyer, 2004). The research by Johnston, Startup, Lavender, Godfrey & Schmidt (2010) highlight therapeutic writing as an intervention for symptoms of bulimia nervosa. The study concluded that bulimic symptoms decreased in a group of 81 participants that completed a controlled writing task by email. Writing has been shown to serve as an outlet for individuals dealing with physical and emotion stress (Haberstroh, Duffey, Evans, Gee, & Trepal, 2007).

Lack of Nonverbal Cues

Mehrabian (2007) hypothesized that, “in conversations 93% of the meaning is communication through nonverbal cues such as facial expression, behavior and voice quality with only 7% of the actual message communicated through words themselves.” Similarly with the evolution of utilization of the telephone for therapeutic purposes, a criticism of Internet-

based mental health interventions has been that clients and practitioners lack the nonverbal cues they access during face-to-face sessions (Alleman, 2002; Leibert, Archer, Munson, & York, 2006; Mallen, Vogel, Rochlen, & Day, 2005; Rochlen, Zack, & Speyer, 2004; Shaw & Shaw, 2006). Leibert, Archer, Munson, and York (2006) explain that nonverbal cues have traditionally been treated as essential in the formation of counseling relationships. Proponents counter by arguing that enterprising clients can use a variety of compensatory techniques to enliven and imbue their writing with emotive and conversational quality. Examples include “emoticons,” either symbols formed by aggregated keystrokes, such as “frowny faces,” or cartoon-like icons representing a wide variety of moods and effects, parenthetical expressions that convey subvocal nuance, CAPS for emphasis; bracketed labels for emotion, use of similes and metaphors (Gamino & Ritter, 2009).

Evaluating Efficacy in Online Counseling

There are multiple ways of assessing the efficacy of online counseling. Some scholars have assessed the effectiveness of online interventions on the reduction of problematic mental health symptoms. Studies investigating the efficacy of Internet-based interventions, including self-guided and counseling methods, on mental health symptoms like panic and anxiety disorders (Bergström et al., 2009; Christensen et al., 2010; Klein et al., 2009; Richards, Klein, & Carlbring, 2003), depression (Perini, Titov, & Andrews, 2009; Robertson, Smith, Castle, & Tannenbaum, 2006; Warmerdam, van Straten, & Cuijpers, 2007), and complicated grief (Dominick et al., 2009; Wagner, Knaevelsrud, & Maercker, 2005, 2006) have shown promise.

Notwithstanding, researchers have commented on other problems related to internet counseling. For instance, Hanley’s (2009) research focuses on therapist-client relationship as a determining factor of therapeutic alliance. A major focus of current counseling research is to ascertain if an effective therapist-client relationship can be established utilizing Internet resources (Fenichel et al., 2002; Haberstroh, Duffey, Evans, Gee, & Trepal, 2007; Hanley, 2009; Helton, 2003; Leibert, Archer, Munson, & York, 2006; Lovejoy, Demireva, Grayson, & McNamara, 2009; Reynolds, Stiles, & Grohol, 2006; Shaw & Shaw, 2006). Simultaneously, client surveys are being used by some scholars conducting research on Internet mental health interventions as an avenue for determining the efficacy of this approach

A phenomenological methodology was conducted by Haberstroh, Duffey, Evans, Gee, and Trepal (2007) that studied the lived experiences of five individuals that participated in synchronous Internet-based counseling. Graduates students in a counseling program from a

large university constituted the sample. Internet therapy was provided by doctoral counseling interns and frequent oversight supervision provided by licensed and credentialed faculty. The results of this research revealed that participants had contracting experiences. Interestingly, participants conveyed that the primary hurdle to establishing a therapeutic relationship with the therapist was technical problems. This conclusion let researchers to surmise that clients must be technically literate and that alternative means of interaction should be available to the therapist. This study also revealed that participants reported divergent experiences related to the client-therapist relationship. There were participants that reported and strong, supportive relationship and other reporting no therapeutic alliance established with the therapist.

Leibert, Archer, Munson, and York (2006) undertook a quantitative study to review the self-assessment of 81 participants that engaged in Internet counseling services. The sample for this study was recruited using online bulletin and the participants were asked to report on their satisfaction with online counseling. In addition, the participants were asked to assess the ease of self-disclosure to the therapist, and the quality of the therapeutic alliance established with the online therapist. Similar to Haberstroh et al.'s study, the participants in this study reported contrasting experiences. As would be expected in the online counseling environment, participants reported less inhibition and more ease with self-disclosure with Internet counseling. Conversely, res results indicated a strong relationship between face-to-face counseling and a strong client-therapist alliance.

In an attempt to compare client-therapist alliance in Internet counseling sessions with previously published results from face-to-face counseling, Reynolds, Stiles, and Grohol (2006) recruited therapist (n= 16) and clients (n= 17) to evaluate their perceptions. The methodology was asynchronous e-mail therapy sessions (n= 205) held and participants asked to evaluate their experiences. Therapist rated their online experience with clients more positively than face-to-face therapist from previous research studies. Overall the participants and therapist rated their experience with Internet counseling and as positive in terms of alliance and impact.

Resolving Ethical and Legal Dilemmas in Online Counseling

While practitioners embraced the internet counseling phenomenon, counseling organizations were reluctant to form definitive statements or guidelines on the practice. In 1997 the International Society for Mental Health Online (ISMHO) was formed to promote the understanding, use and development of online communication, information and technology

for the mental health community. In that same year the American Psychological Association published its first position statement on the practice of Internet counseling (APA, 1997). Shortly thereafter in 2001 the British Association for Counseling and Psychotherapy published its guidelines and subsequent revisions in 2005 (BACP, 2005). The American Counseling Association came onboard with an addendum to their code of ethics in 1999 and in 2005 finalized a more comprehensive update to its code of ethics to include Internet technology in counseling. There are significant concerns that have arisen as a result of the infusion of internet into the counseling arena, health care professionals and researchers have followed and continue to adhere to the guidelines established to these and other counseling associations.

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

Technology-assisted Services, Inappropriate Services, and Access

Researchers have named many ethical dilemmas associated with access to services and client suitability in terms of online mental health intervention. The American Counseling Association indicates that it is the responsibility of the practitioner to ensure that clients are capable of utilizing the technology, but also that an Internet-based intervention is appropriate to suit their needs (2005). Fenichel et al. (2002) argues that there are some very practical considerations that practitioners must take into account when deciding if a potential client is appropriate for online services. The authors explain that the ideal client for Internet-based interventions is able to type quickly and expressively, and able to attend to miscommunications on either end. In addition, though, the practitioner must determine, often without meeting a client face-to-face, if online services are sufficient in relation to their mental health needs. Helton (2003) asserts that there is still debate as to what mental health issues can best be treated via Internet-based interventions. For example, a common belief is

that individuals experiencing suicidal ideation or recent psychotic episodes should seek face-to-face counseling rather than online interventions, and that online practitioners should agree to work with individuals functioning at moderately high levels (Mallen, Vogel, Rochlen, & Day, 2005). Rochlen, Zack, and Speyer (2004) argue that the online practitioner will have to conduct thorough screening in order to make the best assessment.

Laws and Statutes, and Assistance

The rise of Internet-based practice has also brought up various new legal questions, one of which is the issue of licensure and interstate practice. Licenses and certifications to practice counseling are generally state-issued and therefore do not transfer services to other states. Helton (2003) explains that at issue is whether or not practitioners should be able to counsel individuals living in other states. Alleman (2002) notes that the laws and statutes, as they relate to the Internet, are hard to enforce. The American Counseling Association (2005) asserts that it is the ethical responsibility of the practitioner to use the Internet within the boundaries of local, state, national, and international laws. One means of dealing with the issue, according to Mallen, Vogel, Rochlen, and Day (2005) is to recruit clients solely from the state within which one is licensed. Another option would be for a special accreditation specifically for Internet practitioners (Helton, 2003). Helton points out, however, that standardization of licensure and credentials, and determining which organization would oversee accreditation would be difficult. Midkiff and Wyatt (2008) have some novel suggestions of how to deal with the issue including requiring that practitioners acquire licenses to practice in every state in which a client resides, or link a client to a practitioner within their state before beginning therapy, and then for face-to-face sessions at required intervals during counseling.

Technology and Informed Consent

According to the American Counseling Association's *Code of Ethics* (2005), obtaining informed consent is an essential part of the counseling relationship, and interestingly, researchers have identified informed consent as one of the potential ethical challenges of conducting Internet-based mental health interventions. Informed consent entails notifying the client of the legal limits to confidentiality, technological limitations, the means the practitioner will take to ensure confidentiality and privacy, emergency procedures, and fee arrangements. Informed consent must also include details such as time zone differences and

scheduling if applicable (Mallen, Vogel, Rochlen, & Day, 2005). Perhaps most significant, however, is the issue of confidentiality. Technology is not foolproof, and researchers consistently recommend the use of encryption software in order to protect privacy (Alleman, 2002; Barnett & Scheetz, 2003; Helton, 2003; Manhal-Baugus, 2001; Midkiff & Wyatt, 2008). A study evaluating the compliance of the ethical standards for Internet online counseling, Shaw and Shaw (2006) developed a 16-point checklist based on the American Counseling Association's Ethical Standards for Internet Online Counseling (1999). After assessing 88 websites, the authors concluded that approximately one-third of practitioners conducted intake procedures informing potential clients about the limits of confidentiality.

According to the American Counseling Association, online practitioners must also inform their clients of the fees for their services, as well as whether or not they are covered by insurance plans (2005). Skinner and Zack (2004) assert that insurance companies will eventually begin to reimburse for online mental health interventions as their validity and effectiveness are proven. In keeping with the ethical obligations of informed consent, Midkiff and Wyatt (2008) recommend that any money or insurance-related information be displayed prominently on the website, and that links to the information be clearly indicated.

Ethical Responsibility

The American Counseling Association (2005) also specifies that the ethical online practitioner maintain a website with functioning links, establish a means of contact in the instance of technological problems, provide assistance in identifying relevant licensing and certification requirements, provide a site accessible to all individuals, and assist in locating other reputable mental health information on the Internet. Another key ethical responsibility, however, and one that is complicated online, is the duty to develop a means of verifying the identity of clients, and further obtaining consent to treat minors or others unable to consent to treatment. In Shaw and Shaw's 2006 study evaluating the ethical compliance of Internet-based counseling providers, fewer than half of the online practitioners attempted to verify the identity of clients by requiring names, addresses, or birth dates. Alleman (2002) and Lovejoy, Demireva, Grayson, and McNamara (2009) note that some online practitioners choose to require an initial face-to-face visit to verify identity prior to beginning Internet-based treatment. Unfortunately, requiring a visit may be the only way to truly confirm the identity of a potential client, but it can also deter the client from utilizing the service. Manhal-Baugus (2001) also suggests that the online counselor confirm the information they gather from the

client, including their local emergency contacts, physical address and telephone numbers as a means of verifying identity, and Rochlen, Zack, and Speyer (2004) maintain that web sites require log-in procedures including passwords to prevent unauthorized individuals from accessing the communication system.

Multicultural/Diversity Competence

One potentially beneficial aspect to online therapeutic intervention is that the medium has the potential to serve populations who have traditionally been less likely to seek face-to-face counseling services. However, Mallen, Vogel, Rochlen, and Day (2005) point out that the issue of diversity in online counseling is complex. For example, Latino Americans and Asian Americans are underserved in terms of face-to-face mental health services, and African Americans suffer from higher risks of stress-related diseases; it is possible that all could benefit from online therapeutic intervention. But the lack of participation in face-to-face counseling services by these minority groups does not automatically translate into a strong interest or utilization of online mental health interventions. As reported earlier, half of U.S. homes surveyed by the Pew Research Center reported access to the Internet (Horriagan, 2009), but populations with lower incomes and higher poverty rates may be less able to afford Internet access (Mallen, Vogel, Rochlen, & Day, 2005). Midkiff and Wyatt (2008) recommend that the online practitioner obtain as much information regarding culture as the client is willing to divulge. They suggest including an assessment on cultural values along with the informed consent as an option for the client to provide additional information about themselves.

Termination and Referral

Another ethical issue that arises with Internet-based mental health intervention is the issue of termination and referral. When an online counselor practices in a geographical location separate from the client, problems can ensue if a need for a transfer of services arises. There is also debate as to whether an online practitioner can practice crisis management from afar, as well as a criticism of online counseling due to failing mental health websites and the clients left without proper referrals. Shaw and Shaw (2006) found that within the two months of data collection in their study evaluating the ethical compliance of online mental health counseling websites, 20% of the 88 sites shut down, raising the ethical issue of termination and abandonment. Mallen, Vogel, Rochlen, and Day (2005) suggest that the online

practitioner locate multiple referrals in the geographical area of the client prior to beginning services (p. 852). In addition, websites can list crisis hotline numbers so clients can locate assistance at any time (Manhal-Baugus, 2001).

Professional Responsibility

Professional Competence

Another key component of the American Counseling Association's (2005) *Code of Ethics* includes professional responsibility and professional competence. It is the responsibility of practitioners to practice only within the bounds of their education, training, and skill level. To attempt to assist others outside of that realm is to violate the *Code of Ethics* (Alleman, 2002). Helton (2003) explains that practitioners experienced in face-to-face methods can incorrectly assume that they will do just as well in the online environment. This is a concern in terms of online or Internet-based mental health intervention because the field is relatively new and graduate programs are not adequately preparing students for careers practicing online counseling (Lovejoy, 2009). Caspar and Berger (2005) agree that practitioners with more traditional mental health treatment skills are not necessarily prepared for online work. Cárdenas, Serrano, Flores, & De la Rosa (2008) argue that students must become skilled at assigning their skills dedicated to face-to-face practice to online service. Further, however, the authors discuss a pilot study conducted to evaluate a training program developed to teach the transfer of skills to students studying clinical psychology. Following participation in their intensive one-semester training program, students scored 36% higher in overall knowledge. The program taught symptom diagnosis and treatment, and the utilization of software and its application in online psychological intervention. After two semesters with the program participants' therapeutic skills improved further, from 15.8% at the initial assessment to 84.7% following the second semester. The authors concluded not only that the training program was effective, but that practitioners require additional training in order to provide proficient online mental health interventions.

Professional Qualifications

Another essential ethical component of the American Counseling Association's (2005) *Code of Ethics* includes the maintenance of credentials and accurate representation of professional qualifications. Alleman (2002) points out that online client do not have the benefit of visually viewing a diploma on their therapist's wall; therefore, it is the ethical

obligation of the online practitioner to make every effort to verify their credentials by other means. Manhal-Baugus (2001) suggests that the online counselor provide their identifying information on their website, including: name, state and country, telephone number, discipline, and the certifications and licenses they hold, and further register with Internet-based credential checking services. Midkiff and Wyatt (2008) even suggest that “a neutral party review and evaluate an online practitioner’s web page for accuracy of representation” (p. 322).

Conclusion

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

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