

Archived Forum Discussions, 2009-2012: Online Therapy Institute

The following posts are archived from the Online Therapy Institute/Online Coach Institute open discussion forum that is no longer accessible. Current open discussion is available at [LinkedIn](#) and [Facebook](#). Our closed, secure and encrypted Forum is available to students at the Online Therapy Institute/Online Coach Institute: <http://onlinetherapyinstitute.com/consultation-and-business-forum/>

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'own space' issue for clients in their own home

Posted by Marian Cole on May 21, 2012 at 10:49am

In a conversation with a friend I learned of someone (in the UK) who was recently offered online therapy via her GP. The choice was telephone or synchronous chat or wait for longer for FtF. The woman being offered therapy said that it did not feel 'safe' or 'private' in her own home. It didn't feel like her 'own space', and this went against opening up. She felt she needed to be somewhere separate from her home and her problems in order to let go and talk about them. My friend was in total agreement with that - 'how can you really relax and be yourself in a room that others might enter, or use a computer that others might see'. And there was an implication that a conversation with a live person was pretty essential too.

I didn't disagree, partly because the feeling behind the comments was pretty strong. I wonder how many other people being offered (versus independently searching out) online work think the same. Does anyone know of any research on this?

Writing for TILT Magazine? Here's a handy tool to help!

Posted by Kate Anthony on January 23, 2012 at 1:52pm

Just had to share this excellent resource, passed to us by the lovely [OnlinEvents](#) team:

The [Harvard Referencing Generator](#) is a simple way of generating your reference in the Harvard format, which is the preferred format for TILT articles as detailed in our [Writer's Guidelines](#).

The tool will provide a reference for a book, chapter, journal article, website or even an email. Simply fill in details such as author, title, page numbers, publisher, etc - and it will do all the hard work for you, ready to cut and paste!

If YOU know of a handy tool that our members may want (or need!) to know about, please do blog it here at the social network.

And Happy Referencing!

Therapy in Second Life

Posted by Suzanne Conboy-Hill on March 22, 2011 at 11:25am

We are thinking of setting up clinics in Second Life. Has anyone cracked the business of ensuring that the right person, and only the right person, is in the session at the time? We will have a purpose built environment with full access management capability so we can give people access to the clinic for their appointment. But how do we prevent them from nipping back in at other times without changing all the access criteria after each appointment? Maybe there's something obvious that I haven't seen yet but if you have a solution, we would be very pleased to hear it! Many thanks.

New Symposium on Developments in the Use of Technology in Counselling and Psychotherapy, Edited by Stephen Goss and Kate Anthony, in the British Journal of Guidance and Counselling

Posted by Stephen Goss on August 14, 2009 at 12:19pm

This is to announce that this symposium (above) has now been published and is available online. It grew out of a special event organised by Derek Richards and his colleagues at Trinity College Dublin funded by the European Science Foundation that brought together a range of leading experts working at the cutting edge of the field. The event itself has had a lasting impact and included papers on a wide range of technologies and this special edition of the British Journal of Guidance and Counselling allows readers to access this work. It provides a sampling from developments in the field by practitioners, trainers, researchers and developers working directly with the topics described and offers insights into what can be achieved, the research and development processes involved and the use of the technologies described.

It can be seen at <http://www.informaworld.com/smpp/title~db=all~content=g913327775> in outline, including full abstracts and references for all articles. Full papers can be ordered as PDF files and in other formats or the Journal subscribed to online too.

British Journal of Guidance & Counselling, Volume 37 Issue 3 2009

DEVELOPMENTS IN THE USE OF TECHNOLOGY IN COUNSELLING AND PSYCHOTHERAPY

The list of articles is as follows:

Developments in the use of technology in counselling and psychotherapy

S. Goss; K. Anthony

Pages 223 – 230

Features and benefits of online counselling: Trinity College online mental health community

Derek Richards

Pages 231 – 242

Students' psychological web consulting: function and outcome evaluation

G. Efstathiou
Pages 243 – 255

The working alliance in online therapy with young people: preliminary findings

Terry Hanley
Pages 257 – 269

Psychotherapy via videoconferencing: a review

Susan Simpson
Pages 271 – 286

The Intelligent e-Therapy system: a new paradigm for telepsychology and cybertherapy

M. Alcañiz; C. Botella; R. M. Baños; I. Zaragoza; J. Guixeres
Pages 287 – 296

The acceptability of an Internet-based self-help treatment for fear of public speaking

C. Botella; M. J. Gallego; A. Garcia-Palacios; R. M. Baños; S. Quero; M. Alcañiz
Pages 297 – 311

Therapeutic applications of the mobile phone

Alessandra Preziosa; Alessandra Grassi; Andrea Gaggioli; Giuseppe Riva
Pages 313 – 325

ES[S]PRIT – an Internet-based programme for the prevention and early intervention of eating disorders in college students

Stephanie Bauer; Markus Moessner; Markus Wolf; Severin Haug; Hans Kordy
Pages 327 – 336

Virtual reality: an experiential tool for clinical psychology

Giuseppe Riva
Pages 337 – 345

An adaptive display to treat stress-related disorders: EMMA's World

R. M. Baños; C. Botella; V. Guillen; A. García-Palacios; S. Quero; J. Bretón-López; M. Alcañiz
Pages 347 – 356

Stephen Goss

Newcomer Questions

Posted by Lindsey Halpern-Givens on April 26, 2009 at 4:02pm

I am interested to know how folks got started in providing online therapy. What motivated you to start an online practice? What advice are you willing to share with neophytes? Does anyone practice through Live person.com? Thanks!

Replies to This Discussion

Reply by DeeAnna Merz Nagel on May 2, 2009 at 3:41pm

Hi Lindsey! I am sure we have all migrated to this work for different reasons- I have been doing online therapy for over 10 years and when I started, I needed a way to produce income from home. I started out with a listing on an e-clinic and now I offer online therapy through my website.

We do have some folks here who practice through LivePerson- hopefully they will chime in. My advice is to just know that building an online practice is just like building any other practice or business- it takes time, word of mouth, networking and marketing!

Hi DeeAnna and Catherine,

Thanks for the responses. I am glad to get a discussion started. I am a licensed professional counselor and certified rehabilitation counselor (this is a National designation) in the state of Illinois. I am also a Board Certified Chaplain and a trained Pastoral counselor with the American Association of Pastoral Counselors who currently practices with a private agency, part time. I am interested in learning more about e-therapy and have studied about it, reading favorably, particularly regarding treatment for men. The studies I read stated that younger men, esp. men who were working through grief issues were more likely to avail themselves of online counseling. I was looking into Liveperson.com but read that Liveperson.com in their contractual agreement with counselors forbids any kind of contact with clients outside of Liveperson sessions. SO- if a client - in an e-mail contacted a therapist- (hypothetically expressing suicidal ideation for example) how would a therapist assist the client? (If not in a Liveperson session?) Some of the verbiage of the Liveperson contract concerned me and I therefore decided against their platform at this time BUT would like a platform for an e-practice. These are just some of my thoughts.

Reply by E-Therapy on June 1, 2009 at 2:52pm

Hello Lindsey, We started E-Therapy by getting together a few therapists, and a tech-e guy, and then we set up a website and some 'therapy rooms'. The biggest IT challenge is to provide HIPAA compliant services. We would be happy to discuss what we are doing,

Best regards,

E-Therapy

<http://electronic-therapy.com>

Reply by Fran Marmor on June 13, 2009 at 3:12pm

I also would love to get started with an on-line therapy practice. I am a great therapist, but lousy computer person. Does someone know of an IT person with experience helping people set up on-line practices who is reasonably priced? Also, can someone give me an idea of the income potential with this type of practice? Thanks so much. Fran

Reply by Jacqui Atkinson on November 11, 2009 at 8:55am

Hi my interest started when I was working in a college as a counsellor and realised that young people were getting ever more into the technologies for their communication. The other reason alongside this was my thinking about possible retirement from that but still wishing to work. I had a small f2f practice but as we wanted to spend more time in Portugal online work became increasingly attractive.

Re advice keep in touch with all your contacts as you never know what opportunities will emerge.

Jacqui

"Therapy Online: Good as face to face?"

Posted by Trinka Polite on August 31, 2009 at 3:27pm

Here's an article I found today on CNN:

"Today, with the Internet, people can use the instant message format to communicate with real therapists. A new study in The Lancet suggests that real-time chat therapy with a psychotherapist is successful in helping people with depression."

Full article on this link:

<http://www.cnn.com/2009/HEALTH/08/31/online.internet.therapy.cbt/index.html>

Replies to This Discussion

Reply by Trinka Polite on August 31, 2009 at 7:45pm

You may want to check out the "Sound Off" section below the article to see readers' comments.

Reply by Deborah J. Boyd on October 11, 2009 at 5:06pm

One thing I have noticed is that there are many pretenders online. They do not post pictures but if you accept that and move on they will gradually say enough so you can get a good idea of who they are, or

in some cases should be. If you think about it, the Internet allows people to be accepted that might not be ordinarily. I am not a trained therapist but in order to establish Peace on Earth I need to be able to listen to many points of view without being too judgmental. I get annoyed with Eastern religions and the confusion between personal Peace and World Peace. War will never create Peace. War can only lead to destruction. This does not mean we should not have police action.

Reply by Relationship Café on October 16, 2009 at 2:23pm

As a therapist, I have expressed to my face to face clients (and plan to share with my online clients when I get some) that I work with what they give me. If they choose to give me lies, then I am working with their lies. An example: A couple come in stating that they want to work on their marriage. I later find out that they aren't really married but living together and the woman wants to get married and the man does not. I was working on their marriage focusing on commitment and the 'vow they made'. There were no vows. How would I know? Online or Face to Face, I work with the information I am given. I am not a private investigator to go out and see if they are lying to me or not. So, I caution them to tell me what they want me to work with. However, I am discerning and I do pay attention to what I am told, seeking for the truth in it all.

Reply by Alisa E. Clark on October 19, 2009 at 6:30pm

I'd like to see how it compares to CBT face to face. Hopefully that study will be forthcoming? I like having someone across from me, especially for long term care. I want to see a real person who's invested in me. Although, some may prefer the anonymity? Everyone is different. Chat therapy will likely be preferred by some. Thanks for the article. Very interesting.

Reply by Art Matthews, MA LPC DCC on October 24, 2009 at 6:03pm

I think it's interesting that we consider the use of the internet as creating a "new" approach to therapy. Distance therapy has been around since there were phones and psychotherapists. Who knows, some forward thinker may have even used the USPS to send and receive communication before that.

What is therapy? Can you pinpoint an action, a statement, a technique and say that this is a therapeutic intervention? To me, it's the relationship. Relationships are created F2F and at a distance. Some folks are well suited to certain methods of communication and not well to others.

Matching therapist to client and delivery model to the therapeutic relationship is what is necessary.

Reply by Tiffany Riddans on October 31, 2009 at 2:27am

The LANCET article cited does not support the conclusion the CNN author draws.

That CNN person draws an erroneous conclusion - if she had bothered to read the article or if she had taken any research classes she'd know not to make such a huge mistake.

The LANCET population studied was not an open internet population, but rather a very well selected group pre-screened non-suicidal and non-severely depressed people by primary care docs. They also had tremendous backup care in the form of all those primary care docs who referred them.

That LANCET group is VERY different from a group of people contacting us through the internet without any screening or backup at all.

This kind of thing can get us into trouble if people read it and think it's safe to just hang a shingle out there and work with anyone online and completely without backup.

and the total is....???

Posted by Trinka Polite on May 18, 2009 at 8:18pm

Hi fellow OTI members!

I've been attempting to do some research on any stats that estimate how many people are actually engaging in online counseling. I was prompted by someone asking me, and I thought like hmmm I DO NOT know.. So I've been trying to find some numbers...Any suggestions?

Thanks

Reply by John Norris on May 19, 2009 at 11:29am

Good Luck!

I've been looking into these sort of numbers in virtual worlds and have a few things based on what the application reports. However, going this way is really tricky in that one person can have multiple logins/avatars. I'd guess a better way is some general study of what people themselves report.

For what it is worth-

[IMVU](#)

[Second Life](#)

I will have more numbers from the worlds published soon. But they will not be the over all type of thing you are probably looking for.

Hope it helps in someway!

John

Reply by Trinka Polite on May 19, 2009 at 8:22pm

Thanks John! It's a start. I think as online counseling/therapy becomes more widely accepted that we will see more research that will give us a better picture of usage. I'll review the info that you sent to me.

Reply by Stephen Goss on May 20, 2009 at 8:04am

So far as I am aware nobody has accurate figures for the numbers of online counsellors. We do know that it is growing - certainly more and more people are taking the wise choice of training for this specialism and the throughput of courses that lead to an adequate standard of competence to practice would be one way of keeping tabs on the growth of the sector.

Otherwise, it might mean undertaking a profession-mapping exercise. I have been involved in one such mapping exercise (looking at volunteer counsellors in Scotland, rather than online counsellors world-wide) and I can say that it is a pretty resource-intensive process. Impressive results, but definitely requiring significant leg-work! It would take an overseeing body or foundation to fund that kind of research properly (I'd love to lead it if anyone wants to help find the funding! ;o))

Short of that sort of formal process, there are the memberships of professional bodies (over 130 here at OTI; about 150 in ISMHO, in the UK ACTO just have around 30 members I think) but those memberships will be overlapping and not really representative of the field in themselves of course - there is a lot more going on than those numbers would suggest I know.

Then of course there's the tricky question of what 'online counselling' should include - for instance I am about to set up a texting crisis-intervention service for a group called the Campaign Against Living Miserably (CALM) - would that be part of the same pool? Would we include telephone or VoIP? But perhaps those are all questions to wait for the research funding application!

All other thoughts welcome here of course...

Stephen

Reply from Trinka Polite on May 21, 2009 at 12:25am

Stephen

You probably bring up what will probably be one of the biggest challenges--defining terms. And for that matter, what terms will be acceptable? I appreciate the perspective you added to the discussion, because I was wondering about how many people are engaging in online counseling as far as clients--not professionals. To add to what you mentioned, I think we will see, with growth, the standards of competence go through many revisions.

Some questions that my friend and I were tossing around were like what demographic is actually using online counseling and since this is a new field, what sources do you include in your marketing plan to reach more of them, etc... I know there is some literature/discussions out there on how online

counseling may reach certain populations, but are we seeing them? do they know we're out here? :-)

i know that most of these questions have no answers yet, but just wanted to get some thoughts on the subject.

Here's an article from Canada on usage of online counseling:

<http://www.google.com/gwt/n?u=http%3A%2F%2Fwww.news.utoronto.ca%2Fb...>

Trinka

Reply by Dr. Gina M.-S. on July 15, 2009 at 7:15pm

Greetings!

A paper just came out what most people use the web for in health. It was posted in the Twitterverse. My cursory reading stated that most people right now actually read as many side articles on their health, then confer with their PCP on treatment decisions. Something like 60-80%. I found that interesting.

Sincerely,

Dr. G-

Am I being discriminated against?

Posted by Jilly Bentley on January 20, 2010 at 7:48am

I have recently moved to France and so my therapeutic practice is now entirely online. I have decided not to work face to face here for several reasons. The main two being; insurance and language barriers, I could make myself available to the ex-pat community but feel this is more valuable to me as a social/support network at the moment.

I have been working with two supervisees in the UK face to face over the last three years. We have had a good working alliance and I feel our working relationship has evolved well and been very valuable.

Since I have changed to online they both expressed a desire to continue working with me but their line manager (a trained counsellor) has said online supervision would not be appropriate and has enforced an ending.

I have a client who I have worked with face to face and now we have transferred to online therapy. She has recently begun her counselling training and her tutor has told her she will need face to face counselling to get her personal therapy hours and so we are preparing for an ending although we are working very successfully together as she processes some deeply affecting issues. Can this be right?

I have just had a woman referred for supervision and we had just begun to make contact when she had to stop as her tutor at university said online s/v wouldn't work.

Has this happened to any one else? What rights do we have as online counsellors? The more I think about it the more unethical I feel her decision was. I am beginning feel marginalised within a profession that I am proud to be a part of.

I understand people have their misgivings about what is a relatively new way of offering support but where is the line between healthy skepticism and acceptance of a valuable service?

I look forward to reading other's thoughts and experiences on this.

Meanwhile I am really enjoying my online work and the new opportunities and learning that come with it.

Jilly

Replies to This Discussion

Reply by Kate Anthony on January 20, 2010 at 9:05am

Hi Jilly,

I think what I would suggest is to build a case for each of the situations you raise. I don't think I would call it discrimination, but rejection of online work is usually down to ignorance of it, which seems to be the case here.

With regard to the line manager on Supervisees, s/he needs to explain the reasoning behind rejecting online work, which you then can use to argue a case and cite BACP support of online supervision through the 2005 & 2009 Guidelines for Online Supervision. There is now many resources to offer him or her - in our new text book Therapy Online [a practical guide] (2010), most of the other textbooks comment on it (see the OTI bookshop) and a chapter in The Clinical Use of Supervision (Nagel, Goss & Anthony, 2009) on the many uses of technology in supervision traditionally - to show that this is not new and how it works.

BACP also accept online hours for personal therapy for accreditation, so you have a point there also.

Here at the Institute we support your efforts, and so would be happy to continue the discussion. If more formal consultancy to the organisations who are making these stipulations, that would be possible also.

Hope that helps as a start,

Kate

Reply by Leon Tan on March 1, 2010 at 7:52am

naive realism strikes again... France apparently is notorious for lagging behind...

Reply by shadow on May 12, 2010 at 11:57am

Leon Tan, what has the original post got to do with Frances and naive realism? Im not sure I understand what you are saying, would you mind elaborating?

Jilly, unfortunately I dont know enough about online counselling but I know that counselling can suddenly bring up huge issues within the client and I am unsure about how you or an online counsellor would deal with such issues. For example transference issues, attachment, suicide, emotional holding etc. Like I said, I dont know enough about online counselling but I can see why some counsellors [especially who work in a psychoanalytic way] would be against it.

I know that we are evolving and the internet is a very huge part of todays life but I think counselling/psychotherapy should be kept offline, face to face. It might be important to ask as a counselelor, why do i keep the computer between me and my clients... not just a huge distance [france - UK] but also the internet.

shadow

If you work with couples, The Couples Workstation may be just what the doctor ordered!

Posted by Gary Brainerd, PhD on January 26, 2010 at 2:45am

If you work with couples you will want to consider adding an online membership area to your website. The Couple's Workstation is a membership area that can be added seamlessly to your website. It is designed with therapists who are comfortable with and are using online technology.

Here are some features:

- Therapists can teach an in-depth frustration analysis system and then give homework assignments to be done online
- Therapists can teach 5 "Build on the Positive" processes and skills to help couples connect in positive ways on a regular basis
- Couples will get automatic email reminders to based on their and their partner's input -- to keep them conscious in following through.

- The email reminders can have the therapist's contact information on them (picture, email address, phone, etc) to keep connected in between sessions
- A portion of the membership fees can in some cases be returned to the owner of the website.

For information go to www.relationship-help.com and join the therapist area as well as take the tour of the Couple's Workstation. Or write to me at garybrainerd@relationship-help.com

Gary Brainerd, PhD

Replies to This Discussion

Reply by Kate Anthony on January 26, 2010 at 8:08am

Hi Gary,

Very useful, thanks for posting this. I am running a workshop on couple counselling in March for an organisation called Relationships Scotland, and will feature your Workstation during it.

Best,

Kate

Reply by DeeAnna Merz Nagel on January 26, 2010 at 8:19am

Hi Gary,

Is the workstation area that therapists and clients access encrypted?

Looks great!

DeeAnna

Reply by Gary Brainerd, PhD on January 26, 2010 at 12:36pm

Thanks, Kate. How many people will be there? Can I email you some literature? I do think that online support like the Workstation is the wave of the future and am happy to connect with this group.

Gay

Kate Anthony said:

Reply by Gary Brainerd, PhD on January 26, 2010 at 12:39pm

Hi DeeAnna, Thanks for your comment. I believe the financial and personal data are encrypted. I'll check and get back to you with more detail.

Gary

DeeAnna Merz Nagel said:

Reply by Kate Anthony on January 27, 2010 at 8:25am

Hi Gary,

The numbers for this last time I checked were around 35. What would be particularly useful is if you have any documentation on your strategy for developing the service - your thoughts, issues you came up with and how you resolved them - that sort of thing.

For example, I see that your service doesn't appear to be encrypted, which will be an issue for you in having OTI support and verification... what plans do you have (if any!) to resolve that?

Kate

Reply by DeeAnna Merz Nagel on January 29, 2010 at 2:33pm

Hi Gary-

I will jump in. Kate and I train folks face-to-face and online and we are always looking for new ways to promote mental health online. So we often demonstrate various platforms or refer people to websites that may be of use to them in their practice. We have also developed an [ethical framework](#) that can help guide helping professionals as they help others online. Encryption is considered best practice for any exchange of therapeutic material. Our framework states this but also other large bodies such as the American Counseling Association and the British Association for Counselling and Psychotherapy.

In terms of your website, it would mean that the "back end" where the client and/or therapist logs on is encrypted- not just password protected. We think encryption is important for peer to peer support, online therapy, case consultation and supervision online. I hope this has been helpful!

DeeAnna

Reply by Gary Brainerd, PhD on January 29, 2010 at 4:43pm

Hi DeeAnna,

Thanks for the input. I hope you and Kate will discuss this further. I don't mind it being an open

discussion.

The parts of my website that are encrypted have to do with the personal identifying information entered by couples. I do not see this necessary for therapists as they are just showing interest in my work.

The couples who are members have complete control over the personal content of the email reminders they receive and there is no personal feedback from me or any of the Gateway Providers through the website. I had understood that encryption was important if the therapist or website is offering personal comments on information provided. That is not the case in the Workstation. My thinking had been as long as their personal identifying information is protected that is sufficient, given what our website does.

I've asked my web person to give me an estimate on encrypting all information, and it is expensive. Worthwhile if necessary, but perhaps not if not necessary. My website functions as educational rather than offering therapy.

So I'm interested in your thoughts on this.

Thanks,

Gary

Reply by DeeAnna Merz Nagel on February 1, 2010 at 10:01am

Hi Gary- thanks for being willing to have this discussion in an open forum. It is how we all learn collectively!

OTI believes that it is important to supply encrypted environments for peer support and self-help. Many people do not understand the risks of having their personal information (life history, problems, medical issues, etc) out on the worldwide web. And while password protection offers one level of security, we think the onus should be on the clinician to provide encrypted spaces. We recommend health care professionals who host support group forums and discussion boards to encrypt those boards to further protect sensitive information. Security breaches are much more likely to happen without encryption than with, and the last thing someone wants to have happen is to discover their personal stuff on the internet- or discover that someone else has discovered it. It is just another level of confidence to add to the service.

DeeAnna

encrypting e-mail, seeking recommendations

Posted by Gary Seeman, Ph.D. on January 24, 2010 at 4:02pm

Dear Colleagues:

I've had an extensive web site for years but haven't yet figured out how to encrypt e-mail. Can you offer recommendations?

Thanks!

Replies to This Discussion

Reply by DeeAnna Merz Nagel on January 24, 2010 at 4:26pm

I recommend hushmail.com. I have used it for years! As easy as gmail or yahoo- both parties must set up an account...but it is free!

Welcome to OTI!

DeeAnna

Reply by Gary Seeman, Ph.D. on January 24, 2010 at 7:17pm

Hushmail looks great, thanks! I was able to sign up for the listing but haven't had confirmation of that, however no need to respond here, I'll wait for confirmation to come through. Thanks again. GS

Reply by Kate Anthony on January 26, 2010 at 8:11am

Just a note on the free aspect of HushMail (which I also find the best solution) - unless they have changed the settings you have to check in at least once every three weeks or the account gets lost. Just something to bear in mind! It's surprising how quickly three weeks can pass without noticing...

Kate

Reply by Art Matthews, MA LPC DCC on January 28, 2010 at 2:05pm

Thanks for the reminder Kate. I had several "free" Hushmail accounts get locked out due to inactivity. I finally bit the bullet and paid! Glad I did. It shortens the log in and reduces my anxiety about losing emails from clients.

Reply by Gary Seeman, Ph.D. on January 28, 2010 at 4:50pm

Art, do you just sign up for the \$1.99 private account? Is that sufficient?

Reply by Catherine Drennan, LCSW-C, NBCCH on January 31, 2010 at 1:19am

Hush Mail is one you could try. They offer a free account but the catch is that you must sign in at least once every 3 weeks or the account is closed. Also, the first exchange between you and the client must be validated by asking and answering a question the two of you have established so you know you are talking to the person you mean to be. It's a little inconvenient, but I would prefer that to cleaning up a big mess later, without having security in place. Good luck, Cathy

Reply by Gary Seeman, Ph.D. on January 31, 2010 at 3:38am

Thanks, Catherine. All in all, the ability to implement encrypted e-mail is much easier than I thought it might be.

Getting clients

Posted by Kimberly L Brownridge, LPC, NCC on December 9, 2009 at 2:41am

I was wondering . . . how long should it take to start getting clients? I am struggling right now. I am really trying to market myself and my company, but I don't think I am doing a very good job. It has been 3 months since my site has been up and running; to date no clients. Should I be concerned. Any tips?

~Kimberly

Replies to This Discussion

Reply by DeeAnna Merz Nagel on December 9, 2009 at 9:22am

Hi Kimberly,

I tell people venturing into the online therapy market that it takes just as long to build a private practice online as it does to build a private practice face-to-face- or to build any business for that matter- in general, 1-3 years. It takes constant connecting, utilizing social media and if you have a f2f practice, introducing your f2f clients to online options.

Be diligent with realistic expectations. And if you have not read it yet, Casey Truffo's book is great, Many

of the tips she offers are suitable for online practitioners too. She is offering a free download of her book [[edit: free download no longer available – purchase from [here](#)]].

Hope this helps!

DeeAnna

Reply by Stephen Goss on December 10, 2009 at 11:03am

Just putting up a signpost offering a service works only for those who see it and want what's offered - the Internet is so large I have yet to find many examples of practitioners who 'hang out a shingle' on the web and get much response unless they have a supply of clients referred from somewhere.

As DeeAnna says, just like f2f practice building one online requires more than just being there and waiting for clients to come. I have known many counsellors who struggled to build a f2f practice until they found places that would refer clients to them - and that may be the key online too unless you can afford a really big web presence.

Google is the pre eminent search engine and being well up on its rankings is an obvious thing to attend to so people can find you. Ensuring that the site itself has all the information in a user friendly way, addressing real and desired need is another.

Reply by Melanie Gorman on December 22, 2009 at 10:26pm

Hi Kimberly,

I think the advice you're getting here is right on. Building a practice, like any business, simply takes time. It's hard to stay positive but each day can bring some new interest your way and you just have to stay positive and keep your eye on the prize. I also think that "thinking out of the box" can be very helpful! You're welcome to register with our service, ProConnect and get a free listing for 9 months. You can use the service to generate clients and also do some cool things like post content and drive some attention to your site that way. I'm happy to help you if I can.

The free offer is detailed here: <http://www.yourtango.com/freeoffer> {{edit: offer no longer available}} and you can reach me here or by email: melanie at yourtango.com.

Take care and best of luck.

Melanie

Reply by Linet Amalie Hilsberg on January 3, 2010 at 9:12pm

Hi Kimberly,

Keep plugging away, look to other options as well as online counselling to help pay the bills. For each

one person there is normally 3 referrals. Have free stuff available as well as general information to make your site interesting.

I have posted free articles for download on mental health issues which when people search my site, they also see info about counselling which can help break down the barriers and help them make initial contact.

I also have an e-book about setting up in practice if you are interested, this is for f2f but some info is useful regarding financials and budgeting.

Good Luck with it all, dont give up as our services are greatly needed

Linex

Reply by Judy on January 9, 2010 at 12:36pm

Here is a huge problem I see with many young therapists just starting out. "I have my website, now when should I be getting clients." It doesn't work that way! We have to prove to the public at large that we have something of value to offer them. ANYone, and I mean anyone can get a website and it means nothing. It doesn't mean that you're licensed, that you know anything about therapy, human development etc. All it really means is that you have enough money to buy a website.

You should be getting clients when you know enough to get clients. When you know about how to treat depression for instance, about when to refer out for medication evaluations, etc, when you know about how to begin marketing yourself for private practice; when you know enough about running a business to get yourself moving in a business. Kimberley, what are you doing to market yourself now? We are offering a free (6 months free) website listing on BlackCounselors.com for African American therapists because we have found there is such a need that we can't possibly keep up with the number of calls we are getting.

So I go back to what are you doing now about marketing? That is the first step - letting people know who you are and what you do...then it starts to come...slowly at first and then in a larger trickle, but, if you're good, don't give up, it will come.

Reply by Edward D. Mulligan III on January 26, 2010 at 3:05pm

Though Judy had some valid points, it was not very nice.

So moving on. Google and Bing have ad word campaigns that you can use for better placement of your web page. Of course there is much more leg work that would need to be done to get people in the door.

Here's what we did (some may work for you some may not)

First and foremost, brand your practice. IF you are creating advertiements make sure the color schemes and initial photo's are the same. This way the client knows they are on the right site if you send them there.

Pamphlets- very inexpensive to produce and are a great way to hand out a mini-resume for the services that you offer. Modalities that you have experiance with etc

Professional Business Cards- If possible put a great picture of yourself on the card. It makes you a person not just a card. Make sure this is the same picture that you are using for branding. Warm colors on the cards are best because it seems more authentic rather than just a plain business card. We did this with ours and have left them in rhandom places around the city and it works.

Promotional Pens- Not all are created equal. We purchased some from a company called Amsterdam. We included all the information for our practice including the web site. The quality of the pens are phenominal and people keep them. They wright well and have a very elegend look to them, for this reason people keep them and have a perminant "business card" right in their very hands. I offer them to anyone I see writing with a generic pen. They are usually very appreciative. :)

Free Brochures or News Papers- This was our most successful in the beginning. We had a targeted group (Children's Therapy) and there just so happens to be a magazine that is sent out to the local stands at no cost to the reader. This is especially effective because people pick things like this up while they are waiting for thier food at a resteraunt, waiting for a dr at the office, genrally people pick things up for a read when they are waiting. The costs are usually pretty minimum and are a great way to begin the process.

If you aren't apposed you can even make a magnet for your car and have your web page on it.

There is a fantastic web site that you can join called psychology today. This has drummed up great traffic to our site and resulted in an avreage of 5 client contacts a week! It's very inexpensive and is also a great start for marketing.

Talk to your local YMCA, Nursing Home, City Officials.... get with people who can shoot business your way. Make contact with the school councelors. Find a law firm that focus' on custody cases, build a report with them to send clients your way for evaluations.

I can go on and on about marketing yourself. So far these have worked for our practice. I hope I was helpful!

Have a great year!!

Anonymous Client Identity: Should Therapists Treat Clients Anonymously Online?

Posted by DeeAnna Merz Nagel on December 10, 2009 at 11:02am

Another Forum post here at OTI has had many responses related to ethics and also anonymous client identity so I thought I would start a new thread and invite people to chime in here.

So what do you think? Should seeing clients anonymously be a routine part of the way we do our work? The OTI Ethical Framework states the following about client identity:

Practitioners incorporate a mechanism for verifying identity of clients by asking for a formal identification number such as Driver's License or other satisfactory method. The client must not be anonymous, offering at a minimum: first and last name, home address, and phone number for emergency contact. Minors must be identified through parental consent. If client identity is not required, such as is the case with crisis hotlines and triage settings, limitations of the service are stated clearly.

What do you think? As Leon Tan, an OTI member has pointed out on the aforementioned discussion, more and more websites are popping up offering the opportunity for online therapy clients to remain anonymous. Join in on the discussion!

Replies to This Discussion

Reply by Stephen Goss on December 10, 2009 at 11:16am

On anonymity for clients - just thinking aloud as an ethicist, practitioner and sometimes-client - my personal view is that there are times when the potential benefit to a client by offering anonymity (eg by providing an environment in which they are willing to work at all or can work at greater depth through enhanced disinhibition etc) outweighs the (I think obvious and unarguable) risks involved in terms of practitioners being able to provide clients with protection when they or those around them are at risk.

Examples include some crisis services (eg re suicide or abusive situations) where it is clearly better that clients have a place they feel they can turn to without risk of triggering a reaction/intervention they do not want.

As Kate points out in her comments on this subject, though, strictly speaking these do not provide contracted counselling per se. So what about counselling per se? As a counsellor, I have worked with clients who are at high risk of harm to themselves or others and have always done what I can to be ready to trigger an intervention, should that be needed. That said, I have never sought to verify the details of a client - they fill out an intake form and I take what they put on it on trust. Pseudonymity is possible f2f as online (albeit a little restricted f2f - I cant lie about my gender f2f as the beard is a dead give away). Pseudonymity is one knotty issue.

Or think of the situation of a client who would be at risk of being killed or otherwise harmed should anyone in their family discover they were in counselling at all and so do not want to risk any situation where I as practitioner might feel it necessary to intervene for their safety (I have worked with clients in just that situation). Should I refuse to work with them even though revealing their actual identity would put them at risk? Personally, I think I should work with them even if I have to guarantee not to intervene on their behalf (such as by agreeing to work with them under a pseudonym) if I consider that that will benefit them more than not doing so risks harming them by denying them help. At that point I am also considering whether the line important to practitioners between crisis intervention and counselling per se is really very relevant to my client.

There are several services for children I know of (eg Childline in the UK) who offer complete anonymity - but carefully do not claim to offer counselling to avoid being caught in the ethics-rules-banning-them-operating-at-all situation. I also know of women's refuges in the UK who will take people in without checking whether name etc is accurate or even explicitly saying you don't need to give your real name to get their help. Their clients can access their counselling and support systems. Thinking as a client not a practitioner, if there was a risk my spouse (or anyone) might kill me, I would absolutely want the option of anonymity as a way of controlling the risk myself. Conversely, I know from personal experience that there are also times when a determination to die **should** be prevented - most suicides are irrational acts - and when the practitioner really should do all they can to be able to step in should the need arise. That remains my default position.

I rather like the approach taken in the BACP ethical framework in the UK (also called a framework not a code, like OTI's) of starting from first principles so that the responsibility to balance risk of harm against possibility of benefit remains with each practitioner rather than creating increasingly detailed and prescriptive lists of what can and cannot be done. Each situation must then be assessed on its merits. That leaves the door open to doing things for some clients/client groups because benefits **for them** outweigh risks and making it clear that this is a case by case thing.

So does anonymity of clients have a place in online counselling? My personal view is a very very cautious yes, sometimes, in a restricted number of situations that can be summarised as 'when risk of harm is outweighed by reasonable expectation of benefits/reduction of harm'. Otherwise I think I would say no at present.

The OTI framework states that anonymous work should not be done but does imply that it allows for some exceptions when circumstances clearly warrant it.

It's a different question whether it should be offered as a matter of routine. Where is the balance of risk/benefits there (including accounting for the expression of client preference facilitated by the diversity allowed in cyberspace)?

I'm not quite sure what that does to the web 2.0 point that Leon has raised but will be fascinated as to

where this debate goes!

Stephen

Reply by Art Matthews, MA LPC DCC on December 14, 2009 at 12:43pm

I spent some time working on an "advice site" under their Personal Counseling heading before I completed the DCC training. I never felt entirely comfortable with the anonymity factor that was prescribed by the site. Although you could get info by pressing a button in cases of emergency, I was ultimately not allowed to determine if the situation warranted. Here's how it went:

Client logged in and selected counselor. Counselor accepted chat. Client began giving history, client's reporting indicated psychotic symptoms (hallucinations and delusions), reportedly had been on meds in the past; wasn't taking them. Client is responsible for two small children as the primary caregiver. Children are at home. Hallucinations are frightening the client. "I don't want to do it!" Was all she'd say. Counselor clicked on the button to identify the client to arrange for a F2F eval. Info provided, counselor contacts emergency services in the local community where the client is said to live. Due to the fact that the counselor's identity cannot be verified positively, the emergency services do not provide follow up but say they will respond. Counselor disconnects with Emergency Response. During which time as the crisis call is made, the client's connection is lost (unsure if voluntary or not). Next day, counselor discovers he is banned from the site for 30 days related to "inappropriately requesting client contact info."

Here's what I find horribly distressing: at that time (unsure if this has changed) there were no clinicians working for the site reviewing such situations where requests for information were made; the site's tech staff made the determination. I as the clinician feel that I should be the one to determine whether or not it's necessary and prudent. I am the one with a license to lose if I do something inappropriate with the information. My gut says, the site was trying to prevent clinicians from "stealing" clients away to their own online practice, not really concerned with the client's best interests.

Another side effect of the heavy handedness of the site administrators, my other clients could not reach me for 30 days, suffering a disruption in service and requiring that they either go without or find a different counselor on the site. They had no explanation as to why I had abandoned them, only knew that I was not answering my messages and that they could not find me online during my regular times.

I like the approach in the UK that was described above, but in the ever litigious US... I'm not sure that's practical. Having the clearcut "Thou shall" and "Thou shalt not" seems to work better (?) -- silly Puritanical Americans. ;-)

The counselor should be the safest person to whom the client can disclose their identity. The precedent of confidentiality already exists. I don't see where the suggestion of anonymity is of any real value since those clients who would be most concerned about disclosure to a counselor are likely to be least accepting that the counselor can't somehow get the information anyway (a tish paranoiac perhaps). If

the disclosure isn't made initially in setting up services, I believe it might be appropriate to help the client address an initial goal of becoming comfortable with such disclosure. (Facing the fear?)

Reply by Joey Garner on May 23, 2010 at 12:05pm

New to this work, I am probably overly cautious and feel it is best to identify as best as you can. I just let them know in initial disclosures regarding crisis situations that they will need to either

- A. Be willing to access online crisis services (provided useful websites at initial session/website info)
- B. trust me to determine (based upon my states ethical/legal position as well as my professional judgement) when to violate confidentiality.

I believe that there is a very important work of providing a place where people can be anonymous and seek help. I believe that those venues should be designated and referred to for such purposes. Ideally that service then, refers them to services for non-crisis services when appropriate. Ethics also then guides that this resource refer without "kickbacks" etc so as not to start this as a marketing ploy.

Charvel

Essential Forms/Information to Post On An Online Therapy Website

Posted by Berta Rodrigues on February 14, 2011 at 3:04pm

Hello Colleagues,

I'm in the process of creating my online therapy website.

Was wondering if anyone had samples of essential forms to post on an online therapy website such as informed consent, information about encryption, etc. Any links for therapists on these forms. I have some samples but wanted to have several samples to look at before creating my own. I am a Licensed Clinical Social Worker so if there are forms that are more geared toward social work practice even better.

Thank you.

Berta Rodrigues, LCSW

Replies to This Discussion

Reply by DeeAnna Merz Nagel on February 14, 2011 at 4:22pm

Hi Berta,

You are welcome to look at my website for examples. Go to the Get Started page...www.jerseyshoretherapy.com

Facebook Causing Problems in Relationships?

Posted by DeeAnna Merz Nagel on November 18, 2010 at 9:44am

A New Jersey pastor has recently created a new rule for church leaders - if they are married they cannot participate on Facebook due to risks of infidelity. What do you think?

Read more here: http://www.philly.com/dailynews/columnists/jenice_armstrong/20101111...

Replies to This Discussion

Reply by Robert Morse, M.A. , B.C.C. on December 13, 2010 at 1:00pm

Facebook certainly has a potential to cause problems in relationships.

Potential being the key word of course.

The semi-anonymous, semi-asynchronous, and visual format that Facebook provides allows people more access and comfortability in communicating with others. Especially those of the opposite sex and those people one may find themselves attracted to. Then, there is the situation where one can renew contact with someone from a past romantic relationship. This happens quite often on facebook. What starts as a seemingly platonic relationship in the form of wall posts or messages can quite easily evolve into a deeper emotional connection with someone other than one's spouse or significant other. Sometimes someone's newly confirmed friend pursues a romantic, emotional, or even physical relationship with that person and the person may respond to the advances in kind and all of sudden one is involved in an affair.

If one's significant other is aware of such communication, then the potential for jealousy can rise as well and an online conflict can occur right before the eyes of anyone on the person's Friend's list, creating a dramatic situation out in the open that one may not have intended for.

Facebook also seems to be fostering "emotional affairs" more often than direct physical ones. Here, people confide in, emotionally connect, even fall in love with someone other than their significant other. Almost always the significant other is unaware of this.

I have worked with clients who have expressed remorse over their new communications with potential lovers even though they find exhilaration with and are drawn to the new connection. Some are further

along in their facebook relationships than others. For those who catch on early that something may be developing with someone other than their significant other, but have not really expressed themselves too deeply with the person or initiated a deeper relationship, I usually offer some simple wisdom;

"If you knew your significant other was doing the EXACT same thing with the EXACT same thought process involved, how would you feel?"

Almost always the client says they would feel hurt by it and they are able to curb the communication before it escalates to the point of an affair or even outside of their control if the other person involved has developed strong romantic feelings for the client and pursues the clients affections.

Others have promoted their Facebook relationships to full-blown affairs and have fallen in love with the new person. The issue at hand with such a client is the process of bringing truth to light with their significant other and deciding what this person truly wants as the longer the person lives a lie the more pain the truth will bear for all involved when it inevitably forces its way into the light. When it does, it is always painful for the significant other and in turn painful for the client who feels guilt over the pain he or she has caused their loved one. Also, they learn that the "grass isn't always greener on the other side" once the person is engaged in a full-blown romantic relationship with their Facebook friend. The relationship with the new person may not turn out as well as the client had previously had thought. However, by then it is too late, deceit has been made which presents even more issues.

I can understand the Pastor's concerns and the temptation involved. However, Facebook is just a tool, a means of communication to be used for whatever end the individual chooses. Prohibition of a social platform is going to simply make it more intriguing to use and tempting to abuse. It is the individual who, if he or she decides to use Facebook at all, must use it wisely and within the agreed upon bounds of his or her established relationship.

Some people become addicted to facebook as well, a whole other topic that can be discussed in great length. Facebook can be enjoyable and allow people to reunite with lost friends or make new friends, but it has the potential to be used for more maladaptive purposes. With facebook having been in existence for half a decade now we as online therapists will be working with the inevitable fallout associated with such purposes.

Reply by Deborah J. Boyd on December 17, 2010 at 12:21pm

What this boils down to is Facebook is cheaper than a private detective. Facebook is not the issue here. The issue is how to define infidelity and how many married couples get to a point where they do not communicate well with each other. It always amazes me that people get married who do not really know each other. It is like I still have no explanation for why any self-respecting woman (or less likely man) would marry someone who was in prison for life. First let me say that I have developed some very deep relationships on the Internet and because I use the word love so often I frequently have to explain to many people who read my postings that there are many forms of love. I never say that I do not love them because they get too much of that or they wouldn't be looking for an alternative on the Internet. In most of the cases that are male I find the common denominator that they confuse love with sex.

So what this minister in NJ was talking about was the use of Facebook to connect with someone online and then eventually meet up with them. Spouses are especially wary of former lovers. So again we have an issue of communicating between spouses. If someone gets on the Internet and discovers an old friend, special or otherwise, the honest thing to do is say so to the spouse. Let the spouse ask questions and explore what may be an issue before it becomes a deception.

Facebook is nothing more than a vehicle. For an ordained minister to ban only one of several social networks shows a lack of comfort with the technology in general as well as a lack of comfort with the subject of fidelity. A little checking into the background of the minister in this article showed where he had had an affair himself. I wonder what or who he blamed that on?

Reply by Rev. Dr. Cheryl Durham on December 22, 2010 at 5:51pm

As a pastor and a biblical counselor, I think that the pastor is just building a hedge around potential problems to avoid trouble. However, it will just mask an issue that can then go underground. If there are people out there who want to cheat, they will cheat. Like the saying Guns don't kill people, people do, Facebook doesn't cause cheating, cheaters cheat because they can, if your heart is into cheating you will cheat, Facebook or no Facebook.

Jesus said, "Nothing outside a man can make him 'unclean' by going into him. Rather, it is what comes out of a man that makes him 'unclean.'" Mark 7:15, NIV. So it isn't Facebook; the problem was already there.

We can't build a hedge around all sin, nor can we be the Holy Spirit. What we have to do is allow others to fail sometimes, because failure is often the motivation for change. The pastor has to stop avoiding the problem and learn to relate to the person who has the problem. He/She needs to address the problem with the offenders and not with innocents.

Where are we with BACP as online practitioners in the UK?

Posted by Jilly Bentley on May 18, 2011 at 10:16am

Hi,

as a practitioner based in the UK it is imperative that I keep up my accredited membership of the British Association of Counsellors and Psychotherapists. But as an online practitioner am I getting my money's worth when it comes to their support?

I am not advertising with them this year as they do not have a separate section for online therapists, the route being to find a therapist by region thereby the assumption being that they would provide a face to face service.

I would be interested in other OTI member's thoughts and feelings on this.

Replies to This Discussion

Reply by Stephen Goss on May 18, 2011 at 11:33am

Hi Jilly

Just some thoughts, off the top of my head:

I was working with BACP about 15 years ago when we first became interested in technology in counselling - I am kinda proud to say I think we kept at the forefront of work by professional associations then and for some years since. Whether BACP does so now is another point, but in my view it isn't doing too shabbily (though there is much more to do, of course).

I co-authored the BACP guidelines with Kate Anthony and they have been updated twice already (more than any other BACP guideline) and another update is planned. In fact, Kate and I more or less never stop working on the next edition, each seeming to take about 4 years or so meaning another one is (IMHO) becoming due. (Pressure on them to implement that process might help it happen, of course! ;o)

BACP also endorse some trainings on online counselling (ie those directly given by Kate/OTI etc) - the first professional association in the UK to do so, so far as I am aware.

Personally, I agree that BACP should give the option to specify email/chat/telephone etc in a separate section of their directory, now that geographical area is more or less a redundant issue, at least within national boundaries. Writing to them to say so will have a cumulative effect if enough of us do so I suspect!

There is other work that BACP are doing too - eg the new Coaching Division is has active representation (through Kate as special representative) on online work, and it is routinely reflected in all the stuff that is going on as online work becomes increasingly mainstream (which wasn't the case when I began in this field, by any means!). Of course, a lot of that doesn't show on the surface. But, if you look into the accreditation system, to choose just one area, online counselling hours count just like face to face ones - a great success and recognition that means something of value to practitioners. It is also present in discussions re IAPT and professional regulation (until that whole process was shot down in flames recently, of course)

I don't work for BACP any longer and certainly don't speak for them (or have any reason to promote them) but my honest opinion is that they have done, and continue to do, more for online work than any of the other professional associations I know of in the UK. The membership size gives (some) real clout and is certainly more effective than the much smaller specialist groupings that exist.

I'd suggest continuing to apply pressure to get the Directory changed to reflect modern practice more clearly, keeping the guidance up to date and sticking with them - there may be other ways you can get

involved and help the changes you want to see come into being too. I'd be interested in ways you might want to do that - whether through research, professional education/information provision or whatever. If I can help, I'll be happy to.

I'd also like to hear more about what other professional associations are doing if others want to chime in on that...

Thanks for raising the question!

Cheers

Stephen

Reply by Kate Anthony on May 19, 2011 at 7:18am

Hi,

To be honest, i thought they had already changed the directory to include an search for online therapists - I was certainly at a meeting where it was discussed. I'll blast them a quick email to check up on that for you, Jilly.

In the meantime, I was reassured to see this at the BACP website for the first time:

How is therapy delivered?

Traditionally, therapy is delivered to individuals or groups in a face-to-face setting. However, individuals can also receive therapy over the telephone or online via e-mail or 'live' discussion.

So I do agree with Stephen's comments - they are probably the only organisation I know to be this proactive regarding online work (or at least doing something about it when I shout at them loud enough).

Final point with regard to accreditation to clarify Stephen's point: online hours for accreditation only count if you have been trained specifically in online therapy.

Best,

Kate

Reply by Kate Anthony on May 19, 2011 at 11:24am

Update! Just heard back from Chris Sayer at BACP:

At this time online counsellors can be searched for by accessing the advanced search and choosing and selecting the field 'Format of Session'. I have been made aware by a BACP member by the name of Gill Jones that there is a spreading dissatisfaction with this position and so I am willing to discuss possible solutions.

Ms Jones has been instrumental in formulating a long-term answer but this would take too long to implement to be of any use now. I am therefore looking at temporary measures but I would be interested in your thoughts or ideas.

So Jilly - perhaps you could start collating thoughts and ideas :o)

Kate

Reply by Jilly Bentley on May 19, 2011 at 1:52pm

Stephen and Kate,

Thank you both for your responses. I know you have both put a lot of work into raising the profile and creating the guidelines for online therapy.

It is good news that BACP are recognising online work but it sounds as if they need constant reminders to keep it in focus. I will put together my concerns and ideas and contact them directly, I just want to ensure I am not missing something before I do so.

Best wishes and thanks again :)

Jilly

Law and Ethics in your country or state

Posted by DeeAnna Merz Nagel on April 14, 2009 at 6:31am

Do you know what the guidelines or restrictions are for online therapy or telehealth in your country or state? If you do, please share!! We want to add the information to the [OTI Wiki!](#)

Replies to This Discussion

Reply by Art Matthews, MA LPC DCC on May 13, 2009 at 5:28pm

I had heard California and Iowa have laws preventing those professionals not licensed in the state to provide counseling to their residents. I'm writing their respective state boards to get the exact verbiage and citations.

Reply by DeeAnna Merz Nagel on May 13, 2009 at 6:12pm

Hi Art-

CA law is already on the wiki at www.onlinetherapy.wikispaces.com !!

Let me know what you hear from Iowa!

DA

Reply by Art Matthews, MA LPC DCC on May 15, 2009 at 1:19am

Here's what I got so far... I tried to get exact documents and wording...

States with Laws Limiting Distance Counseling

Inquired to contacts listed on the ACA PDF Publication Licensure Requirements for Professional Counselors 2009 <http://www.counseling.org/Files/FD.ashx?guid=9869dbfe-082f-41ce-886...>

Legend: No – No law specifically addressing limitations of distance counseling

“Yes” – received a response saying there were limitations but no specific wording addressing distance counseling was provided.

Yes – Laws specifically addressing distance counseling and limitations

Draft – Legislation is in draft form now

Colorado No

Indiana No

Wash., D.C. No

Delaware No

Idaho No (Met in May 2009- Considering developing)

Wyoming No

Missouri No

Florida No April 30-May 1, 2009 board meeting minutes about the subject follow.

TOPIC DISCUSSIONS

Distance Counseling

Stephen Giunta, PhD, LMHC, vice president elect for the Florida Mental Health Counselors Association and Jim Akin, Executive Director of the Florida Chapter of the National Association of Social Work (NASW) spoke to the issue. Both stated that one must be licensed in Florida to counsel a Florida client and raised issues of confidentiality, identity and setting guidelines.

The board members, FMHCA, and the Florida Chapter of NASW will forward comments about the issue to board counsel by the end of May for compilation and review for future guidelines for distance counseling.

North Dakota "Yes"

Referred to <http://www.legis.nd.gov/assembly/55-1997/bill-text/HQSE0400.pdf> Page 2, Section 4.1 (not specific to telehealth or distance counseling – will bring up in May 2009 meeting)

43-47-06. Licenses - Qualifications - Reciprocity.

1. Except as otherwise provided in this chapter, no person may engage in counseling in this state unless that person is a licensed professional counselor or licensed associate professional counselor.

Michigan "Yes"

Does not address distance counseling specifically.

New York Yes

Guideline 9: Engaging in Telepractice (Document or publication not identified)

"Telepractice" is providing service that is not "in person" and is facilitated through the use of technology. Such technology may include, but is not limited to, telephone, telefax, e-mail, internet, or videoconference.

Practice as a licensed professional in New York State, even through telepractice, requires the practitioner to be licensed or otherwise authorized to practice in New York. Telepractice, when used as a form of mental health practice, is subject to all practice and ethical considerations discussed in this document and in the law, rules and regulations governing licensed practice in New York State. If you are licensed in New York State and wish to provide services in another jurisdiction, you should determine the qualifications for practice and any requirements for licensure imposed by that jurisdiction.

You should consider the particular impact of telepractice on dimensions of mental health practice, including, but not limited to:

- awareness and assessment of non-verbal behavior by the patient;
- ensuring the privacy of patients and protection of confidential information through the transmission of

information;

- relational and transference issues;
- access issues such as distribution of computers and familiarity with technology;
- temporal factors such as simultaneous communication, time between responses, and formalized "sessions";
- provisions for emergencies; and
- development of technological proficiencies and on-line culture/language."

Iowa Yes

IDPH Contact Name: Lappe, Paulette

IDPH Response: 645---31.18(154D) Marital and family therapy and mental health counselor services subject to regulation. Marital and family therapy and mental health counselor services provided to an individual in this state through telephonic, electronic or other means, regardless of the location of the marital and family therapist and mental health counselor, shall constitute the practice of marital and family therapy and mental health counseling and shall be subject to regulation in Iowa.

Nebraska Draft (Fall 2009)

Draft Regulation Language:

Technology Assisted Services: Clients in Nebraska receiving technology assisted services, such as internet or phone services, must be provided by a Nebraska credential holder.

Arkansas Yes

ARKANSAS CODE ANNOTATED § 17-27-101 et seq Pgs 6-7, 11-12, 45-51 relate to distance counseling.

"Technology-Assisted Distance Counseling" (Electronic Counseling, Cyber Counseling) for Counseling or Marriage and Family Therapy means any form of services offered or rendered by electronic or technology-assisted approaches when the Counselor or Marriage and Family Therapist and the client are not located in the same place. Technology-Assisted Distance Counseling may be synchronous or asynchronous. Only Counselors and Marriage and Family Therapists, licensed by the Arkansas Board of Examiners in Counseling, who also hold the Technology-assisted Distance Counseling or Marriage and Family Therapy Specialization License, may provide Technology Assisted Distance Counseling or Marriage and Family services."

Reply by DeeAnna Merz Nagel on May 15, 2009 at 6:22am

Thanks for all of this!!

Reply by Lynne on May 15, 2009 at 9:45am

I contacted all 50 states for information on their distance counseling. I have the information in an Excel document. (I didn't hear back from all states.)

If anyone is interested I can forward the document to you.

Lynne Coon, M.S.

<http://www.dontworry-behappy.com>

Reply by DeeAnna Merz Nagel on May 15, 2009 at 9:49am

oh absolutely Lynne! If you send it to me I will post the info on the wiki!!!

In fact, if you are ok with it, I could just upload your excel doc to the wiki.

Reply by Catherine Drennan, LCSW-C, NBCCH on May 25, 2009 at 10:39am

How is it going to be possible to keep up to the minute status of each state's laws; some new drafting taking place even as we discuss this topic. Does anyone envision a national organization, with state affiliates. Otherwise, clinicians will have no time to see patients. Another question that I think will come up is what will happen to clients who are engaged in therapy and suddenly the laws change. How could that ever be a good way to terminate? I know I am pretty green, and my questions may have been addressed many times, so thanks for you patience, and your information.

Reply by Trinka Polite on May 31, 2009 at 10:24pm

Hi Catherine!

You are not alone in "being green." :-) I have been reading and researching, and I'm still not sure. I've been following this discussion. However, I'm still asking soooo can online counseling be provided in this state or that state?? I actually expected ISMHO to have addressed this on their website already or to already have a "committee" to cover state laws. It may be there, and I haven't ran across it yet. It seems that this would be a priority.

Yes termination of therapy is a concern. Considering with most online therapy platforms, clients pre-pay and then you get info which is the only time you can determine whether you can legally provide services. If I am wrong here, please provide guidance. Any feedback from the "veterans" of the network? Have you ever encountered someone you could not provide services to due to their state laws?

Reply by Dr. Gina M.-S. on July 15, 2009 at 7:22pm

Question for anyone:

I have been seeing distasteful comments about mental health services in the UK and I do not understand why? I have heard many counselors in the US online are strongly sought out. Is there any truth to that? Does the UK have a "NAMI" or "SAMHSA" or "MHA" type structure?

I apologized if this is the wrong space.

Dr. G-

Reply by DeeAnna Merz Nagel on July 27, 2009 at 8:11am

I updated your information to the wiki this past weekend.

<http://onlinetherapy.wikispaces.com/Law>

DeeAnna Merz Nagel said:

Reply by Dominik M Rosenhauer on July 28, 2009 at 17.16

We have guidelines in Austria too.

But I have a newbie-question: I thought that I was a member of OTI and could post to the WIKI but as I understand it you have to become a member of wikispaces too?

best

Dominik M Rosenauer

Reply by DeeAnna Merz Nagel on September 23, 2009 at 7:04am

Hi Dominik,

You can just create a member login at the wiki and then add your information...

Thanks for joining OTI!

DeeAnna

Reply by Dominik M. Rosenauer on September 23, 2009 at 8:12am

thanks for the info- i will do so!

Reply by Kate Anthony on September 27, 2009 at 11:28am

Hi Kali,

<http://onlinetherapy.wikispaces.com/> is the main link - or there's a link from the homepage of OTI (Resources then OTI Ethical and Legal Wiki from left hand side)

Kate

Kali said:

Hi DeeAnna,

I tried to view the OTI Wiki and the link went to OnlineTherapy.com but I didn't see a wiki. Did I miss something?

Thanks,

Kali

Reply by Sarah Blake on October 11, 2009 at 3:31pm

Did you get any information in reference to maryland?

Lynne said:

I contacted all 50 states for information on their distance counseling. I have the information in an Excel document. (I didn't hear back from all states.)

If anyone is interested I can forward the document to you.

Lynne Coon, M.S.

<http://www.dontworry-behappy.com>

Reply by DeeAnna Merz Nagel on October 11, 2009 at 3:38pm

Hi Sarah

Check the [OTI wiki](#).

Sarah Blake said:

Did you get any information in reference to maryland?

Reply by Leon Tan on November 12, 2009 at 1:46pm

I think this may be the correct forum to raise the issues I have raised in Twitter.

1. Given the globalized nature of online therapy, what kind of ethical framework is required that is not simply an imposition of the ethical guidelines developed by one or two institutions in one or two countries on the rest of the world?
2. Given the recent debacle re APA and the involvement of psychoprosessionals in torture, what are we to make of concepts such as confidentiality and privacy when these are used in the service of protecting professionals rather than clients?
3. Online therapy to my mind provides the great benefit of instigating a deterritorializing of prevailing professional structures, practices and ethics, in which numerous political and economic problems have already been identified by a variety of sources. To my mind, what is required is a truly transnational ethical framework that is client centric, that accommodates global mobility and accessibility without privileging the laws of an individual nation.
4. Keen to hear thoughts from others on this issue.

Reply by Stephen Goss on November 12, 2009 at 3:14pm

Hi Leon

Great way (and place) to raise this. I have been thinking on this for some time - esp your first point on the need for a global ethical framework not just developed by and applicable to one or two countries or professional organisations

I have raised with some groups the idea of creating 1) an ethical framework or guideline written to applicable everywhere for all mental health professionals practicing online and then 2) creating reciprocal arrangements between the national professional associations and groupings (and international ones perhaps) to recognise and implement them .

The main difficulties put to me - I think entirely solvable - have been the politics /sheer administrative hassle in creating enforceable rules/standards and that of enforcing jurisdictional issues. So, for example, the British Association for Counselling and Psychotherapy (or ACA or whoever) might find themselves with a client in the UK complaining about a practitioner in, say, New Zealand (or anywhere). What would they do then? Moreover, a British therapist might be complained about by a client in another country (already possible, of course) and how would that be treated? Does any one national professional association have the right to claim jurisdiction over services provided to people outwith their area of jurisdiction? I think yes, and the BACP Online Counselling Guideline is framed that way - BACP members' info for clients should say how they can complain to BACP if necessary. My own answer is that reciprocal arrangements between professional groups that have adequately rigorous complaints procedures and sufficiently similar accreditation/liciencing/approval arrangements (regardless of the terminology!) would simply refer the case to the professional body of which the practitioner was a member, allowing an agreed standard to have real effect on those who fall below it.

I mention terminology because it is one of the potential sticky issues - the very meaning of the word 'counselling' or 'counsellor' (or any other similar one for 'mental health related helping activities' - language already getting tortuous there!) can vary widely around the world - in some places closely defined by law and in others very loosely applied. Personally, I think that solvable in practice for an online guideline that could be framed to avoid a lot of things like that, but I know others disagree.

The other (related) problem would be in agreeing content of any such widely adopted guidelines - but I can readily imagine a working party comprising representatives of, say a half a dozen or more of the biggest and most influential professional associations around the world (or whichever ones wanted to be involved) to draft a document that would then simply need to be ratified by each body and then as many others as could be convinced. Changes or updates would need to be similarly agreed/ratified. Areas with especially restrictive rules (California may be one example, not allowing online practice either into or out of the State, I believe) would be least likely to sign up but coverage would not have to be absolutely universal to be worth while - enough to start by heading in that direction.

So far, the few professional organisation managers I have suggested this to have more or less rolled their eyes in horror at the thought of reaching international level agreements on ethical practice and enforcement and I got the impression they felt they had more nationally-focused concerns. *But* with mutual good will - and there is a lot - I see no insurmountable barriers to that kind of development. Indeed, I would love to lead it or be part of it and would put myself forward as one part of the process if there were interest in this kind of project. But would there be the will in enough organisations to make it happen?

The other solution is to have global bodies like OTI take on such a role and have enforcement powers that would have some teeth (a matter of getting a global guideline accepted in different countries - back to agreements between professional associations or govt licencing bodies etc) but there is the issue of being sufficiently widely known as well. I see none that do so very effectively as yet. The OTI ethical framework is already pretty widely applicable and in combination with other national guidelines like the BACP guidelines I wrote with Kate Anthony and any other important online-practice-related ethical codes might be a good starting point.

In short, I'd love to see an internationally accepted global online mental health practice ethical guideline. How do we make it happen?

I'll leave confidentiality/privacy for another time!

Stephen

Reply by Leon Tan on November 13, 2009 at 11:52am

Hello Stephen,

Thanks for your lengthy and detailed response!

"I have raised with some groups the idea of creating 1) an ethical framework or guideline written to applicable everywhere for all mental health professionals practicing online and then 2) creating reciprocal arrangements between the national professional associations and groupings (and international ones perhaps) to recognise and implement them."

As you say I think there are many complexities involved but I don't see that these are insurmountable. After all, international frameworks such as the Universal Declaration of Human Rights have been ratified by all member nations of the UN.

The problem to my mind is at once political and bureaucratic and requires as you say a fair amount of goodwill... but then we are interested in this from the pov of the client/patient first and foremost are we not? And there should be sufficient goodwill in this regards. Although the recent torture debacles involving the APA raise MANY issues regarding the concept of ethics and its use by professionals and professional organisations.

"Does any one national professional association have the right to claim jurisdiction over services provided to people outwith their area of jurisdiction? I think yes, and the BACP Online Counselling Guideline is framed that way - BACP members' info for clients should say how they can complain to BACP if necessary."

I agree, but then this is with the caveat that such a framework is truly globalized in its scope, and applicable only to members providing online counselling who are registered with BACP.

"The other (related) problem would be in agreeing content of any such widely adopted guidelines - but I can readily imagine a working party comprising representatives of, say a half a dozen or more of the biggest and most influential professional associations around the world (or whichever ones wanted to be involved) to draft a document that would then simply need to be ratified by each body and then as many others as could be convinced. Changes or updates would need to be similarly agreed/ratified. Areas with especially restrictive rules (California may be one example, not allowing online practice either into or out of the State, I believe) would be least likely to sign up but coverage would not have to be absolutely universal to be worth while - enough to start by heading in that direction."

Regarding international guidelines, definitions are important as you say, 'counselling' is interpreted in

different ways. Yet as we live in a globalizing world, we need to find ways of conversation where mutual understandings can be agreed upon. I like the idea you suggest in part re: working party and biggest prof orgs, but I would argue strongly for the input of mental health consumers too in the drafting of such guidelines so that it is not entirely a profession driven product.

Areas with restrictive rules such as California, well they are welcome to be left in the dust to my mind :) I have personally considered restricting all my practice to non-Americans given the problematic situation with the APA and ludicrous restrictions such as those in California. We live in a world far bigger than Cali, and the US lol!

I think that a solution may be found over time that is more bottom up, i.e. from the 'ground' of online therapists and their clients, than top down, i.e. from professional organizations and state regulations... it may take the form of an online framework that is collaboratively drafted and ratified by practicing online therapists as well as consumers, and fed back into professional organizations. This is my personal political bias to advocate for a bottom up process.

Incidentally, Sweden's e-Health strategy for the EU is something I have been looking at very closely. It applies mainly to patient/client data/info for health but there is no reason why it should not be expanded to cover health services and treatments also.

Reply by Leon Tan on November 13, 2009 at 12:20pm

Just reviewed OTI's ethical framework again, and I must say it seems to me to be US centric in some regards.

Also, I take issue with the requirement for verification of identity of clients.

'Practitioners incorporate a mechanism for verifying identity of clients eg Driver's License or other satisfactory method.'

To my mind, if a client desires anonymity, and chooses to work with a pseudonymous id, is there really a major problem (forgetting about the litigious culture of the US for a moment, and insurance reimbursements etc). Programs such as Moodgym do not require such verification in order to work.

Instead, to my mind, so long as terms and conditions are made clear, it is perfectly acceptable for a client to choose not to reveal a 'real' meaning 'actual' identity. It may even be helpful in the entire therapeutic process of change. Sure emergencies may happen, but these happen 'afk' (away from keyboard) or IRL too, and we are not here as saviours or police but rather provide specific services under clear terms and conditions on an informed consent basis.

Such a stipulation is rather more professional centric than client centric to my mind.

Keen to hear thoughts Kate, DeeAnna, Stephen?

> Online therapy helping the isolated and anonymous <http://bit.ly/1446fl> #anonymity #privacy Helen Christensen #ANU

Reply by DeeAnna Merz Nagel on November 13, 2009 at 2:04pm

Actually, Leon- that is not a US-Centric ideal- to know who your client is- this is both for client and practitioner safety, and what we have provided for in the framework is the idea that if someone wants to remain anonymous then that is akin to crisis intervention or hotline work and we are fine with that provided the service is stated in that way. To conduct ongoing counselling and psychotherapy in the traditional sense, whether delivered online or in person, without knowing the identity of the patient is hugely risky and risk is not just something U.S, counsellors are concerned with.

With regard to your response about California, in fact you negate your own premise of a globalized set of ethics if you simply lop off a state in the U.S. or, as you suggest, an entire country.

The analogy to the United Nations does not really apply; after all, the United Nations IS an organization to which each nation provides a representative. So that means someone should form the equivalent of United Nations for the helping professions and in order for us to be respectful of one another, we must embrace different cultural and educational expectations as well as various legal requirements.

Anyone can choose to practice anyway he or she chooses- under his or her own jurisdiction. We just ask that the various laws of different regions be respected. And keep in mind, our framework is not a code of ethics- it is what it is stated as being- a *framework* to which practitioners can adapt to.

Thank you for your thought-provoking posts!

DeeAnna

Reply by Leon Tan on November 14, 2009 at 11:12am

'Actually, Leon- that is not a US-Centric ideal- to know who your client is- this is both for client and practitioner safety, and what we have provided for in the framework is the idea that if someone wants to remain anonymous then that is akin to crisis intervention or hotline work and we are fine with that provided the service is stated in that way.'

Well what I am suggesting is that there are NEW ways to work that break from tradition that allow for ongoing work between therapist and client without the need for id verification. Moodgym is in no way a crisis or hotline service for instance, and is anonymous and does not require the kind of id verification

you specify. This relates to my point about *not* replicating some of the problematic issues of traditional frameworks... which I could go into at length but won't here.

'To conduct ongoing counselling and psychotherapy in the traditional sense, whether delivered online or in person, without knowing the identity of the patient is hugely risky and risk is not just something U.S, counsellors are concerned with.'

Well I can see its riskiness from the pov of both clients and therapists... the APA and torture is a brilliant example of the risk to clients from practitioners through existing / traditional ethics codes. And of course, I can see that what drives the sense of riskiness is also the question of litigation, which is perhaps more pertinent to litigious cultures as I have pointed out. There are other perspectives on anonymity and therapy which accept that it is a risky business tout court... we are talking about changes in individual lives here... thus we have such things as informed consent, no?

And next, I do not see online therapy as necessarily fitting the frame of 'traditional counselling or therapy' at all, and there are many differences as we all know.

'With regard to your response about California, in fact you negate your own premise of a globalized set of ethics if you simply lop off a state in the U.S. or, as you suggest, an entire country.'

Well I see that simply as a region lopping itself off from the world or simply assuming too much on behalf of its residents. So no, I do not negate my own premise of a globalized ethics. That is to say, I am not the one who is stipulating ex state work is off limits am I, but rather California itself? Or am I mistaken here?

'Anyone can choose to practice anyway he or she chooses- under his or her own jurisdiction. We just ask that the various laws of different regions be respected.'

Of course, but this is why I am raising the issue of globalization... and the point that various laws of different regions may need to change in the face of globalization. This applies not only to the psychoprofessions of course but to other issues such as human rights, where as you know the US has conveniently excused itself from the International community in regards to a variety of breaches of the UDHR.

'The analogy to the United Nations does not really apply; after all, the United Nations IS an organization to which each nation provides a representative. So that means someone should form the equivalent of United Nations for the helping professions and in order for us to be respectful of one another, we must embrace different cultural and educational expectations as well as various legal requirements.'

I was mentioning a declaration ratified by the UN, I see no reason why a 'universal' or globalized ethics may not be similarly 'ratified' by various interest groups including consumers.

You did not respond to the other points I raised regarding professional and consumer centric... but it is clear that vast differences exist between us.

Reply by Leon Tan on November 14, 2009 at 11:19am

I suppose what I see emerging is a 'professional' culture driven by considerations of risk and liability more than considerations of client desires and change...

Also, there are highly unethical problems where some practitioners tend to foster dependency on the part of clients, seeing them more as revenue streams than as individuals with a multiplicity of desires.

The big question that remains to be debated is this: **What is 'Ethics'?** Too many assumptions are made but in fact, I believe we need to start first with a clear understanding of what we mean by ethics? Who do ethics frameworks serve? How do they operate in regards to prevailing political-economic problems? Etc...

Reply by DeeAnna Merz Nagel on November 14, 2009 at 11:50am

Leon, I do want to say this- we have created OTI with the intentions of using social media for the benefit of all. So we encourage feedback from everyone- professionals, consumers, friends- whoever wants to have input into our framework- that is why we blog it, debate it, discuss it, tweet it~

If you know of people who should be in this discussion encourage them to join in!

DeeAnna

Reply by Leon Tan on November 16, 2009 at 10:00am

Well I have responded and contributed extensively now, but feel that many of the points raised reach a blank wall, and I have my own theory regarding this.

I am interested to hear more from others but of course only at the convenience and comfort levels of others.

I know of some who might join in but this to me is not developing into a productive conversation, and I can understand the desire to keep the discussion contained to certain limits but question this very desire!

Reply by Kate Anthony on November 21, 2009 at 9:11am

Hi - apologies for coming late to the discussion!

I think what I want to say is around your question on who ethical frameworks serve, Leon. Although I see your point that it can look like risk and liability runs the culture, I think that rather dismisses those who

appreciate and work to a Web 2.0 ethos. I have lectured for years now on the point that in the future, it will be up to the client to define and establish "good ethical practice". So our Framework was created with that very much in mind.

To me, the question isn't so much "what is ethics" but more around **how** we bring clients into defining what ethical frameworks should look like in a profession that traditionally defined ethics from it's own POV (quite possibly due to fear of risk and liability, as you say). Is it lazy of me to say that maybe clients like that they can trust that we know what we are doing when it comes to our ethical frame? As a therapist and also a sometime-client, I certainly like to feel that my personal therapist had an ethical framework he adhered to. I'm not sure I ever actually asked him though...

Thanks for your thought provoking post!

Kate

Reply by Leon Tan on November 21, 2009 at 4:12pm

Hi Kate,

Thanks for jumping in... I suppose I am questioning what precisely is a web 2.0 ethos and whether it 'fits' with 'traditional' practices. For instance, web 2.0 has brought us much news of highly unethical practices (eg. APA and torture) amongst other things, or transparency to be clearer and to the point. It has also brought about anonymity or pseudonymity, which understandably is important for many cases of information leaking such as to be found at wikileaks. This has run counter to the desires of governments (as well as the APA, if you saw the article about the 'secret email' leak) from time to time which to my mind raises many ethical quandaries.

I do still think it is a matter of what is ethics, but you are right in pinpointing the how of bringing clients into the framing and decision making processes concerning their lives and transformations. To my mind, ethics frameworks may be useful to a certain point, but from a personal-professional-philosophical pov, ethics has never been about following formulas but about independent decision making in regards to the individual circumstances of individual clients.

I think it is common for therapists to also be clients as I myself have been too. To take a client pov, I would much rather my therapist was an independent thinker, and took clear stances on issues, and that this is transparent to me. Given my politics, it would trouble me for instance to see an APA registered therapist who said/did nothing about the involvement of the members and organization in torture, however clear the ethics code may be.

I wonder if my posts are too provocative here... but at the heart of it all, I do believe on the basis of much evidence in various countries that there is 'professionalization' of the mental health fields that is not necessarily working in the favor of clients. And I also feel that the voices of clients/consumers are

palpably absent in many professional discussions and decision making.

The US is an exceptional case to be sure, as an imperialist power that has breached numerous articles of the UDHR, and that adopts in many cases an imperialistic stance in regards to the business and practice of not only therapy but medicine, management, professionalization, finance, etc. There is an extensive history here which may be traced to the shady dealings at Yalta and Bretton Woods, post WW2.

It may seem unrelated for many, but I also believe that politics is at the very heart of individual and social change, and impossible to separate from the question of ethics.

Thanks for your responses, Kate, Stephen and DeeAnna.

Reply by Dominik M. Rosenauer on November 25, 2009 at 5:50am

Coming from Austria I can see different obstacles in the ideas of having an international code of ethics or whatever this might become. In my country I am bound to national law regarding my profession (psychologist, psychotherapist) and regarding online work. I am sure that those regulations are not valid for a wide range of nations so I wonder how this code could look like to be valid for any mental health professional in any given country.

To give an example: In Austria psychologists and psychotherapists may only work with clients in an immediate way. This means that we see our clients, we know who they are and so forth. Online the same is true. We must not use e-mail or other asynchronous techniques of communication. But as far as I know this is not true for the rest of the world.

I hope to make myself understood even though my primary language is not english.

kind regards

dominik

Reply by DeeAnna Merz Nagel on November 25, 2009 at 7:19am

Hi Dominik,

I understand what you are saying completely. Which is why Online Therapy Institute created the [ethical framework](#) instead of a code- it is a framework that state boards, various countries and organizational bodies can use to create their own code- pulling from the core tenets of solid ethical practice.

Thanks for joining the discussion!

DeeAnna

Reply by Leon Tan on November 28, 2009 at 1:23pm

Delete

Perhaps there is a need for changes. I know for instance, numerous organizations are involved across the EU in looking at standards for the provision of online healthcare not just therapy EU wide.

I am interested to find out if your regulations are explicit about online therapy? Is there a place where one may view the legislation?

Reply by Leon Tan on December 8, 2009 at 6:13am

Regarding your frameworks stipulation of ID verification, I have found 2 more services that allow anonymous treatment, so I wish to raise again my concerns and observations wrt to the framework.

<http://www.counsellingonline.org.au/en/>

Reply by Kate Anthony on December 8, 2009 at 1:30pm

Hi Leon,

My first thought is that this (the second) is a press release - that may not be helpful to the argument but I think worth pointing out. There are loads of services that offer an anonymous service - that doesn't necessarily promote best practice, which is what the Framework sets out to do. I'm not knocking these services, but their existence doesn't mean that the strategy is best practice for a safe environment for clients.

I think I would like to restate that the Framework is about contracted counselling services. Crisis intervention of course has its place, and a brilliant one - I constantly cite The Samaritans, naturally. But the anonymity of the client doesn't help when they are telling you that they have the means to go through with a suicidal intention and you wish to do something to help them. That many people are helped is not the point here, it is citing best practice within the profession for contracted counselling (I tried to research this further with your first link, but cannot since my computer is not in Australia).

So look at it this way - I am turning to the Internet for help to reach out to a professional, qualified and post-qualified counsellor who has a presence online. I find an organisation that is offering me a quick anonymous chat, and the disinhibition effect means I pour my heart out and by the end of the session allowed, I am suicidal, tell the counsellor so, and what will he or she do with that? This is exacerbated by

lack of training in the field, but that is a different thread...

If you accept a "client" as a "client", rather than a service user of a crisis line, you should know their identity, just as in the face-to-face therapy field . This is what the Framework sets out to achieve.

Best ,

Kate

Leon Tan said:

Regarding your frameworks stipulation of ID verification, I have found 2 more services that allow anonymous treatment, so I wish to raise again my concerns and observations wrt to the framework.

<http://www.counsellingonline.org.au/en/>

Reply by [Dominik M. Rosenauer](#) on December 8, 2009 at 1:41pm

you can find the legislation but only in german. there is no official translation for this kind of legislation - since it is not law but only an addendum to law. it has about 18 pages - so I did not translate it too :-)

<http://bmg.gv.at/cms/site/attachments/6/8/3/CH0964/CMS1144348952885...>

maybe a babelfish translation will make possible at least a core understanding of it?

Reply by Stephen Goss on December 10, 2009 at 10:40am

Risk of mixing two I think different topics here so I will concentrate on the possibility of an international code of ethics and leave anonymity for another response.

All this is just 'thinking aloud' so please forgive any errors or wrong turns!

Dominik, your comments on the situation in Austria are very interesting - a practitioner in any country that effectively outlaws online/email therapy clearly could not do it. (Incidentally, I would love to know the reasoning behind that position in Austria - I have a wry smile at the thought that Freud's seminal work in your country analysing via correspondence might have been banned under that ruling if he had used email? - Am I understanding the position correctly?)

An international code would have to include a statement that any practitioner is first bound by the laws of their country. I would extend that to being bound by the ethical guidelines (whether termed 'framework' or 'code' or whatever) of any professional group/association/body applicable to the practitioner's work.

I don't see that as a major problem though for creating an internationally accepted code - online(email) counselling would not be sanctioned in, say, Austria but it would be elsewhere so practitioners would need to keep within the rule where they are. Similarly many US states seek to ban working with clients in their area without license from that state as this thread shows. That simply means that the international/inter-jurisdictional rule needs to be one of knowing the rules where you and your client are is essential - ie ethical practitioners do the necessary research before taking on a client.

I could provide email counselling to an Austrian but an Austrian practitioner could not (if I understand that right?). And so, unfortunate though it is for the Austrian practitioner, the lowering of barriers between countries offered by the Internet comes to fruition with benefit to clients by allowing access to new practices. Yay for web 2.0!

Standards of provision (the purported reason for the restrictive rules that some countries/states have) could be safeguarded by that international code - an improvement on the situation where standards are not protected across jurisdictional lines. Then (and perhaps only then) countries with restrictive rules could afford to relax them without risk to clients, which they are (quite properly) taking into account at present.

I think Leon's parallel with the UNDHR is a good one to a point - a form of words is found to cover the agreed basic rules and then countries (in this instance professional bodies responsible in each country, perhaps) sign up. (In practice, I suspect that is harder than writing down what ethical practice involves! But not insurmountable as the UNDHR demonstrates, even though it is imperfectly(!) adhered to.)

One the keys to such a process would be the research on outcomes and processes/practices-related-to-outcomes that would help generate consensus on what is and is not necessary/desirable for good work to happen and bad practices/outcomes to be avoided. I don't see enough of that yet - but that doesn't mean it cannot happen! (Anyone want to join me in setting up an international program of research on this?)

As I have said before on this list, I would love to see such a movement towards internationally agreed and enforceable standards and will work on it with anyone who wants to see such a thing happen. I don't think the content of the 'rules' is actually very far off - there are already several models available and although I find differences I find very few actual conflicts between them.

So - what would prevent an international code being established? Is it best to use the approach DeeAnna has indicated of a good, thorough, internationally applicable framework that every locality adapts to create their own code? Is it best to have one standard we could all agree not to fall below, enhanced by additional requirements/rules for some areas? (that may be almost the same thing, come to think of it).

Looking forward to more on this!

Stephen Goss

Reply by Dominik M. Rosenauer on December 10, 2009 at 12:05pm

the rationale behind the abandonment of email as a means of communication between psychologists/psychotherapists and their clients is the asynchronicity of the medium. per law we have to communicate with our clients directly. the use of letters or telephone is usually not possible/allowed. one of the most important rules seems to be the confidentiality. using email seems to be too insecure for confidential communication. spouses, husbands or children reading email from the wifes/mothers account thus too likely. I experienced that problem several times when I tried to help clients with installing secure email, digital signatures and the like.

When you use chat you can use passwords, webcam, voice and other ways to make sure(r) that the person on the other end of the line is the person you think you are dealing with.

Another reason why I personally prefer synchronous ways of communication is the fact that you can find out problems of understanding and communication easier and quicker then via email. the reaction of the person on what you just said is immediate and you can take another turn and reassure the client that his perception of your reaction was a misinterpretation.

I would definitely like to work on that project of yours, Stephen! construing such a program would be a very interesting thing for me.

Reply by DeeAnna Merz Nagel on December 10, 2009 at 2:34pm

Hi Dominick,

Thanks for sharing!

I thought I might take this opportunity to point out that even with encryption, any online communication can potentially be risky- whether synchronous or asynchronous. A spouse, relative, partner, coworker or employer can install a keystroke program on the computer and then have access to every keystroke made on that computer remotely. Of course this is no different than the risk of wire taps on phones or an in-person therapy session being eavesdropped on....

Also, many chat programs record or make available a transcript of the previous chats and unless the person deletes, then the verbatim chat material can be accessed. If the chat or the email program is password protected and encrypted I would think each hold equal risk. Educating our clients about keeping their communications out of the hands of others is important and should be part of the informed consent process.

Reply by Leon Tan on December 14, 2009 at 9:57am

Hi Kate,

Thanks very much... you raise a good point about 'best practice' which already calls into question the need for evidence as well as a rigorous conception of evidence.

How one determines best practice online is to my mind a rather open question. However I see your concerns regarding suicidality. Here again, this raises ethical questions concerning individual rights to their bodies, and it is true, I take a rather different approach in that I am pro choice and euthanasia unlike a great many organizations.

"the anonymity of the client doesn't help when they are telling you that they have the means to go through with a suicidal intention and you wish to do something to help them"

So here you raise the pragmatics common to many offline ethics guidelines concerning suicide. Yet this to my mind is not something that is by any means necessarily 'good' or ethical, that is, the desire and will to control, and implement strategies of control. I am not saying that there are not cases where interventions are not called for, but I am saying that the very assumption that a therapist treat ALL clients as potential suicides or risks in such terms is highly problematic.

Given that many services already specify contra-indications for working with suicidal cases, I cannot see that there is a major problem such as what you raise. In fact, I think on the whole, suicidal cases are a minority in 'general' therapy practice.

However, given that all of this relates to offline ethics frameworks, there are numerous problems with such codes as it stands, which I have already touched on. How do therapists deal with these other problems or are they simply ignored?

You seem to make a clear distinction about 'crisis' services, but I have already raised the service Moodgym which is in no way a crisis service and to my knowledge does not necessarily conflict with best practice. Why don't we talk about such a service?

Reply by Leon Tan on December 14, 2009 at 10:05am

"So look at it this way - I am turning to the Internet for help to reach out to a professional, qualified and post-qualified counsellor who has a presence online. I find an organisation that is offering me a quick anonymous chat, and the disinhibition effect means I pour my heart out and by the end of the session allowed, I am suicidal, tell the counsellor so, and what will he or she do with that? This is exacerbated by lack of training in the field, but that is a different thread..."

OK, this is perhaps a 'worst case' scenario, and by no means one that is necessarily characteristic of a service such as the alcohol and drug service I mentioned or of Moodgym for instance.

What I agree on is that there is a lack of training in the field, but within practices run by professionals with a firm grasp of online dynamics as well as well thought out frameworks of intervention, is it really fair to raise such a worst case image?

In any case, therapists offline DO lose clients to suicide... there is a point beyond which I think it is naive to assume the ability, necessity, or 'ethical' compulsion to attempt to avert such.

Reply by Kate Anthony on December 14, 2009 at 10:40am

Well yes, I think it totally fair to raise it - it is by sharing what you term as "worse case scenarios" that we learn from eachother and are able to decide best practice guidelines etc.

I in no way meant to imply that this is a characteristic of any services mentioned here of course. And I do agree that " it is naive to assume the ability, necessity, or 'ethical' compulsion to attempt to avert such" - I too advocate euthanasia and the right to end ones own life. But that is only my opinion - it is the collective knowledge we acquire through discussion and examination of cases and situations that not only may occur, but also are in my view fairly likely, such as the one I raised, and not a worst case scenario at all.

While professionals may have "a firm grasp of online dynamics as well as well thought out frameworks of intervention", that wont protect them from not having to consider the "worst case scenarios" and what they do in the event of them happening.

Kate

Reply by Leon Tan on December 14, 2009 at 2:10pm

thank you for this, and for pointing out that it is not in fact law but addendum. i wonder how it will integrate with a push within the EU for mobility and access for EU residents and citizens wrt to healthcare

Reply by Leon Tan on December 14, 2009 at 2:14pm

welcome your willingness to engage in conversations and think that this is important. And Stephen, I like your point re: all of this is thinking aloud...

No of course it doesn't mean professionals can simply not think about worst case scenarios!

I am especially interested to see some research on the occurences of such scenarios in various online

services.

Leon

Reply by Dominik M. Rosenauer on December 14, 2009 at 2:28pm

the EU has various exceptions for the mobility of citizens and their rights to work in their jobs: lawyers eg. psychotherapists can move to any country in the EU and work under the restrictions of the law in the country they move to. so a german psychotherapist can move to austria and work as a psychotherapist - when he is trained the way the austrian law says. so they have to find an organisation of their school (cbt, systemic, rogers and others) which will accept any training already done and in most cases some additional training will be necessary. if i moved to germany i could not work as a psychotherapist because german law only allows psychoanalysts and cbt-therapists to call themselves "psychotherapists". systemic family therapy is no school which is accepted by german health insurance.

Reply by Chizu Hirata on July 22, 2011 at 7:58pm

Hello, Lynne!

I am participating in a volunteer tele-counseling group in Japan. It is a part of an research and aid effort for the people affected by Tsunami in Tohoku. Could you please share your info related to distance counseling, please?

Thank you!

Chizu

Lynne said:

I contacted all 50 states for information on their distance counseling. I have the information in an Excel document. (I didn't hear back from all states.)

If anyone is interested I can forward the document to you.

Lynne Coon, M.S.

<http://www.dontworry-behappy.com>

Looking for liability insurance that covers distance counseling

Art Matthews, MA LPC DCC on February 16, 2010 at 3:51pm

Can anyone come up with a liability company that expressly covers distance counseling? Please let me know.

Replies to This Discussion

Reply by DeeAnna Merz Nagel on February 16, 2010 at 4:16pm

I know that HPSO and CPH & Associates do not list online therapy in the exclusions.

CPH recently hosted a teleseminar about online therapy in October 2009:

<http://www.lifecoachtraining.com/resources/newsletter/archive/20091...> [[edit: no longer available]]

This statement was in a CPH newsletter:

Online Therapy - Insurance Coverage

(October 2005 , Volume 1)

... Therapists and counselors often ask whether or not their malpractice (professional liability) policy covers them if there is a claim or lawsuit for alleged negligence in the performance of online therapy (sometimes called Internet therapy or e-therapy). Because the answer to the question may vary from insurer to insurer, therapists should review their policy to see whether or not there is any exclusion or limitation pertaining to online therapy. If there is no exclusion or limitation, then coverage should exist.

Even if no exclusion or limitation exists, therapists must be sure that online therapy is authorized or allowable in the state where they practice and that they are performing such services lawfully. Attention must be given to the issue of practicing with patients that reside in another state. Generally, if the therapist is not licensed in the state where the patient resides, such practice may be unlawful. How does your state's law or licensing board view this issue? Additionally, therapists and counselors must be sure to comply with any restrictions or mandates of state law, such as obtaining informed consent prior to the commencement of online therapy.

Reply by Brandon Santan on November 4, 2010 at 7:39am

I've been doing research on this as well. I have HPSO and they said they will NOT cover distance counseling unless the state where you have your license has it expressly written in its Rules and Regulations that LPCs can perform distance counseling services.

In other words, the state has to be explicit that it is lawful for its counselors to do distance counseling. I'm licensed in TN and TN's Rules only address distance counseling with suggested guidelines. It doesn't state explicitly that counselors can perform distance counseling so HPSO won't cover it.

As a result I tried to see about getting the law changed but that was like banging my head against a brick wall. So, I spoke with an attorney who said that I would be safe to do distance counseling if I made it clear to my clients that I'm working outside the law and requested they sign a waiver giving up their right to sue me.

Well that plan doesn't exactly feel ethical... so I wait. I honestly don't understand how so many counselors can feel comfortable doing online counseling without liability coverage. I wish I knew alternatives.

Any suggestions or recommendations would be greatly appreciated.

Thanks
Brandon

Reply by Ralph Wood Wilson on January 1, 2011 at 11:13am

Maybe DeeAnna or others will have received more input from other sources by the time I write this, New Years Day 2011. You said that TN does in fact acknowledge the issue and makes suggested guidelines. That means that your statement to clients can be more robust than simply, "I am asking you to do something 'outside the law.'"

You can say that TN has indicated its awareness of distance counseling, and that you hope that it will soon arrive at final wording about the conduct of distance counseling. You can say that you have their suggested guidelines and that you conduct your distance counseling in conformity with those guidelines. You can also say that you are a member of Online Therapy Institute and are a contributing member to the ongoing discussions about distance counseling. You can say that a waiver signed by a client does not relieve you of legal liability for negligence (or other things that a lawyer could list; this is similar to medical informed consent, where the signing of consent does not condone negligence). You could include in that document items that you ask the client to be responsible for, such as notifying you of any thoughts of suicide, harm to others, disturbing changes in thoughts, etc, and that they must call 911 if there is a critical situation (however you put that into words).

With a properly worded document, the client would know that they are cared for, that you are following ethical guidelines and operating within your scope of training, and that you are an active member of the mental health field and helping to develop the field of distance counseling.

With the right wording I think that a lawsuit against you would fail if brought, and that the client's lawyer might advise to not sue.

Maybe those words will be useful. The important factor is the insurance company signing off on that, I suppose. So maybe it is moot until they include distance counseling in their policy.

I still consider myself a relative newbie to this field and am looking forward to seeing what OTI can help to develop.

Best of 2011 to you, and to all of us.

Reply by DeeAnna Merz Nagel on January 1, 2011 at 3:06pm

Brandon,

I spoke with HPSO just a couple of weeks ago and my experience is that it is a different answer every time. What they told me this last time is that online therapy is covered provided there is nothing written in the rules that prohibits it- which is different than what you are saying. I will attempt to get a formal statement from HPSO because it would be a monumental task for every state to change their rules for every helping profession. My understanding is that as long as you practice within your state (with nothing explicitly written AGAINST conducting online therapy you are fine- and the same applies across state lines as long as each state does not have language that prohibits you. The next issue of TILT- comes out next week (<http://www.onlinetherapymagazine.com>) has an article on jurisdiction.

DeeAnna

Reply by Brandon Santan on January 3, 2011 at 12:07am

Thank you Ralph and DeeAnna. That helps quite a bit.

I tend to get glazed eyes when things are said such as "*therapists and counselors must be sure to comply with any restrictions or mandates of state law*" and "*the same applies across state lines as long as each state does not have language that prohibits you*". Perhaps it's PTSD from trying to deal with TN state law makers, but the language of those statements and others like them seem so vague to me.

I guess the biggest question I have now then is how do we find out what states prohibit distance counseling and how do we filter the language so that we (non attorneys) can understand it? It would be a daunting task to go to each of the 50 states and research their laws for distance counseling. Does anyone know of a current list of States that prohibit distance counseling?

I'm looking forward to reading the jurisdiction article in TILT next week. Perhaps that will answer my questions.

Thanks again,

Brandon

Reply by Ir  n   E. Celcer on January 23, 2011 at 4:45pm

Hi All. This discussion is exactly where I am and, unfortunately, I have questions but, not answers. If anybody knows what is the situation for GA and Illinois, I would be very grateful. Thanks!

Reply by DeeAnna Merz Nagel on January 29, 2011 at 7:45pm

Irene, I recommend you call your state board to find out specifics about your discipline and online therapy rules. Then call your malpractice insurance carrier and ask if you are covered for online therapy in-state and across state lines.

Reply by Brandon Santan on January 29, 2011 at 11:48pm

Irene,

What are your questions and what do you mean by "the situation"? Can you be more specific? (Not that I would have answers, I'm just curious really.)

Georgia is where I'm located and has an organization for Professional Counselors and prospective Counselors. It's called The Licensed Professional Counselor Association of Georgia (ironically) and their site is <http://www.lpcaga.org> You can join as a member and get a mentor to help you through the process of getting licensed.

Unfortunately, I've found, though, that trying to get information about online counseling from the state board and the insurance companies is very similar to beating my head against the wall. It got me nothing except a huge headache. The last I heard was that the LPCAGA was forming a committee to advance the idea of online counseling to the law makers because the GA rules and regulations for counselors is absolutely silent about online counseling. I asked to be privy to the committee's communications. That was a few months ago and I haven't heard a word about it since. I'm not holding my breath.

Here is what I know so far... 1. As long as there isn't a law stating that counselors of a particular state are forbidden to do online counseling AND 2. As long as the state that your client is in doesn't forbid counseling across state lines AND 3. As long as your insurance company doesn't list online counseling in their exclusions, you SHOULD be safe. HA! Famous last words.

By the way, if you call your state board and insurance provider I would recommend using the words "distance counseling" vs. "online counseling". The phrase "distance counseling" seems to carry with it less threatening implications for some reason. Then be prepared to take an Advil.

Reply by Brandon Santan on January 29, 2011 at 11:54pm

DeeAnna,

You're somewhat of a celebrity in my world and I really do appreciate all your knowledge and experience in this area, but I have to say that every time I seek an answer to a question about online/distance counseling the same answer comes up (contact your state board and insurance provider). Even in the DCCC course I took, the answer was that you have to research it with your state board and insurance provider. It becomes a bit disheartening when you are wanting much more information than that and are still left with questions

There has to be a more simple approach to this. Isn't there any other way to go about this rather than just individuals contacting their state board and insurance providers? You even said yourself that you got a different answer with HPSO each time you called them. How can we rely on the information we do receive once we are able to get through the red tape associated with just calling the board? How can we streamline this information? How can we work to get the laws changed? Does the Online Therapy Institute not have any connections with someone who is a lawyer who could work to get law changed? The task is overwhelming for one person. Just think about it. I'm in Georgia for example. First I have to see if my state board addresses distance counseling. Then I have to approach my insurance company. Then I have to research all 50 states to see what their laws state about distance counseling. Then I have to find out if there is a difference between instate distance counseling and counseling across state lines for each state.

Maybe this particular forum isn't the place to do this, but perhaps it's time to start gathering some data and finding out the specific details of each state. I can give two, TN and GA. Wouldn't it be nice to have information ready for people who ask about online counseling in their state. A nicely done PDF with all the information in one central location so that I can scroll down to GA and see all the information.

I don't know... I'm just thinking out loud here. Please don't mistake this message as being rude. I'm really interested in finding out better ways of gathering information to ensure that counselors who provide online counseling are safe. I'm just ready for a different answer than "contact your state board and insurance provider". Does that make sense? (I hope that didn't come across as being too abrasive).

Reply by DeeAnna Merz Nagel on January 30, 2011 at 1:59pm

Hi Brandon,

I was the ethics chair for LPCA Georgia for several years and have corresponded with members of the state board on several occasions over the past decade.

OTI has attempted to gather such information as you have suggested and we have a wiki- <http://onlinetherapy.wikispaces.com/> and in fact Arthur who started this thread compiled a list and that is on the wiki. The problem is that in every state there are several disciplines- LPCA represents LPC in the state of GA- LCSW may have a different interpretation, then there are MFT psychologists, psychiatrists and an entire body of people who are entrenched in the medical model who interpret distance in different ways. Unless the rules of a certain state specifically address online therapy- distance counseling, etc. then it is the composite board or equivalent AND your liability insurance carrier that interprets what is already written. We don't want to use semantics to get the answer we want to hear.

The reason you hear me and others say the same thing over and over is because in my experience, 1. the tapestry is ever-changing (which is why our wiki is a daunting task) and 2. you may get a different answer every time. So to practice solid risk management, call your state board, document what they say and ask for it in writing, read and study the rules/laws yourself, and if necessary obtain legal consult. If you want to provide services in another state, check the same in the consumer's state. And be specific when you ask questions. "I want to provide counseling and therapy services to my client (in or out of the state) via...phone, videoconferencing, email, internet relay chat..."

I have called my carrier, HPSO, twice in the past month or so and received completely different answers- the latest one being, that with regard to crossing state lines, the the states must have *reciprocity* which is very different language than "as long as your state and the consumer's state does not prohibit..." I have asked them to clarify in writing, to no avail.

In summary, what I say today may be different tomorrow. That is why I advise people to do the research and practice risk management. I would be remiss if I were to give a pat answer, particularly since I am an LPC and I don't have a legal leg to stand on.

I hope this helps clarify what appear to be vague answers, when really what I am saying is "Practice due diligence."

Reply by Brandon Santan on January 30, 2011 at 10:12pm

Thanks for the link and reply DeeAnna. I appreciate all your work and help. I'm looking forward to reading more about this topic at the wiki site. I guess part of the problem is that its hard for me to wrap my mind around this since it changes so much. There is just so much to think about but I guess it will come with time. This is a great way to learn though.

Reply by Claudia Smith on May 17, 2012 at 7:31am

Hi, I'm a little late in this discussion but would be interested in people's comments on liability insurance in relation to my situaiton.

I'm currently living in Uganda and counselling and without a doubt online counselling is pretty grassroots. I've been unable to get any insurance of any kind from within Uganda. I have contacted insurance companies from my passport country (UK) but no one will insure me unless I'm just in Uganda on a holiday.

I'm currently setting up an online practice and want to adhere to the BACP guidelines (I'm a member) and want to know what I should communicate to my clients.

Any ideas? Thank you

Online Groups

Posted by Joan Hitchens on November 11, 2010 at 11:39am

Hello all!

I'm seeking a bereavement counselor who is interested in piloting the 8 week group writing program **Storybooks for Healing** (SFH). It is currently offered through local hospice organizations. SFH is the resource tool for the professional to do what he or she does best - counsel and facilitate, Ideal live group size is 6 - 8 people. Program meetings are 1.5 hours weekly. Participants have their own Workbook and assignments on subjects about loved one's life history to their own grief journey; facilitators have a week by week guide with activities (reusable for subsequent programs). It is structured, yet flexible. The goal is for participants to complete the writing and peer support of the group (personal growth and insight) with the additional goal to publish the public /shared story. The dual goals provide a nice boundary for getting through the tough job of mourning while preserving the most positive memories and life lessons that come from after loss.

My questions to you... Are you interested!? Is anyone conducting groups online that are designed for peer support and teaching? Is technology ready to catch the nuances of face to face interactions? What experiences can you share about online groups (and writing)?

I'm enthused about the potential of expanding SFH in this manner. I believe that this method can reach a huge audience in providing quality care in a delivery that is really driven by the ubiquitous social media. People of all walks of life are seeking out help and communication day and night. I've learned that grief and loss is far more prevalent in our society than I ever could have thought. I think we can change lives story by story. Well, in fact, I know, as do you, that it is already happening. (BTW, if you haven't seen Alisa Clarke's article *Communications and Spiritual Autobiography: Means and Methods for Telling Your Story*, this and the entire TILT November issue is must read material!)

I look forward to your comments...

Replies to This Discussion

Reply by Loren M. Gelberg-Goff on November 14, 2010 at 3:57pm

Hi Joan... this sounds like a really great idea. I haven't run on-line bereavement groups, though I have done many on-line seminars... phone and web. I would be interested in further "conversations" about this as I do believe this could be a wonderful opportunity for people to connect in a meaningful way even if it isn't really face to face. I do a lot of grief work in my practice, and this could offer a much wider audience access to the professional help, support and guidance they need. I look forward to more in-depth discussion... Thanks for opening this up. Loren (wellfromwithin.com)

Reply by Joan Hitchens on November 15, 2010 at 8:53pm

Thanks for your response Loren. Let's do chat. I think there are several models to consider and I am open to your experience in this area! I'll follow up via direct e-mail. Joan

Reply by Dr. Sabrina Schleicher on December 29, 2010 at 9:26pm

Hi Joan, your post caught my attention. I think you are onto a great idea. Although I am not a bereavement counselor (I'm a business coach and psychologist), I have run bereavement groups in the past and find writing to be very healing for those dealing with loss.

What caught my attention about your post is your desire to leverage and integrate social media and writing into bereavement counseling to reach a huge audience in an intimate way driven by social media. I think you could help a lot of people! I am currently running coaching groups using an on-line journaling community and have found it to really enhance my clients' experience. The integration of teaching, regular journaling, and peer feedback is quite powerful for my clients. I use this platform to deliver content and journal prompts, and can see how you could easily integrate the SFH material into this platform to achieve the experience you are intending for participants. I am particularly intrigued by your desire to reach a large audience and have a significant impact on people by changing lives story by story. I have some ideas that might be helpful to you, and I'd love to hear more about what you are wanting to accomplish.

Thanks for starting this important discussion. I look forward to hearing more.

Reply by Joan Hitchens on December 31, 2010 at 11:10am

Great help, Sabrina. I'd love to know more about the platform you are using. I am learning more each week about the opportunities and challenges thanks to responses to this post both on and off-line. I'll

follow up with you in a direct message so we can chat. ~Joan.

Reply by Deborah J. Boyd on February 22, 2011 at 1:31pm

Dear Joan,

I am 61. For those of us on the Internet that are over 30 I would say that 50% of our time is used as support for one another. The support issues are very diverse. Popular now is how to make money when every job you apply for looks at you like you are a relic. There are some websites that come close to what you are speaking of but in most cases they have either a religious base or are new-age spiritual. I can tell you that there is a huge market on the Internet from someone that plays to the middle of those two groups. OK to use the word God but emphasize that God dwells within us. I would need to see what your program promotes to give you a better projection on how many people might be interested. Be warned that the Internet is loaded with "coaches" that are really doing therapy without a license in many cases.

Reply by Joan Hitchens on February 22, 2011 at 5:02pm

Hi Deborah.

Thanks for your comment.

As a writing program SFH allows the participant to identify how spirituality relates to their personal experience of grief, so I hope it is very broadly based. Yet, a facilitator could easily lead a group of like-minded grievers within context of their religious affiliation. The flexibility is one part I love about the program.

I am glad you brought up the coaching and therapy issue. I've been talking with several coaches and counselors about the likeness, differences and goals inherent in each. As a result I am developing clear language disclaimers as needed. SFH is a peer support writing program, but the program needs sensitive, caring, professional leadership since grief can be a very vulnerable, personal space.

You are welcome to learn more about the program on my website at

<http://www.StoryboksForHealing.com>.

Reply by Jamie L. Summers Stacks on March 14, 2011 at 8:06pm

Hi, I am just reading this and was curious if there were any groups started. If so, how are they going? I am just beginning to provide technology assisted counseling and am so excited about all the possibilities.

Jamie L. Summers Stacks

Reply by Jane B. Weiler on September 8, 2011 at 8:45pm

Good idea. Good luck! It reminded me- I heard a speaker from a similar program recently- their students may be interested in your program? The Focus of the other program: training medical professionals(not just MD's but allied professions also) to help patients to write about their illnesses as a healing experience-maybe a common ground/ common interests?

<http://www.narrativemedicine.org/>

Reply by Joan Hitchens on September 8, 2011 at 9:37pm

Thanks Jane. I'm happy to see that narrative medicine is getting attention these days. I'll check in to the link you provided. I'm sure we do have a lot in common.

So glad you stopped to comment. I have been thinking about OTI and been meaning to do an update. SFH is in pilot now with a online journal and support program with option for members to participate in closed small groups. Very exciting! The possibilities are phenomenal.

Reply by DeeAnna Merz Nagel on October 10, 2011 at 7:12am

Hi - Just thought I would say that we now have an online course

Online Group Therapy: Delivery, Research, Ethics and Design

5 clock hours of instruction

Online and self-paced

\$90.00/£55.00

During this course you will learn about the basics of how to conduct group therapy online. Methods of online group delivery are discussed. A brief overview of research is offered and ethical considerations are summarized. Group parameters including design, assessment, facilitation and group dynamics are reviewed.

- How group therapy exists online
- History, research and ethics
- Program design, assessment and facilitation
- Comprehension, misunderstandings and group dynamics
- Conflict management

Participants will be able to define group therapy online.

Participants will be able to determine ethical considerations and problems.

Participants will be able to understand group dynamics and conflict management.

<http://www.onlinetherapyinstitute.com/online-group-therapy/>

Reply by Joan Hitchens on November 29, 2011 at 2:17pm

Hello all! It's been way too long since I updated here!

Just wanted you to know that the writing community for Storybooks for Healing is now open!

The SFH online 8 week writing program is in the works for a January start. I can see that this program will translate very well from live group to this software solution. Drop by. If you are interested in using a private writing journal for your business, let me know. I'll be happy to share my experiences. This is all very exciting!

<http://community.storybooksforhealing.com>

Reply by Dr. Sabrina Schleicher on November 29, 2011 at 3:25pm

Hi Joan,

I am really excited you are using JournalEngine for your Storybooks for Healing community. I was just noticing it was almost a year ago that you and I connected through this Forum! Keep us posted as to the progress of your community.

Sabrina

P.S. Your site is a great example of the customization we can do with JournalEngine. I plan to share this with our Business of Coaching clients.

Should you see a client in-person before you engage in online therapy?

Posted by Kate Anthony on September 6, 2011 at 6:28am

Some people consider that seeing someone online without having a face-to-face (f2f) session may be considered unethical. The question has also been raised as to whether online therapy without f2f consultation is really just online support.

Really interested in everyone's views - do you think stand-alone use of technology for therapy can be considered actual therapy without a face-to-face element? I am firmly of the opinion that face-to-face

contact is not necessary (and in many cases it could be argued that it is not desirable, to take advantage of some of the unique processes that happen within working online) - but I am a purist and would like to reopen this old debate for other opinions.

Best to all,

Kate

Replies to This Discussion

Reply by Stephen Goss on September 6, 2011 at 7:38am

Personally, I would see the line between 'support' and 'therapy' - blurred though it can be as the activities can overlap helpfully in some circumstances - to be one of the quality and depth of the relationship and the work.

The answer to this question is therefore whether sufficient relationship and depth can be achieved online.

The research is increasingly strongly suggesting that the answer is 'yes'. Distance provision is far from new and the body of clinical experience is also largely supportive.

So online-only-therapy should not be considered unethical, IMHO. If some f2f contact were an ethical requirement, many of the advantages and unique strengths of online therapy would be lost or diminished. That is not to say that it is for everyone or *always* the best ethical choice - there will be times when f2f work is far better or ethically required (eg in the - for most of us extremely rare - circumstances when physical intervention is required to ensure a client's safety). But we live in a world where we make ethically charged clinical choices all the time we work with any client.

I am a pluralist, not a purist, so am perhaps predisposed to wanting (ethical) choices to be available.

I too will be interested in what others have to say on this.

Stephen

Reply by DeeAnna Merz Nagel on September 6, 2011 at 8:02am

Some would say that videoconferencing is a sufficient replacement for the traditional in-person initial assessment. But I agree that even this is not always necessary and may sometimes impact the work that is done online via chat, email or through virtual world therapy. Of course some of the standard arguments continue to exist- the most important (imo) being verification of identity (client and therapist). I hope others chime in. This is an important topic, particularly as we see more and more telehealth options developing.

DeeAnna

Reply by Jane B. Weiler on September 8, 2011 at 8:32pm

One of the main advantages of online counseling is to cover distances economically. The high-volume users of this modality (like Military One-Source) are 100% online, no in-person, for clients who screen in.

That's the wave of the future, IMHO.

Reply by Kate on October 26, 2011 at 5:03am

Just spotted this message - you raise a valid consideration - however I am of the opinion that if client work is to "work" per se, then the delivery method has to be the client's choice. I had several online sessions with a client who then felt it was important to meet face to face. This continued for a few sessions before opting to revert back to emailing. One further session and then she felt she had all she needed - and what is more the relationship was strong enough that we both came to that conclusion and communicated thus. It is not the first time I had engaged in online work but this was significant in that it was my first private client. So whilst I don't believe the f2f contact was necessary these sessions were client led which I feel is empowering for the client.

Kate

Reply by Paul Newham on October 26, 2011 at 1:52pm

What happens to the information, contained in the sub-textual timbre of the voice, which is available to both parties in vocal dialogue, when the main form of communication is non-acoustic, as with email?

Reply by Stephen Goss on October 28, 2011 at 8:43am

Aural information is not available, of course. I see this as having one disadvantage (ie loss of the sub-textual timbre, pace, sub-vocal communication, loss of body language and visual cues etc) and several advantages: pure text is a different form of communication and given its subtleties not a substandard one; I can express emotion, tone and so on in text - eg by emotional bracketing etc <feeling upbeat about it!>>> and can explain my inner processes too, if I choose <excited by online therapy and curious about its possibilities!>>>; I can replace what you would have heard with my writing style, choice of words, length etc. It is interesting that from the very earliest days of internet communication people noted that they referred to email exchanges in the language that would be used to describe an audible conversation. Overall, my own view is that by narrowing the channel of communication somewhat, we focus more and expand what we receive into an (imginal) experience that recreates the experience of face to face relating. There are many subtleties, and it is a different skill set (hence my views on the need for training, which should address these issues in detail, IMHO), but the communication still occurs, the relationship builds, depth can be achieved, and so therapy can flourish. All just MHO, of course! Interested to hear more views!

Reply by Paul Newham on October 28, 2011 at 8:56am

Very interesting. It makes me think of text-based therapy as a kind of dramatic script, that has been honed, and passed to actors for analysis, who then have to 'imagine' intent, where there is ambivalence.

I agree with you. I don't see one as better than the other at all. And, so much time is wasted in talk therapy getting to the heart of the 'script'. Maybe email exchange cuts that out.

Reply by Ashley R. Henke, LCSW on December 28, 2011 at 6:06pm

Therapeutic alliance and rapport building are, in my opinion, two of the most crucial aspects in cultivating change. This can be achieved in so many ways that a face to face contact is not required if the practitioner has the skills and boundaries needed to engage the patient and is able to follow his or her code of ethics while doing so. An open mind is always needed.

Best regards,

Ashley

Reply by Karen Turner on February 12, 2012 at 7:30pm

There are times when f2f session is very difficult, for instance when the person is a long distance away from us, is disabled in some way, finds it very difficult to speak to someone in person for many reasons.

I have also "seen" people via Skype for first sessions. I have always found that phone therapy is a very viable and often very intense form of therapy with some people saying they can concentrate more fully on themselves without the "interference" of having to be in person. It seems to be a very individual matter and taken on a client-by-client basis. There's tons more to say, but this is my first time here and I mostly just wanted to say I'm very happy to be here discussing these things!

Reply by Kate Anthony on February 13, 2012 at 7:01am

Thanks Karen - great to see you here!

Kate

Reply by Peter Strong on May 31, 2012 at 2:12pm

In my experience as a therapist who uses Skype there is no need to begin with a face-to-face session. All questions can be addressed perfectly well online.

As I see it, the role of a therapist is to teach clients better ways of working with their emotions and to give them the tools they need to do this. The therapist does not "heal" the client; that is the job of the client. He or she just needs a better tool set. This is central to Mindfulness Therapy as I teach it, and this is why this approach works so well online, without face-to-face sessions in the office. In fact, it has been my experience that online therapy is much more effective than office therapy. There are many reasons for this, including the fact that the client feels more comfortable and more empowered and less likely to take on the victim role of "patient" - a term that I would never use when trying to provide therapy -

because the victim persona is a big part of the problem to begin with, and can inhibit the client's healing process.

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Reply by Peter Strong on May 31, 2012 at 2:16pm

Absolutely right! Online Therapy is a much needed service for the military and for their families too.

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