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Ethical and Legal Implications on the Use of Technology in Counselling

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Abstract This article systematically reviews the ethical and legal challenges as well as benefits of online counselling. We address issues such as accessibility, anonymity, technology, asynchronous communication, online security, informed consent, and the challenges of licensure, liability, and regulation within the profession of online counselling. Current gaps in the empirical literature and legislation about online counselling and considerations for future research, practice and policy implications are also highlighted. The literature suggests that online counselling plays an important role in providing an alternative service delivery model that overcomes some of the barriers to traditional face-to-face counselling services. However, the authors conclude that there remains a lack of empirical evidence and many unanswered questions about the effectiveness of online mental health interventions and the appropriateness of online counselling for diverse populations.

Keywords Ethics · Online counselling · Ethical and legal challenges

Introduction

Given the ever-changing technological landscape in society, over the past several decades mental health care

professionals have developed an interest in the ways in which technology and the Internet can be used for psychotherapy and psychoeducation (Abbott et al. 2008; Mallen et al. 2011). While traditional face-to-face or telephone forms of counselling have been the norm (Hines 1994; Perednia and Allen 1995; Sanders and Rosenfield 1998), more recent times have witnessed a growth in online mental health services (including email-based counselling, chat-based counselling, video-based counselling and online self-help groups) (Gupta and Agrawal 2012). These online services has been utilized both as a stand-alone method of treatment or as an adjunct to traditional counselling (Baker and Ray 2011).

With the introduction of technological advances, there are both new opportunities and challenges presented in accessing psychotherapeutic services. Service providers now have the ability to reach tens of millions of individuals who underutilize traditional counselling services because of factors such as stigma, shame, linguistic barriers and inconvenience (Chang 2005). However, despite the growth and technological advances in the field of mental health service delivery, Internet counselling remains a hotbed of ethical debates. With continuous and rapid growth in technology, legal and ethical regulatory bodies have tremendous challenges in keeping up with the changing online context (Crystal 2009; Maheu and Gordon 2000; Reamer 2013).

While online counseling has become increasingly common over the past several years, there remains minimal investigation of ethical issues in this area, such as therapeutic alliance, informed consent and online security (Mallen et al. 2005). This article seeks to provide a comprehensive overview of the existing empirical literature related to online counselling and the associated implications of online counselling with a particular focus on the

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advantages and disadvantages of internet-based mental health service delivery models. We will examine issues related to both formal online therapies and brief online interventions, and will argue that given the limitations of providing psychotherapy within online contexts, online counselling appears to be most appropriate for clients whose needs are clearly defined, specific, and do not require face-to-face assessment. We conclude by suggesting that online therapy may be used effectively in conjunction with face-to-face therapy, and by offering some important areas for future research.

Advantages of Online Counseling for Clients and Practitioners

Although the addition of online counselling to service provision is controversial, there are many potential benefits for both clients and counsellors associated with providing counselling through technological forums. These benefits include: (1) increased accessibility; (2) anonymity; and, (3) comfort for the clients.

Accessibility

Traditional barriers to counselling services such as limited hours, mobility challenges, medical illnesses and transportation can be overcome through the use of online counselling services (Barnett 2005). Technological advances have increased the available resources and means by which mental health services can be delivered. Online counselling presents a new and convenient alternative to the traditional face-to-face counselling which often requires overcoming barriers such as child care, transportation and other factors (Riemer-Reiss 2000). With online services, counsellors and clients are not constrained by geography and physical mobility.

Individuals in remote or underserved areas now have increased opportunities to access services (Riemer-Reiss 2000). Online counselling reduces the barriers to service utilization, reduces stigma and enhances positive help-seeking attitudes (Chang 2005) while also providing more flexibility and convenience in scheduling (Chester and Glass 2006; Glasgeen and Campbell 2009; Wright 2002). Online counselling is also often more affordable for clients, since there are typically less administrative and overhead costs for service providers (Riemer-Reiss 2000).

Despite the recent growth of online counselling, the existing literature suggests that it does not pose a serious threat to face-to-face therapeutic services, as online counselling targets a different demographic, one that largely would never seek face-to-face counselling services (Allerman 2002; Murphy et al. 2009). Overall, the current

evidence suggests that online counselling is effective in the prevention, assessment and treatment of mental health issues for those individuals who are socially, emotionally or physically isolated (Mallen et al. 2005).

Anonymity and Disinhibition

Online counselling also offers clients a natural sense of anonymity (Richards and Vigano 2013). Traditionally, the Internet has provided its users with a space by which they can interact with each other without disclosing any identifying information. However, with the development of professional and ethical guidelines for online counselling services, clients are now recruited, identified and assessed in ways that often require some level of verifying the client's identity. While some measures of verifying client identity have been developed, online counselling continues to offer clients the ability to communicate without fear of bias around race, gender, age, size or physical appearance.

This anonymity may provide clients with increased disinhibition, allowing clients to be more open and honest in their expressions due to the stigma traditionally associated with seeking counselling services (Richards and Vigano 2013; Skinner and Zack 2004). Consequently, for some individuals, online interactions may be a safer place to discuss the most challenging and emotional aspects of their lives (Christensen et al. 2002). In fact, anonymity and disinhibition have been shown to allow clients to feel safer and less vulnerable, stigmatized and embarrassed in counselling (Bambling et al. 2008; Dowling and Rickwood 2013). This can also lead to increased feelings of safety and diminished vulnerability that can play a facilitative role in establishing and maintaining the therapeutic alliance.

Asynchronous Communication

Asynchronous communication has the potential to enable deeper reflection by both the client and counsellor before responding to messages (Richards and Vigano 2013), which can allow clients to process the implications of their thoughts before communicating them with the counsellor or the group. This reflective space can provide an opportunity to reflect on emotions and experiences and increase self-awareness and self-expression.

Ethical Challenges of Online Counselling

The advantages of online counselling can also pose ethical challenges and risks in providing therapy online. While technology has enhanced the on-line counselling world, a number of concerns and challenges have also arisen surrounding its use. These concerns include

anonymity, delay (asynchronous delivery), a lack of accessibility, the absence of non-verbal behavioral cues, technological challenges, online security issues and a risk of misinterpretation or misunderstandings between client and counsellor.

Inaccessibility

While the use of online counseling may reduce some concerns surrounding accessibility (such as geographical concerns), these new forms of counseling could pose new accessibility challenges for those who do not have access to technology or the ability to navigate the technology (Riemer-Reiss 2000). Furthermore, research suggests that this increased use of technology in the counselling medium may also be exclusionary to those with limited technological literacy (Elleven and Allen 2004). This research recommends that counsellors must engage with their clients on their individual level of technological literacy, and ensure that the counselor's use of technological resources (such as video communication or chat services) does not surpass that of the client's. Therefore, counsellors must take precautions not to alienate and/or isolate the client's technological literacy ability. Furthermore, Elleven and Allen (2004) suggest that to mediate these potential issues, counselors should present several options for clients to engage and contract for services.

Problems with Anonymity

Despite the demonstrated benefits of anonymity and accessibility of online counselling, anonymity presents challenges to the online therapeutic relationship. For example, the online environment may in fact encourage role-play where individuals create a persona as an act of self-protection (Gwinnell 2003). The Internet is also a powerful medium for individuals who may wish to act out and victimize vulnerable persons in online support groups (Barak 1999; Strom-Gottfried et al. 2014). The anonymity of online counselling also provides an opportunity for counselors to misrepresent themselves, as the client has minimal opportunities to examine comprehensive information regarding their service provider (Barak 1999).

Due to the nature of online services, identity and anonymity will always remain an ethical issue. Certainly, one area that requires further exploration is the process and degree to which a client's identity is verified. However, even if it were possible to truly verify a client's identity, the question remains if it is even beneficial for the client to do so (Alleman 2002). Certainly verifying a client's identity becomes most critical to providing online therapeutic services when serious issues such as psychoses, sexual abuse, suicide or intimate partner violence are raised.

Additionally, this may also require that the counsellor have an ethical obligation of duty to report the client to ensure that the client receives appropriate care. Given the level of uncertainty surrounding client identity, offering online counselling may be less appropriate with serious clinical issues that involve individuals who are a significant threat to self or others or is in significant danger themselves.

Problems with Delayed Communication

As demonstrated above, synchronous online communication allows almost-instantaneous communication between the counsellor and client. However, the natural time delay in asynchronous communication can lead to potential anxiety for both the client and counsellor (Richards and Vigano 2013). Due to the delayed responses, asynchronous communication raises concerns for the therapeutic process and the counsellor's ability to effectively engage in interventions. Naturally, asynchronous interventions alter the context of many psychotherapeutic interventions, whose successes have been largely documented in face-to-face therapeutic contexts rather than in online mediums. For example, what can be accomplished in a one-hour face-to-face session may take several days or weeks in asynchronous online counselling (Barnett 2005). Research has also shown that even the shorter time lapse in synchronous online communication can create a hindrance in effective interventions (Bambling et al. 2008). Despite the potential for online counselling to overcome long waitlists for face-to-face interventions, the limitations of both synchronous and asynchronous online interventions may lead to face-to-face counselling as the better choice.

Problems in Communicating During Emergencies

Online counselling lacks the ability to meet a client's immediate or crisis needs in the same capacity that face-to-face therapy can. In particular, online services that are asynchronous may not respond to a client quickly enough to assist them in a meaningful way (Finn and Barak 2010). In addition, when a client does have immediate needs, communicating via text lacks the same type of empathy that can be conveyed in face-to-face interactions (Rawson and Maidment 2011; Richards and Vigano 2013). Consequently, individuals accessing online counselling may not feel supported to the same degree with urgent or crisis situations as they would be if they were accessing face-to-face services.

These barriers may be overcome by creating a list of emergency, urgent or distress contacts and supportive services in the client's community, which they could access for immediate assistance and establishing a protocol for technological difficulties (Jencius and Sager 2001).

Additionally, in situations that require more intensive support, changing to telephone counselling has been found to be beneficial in overcoming immediate needs and conveying empathy (Harris et al. 2012). Furthermore, the growing use of emoticons (i.e., a metacommunicative pictorial representation of a facial expression) to convey affect and mood in online counselling may be a means to demonstrate empathy in emergencies. However, Mallen et al. (2005) report that even the use of emoticons remains too simplistic for the purposes of determining accurate emotional responses. Therefore, despite the possible solutions, the hindered ability to convey empathy via both text and telephone communication would suggest that face-to-face interventions are more desirable for clients who are in need of ongoing crisis support. While online interventions have the ability to provide more reactive services on an immediate or urgent basis; however, a face-to-face therapeutic relationship may be more effective in supporting clients who are in need of ongoing crisis supports.

Misunderstanding and Misinterpretation

Due to the lack of verbal and non-verbal information in the use of online counseling services, both the client's and the counsellor's understanding of information is constructed through their assumptions and interpretation of the text alone (Recupero and Rainey 2005). Consequently, there may be miscommunication or misconceptions between the counselor's intentions and the client's understanding and vice versa. Additionally, due to the often-short length of messages provided in online counselling, it can be challenging for counselors to develop an appropriate clinical understanding of the client (Wiggins-Frame 1998).

Research also suggests that the use of online therapy may raise different concerns than traditional face-to-face therapy (Alvarez-Jimenez et al. 2013; Anderson et al. 2012; Bauer et al. 2013; Hall 2004; Nicholas et al. 2010). If a counsellor is using a one-size-fits-all approach to online counselling, there may be an increased risk of misunderstanding and misinterpretation between the client and the counsellor. For example, Beattie et al. (2009) found that ten sessions of online cognitive behavioural therapy (CBT) delivered to twenty-four patients with depression was experienced as helpful due to its accessibility (i.e., clients accessed from their home computer). However the authors also argued that "online CBT may feed into the vulnerability of depressed people to negative thoughts, given the absence of visual cues and the immediate response of face-to-face interaction," (p. 1). Therefore, despite the fact that the authors received positive feedback on the treatment from the clients, if the counsellor were in a room face-to-face with these clients it may be more readily apparent that they were in fact avoiding or ruminating. This

miscommunication may very well become quite detrimental to the client's progress and this may negatively affect the counselor's ability to assess or diagnose.

Absence of Non-Verbal Behavioral Cues

Traditional face-to-face counselling relies heavily on both verbal and non-verbal cues, such as tone, speech quality, personal hygiene, body language and appearance as a means of gaining insight into the feelings, behaviors and thoughts of clients (Baker and Ray 2011; Liess et al. 2008). Research has demonstrated that often the lack of verbal and non-verbal language creates communication challenges in online counselling (Bambling et al. 2008) and can prevent the completion of a comprehensive assessment of client concerns (Haberstroh et al. 2008).

Similarly, the lack of verbal and non-verbal cues has also been shown to reduce the emotional proximity of the client (Bambling et al. 2008), and can also result in incorrect assumptions about client identity. Particularly in situations of cross cultural issues, a lack of verbal and non-verbal cues can leave the counsellor vulnerable to cultural insensitivity and unintentional discrimination, particularly in instances of short-term or asynchronous communication (Mishna et al. 2013; Wiggins-Frame 1998). Given that accurate diagnostic assessments require an evaluation of nonverbal cues, online counselling services may not be able to provide an accurate diagnostic assessment. Consequently, online counselling may not be an appropriate service for individuals who are experiencing complex or comorbid mental health concerns. These individuals may be better served by face-to-face assessments.

Technological Issues

While the use of technology has the potential to enable a more accessible and anonymous approach to receiving information and treatment related to mental health, it can also act as a barrier to services. Challenges such as Internet connection issues or computer problems are inevitable and consequently, counsellors must be prepared to provide alternative means of service delivery when there are technological difficulties (Reimer-Reiss 2000). Research has also shown that technology is the most immediate barrier to establishing therapeutic rapport online (Haberstroh et al. 2007), and can negatively impact both the counselor and the clients, particularly if client concerns require immediate attention (Haberstroh et al. 2008).

While training is widely available for clients (Reimer-Reiss 2000), online counselling still has the potential to exclude those who are uncomfortable with technology, or who do not have the resources to access online counselling services (Bloom 1998). For those who access online

counselling, research has shown that an individual's level of comfort with technology and the internet plays a major role in how positive or negative their experience with online counselling is (Haberstroh et al. 2007). Several ways of overcoming this potential barrier are providing alternative means for communication with clients or through assessment, examining technical skills and providing appropriate online tutorials (Haberstroh et al. 2007).

Online Security

Online counselling raises new challenges for confidentiality and security of client information (Jencius and Sager 2001). All online counselling client communication that occurs via the Internet could be jeopardized given the written nature of the medium and the means in which it is transmitted (Murphy et al. 2008). As a result, confidentiality, harm to self or others and obtaining informed consent may pose ethical dilemmas due to the potential lack of security (Riemer-Reiss 2000). Despite attempts at security programs to protect confidentiality, service providers must continually upgrade their technology to prevent possible security breaches (Wiggins-Frame 1998; Shaw and Shaw 2006). However, despite continual upgrades to technology, there are always breaches to technology where unauthorized individuals can intercept wireless signals and compromise what is thought to be secure information.

Legal Considerations and Potential Ethical Tensions

Limits to Informed Consent

As with the use of traditional counseling methods, informed consent must still be appropriately and effectively conveyed to the client in situations where online counseling is used. This includes communicating the risks and benefits of participating in online counseling, such as increased misdiagnosis, misunderstanding, miscommunication and breaches to online security (Halabuza 2014; Reamer 2013; Recupero and Rainey 2005). Therefore, the counsellor must take every precaution to ensure that the client understands the risks and benefits with online counselling so that the client can act with self-determination and not simply consent because they want help or are being coerced in some manner to seek help (Reamer 2013).

The Internet can also create challenges in determining a client's capacity to consent to services. Clinical judgment without verbal and non-verbal cues is limited in the ability to adequately assess a client's capacity to consent (Wiggins-Frame 1998). The client seeking services may not speak the language they are being asked to consent in, may

not possess the literacy level required to understand the concepts outlined in the consent process and or form, or may not have the overall cognitive capacity to consent for themselves. Therefore, it is important that the professional should convey adequate information to the client so that he or she can decide about whether to proceed in therapy. Providing adequate information to the client is crucial in helping the client to give meaningful and informed consent to the treatment they are receiving. It is also important to understand that informed consent rests on being competent, and the client must be capable of understanding the consequences of the consent in order to act with self-determination. If the client is not competent then consent is not a free choice nor is the client acting with self-determination, (an important social work value).

While assessing a client's condition face-to-face may be more straightforward in a face-to-face therapy session, it could be much more difficult in an online environment. Depending on their presenting concern, clients may be experiencing distortions of reality, suicidal ideation, current or previous victimization of violence or sexual abuse. Another concern that surfaces in conducting online therapy in comparison to conventional face-to-face methods may be the counsellor's ability to ascertain whether the client is under the influence of substances (such as drugs or alcohol) that may alter their ability to make an informed decision. Moreover, many online consent forms require a simple check box to indicate consent and therefore the client may not even be required to read or understand what they are signing.

Additionally, in the online counselling context, opportunities to ask questions and talk about consent are more restricted and limited than in a face-to-face session (Recupero and Rainey 2005). Therefore, it is more difficult to be certain that the client has a comprehensive and accurate understanding of informed consent.

Age

Online informed consent raises another set of challenges surrounding the age of consent. The right to consent to treatment varies in states and provinces from 13 to 18 and should be checked prior to beginning online counselling services. However, the Internet now provides a means to providing false identifying information, (including age) in order to receive services (Richards and Viganò 2013). As a result, there are likely many circumstances where clients are accessing services without parental consent. Moreover, clients also possess the ability to change their complete identity including gender, culture, religious affiliation, etc., to suit their interests in obtaining counselling.

Licensure

Online counselling has also created challenges for licensing and regulatory bodies for different mental health professionals. Regulatory bodies for mental health professionals across the United States and Canada have worked to define standards of care related to clinician competency (American Counselling Association 2014; Canadian Association of Social Workers 2005; Canadian Counselling and Psychotherapy Association 2007; National Association of Social Workers 2008). However, some service providers may not have the necessary practitioner competence for independent practice in online counseling (Bloom 1998; Reamer 2013). While the work of counselors is governed by provincial, national or state regulatory bodies, the introduction of online counseling means that these counsellors may now be providing services to clients outside of their regulated jurisdiction and in a different country altogether (Alleman 2002; Mallen et al. 2005).

This poses ethical concerns for the various regulatory bodies involved, as there are very few regulations or guidelines pertaining to mental health professionals who choose to practice online (Groshong 2009). Although there are no provisions that relate explicitly to practicing online, there are provisions that relate to and guide clinicians practicing from a different geographical area than that of their clients (which is one of the ethical concerns of counselling online). For example, in some jurisdictions,¹ there are specific provisions that allow for mental health professionals to practice with clients who are outside their state or province, such as in an emergency situation if a client experiences crisis or is on vacation. However, these provisions may not pertain to providing services in a different state or province on a daily basis. Furthermore, many states have “guest license provisions” which may permit a professional licensed in another state to work on a temporary basis with a client who is residing in a state in which the professional is not licensed. However, these provisions also do not apply to practicing on a full-time, permanent basis online across provinces or states.

Complying with various state laws and regulations can be challenging for practitioners at the best of times, and can become more difficult when providing online counselling across state lines and provinces. Therefore, practitioners must carefully review their practice limitations to avoid the risk of facing legal charges for conducting ongoing practice

with a client in a state in which the professional is not licensed. The Association of Social Work Boards (ASWB) indicates that “if you relocate or choose to practice via the Internet, known as e-practice, you will need to interact with boards in multiple jurisdictions,” (ASWB 2013). With this regulation, a professional choosing to practice across provincial or state lines will need to be licensed in more than one state or province and comply with each board’s requirements for maintaining their license.

Due to the fact that many questions remain around how geographical limitations on online therapeutic practice affects risk management issues (such as liability insurance, the professionals’ standards of practice and practitioner competence) (Groshong 2009; Murphy et al. 2008; Reamer 2013), it is always advisable that mental health professionals confirm with their licensing board that they are practicing ethically and responsibly, regardless of their choice of mode for service provision (i.e., face-to-face, online, via telephone conferencing, etc.).

Liability

Despite the different mode of service provision, online counselors are still required to follow duty-to-report or duty-to-protect statutes. However, questions related to jurisdictional challenges require further clarity from professional associations and regulatory bodies in Canada and the United States (Mishna et al. 2008). For example, the online medium can create unique challenges about the presentation of suicidal tendencies, which present complexities for counselors managing and evaluating suicidal risk (Mishna et al. 2008; Shaw and Shaw 2006). Such circumstances require that counselors have accurate information related to the full name and address of the client. However, as previously discussed, it is difficult if not impossible for counsellors to not only obtain accurate and valid information on their client’s identity, but they also face the challenge of providing this information to the appropriate authorities or services in a timely manner when there is a duty to report or duty to protect as they may not have the client’s real name or location.

Guidelines and Regulations

Research has shown that a majority of online counselors report not having training in online counselling during their professional training programs (Oravec 2000; Finn and Barak 2010). Therefore, associations and regulatory organizations should provide professional training in online counselling that promote and highlight best practice approaches given the ethical issues that can arise in the

¹ The social worker should contact their individual regulatory organization or association to make sure they are complying with the regulations of the state or province in which they are practising and providing online counselling.

online world of counselling (Fang et al. 2013; National Association of Social Workers and Association of Social Work Boards 2005; Newfoundland and Labrador Association of Social Workers 2012; Strom-Gottfried et al. 2014).

Additionally, due to the indirect contact with clients and the generally slower pace of online sessions, counselors engaging in online therapy may attempt to work with multiple clients during a therapeutic hour (Haberstroh et al. 2008). Therefore, concerns exist about ethical billing practices for these services, as a synchronous online therapeutic relationship can challenge both the clinician's ability to provide timely responses in meeting client's needs, as well as the client's right to undivided attention, which may hinder the effectiveness of treatment. Working with multiple clients within a therapeutic hour may be more appropriate within an asynchronous therapeutic relationship given the defined expectations around frequency and length of time between responses-however, further exploration into such practices are needed.

These ethical issues, as well as those discussed previously highlight the need for the ongoing development of best practice guidelines for online counselling (Haberstroh et al. 2008; Mallen et al. 2005; Richards and Viganò 2013).

While many of the professional associations and regulatory organizations have begun to focus on guidelines and standards for social workers working in the online world, (Association of Social Work Boards; Canadian Association of Social Workers 2014; National Association of Social Workers and Association of Social Work Boards 2005; Newfoundland and Labrador Association of Social Workers 2012) a much broader discussion needs to take place about how to apply, understand and critically evaluate the standards in a meaningful way that protects the client, and contributes to the development and improvement of policy and guidelines for social workers working in the online world of technology.

Having said this, ASWB has coordinated a task force that includes ASWB, NASW, CSWE, CASW, CCSWR² and representatives from Ireland, Wales and New Zealand. The standards are intended to be a model for regulating of the profession on the use of technology in social work practice. Although similar and connected, they are not intended to be the same as professional practice standards. It is the authors understanding that after the regulation standards are published, ASWB, NASW and CSWE will be coordinating the development of professional practice standards that translate the regulatory guidelines into actual practice for use in the United States.

² The second author was a member of this Task Force and represented the Canadian Council of Social Work Regulators as the former President.

Conclusion

Despite the ethical and legal challenges associated with online counselling, it does appear to meet the needs of many clients and provides positive outcomes. As with any type of therapy, online counselling will not appeal to everyone, but should be viewed as an alternative means where counselors can minimize harm and attempt to maximize positive outcomes of therapy (Mallen and Vogel 2005).

Online counselling services could also be used effectively in conjunction with face-to-face therapy to help overcome many of the barriers outlined while appreciating the inherent ethical tensions that are present with online counselling. For example, online counselling could be used following a face-to-face assessment to ensure appropriate and accurate assessment of client needs and concerns while enabling ongoing flexible and accessible online therapeutic services. A mix of online and face-to-face counselling sessions could also help build therapeutic rapport while allowing the urgent needs of clients to be met through online support. Online services could be helpful in overcoming lengthy waitlists for face-to-face mental health services by engaging in initial online counselling prior to accessing face-to-face services. With that said, clinicians should caution themselves on only practicing in states or jurisdictions in which they are licensed or registered,³ unless the state or jurisdiction of the client allows unlicensed clinicians to work in their state or jurisdiction.

The ability of online counselling to develop a positive and effective therapeutic alliance has been questioned (Barnett 2005). While there is evidence that a significant therapeutic alliance can be established in online counselling, (Carlbring et al. 2006; Hanley 2009; King et al. 2006; Rawson and Maidment 2011; Reese et al. 2002), it is a difficult process without face-to-face contact and the presence of verbal and non-verbal cues (Mishna et al. 2008; Riemer-Reiss 2000). Consequently there is a push to create more innovative and humanized approaches to establishing rapport and building relationships with clients in an online capacity.

Existing evidence on the comparative efficacy of online counselling to other therapeutic mediums such as the telephone, video-conferencing and face-to-face, remains

³ It is important to note that licensing and registration with a regulatory body or provincial association have different meanings and provisions for practice in the United States and Canada. However, it is beyond the scope and purpose of this article to differentiate these differences. The reader should consult with their own regulatory/licensing organization where they provide service to clients online, in particular.

poorly researched. Most studies that have compared online counselling to other modes have not been based on actual client cases (Barnett 2005), or are specifically focused on a particular mental health concern (i.e., depression, anxiety, bipolar disorder, etc.) and do not generalize to all clients who may use online counselling services (Alvarez-Jimenez et al. 2013; Anderson et al. 2012; Bauer et al. 2013; Hall 2004; Nicholas et al. 2010). Furthermore, the overall quality of existing literature around the effectiveness of online counselling is limited (Dowling and Rickwood 2013).

Given that technology is a constantly evolving environment, we strongly encourage clinicians who wish to practice in this environment to be informed and educated about the inherent tensions and ethical implications that online counselling raises.

Finally, it is not our intent to draw definitive conclusions or directions for the practitioner as more research is needed, but highlight the ethical tensions that exist in the online world for the counsellor and the many ways that clinical practice needs to accommodate for working in the changing world of technology.

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