

ONLINE COUNSELING: COMPETING ETHICALLY AND SAFELY IN A GLOBAL ENVIRONMENT

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ABSTRACT

Online counseling is a relatively new and developing service delivery method. As such, it still entails a host of legal and ethical pitfalls. This article discusses the various legal and ethical issues surrounding the provision of online counseling, and presents available Internet-specific counseling guidelines and practice recommendations. This is intended to promote ethical online work and to provide counselors with the needed awareness and direction to compete ethically and safely in a global environment.

INTRODUCTION

Advances in information and communication technologies continue to provide mental health practitioners with a wider range of interventions and service delivery methods beyond those of traditional in-office help (Watts, 2002). However, the use of computer-based Internet communications in counseling has historically been considered a service delivery method with a greater potential for ethical and legal violations (Fenichel et al., 2002; Frame, 1998; Jerome & Zaylor, 2000). Other than professional misrepresentation and other fraudulent activities typical to cyberspace, delivering psychological services online presents a higher risk for ethical and legal infractions essentially for three reasons: a) counselors' awareness of general ethical principles as a result of their formal training for traditional in-office work is usually not sufficient to fully grasp the unique and complex ethical issues associated with online counseling (Sampson, 2006), b) Internet-specific ethical and regulatory developments have since the start trailed the use of computer-based Internet communications for the delivery of counseling services (Baltimore, 2000; Rosik, 2001), and c) the rapid changes in information and communication technologies make it very hard for ethical and regulatory developments in Internet counseling to ever keep up with the pace of technological advances.

Currently, despite the inclusion of formal training programs for online counselors in many graduate programs and the existence of many suggested principles for online work (American Counseling Association [ACA], 1999; American Mental Health Counselors Association [AMHCA], 2000; American Psychological Association [APA], 1997; International Society for Mental Health Online [ISMHO], 2001; National Board for Certified Counselors [NBCC], 2001), providing online counseling services still entails a host of legal and ethical pitfalls that counselors who work or wish to work online need to be mindful of for a safe

practice. This article therefore discusses the various ethical and legal issues involved in the provision of online counseling, and presents available counseling guidelines and suggestions to promote ethical practice that limits liability and professional risks.

LEGAL AND ETHICAL ISSUES

Many legal and ethical concerns have been expressed about the provision of counseling services over the Internet (Bloom, 1998; Maheu & Gordon, 2000). To date, there is no known disciplinary action or malpractice lawsuit for providing any type of professional mental help services over the Internet (Koocher & Morray, 2000; Riemersma & Leslie, 1999). It is predicted, however, that this situation will not last for long (Rosik, 2001). Counselors must, therefore, be fully prepared to recognize and deal effectively with the varied legal and ethical issues inherent in online counseling.

Before discussing the potential legal and ethical ramifications of online counseling, it is important to first clarify whether providing mental health services online results in the establishment of a professional relationship between the counselor and the client. The existence of such a relationship systematically creates a host of legal rights for the client and legal and ethical obligations for the service provider.

Professional Relationship

Many online counselors refrain from referring to the professional nature of their services and instead advertise their practice, as e-therapy, psycho-educational advice, advice giving, coaching services, etc. (Grohol, 1999; Rosik, 2001; Welfel, 2003). Other online service providers use a disclaimer to deny the existence of a counselor-client professional relationship. Some even ask clients to agree not to hold the service provider liable in case of damage related to e-therapy (Welfel, 2003). However, the use of such strategies is not sufficient and does not constitute a tenable argument in case of malpractice litigations. This is because courts base their judgment not on how online counselors characterize their services but on the reasonable expectations of the client and the prevailing standards of care (Riemersma & Leslie, 1999; Shapiro & Schulman, 1996; Spielberg, 1998).

The existence of multiple online communications with the same mental health provider, the provision of professional advice, the reliance of the client on the counselor's judgment, the presence of an expressed agreement, and the payment of fee for services will be construed by courts as strong evidence for the existence of a professional counselor-client relationship (Riemersma & Leslie, 1999; Rosik, 2001; Shapiro & Schulman, 1996). This relationship creates rights for the client and obligations for the counselor independent of agreement. The counselor thus owes the client duties not necessarily defined or limited by the contractual relationship, no matter how explicit the contract.

Rosik (2001) cautioned that without a clear frame of reference on what constitutes a client-counselor relationship over the Internet, online practitioners should be mindful of the various legal and ethical risks involved "even if they believe their electronic services do not surpass the threshold for creating a professional relationship" (p. 3). It is to these potential legal

and ethical risks that we now turn.

Legal Issues

Practice jurisdiction, licensure, and the grievance process. A remarkable feature of online counseling is its trans-boundary nature. The absence of geographical boundaries allows clients and counselors from different states or countries to engage in therapeutic relationships. However, from a legal standpoint this situation creates a serious problem of practice jurisdiction and licensure. Counselors are legally authorized to practice only in the state(s) or country where they are licensed. Delivering services over the Internet is a clear violation of this legal provision. Online counselors put themselves at risk of practicing without a license every time they provide services outside their jurisdiction (Hamilton, 2001; Shapiro & Schulman, 1996; Spielberg, 1998). However, some argue that online counselors are indeed practicing within their jurisdiction; it is the patient who is traveling online to visit the service provider in his/her office.

Liability issues and the grievance process for clients' protection complicate this situation. When services are provided outside of a counselor's legal jurisdiction, it becomes unclear which legal system is applicable, that of the counselor or that of the client (Grohol, 1997). The situation may be further complicated if the legal systems and ethics codes in the legal jurisdictions where the counselor and client live conflict (Rosik, 2001; Stanberry, 1998a). The grievance process for the disgruntled online client is another gray area. It is not clear where the client should file a complaint. Manhal-Baugus (2001) noted "if something does go wrong and the client has a complaint, the legal system is probably not going to be able to do anything about it at this time" (pp. 559-560).

Currently few practice jurisdiction guidelines are available. The American Counseling Association Guidelines for Internet Counseling (ACA, 1999) instructs counselors not to provide online counseling services to clients located in states where they are not properly licensed. The American Mental Health Counselors Association Code of Ethics (AMHCA, 2000) asks mental health counselors not to provide services to clients in states where doing so would violate local licensure laws or regulations. The California Telemedicine Development Act (1996) restricts California telehealth services to practitioners licensed in California. Some online counselors consider these guidelines restrictive because they limit the virtual travel of patients outside of their state and deny practitioners in those conservative states the possibility to compete in a global market.

Concerning the grievance process for addressing complaints against online counselors, there are currently no specific standards in place. Presently, consumers are not protected when using online services and their options are not known when it comes to reporting a malpractice suit. Grohol (1997) suggested that good online counselors would clearly define their grievance policies, and clearly indicate who to contact if a client believes that the therapist has acted unethically or wrongfully. Presently, there is also no system in place to protect consumers from "cyber frauds." ACA (1999) directs counselors to provide clients with background information including education, licensing and certification, and practice area information. Several online sources (e.g. Metanoia or e-Therapy Web.com) also provide credential checks to guarantee that a

therapist is legitimate, licensed, or otherwise qualified.

Privacy

Safeguarding the privacy of electronic communication with clients is a legal necessity. Online counselors have a legal obligation to respect their clients' right to privacy and to clearly discuss with them privacy limitations (Koocher & Morray, 2000). The security challenges posed by electronic communications, however, make it difficult for counselors to adhere to this duty. The potential compromise of clients' right to privacy is so high in electronic transmissions that a consistent emphasis should be placed on protecting the privacy of client-counselor electronic communications as a necessity to reduce liability (Maheu & Gordon, 2000).

Potential breaches of privacy concerns include, but are not restricted to, the interception of non-encrypted electronic Internet communications, access to records by family members, employers, coworkers, system administrators, and hackers (Baltimore, 2000; Frame, 1998; Kenny & McEachern, 2004). Rosik (2001) discussed another potential privacy concern related to court subpoena for treatment records. Rosik suggested that the release of electronic records, such as e-mails, might mean the release of complete treatment records. In this case, the disclosed information may exceed the court needs. Providing a court with more private information than is required by law, could become a great privacy concern to online clients.

To mitigate the risk of possible breach of privacy ACA (1999) instructs counselors to provide clients with sufficient information addressing the difficulties of ensuring total client confidentiality of information exchanged electronically, to provide counseling services only through secure Web sites or use encryption, to limit the use of non-secured sites only to the delivery of general and non-client specific information, and to inform clients when confidentiality must be breached in light of the law.

With regard to the protection, security, and safety of electronic records of client communications, ACA (1999) instructs counselors to maintain procedures for ensuring the safety and confidentiality of client information acquired electronically by using encryption, fire walls, saving communications to the hard drive or file server computer system, creating regular back-up copies, and creating hard copies of all electronic communications. In regard to the electronic transfer of client information, ACA advises counselors to transfer client confidential information to authorized third parties only when both the counselor and the recipient have secure transfer and acceptance capabilities, the recipient is able to effectively protect the confidentiality of the client information to be transferred, and when an informed written consent of the client, acknowledging the limits of confidentiality has been secured.

Professional liability

It is still not clear, in the case of malpractice litigations, whether providers of online counseling services are covered by their professional liability insurance. Currently, malpractice insurance might not provide coverage for online practice (Barak, 2004). The policy norm for professional liability insurance coverage is that the professional practice must occur within the parameters of a generally accepted modality. However, the interpretation of what constitutes a generally

accepted modality remains at the discretion of insurance companies. In the absence of research testifying to the efficacy and safety of online practice (Welfel, 2003), insurance companies will not consider online work as a generally accepted modality and therefore avoid risk by declining the protection of online practice (Rosik, 2001)

Counselors who assume that their liability coverage includes online services may take a chance with their license and malpractice insurance. It is therefore advisable for practitioners providing or wishing to provide services over the Internet to contact their insurance companies before proceeding and ascertain whether their liability insurance policy includes Internet services (ACA, 1999; Koocher & Murray, 2000). If these services are not covered, they should review with their insurance carriers whether provision can be made to include them (Riemersma & Leslie, 1999).

Duty to warn or protect

Online counselors may possibly face a situation where clients may pose a threat to themselves or others. In these situations, counselors have an affirmative duty to protect the client or warn third parties who may be in imminent danger from their clients. In the absence of audio-visual cues in text-based communications such as e-mail or chat, it is very difficult for counselors to properly assess suicidal ideation or homicidal risk (Shapiro & Schulman, 1996). The counselor's ability to make the right judgment is further compromised if efforts were not made during the intake session to gather a detailed history of the client (Shapiro & Schulman, 1996).

With the trans-boundary nature of online counseling, counselors may find it especially difficult to uphold the duty to warn or protect (Frame, 1998). Shapiro and Schulman (1996) noted that even when a determination of threat to self or others is possible; it is not clear how the counselor could deal effectively with the situation from a distance. The counselor's legal and ethical responsibility to warn or protect becomes impossible if information identifying the client is not obtained and verified and if alternative methods of contacting the client in case of emergency are not secured.

As a result, ACA (1999) intentionally do not support client anonymity and require counselors to identify clients and to verify their identity. These guidelines also require counselors to obtain alternate methods of contacting the clients in emergency situations. These requirements may mean that clients seeking mental health services in the anonymity of Internet communications may no longer enjoy this advantage.

The National Board for Certified Counselors WebCounseling Standards (NBCC, 2001) similarly requires counselors to identify their clients and to determine the crisis hotline telephone number and the emergency telephone number of the client area. In addition, it requires counselors to identify a trained professional who can assist the client locally in the case of a crisis. When followed, the above-mentioned guidelines allow counselors to have at their disposal the needed information for upholding the duty to warn or to protect. To be more prudent, however, counselors should also assess clients' suicidal and homicidal risks before they engage

in any therapeutic relationship.

Duty to report child abuse and neglect

One of the major risks of providing online text-based counseling is providing services to minors, where counselors think they are communicating with adults (Barak, 2004). Rosik (2001) and Shapiro and Schulman (1996) noted that children with Internet access might easily communicate electronically with a counselor and ask questions. When counselors are led to believe they are counseling adults when in fact they are working with minors, they fail the legal obligation to report child abuse and neglect just as they fail to get parental consent for the treatment of minors. There are also differences between states and countries in what constitutes child abuse or age of majority (Shapiro & Schulman, 1996). Differences also exist in legal requirements of child abuse reporting and reporting standards. These differences make it difficult for counselors to specifically do what needs to be done when it is determined that abuse or neglect has occurred.

Prior to engaging in Internet communication that could be construed as signifying a professional relationship, counselors must verify that the client is above the age of minority, is competent to enter into the counseling relationship with a professional counselor, and is able to give informed consent to treatment (ACA, 1999). When the client is minor, incompetent, or incapable of giving consent, the counselor must obtain a written consent from a parent, legal guardian, or any other authorized person before providing any counseling services to the client (ACA, 1999). NBCC (2001) and the International Society for Mental Health Online (ISMHO, 2000) further recommend verifying the identity of the consenting person when parent or guardian consent is required to provide online counseling to minors.

To address the issue of differences between states and countries in what would constitute child abuse and the legal requirement of child abuse reporting, Shapiro and Schulman (1996) advise online counselors to be well versed in abuse definitions and reporting laws of the jurisdiction where the child resides prior to commencing online counseling services.

Duty of non-abandonment

The duty of non-abandonment is an important consideration in online therapy. This is because disruption of continuous coverage and online care is likely to happen for varied reasons (Barak, 2004). Some of these reasons include counselors' leave of absences or trips to areas without Internet access (Rosik, 2001), technical and equipment failures, slow e-mail response time, and differences in time zones. There is great potential for such disruption of coverage to be legally construed as client abandonment.

In order to ensure uninterrupted service coverage to clients, counselors must provide clients, at the onset of the professional relationship, with a schedule outlining when the services are available, the expected turnaround time, and alternate means of communication with the counselor such as telephone numbers or pager numbers (ACA, 1999). Counselors must also provide clients with the name and contact information of at least one other counselor when the

treating counselor is unavailable for any extended period of time (Manhal-Baugus, 2001) or is simply unreachable for any other reason.

Duty to refer

The online counseling modality is not suitable for all types of clients. Ainsworth (2001) identified specific situations where online therapy may not be the right therapeutic choice for the client. Ainsworth noted that online therapy is not the appropriate option for clients going through a serious crisis, or clients who have poor writing or typing skills. Ainsworth also noted that online therapy should be at best envisaged as a short time solution. In addition, the risk is always there for online clients to make a bad choice of therapist whether in terms of specialty or counseling techniques used. In these cases and others, the counselor owes the client the duty to refer to a source of competent assistance. Failure to refer the client to an appropriate source of help and to follow through on the referral, by making sure that the client made contact, could be construed as abandonment.

ACA (1999) urges professional counselors to develop an appropriate intake procedure in order to determine whether online counseling is appropriate for the needs of the client, warn clients that online counseling services may not be appropriate in certain situations and inform clients of specific limitations, potential risks, and anticipated benefits. Counselors should also ensure that clients are intellectually, emotionally, and physically capable of using the online services and understand the possible risks and benefits of such services. Counselors must refer clients to alternative counseling methods if online counseling seems inappropriate or contraindicated.

Ethical Issues

The efforts to develop ethical standards specific to online practice are slowly beginning to match the fast pace of technological advances in communication. Many professional organizations and accrediting bodies have addressed online practice and have developed ethical guidelines that include technology (AMHCA, 2000; APA, 1997) or are specific to online counseling services (ACA, 1999; ISMHO, 2000; NBCC, 2001). Counselors using Internet technology to provide services must become aware of the ethical issues surrounding online counseling as well as the available guidelines for Internet practice and the existing literature that offer guidance with regard to ethical issues not yet covered in available standards.

Consent

Counselors have the ethical obligation to obtain clients' consent to treatment at the onset of the professional relationship. This standard equally applies to professional relationships established online (Rosik, 2001). King and Engi (1998) suggested that obtaining consent becomes more critical with untested clinical approaches and recommended that online counselors gather as much data from the clients as possible. Perhaps, with the numerous legal and ethical risks involved in working with a relatively new counseling modality, it is safer for practitioners to inform clients about all possible issues in order for clients to make an informed

decision about continuing with the services.

The ISMHO (2000) guidelines on informed consent require that online counselors inform their clients prior to receiving online mental health services about the process, the counselor, the potential benefits and risks of services, safeguards against those risks, and alternatives to those services. Other prudent measures include informing clients that the efficacy of online treatments may be unrelated to the success of traditional therapies (Rosik, 2001; Shapiro & Schulman, 1996). It is also advisable to describe the security measures being taken to protect the electronic interchange and its storage (Spielberg, 1998). In case the treatment involves a team approach, clients should be informed that electronic messages might be viewed by a variety of authorized users on the team (Dodek & Dodek, 1997). Lastly, clients need to be advised that insurance companies may not reimburse online counseling services (Riemersma & Leslie, 1999).

Confidentiality

The use of electronic communication in counseling raises many concerns about possible compromise of clients' confidentiality (Jerome et al., 20001). Rosik (2001) suggested that most clients have the wrong idea that online counselor-client interchange is secure and confidential. The reality is, however, that absolute confidentiality of online communication may be difficult to maintain (Welfel, 2003), because electronic records are more exposed to illegal and unauthorized access than paper or audio records (Dodek & Dodek, 1997). Rosik (2001) outlined more than eight possible ways confidentiality of electronic records can be compromised. Similarly, Huang and Alessi (1996) suggested that breaches of security could occur at all levels of the electronic interchange. Therefore the challenge is to address the need to secure the private and confidential client-counselor online exchange.

To safeguard against possible confidentiality breaches, counselors should maintain high levels of electronic security by using secure sites. Other possible measures include encrypting electronic transmissions and records, and password protecting access to confidential information on the counselor and client's computers. Kirk (1997) also suggested the installation of Intranets with protective firewalls. Further, at the onset of the professional relationship, practitioners should fully inform clients of the limits of confidentiality and explain the difficulty to ensure complete confidentiality of client information transmitted online. In addition, counselors should always secure a client waiver stating that the client acknowledges and accepts the potential risks of confidentiality breaches associated with Internet communications (ACA, 1999).

Competence

Because online counseling is still not well regulated, there are concerns about the professional competence of mental health providers (Welfel, 2003). It is difficult for clients to be certain that the person they are contacting online is a competent professional. This is especially the case when little information exists about the counselor's competence for clients to make an informed decision (Sampson, 2006). Sampson et al. (1997) reported that "some service providers either do not report or do not have a credential traditionally regarded as necessary for independent practice" (pp. 209-210).

A fundamental principle in the delivery of human services is to do no harm to clients seeking help whether by the action or inaction of the counselor (Sampson, 2005). However, other than cheating clients out of their money, charlatans may harm clients by offering untimely, unhelpful, alienating or dangerous advice. They may also fail to detect serious mental health problems that warrant immediate referral for competent assistance, or they may be unable to protect patients from harming themselves or harming others.

Counselors have the ethical obligation to recognize the limits of their competence and practice only within the boundaries of their professional expertise (ACA, 1999). ISMHO (2000) also instructs counselors to work within boundary of competence and not to attempt to address a problem online if they would not attempt to address the same problem in person. In online counseling, however, there is more to the notion of competence than the expertise in the area of specialty (Sampson, 2005). Available literature on online counseling has already provided evidence that this modality is quite different from traditional face-to-face therapy (Baltimore, 2000; Bloom, 1998; Fenichel et al., 2002; Frame, 1998; Grohol, 1997, 1999; Rosik, 2001). The question, then, is competence in face-to-face counseling sufficient for competent online practice? Available research suggests that competence in face-to-face therapy is not sufficient alone for an efficient online practice (Fenichel et al., 2002). In addition to competence in the area of specialty, online counselors need to be competent in computer and Internet technology and need to be familiar with the various electronic techniques such as e-mail, chat, videoconferencing, and other multimedia approaches. They also need to be knowledgeable about the techniques of online work and the culture and resources of online practice (Fenichel et al., 2002). Further, in the case of e-mail or chat, they need to be able to conduct competent diagnosis or assessment of the client's situation with limited audio-visual input.

Managing emergencies

Handling emergency situations is another area of concern in online practice (Heinlen, Welfel, Richmond, & Rak, 2003). The geographic distance separating the client from the counselor creates concerns for managing emergencies. The time-delayed nature of some online service delivery methods as well as the potential for technological failures further complicates the counselor's obligation. When the client's location is not familiar to the counselor, it is more difficult for practitioners to handle properly possible emergency situations.

ACA (1999) do not address crisis management and intervention specifically. These guidelines discuss, however, the need to identify clients and to verify their identity, and obtain alternative methods of contacting clients in emergencies. ISMHO (2000) instructs online professionals to discuss with clients the procedures to be followed in emergencies including the use of local backup. Counselors are required to obtain the name and telephone numbers of a local health care provider preferably someone who already knows the client such as a primary care physician (Heinlen, Welfel, Richmond, & Rak, 2003). NBCC (2001) requires Internet counselors, as part of the intake interview, to collaborate with the client, to identify an appropriately trained professional who can provide local assistance, including crisis intervention, if needed. The Internet counselor is also required in collaboration with the client, to determine

the local crisis hotline telephone number and the local emergency telephone number.

King and Engi (1998) further suggested that counselors assess clients for depression or suicidal ideation before the actual therapy session starts. If suicidal ideations exist, the counselor should advise the client to seek therapy in person from a local practitioner as a condition for involvement in online therapy. The online counselor should also be prepared to provide referrals and community resources to clients when needed.

CONCLUSION

Currently, as with any emerging medium where recognized standards are not fully developed, the provision of online counseling entails legal and ethical risks. The current situation requires online counselors to exercise care in their practice, to observe available and emerging Internet-specific ethical guidelines and practice recommendations, to continue to educate themselves about emergent issues in online counseling, to seek formal training for online work if needed for a competent practice, and to seek credentialing as a Distance Certified Counselor to meet the minimum required qualifications for competent Internet practice (Sampson, 2006).

While ethical problems will always persist (Mulvey, 2004), it is hoped that this discussion will provide counselors with the needed awareness and direction to compete ethically and safely in a global environment. With specific training in online counseling, and responsible and ethical practice, the risks inherent to online work are considerably mitigated and counselors can take advantage of the immense possibilities of this counseling medium whether as an alternate service modality or in conjunction with any other traditional service delivery method.

REFERENCES

- Ainsworth, M. (2001). *Metanoia: ABC's of Internet therapy*. Retrieved October 30, 2002, from <http://www.metanoia.org/imhs>.
- American Counseling Association. (1999). *Guidelines for on-line counseling services*. Retrieved October 16, 2002, from <http://www.counseling.org/resources/internet.htm>.
- American Mental Health Counselors Association. (2000). *Code of ethics of the American Mental Health Counselors Association*. Retrieved October 9, 2002, from <http://amhca.org/ethics.html>.
- American Psychological Association. (1997). *APA statement on services by telephone, teleconferencing, and Internet*. Retrieved September 23, 2002, from <http://www.apa.org/ethics/stmnt01.html>.
- Baltimore, M. L. (2000). Ethical considerations in the use of technology for marriage and family counselors. *Family Journal*, 8 (4), 390-394.
- Barak, A. (2004). Internet Counseling. *Encyclopedia of Applied Psychology*, Vol (2), 369-378.

Bloom, J. W. (1998). The ethical practice of Webcounseling. British Journal of Guidance & Counseling, 26 (1), 53-58.

California Telemedicine Development Act (1966). Retrieved October 9, 2001, from http://www.arentfox.com/quickGuide/businessLines/telemmed/e-health_telemmed/e-health_lawsRegs/tmstateleg/casb1665.html.

Dodek, D. Y., & Dodek, A. (1997). From Hippocrates to facsimile: Protecting patient confidentiality is more difficult and more important than ever before. Canadian Medical Association Journal, 1566, 847-852.

Fenichel, M., Suler, J., Barak, A., Zelvin, E., Jones, G., Munro, K., Meunier, V., & Walker-Schmucker, W. (2002). Myths and realities of online clinical work: Observations on the phenomena of online behavior, experience and therapeutic relationships. Retrieved September 23, 2002, from <http://www.ismho.org/casestudy/myths.htm>.

Frame, M. W. (1998). The ethics of counseling via the internet. Family Journal: Counseling and Therapy for Couples and Families, 6 (3), 328-330.

Grohol, J. M. (1997). Why online psychotherapy? Because there is a need. Retrieved October 9, 2002, from <http://grohol.com/archives/n102297.htm>.

Grohol, J. M. (1999). Best practices in e-therapy. Legal & Licensing issues. Retrieved October 9, 2002, from <http://psychcentral.com/best/best4.htm>.

Hamilton, A. (2001). *On the virtual couch*. Retrieved January 13, 2001, from <http://www.time.com/time/magazine/printout/0,8816,24828,00.html>.

Heinlen, K. T., Welfel, E. R., Richmond, E. N., & Rak, C. F. (2003). The scope of webcounseling: A survey of services and compliance with NBCC standards for the ethical practice of webcounseling. Journal of Counseling & Development, 81, 61-69.

Huang, M. P., & Alessi, N. E. (1996). The Internet and the future of psychiatry. American Journal of Psychiatry, 153 (7), 861-869.

International Society for Mental Health Online. (2000). ISMHO/PSI suggested principles for the online provision of mental health services. Retrieved September 23, 2002, from <http://www.ismho.org/suggestions.html>.

Jerome, L. W., DeLeon, P. H., James, L. C., Folen, R., Earls, J., & Gedney, J. J. (2000). The coming of age of telecommunications in psychological research and practice. American Psychologist, 55 (4), 407-421.

Jerome, L. W., & Zaylor, C. (2000). Cyberspace: Creating a therapeutic environment for

telehealth applications. Professional Psychology: Research and Practice, 31 (5) October 2000, 478-483.

Kenny, M. C., & McEachern, A. G. (2004). Telephone counseling: Are offices becoming obsolete? Journal of Counseling and Development, 82, 199-202.

King, S. A., & Engi, S. (1998). Using the Internet to assist family therapy. British Journal of Guidance & Counseling, 26 (1), 43-53.

Kirk, M. A. (1997, January). Current perceptions of counseling and counselor education in cyber-space. Counseling Today, pp. 17-18.

Koocher, G. P., & Morray, E. (2000). Regulation of telepsychology: A survey of state attorneys general. Professional Psychology: Research and Practice, 31 (5), 503-508.

Maheu, M. M., & Gordon, B. L. (2000). Counseling and therapy on the Internet. Professional Psychology: Research and Practice, 31 (5), 484-489.

Manhal-Baugus, M. (2001). E-therapy: Practical, Ethical, and Legal Issues. CyberPsychology & Behavior, 4 (5), 551-563.

Mulvey, M R (2004) Guidelines for web-based careers guidance: ethical considerations. National Guidance Research Forum: International Perspectives. Retrieved June 13, 2005 from http://www.guidance-research.org/EG/ip/ideth/idextra/mulvey2004_file

National Board for Certified Counselors, Inc. (2001). WebCounseling Standards. Retrieved September 23, 2002, from <http://www.nbcc.org/ethics/webethics.htm>.

Riemersma, M., & Leslie, R. S. (1999, November/December). Therapy/counseling over the Internet: Innovation or unnecessary risk? The California Therapist, 33-36.

Rosik, C. H. (2001). Professional use of the Internet: Legal and ethical issues in a member care environment. Journal of Psychology & Theology, 29 (2), 106-121.

Sampson, J. P. (2006). E-guidance, e-learning and ethical considerations. In National Guidance Research Forum. Retrieved January 12, 2006, from http://www.guidance-research.com/EG/ip/ideth/indexfolder_printall.

Shapiro, D. E., & Schulman, C. E. (1996). Ethical and legal issues in e-mail therapy. Ethics & Behavior, 62, 107-124.

Spielberg, A. R. (1998). Sociohistorical, legal, and ethical implications of e-mail for the patient-physician relationship. Journal of the American Medical Association, 280 (15), 1353-1359.

Stanberry, B. (1998a). The legal and ethical aspects of telemedicine. 4: Product liability and

jurisdictional problems. Journal of Telemedicine and Telecare, 43, 132-139.

Watts, A. G. (2002). The role of information and communication technologies in integrated career information and guidance systems: A policy perspective. International Journal for Educational and Vocational Guidance, 2 (3).

Welfel, E. R. (2003). E-therapy: A question of ethics. Behavioral Health Management, 23 (3). Retrieved February 26, 2006, from http://www.behavioral.net/Past_Issues.htm?ID=1631