

Draft guidelines: Psychology services delivered via the internet and other electronic media¹

November 2011

Why might we need guidelines on this topic?

“Behavioural telehealth is a rapidly evolving field that offers great promise and raises significant risk”.² The rapid growth of telecommunications and access to these technologies are changing the ways people communicate and interact, including the delivery of professional psychology services. Psychology services delivered via the internet and other electronic media can be termed “telepsychology”, defined³ as the provision of non face-to-face psychological services by distance communication technology such as telephone, email, chat, and videoconferencing”.

The Board's Code of Ethics⁴ (the **Code**) and the Core Competencies⁵ (the **Competencies**) provide the foundations for this document. Any guidelines are supplementary to those primary documents. In the event of any apparent discrepancy between the guidelines and the Code or Competencies in traditional modes of professional activity, the Code and the usual standards of competence take precedence.

The Board has the following objectives in issuing these guidelines:

- To alert all psychologists to the possible scenarios generated by technological advances and changing patterns of communication in society.
- To raise awareness with regard to the ethical challenges that may be posed by these communication forms, as well as the opportunities generated.
- To expand horizons of practice to include what may be preferred communication media for some clients, while also mitigating any additional risks that may apply.
- To provide a regulatory framework to ensure safe practice while the research evidence for the efficacy of interventions delivered via the internet evolves and consolidates.
- To meet its statutory obligation of assuring the public of safe practice.

A cautionary note: In publishing these guidelines, the Board is attempting to address the risks which may be raised by the use of the internet to deliver psychological services. The Board does not intend to condone or encourage the use of such technologies to deliver services. The Board's position is one of proceeding cautiously, given the relative lack of research evidence on the efficacy of some services.

¹ The Psychologists Board approved these draft guidelines for publication in November 2011 for consultation. Any submissions will be considered at the Board's February 2012 meeting before finalising as best practice guidelines.

² Koocher, G. and Morray, E. 2000, Regulation of Telepsychology: A Survey of State Attorneys General. Professional Psychology: Research and Practice, vol 31, No 5, 503-508 (page 507)

³ Dielman et al, cited by Perle et al (2011) Controversy clarified: An updated review of clinical psychology and telehealth. Clinical Psychology Review (2011), doi: 10.106/j.cpr.2011.08.003

⁴ Code of Ethics for Psychologists working in Aotearoa/ New Zealand, 2002

⁵ Core Competencies for the Practice of Psychology in New Zealand, July 2008

A fundamental principle is that any psychological service delivered via the internet should meet the equivalent standards of care as would be provided in a face-to-face consultation. Psychologists practising via the internet must uphold the required standards of competence and conduct as expected in other forms of service delivery, including acting in accordance with the Code of Ethics and taking professional work to supervision. If the quality of care is likely to be compromised by the delivery medium, then the practitioner is urged to reconsider the wisdom of delivering services via this method. These guidelines apply to all streams of professional psychological services.

What services do these guidelines address?

The guidelines refer to any type of professional psychology service that makes use of online technologies to connect psychologists and their actual or potential new clients. Psychological activity may include (but is not limited to) interaction as an adjunct to other face-to-face work, standalone contact, online testing, career counselling, the provision of information or other resources, advisory services or research. It may include the development of resources for clients to work through online-self-help programmes, with or without the psychologist's direct involvement.

Psychological services may use computers, laptops, mobile phones, video camera live feed and hand held devices as the medium of communication. The communication may be unilateral or bidirectional and may occur via:

- Email.
- Texting.
- Video clips.
- Messaging (synchronous or asynchronous).
- Chatrooms.
- Online message boards.
- Online phone systems (with or without camera or voice options such as Skype or Oovoo).
- Skype services.

The use of online technologies provides flexible and changing communication pathways. Scenarios may include (but are not restricted to):

- Contact by email or text to make appointments or to convey brief messages.
- Online assisted practice, e.g., using online technologies to facilitate and support face-to-face practice such as clients 'checking in' via text or sending an email of support or to reinforce homework.
- Online assessment and consultation as part of an organisational psychology service.
- Professional counselling relationships with clients may start online and then shift to face-to-face. A client may be online exclusively for some time before they can feel comfortable enough to come to a face-to-face meeting. For example, one practitioner who works with clients who have difficulties with child pornography noted that often self-referring clients will want to ask questions online before dropping their anonymity to come to a session in person.
- Professional counselling relationships with clients established by face-to-face contact may be supported or continued with online sessions, such as with people who travel frequently or have health issues that prevent them coming to face-to-face session on a regular basis.
- Professional counselling relationships with clients that stay online exclusively and never meet face-to-face.

A psychologist's involvement in group communications poses additional ethical challenges. The range of services that may be offered includes internet-based online groups such as bulletin boards, chat room support groups, and news or discussion groups. Such groups may have an "ask-the-expert" dimension. The psychologist may have a role of initiating a group, for example, for support purposes, but then that group continues independently. In each circumstance the psychologist should declare their role, and the limits of that role, to carefully manage expectations.

Professional services involve purposeful and directed contact between a psychologist and a client or potential client for the objective of making an appointment, delivering an intervention, undertaking an assessment or engaging in a consultation. This excludes blogging and social networking where one of the parties involved happens to be a psychologist. These guidelines also would not address online services which are relatively impersonal but may include assessment and advice of a psychological nature such as websites offering these opportunities.

Section A: Regulatory issues

Psychological services delivered via the internet pose additional challenges to the regulator because of the need to clarify jurisdiction, the additional risks that may arise from delivering services via this mode, and because of the lack of research on efficacy. These are considered separately.

1. Telepsychology may be practised while not being in the same geographical area or country as the client.

a) Protection of the title “psychologist”

The Health Practitioners Competence Assurance Act 2003 (**the Act**) states that a practitioner may represent him- or herself as a psychologist only if registered in New Zealand, but this would be difficult to monitor or apply to overseas based service providers who are targeting New Zealanders online. The Act is intended to apply to practitioners who practise in New Zealand, but section 7 of the Crimes Act 1961⁶ states that for the purposes of jurisdiction, where any act or omission forming part of any offence, or any event necessary to the completion of any offence, occurs in New Zealand, the offence shall be deemed to have been committed in New Zealand, whether the person charged with the offence was in New Zealand or not at the time of the act, omission, or event.

b) New Zealand registered psychologists working in cyberspace

Ethically, any New Zealand registered psychologist who wishes to work via the internet should register in any jurisdiction from which they recruit clients. If you enter the state or country via technology, you may be deemed to be practising in that country. Psychologists who are registered in New Zealand who practise with clients online are advised to ensure they research the legal and regulatory obligations of that geographical location prior to accepting clients from that location.

Although it is likely that the HPCA Act can only be applied to protect the “public” (persons) in New Zealand, under sections 7 and 8 of the HPCA Act if a practitioner is based in New Zealand and claims to be a psychologist able and entitled to practise in New Zealand (notwithstanding that their proposed clientele may be based overseas) then this may be sufficient to support charges under the Act (unless the practitioner has expressly stated that the offer of service is not available to New Zealand residents or citizens and does not intentionally handle any offer or provide any service within this country).

c) Overseas psychologists working with clients in New Zealand

Any overseas psychologist who knowingly sets out to practise in New Zealand should register in New Zealand prior to commencing that practice. Any psychological service delivered to clients who are in New Zealand is deemed to be “practising in New Zealand” under the HPCA Act, which regulates practitioners to achieve the objective of safeguarding the New Zealand public. However in practice this would be difficult to monitor and enforce. It is possible that a provider working online may not know the geographical location of a client.

⁶ Section 3 of the Summary Proceedings Act ensures that sections 5 - 7 of the Crimes Act apply to the offence provisions under the HPCA Act.

d) Dealing with complaints arising from online psychological services

A service delivered over the internet raises the possibility of a complaint occurring in one jurisdiction but being heard in another. In many jurisdictions when a complaint is made it is the place of residence of the client that is assumed to be the jurisdiction that applies, and it is against those standards and legal obligations that the practitioner's practice would be measured.

Where a complainant resides beyond New Zealand's borders, a New Zealand practitioner may be exposed to rules and regulations imposed in that other jurisdiction. Whether or not that would have consequences within New Zealand would depend on the legal relationship between New Zealand and the other country. The New Zealand practitioner may also be affected if travelling to that country. Accordingly, as noted above, New Zealand practitioners should acquaint themselves with the requirements of other countries before delivering services there.

Complaints about a New Zealand registered psychologist who is practising through the internet may be referred to the New Zealand Psychologists Board from another jurisdiction. Any assessment of that psychologist's competence and conduct could be undertaken by the Board and its agents, such as a Professional Conduct Committee (**PCC**). Communication with the complainant could be conducted via technology.

In New Zealand the Board can only accept a complaint if it concerns a psychologist who is (or was at the relevant time) on its Register, whereas the Health and Disability Commissioner could look at a complaint from a non-registered professional.

As other jurisdictions are challenged by the same ethical and regulatory issues raised by the use of the internet to deliver psychological services, in time there may be 'memorandum of understanding' (**MOU**) developed between similar jurisdictions to manage this issue. The Board could initiate MOUs with other psychology regulatory authorities so that psychologists working across jurisdictions can be held accountable for their practice. For example, the New Zealand Psychologists Board could receive a complaint from a New Zealand client about a foreign-based practitioner and follow agreed protocols in collaborating with that practitioner's registering body to process the complaint in the psychologist's jurisdiction. Without such an MOU the Board may have no, or limited, ability to receive and act on any complaints by a New Zealand client against a foreign psychologist.

2. Is there a role for the Internet in the professional practice of psychology?

Perceived benefits

Advocates of the use of the computer delivered psychological services emphasise potential benefits.

Online services may offer:

1. Increased access for both clients and psychologists, including services for:
 - people with less mobility.
 - those in remote or rural areas or who have relocated to another country where there are language or cultural barriers.
 - those who are disabled physically or psychologically (e.g., social phobias).
 - informal caregivers, i.e., caretakers of those family members who require extraordinary support and care through disability, illness or dementia.
 - those in areas with few services, thereby giving wider choice of psychologist and increasing the availability of specialised services.
 - time restricted people who cannot easily come to a typical day time practice, e.g., shift workers, people without ready childcare.
 - those who appreciate the availability and convenience of being able to send and receive messages at any time of the day or night.

- those who want to approach for help (or enquire) but are too embarrassed or traumatised to do so in person, or who feel using psychological services is stigmatising.
 - those who are more comfortable seeking online help than face to face assistance.
2. Reduced reliance on leaving messages with intermediaries, voicemail or playing "telephone tag".
 3. A therapeutic activity for those who experience the process of writing as helpful. The act of writing may enhance self-reflection by allowing opportunities for review of what has been written and thereby increase the ownership of issues.
 4. A record of communications to refer to later.
 5. Discrete access to advisory and assessment services for career development purposes.
 6. A service which some clients feel is less inhibiting than in person.
 7. Enhanced client autonomy by increasing choice and control. For some the internet relationship may reduce the power difference between client and psychologist.
 8. A form of communication which is less ambiguous or confused by paralinguistic cues (such as body language, accent or physical appearance) and therefore may be a more clear way of communicating information.
 9. More culturally appropriate services for some groups in society, e.g., gamers, people who use the internet a lot, technologically advanced people, people who work in the technology industry. It could also be more attractive for some groups such as teenagers who are very familiar and comfortable with communication via the internet.
 10. Easier access to supplementary information and resource material.
 11. Facilitation of supervisory and educational opportunities.
 12. A means of gathering information from the client prior to an appointment.

Potential risks

Potential risks may arise with regard to:

1. Assessment
 - The reduction of information such as the lack of non-verbal cues may lead to important information being missed, or the real issues evading assessment. Video links may help increase the information available but constraints on observations may remain.
 - The greater error margin and lack of physical cues may mean a confident diagnosis cannot be made or differential diagnoses cannot be eliminated.
2. Miscommunication and misunderstanding
 - Emails and texts may be more like postcards than letters, and may therefore increase the potential for misunderstanding.
 - The reduced opportunity for spontaneous clarification may further heighten this risk, particularly for those clients with poor ego strength, those with self-esteem issues or those with paranoid tendencies.
 - Cross cultural communication may increase the risk of misunderstanding. If a therapy process is likely to significantly compromise the client's needs it may be better to not start on the engagement. Similarly if an assessment or consultation of an industrial-organisational psychology nature needs careful interpretation or significant consequences may arise, care to mitigate such risk should be exercised.
3. Boundary issues
 - The reduced cues may increase the likelihood of the client imposing fantasy or transference on to a therapeutic relationship. This may require additional skill on the part of the psychologist to address these issues and to maintain therapeutic boundaries.
 - Extra care may be needed to maintain clear and predictable boundaries to the therapeutic relationship.
 - Texting and email responses may elicit less formal and shortened expressions which may carry a risk of eroding boundaries.

- Clients may be more prone to “over disclose”, as the normal checks and balances in forming trust are not there. This may have a disinhibiting effect or alternately may result in an unhealthy breakdown in psychological defences.
4. Issues related to time
 - Unexpected or unforeseen time delays may lead the client to speculate about the meaning of the delay or increase anxiety.
 - Delay may occur through the technology failing or the Internet not being available for a while. Such circumstance should be planned for proactively, with a backup plan agreed at the outset
 5. Technological issues impacting on professional contact
 - Catastrophic equipment failure, e.g., the computer hard drive may become corrupted beyond retrieval, may mean that contact information, files, and details of clients or the ability to contact them is lost.
 - Messages may not be received, e.g., by being sent to the wrong address, or by going unnoticed, or by failure to deliver to an overloaded mailbox.
 - Confidentiality may be breached, by internet hackers or by others accessing the email account or computer. For example, the latter may occur by other persons who have a legitimate right to access the computer such as parents, partners or others with ownership or shared ownership of the computer or device.
 - The client may have to incur extra expense to use the online technology over and above what they are paying the psychologist, and difficulties may arise from not being able to afford these charges, for example, running out of credit on their phone, or having a ‘capped’ data plan on their internet access at home.
 - The client may only have partial or restricted access (e.g., using a friend's computer or a cyber cafe). Likewise a psychologist might not have the level of consistency of access they might need or want, e.g., mobile phone being out of range at home or on weekend, no internet access at work etc.
 6. Management of crises
 - There are increased risks in the event of any crisis arising which may threaten the safety of either the client or another person.
 - Establishing client identity may be difficult online. Professional online therapy may make identifying the parties and emergency contact information a prerequisite for intake, but this may be difficult to verify.
 7. Legal issues
 - Legal and ethical ambiguity arises as technology outstrips professional regulation and guidelines.
 8. Limitations of text based psychological services
 - Communications are slower.
 - To use text based services effectively, client and psychologist both need to have a high level of literary skill.

3. What should be done to mitigate risk?

The psychologist is responsible for mitigating risks to the best of their ability. Given the rapid evolution of technology, any guidelines the Board develops should be considered generic rather than being directed to specific types of services. The key principles include actively assessing risk and review risk regularly; the need for good assessment; and channelling services into appropriate delivery media.

Risk assessment

Regardless of the communication medium and regardless of the nature of the psychological service, best practice requires a psychologist to actively assess risk and to remain mindful of any changes to the risk profile. Risk mitigation may require the psychologist to reconsider

whether or not it is advisable to deliver services via online technology for a particular client in their specific circumstances.

Adequate assessment

Within mental health services delivered through online services, psychologists should attempt to screen out clients with severe psychiatric disorders, borderline personality disorder, thought disorder, suicidal ideation, or unmonitored medical conditions. A psychologist should be mindful that diagnosis and assessment may be compromised over the internet through the limitations on the information available.

Key questions may be:

- How can the assessment information be amplified (e.g., using psychometric assessment tools, seeking collateral information with permission) to reduce ambiguity and improve the quality of the formulation?
- A full assessment can only be undertaken in a face-to-face situation. Are there important decisions arising from the assessment which indicate the need for a face-to-face meeting?
- Are there specific features of the presenting information which cause concern about the safety of the client or other people in the client's world?

Matching services with appropriate delivery media

Key questions may be:

- Is the medium of service delivery likely to significantly impact on the adequacy of the consultation or the efficacy of the intervention?
- Does the psychologist have the appropriate skills for this presenting issue and to use this technology?
- Does the psychologist have the necessary discipline and training to maintain adequate professional boundaries while delivering online psychological services?
- Psychoeducation and the use of structured psychological interventions lend themselves to service delivery by the internet. Can this service be delivered in that form?
- Would the client accept referral to a face-to-face service (either as the primary service or as a supplement) or would the withdrawal of online service likely result in the client having no service?

4. Does research evidence support service delivery through the internet?

The research literature on this mode of practice is still at an early stage of development. Research on communication processes indicates that the medium of delivery and context does have a significant impact on how people behave and express themselves. Research on the effectiveness of interventions using electronic media with specific disorders is at varying stages of development. For example, some programmes utilising a structured package of Cognitive Behaviour Therapy, psycho-education, and/or online group support for certain specific health concerns or mental health issues have been shown to be generally effective. A recent review⁷ found all-in-one computerised therapeutic programmes to be effective in reducing symptoms for a wide range of disorders. Furthermore, research reported in the same review suggests the alliance formed between client and psychologist can be as strong in a telepsychology service as in a traditional service delivery.

There is less research evidence to show that direct counselling services can be delivered effectively via the internet however, so psychologists choosing to practise in this way must take great care to monitor their work with individual clients and to evaluate their practice. Clients should be informed about the lack of (or limited) evidence regarding the efficacy of a suggested intervention as an integral part of the informed consent process.

⁷ Perle et al (2011) Controversy clarified: An updated review of clinical psychology and telehealth. *Clinical Psychology Review* (2011), doi: 10.106/j.cpr.2011.08.003

Programmes with little direct input from a psychologist, for example those advertised on an open website, raise different ethical challenges with regard to the accountability of the psychologist for screening clients.

Section B: Ethical principles

Guidelines developed by the Board are supplementary to the Code of Ethics. Delivering psychological services via the internet poses additional ethical challenges, which are discussed under the following sub-headings:

- a) Competence.
- b) Informed consent.
- c) Responsible care.
- d) Intake procedure.
- e) Third parties.
- f) Confidentiality.
- g) Record keeping.
- h) Trial period.
- i) Complaints procedures.
- j) Offering alternatives.
- k) Group ethical principles.
- l) Working with children.
- m) Cultural issues.
- n) Regulatory obligations.
- o) Availability.
- p) Psychometric testing.
- q) Maintaining boundaries.
- r) Legal risks for the psychologist.

a) Competence

A psychologist should have the education, training/orientation and on-going continuing education /professional development to ensure they possess the necessary competencies for the safe provision of quality services in their specialty area. A psychologist must only practise within their domain(s) of competence and should not attempt to deliver electronically a service in which they have not demonstrated competence in a face-to-face situation. Psychologists providing services through the internet should also have the necessary technology competencies.

Competent practice also requires that the intended service is effective when delivered in the chosen modality, within the limitations of the technology. Psychologists practising through the internet should keep abreast of the evolving research on efficacy.

b) Informed consent

Practitioners should offer complete and honest disclosure about themselves and their services: what qualifications are held, registration status (and how this can be verified), involvement in professional organisations, areas of specialty, and their geographical location.

A clear statement should be made regarding what can be offered as well as what cannot be offered (such as unavailability of face-to-face contact, emergency contact, and psychopharmacological referral).

The client should be informed fully before consenting to receive online psychological services with regard to:

- process issues, including acknowledging the possibility of misunderstandings through reduced visual or verbal cues, making explicit the expected turnaround time when contact is asynchronous, and making explicit any expectations or restrictions on recording or copying.
- the potential risks and benefits of the service.

- safeguards against the risk of confidentiality being breached, such as by requesting “return receipt” password access. Encryption may be used but is more difficult to set up.
- alternative services the client could access, such as consulting a psychologist in a face-to-face situation, seeking the assistance of others, information, exercise, meditation or doing nothing.
- consent by proxy, where evidence should be provided to verify the identity of that person, e.g., the parent, legal guardian or legal representative.
- the explicit understanding that the professional relationship can be terminated at any stage.
- how a complaint could be lodged, should that become relevant.
- the charges for services conducted electronically. Fees payable should be clarified and agreed at the start of the professional engagement.
- an alternate means of contacting the psychologist, should there be a breakdown in electronic means of communication.

Best practice requires psychologists to provide written information prior to signing a contract or clarifying the terms of engagement with a client. The establishment of professional boundaries between the psychologist and the client is communicated by the formality of arrangements. A written information sheet and signed consent form help to define the professional relationship and the boundaries between the client and the psychologist.

c) Responsible care

A prospective client should be assessed first. The psychologist should consider requesting a face-to-face assessment, if need be via proxy, should there exist any concerns arising from the initial assessment about the suitability of this approach for a client.

Practitioners are urged to provide a sound course of action based on best-practice, evidence-based standards of professional service adapted to client need, taking into account restrictions or limitations of available resources.

If the psychologist uses an approach that is significantly different from accepted professional practice, then the practitioner should document the reasons for that variation in the client record. Carefully considered plans for the professional intervention demonstrating consultation with colleagues or supervisor may help document “thoughtful professionalism” in the event of an adverse event.

Reasonable monitoring and outcome assessment should be undertaken routinely.

d) Intake procedure

The intake procedure may require an additional level of scrutiny, as compared to face-to-face services, to ensure clients are intellectually, emotionally and physically capable of using online services. Those who are deemed unsuitable should be screened out and re-directed to more appropriate services.

The decision whether or not the client and presenting issue are suitable for internet assessment and intervention may require the psychologist to ensure that:

- The client has access to technology, including up to date equipment and software, as well as the finances to run this.
- The client has the language, reading and comprehension skills to enable this approach.
- The client is motivated and comfortable to use electronic communication media.
- The psychologist is culturally competent to work with that particular client.
- The service is accessible and enabling for a client with disability.
- The client does not suffer from a psychiatric condition which includes poor reality testing or cognitive impairment.

The intake procedure should proactively mitigate potential risk by formulating processes to be followed in the event of crisis, misunderstanding and unavailability. The psychologist should attempt to identify an appropriately trained professional who can provide local assistance, including crisis intervention, if needed. Psychologists should explain to clients how to cope with

potential misunderstandings when visual cues do not exist and explain alternative modes of communication if technology fails.

e) Third parties

If third parties are billed for services delivered by electronic means, practitioners must clearly indicate that on the billing form. If a third party was misled that the interaction occurred *in vivo* as compared to electronically, then that could amount to fraud.

f) Confidentiality

A statement on the limitations of confidentiality should be developed and provided to clients at the start of the professional relationship. This should include reference to any constraints on confidentiality as normally inherent in the professional relationship and also the specific privacy issues arising from the electronic transmission. There is a possibility of interception or misdirection of internet transmission.

There may be less control of the confidentiality of information over the internet. There may be deliberate or inadvertent eavesdropping or emails may be read by people other than the intended recipient. The psychologist may not be able to verify that a response is from the client or may inadvertently disclose to a third party by referring to material previously discussed via email.

Because of the ease of transfer of electronic material, the psychologist must take particular care to promote confidentiality of internet counselling relationships.

g) Record keeping

The usual laws and regulations about keeping records and the client's right to access those records apply to psychology services delivered through the internet as much as to face-to-face contact. Client records may include emails, psychometric test results, audio/video session recordings, session notes and psychologist/supervisor communications. If the records include recordings of communications with the client, the client should be informed.

Record keeping should include provision for back-up storage to meet legal obligations to keep records for 10 years⁸. If kept electronically, psychologists must ensure the records remain accessible as technology advances.

h) Trial period

A psychologist may offer a trial period to allow the client to determine whether this is a useful service. If counselling via the internet is not suitable for that client, the psychologist may advise how to seek appropriate care through more traditional channels.

i) Complaints procedures

Potential clients should be informed how a complaint can be made as part of the routine informed consent process. This should be included in any information sheet supplied at the beginning of the professional relationship.

j) Offering alternatives

When appropriate, the psychologist should help the client locate free public access points to the internet for information and instructional resources.

k) Group ethical principles

Although group therapy in the traditional sense is not possible as access is uncontrolled, the internet as a communication medium lends itself to group forums but these pose additional ethical challenges.

If participating as an expert, consultant, coordinator, or researcher a psychologist may have to constantly define their role as new-comers would not necessarily have access to earlier role

⁸In accordance with Health (Retention of Health Information) Regulations 1996

definitions (e.g., the psychologist may routinely use a signature message disclaimer to clarify this is offered as advice or education and that this communication should not be confused with mental health treatment). If subscribers to the group are known, individual joiners could be alerted to the fact it is a public forum and not a private therapeutic relationship.

If the group context allows individuals to forward questions, it should be made explicit that such questions can only be accepted if both the question and response are made public, to avoid inadvertently creating a real or perceived personal therapeutic relationship. The psychologist should include a disclaimer stating the constraints or limitations to any such advice.

l) Working with children and young people

Some mental health telecommunication services for young people have been shown to be both effective and particularly accessible because of their compatibility with youth culture (e.g., telephone and internet help lines and crisis services). Surveys reported in a recent review⁹ showed approximately a quarter of young people have used the internet as a source of mental health information which suggests a high level of comfort with this media and that this is an acceptable source of help within this age group.

If the psychologist establishes that a client is a minor it is optimal that consent of a parent or guardian would be sought. There may be circumstances where this is not possible due to the nature of the presenting problem. Identifying real-world support services around the young person may be an important part of any therapeutic intervention.

m) Cultural issues

The need for cultural competence may be heightened by clients who may communicate in different languages, live in different time zones, or have unique cultural perspectives. Local conditions and events may impact on the client. Cultural barriers to receiving face-to-face services may make online psychology more attractive for some clients.

n) Regulatory obligations

Before embarking on work with a client, the practitioner should review carefully all relevant legislation, guidelines, and codes of ethics or conduct in the client's jurisdiction as well as those pertaining to the psychologist's jurisdiction of residence. The practitioner should pay particular attention to local customs (e.g., age of consent, child abuse reporting, and record keeping requirements) to ensure internet psychological services are conducted ethically and legally.

The internet psychologist's website should provide links to websites of all appropriate certification boards and licensure boards to facilitate consumer protection.

A psychologist should not provide services to clients in states or countries where doing so would violate local licensure laws or regulations.

o) Availability

A psychologist should make adequate plans for accessing and responding to messages left by clients in electronic form during times that the psychologist is unavailable due to illness or incapacity.

p) Psychometric testing

Psychologists should not administer electronically any psychological tests where the administration would put the security of the assessment techniques at risk or would violate any copyright restrictions. If a copyrighted test is not available in an electronic form, then it should not be converted to an electronic form without the permission of the publishers.

Psychometric tests used should be interpreted in the light of normative data for the population to which the client belongs. If the cultural identity or geographical location of the client is not known, or there are no sets of normative data for that population, then that is a constraint on the interpretation of that test and should be stated explicitly.

⁹ Perte et al (2011)

q) Maintaining boundaries

Boundaries in clinical practice give the therapeutic frame structure, stability, and predictability and thereby create safety for the emotional disclosure which is commonly a feature of communication between the client and the psychologist. Boundaries are established by informed consent, adherence to the agreed contract, and the psychologist taking care to avoid dual roles. The psychologist should avoid using informal communications, even if the client uses texts and abbreviations as are common in emails. Psychologists should maintain the same professional tone and language in emails as in the office.

Email communication may generate more intense transference and counter-transference reactions as compared to face-to-face meetings, arising from unchecked fantasies and the reduction in informative sensory data which may otherwise have provided a reality check. Communications may be stripped down to key essentials and occur in a "rapid fire" dialogue. An informal tone and an unexpressed desire for closeness may challenge therapeutic boundaries.

Emails or other online communications should be discussed and incorporated into any on-going therapeutic process. Both the electronic communications and any processing of that communication are to be retained as part of the client's record.

r) Legal risks for the psychologist

Online practice may generate additional legal risks to the psychologist:

- Practitioners should consult their professional liability insurance provider to ensure their intended activity is covered prior to embarking on the activity. Ideally this should be in writing.
- Psychologists should consider the wider implications of dealing with unsolicited emails seeking advice. For example, professional advice (even without a fee) may be held to establish a psychologist-client relationship and a duty of care when it is foreseeable that the client will follow that advice.
- Advertising on a website may be considered to offer an explicit warranty in an intervention developed on the strength of it.
- Psychologists may be held accountable for diagnoses and treatments based on insufficient or misleading information.
- Emails constitute written records that can be used to assess competence or standards of care.
- It may be difficult to establish the fees for service, given the difficulty of estimating or overseeing the time spent on electronic communications. The absence of oversight and standards may make it difficult for the client to gauge the fairness of a fee or to compare rates across psychologists.
- It is not possible to anticipate the potential security breaches that may arise from using telecommunications to deliver confidential services. Precautionary principles should be followed, with full use of computer security measures.

Section C: Dealing with emergencies

Planning for emergency community-based backup or crisis intervention services must be undertaken routinely and in advance, to avoid a therapeutic vacuum or lack of safety net, should the need arise.

The psychologist should seek at the outset a local health practitioner (and record their name and telephone number) who preferably already knows the client (such as their GP) and who could be referred to in emergency.

Psychologists are normally enabled to discharge their public safety duties by being knowledgeable of the laws, authorities, and procedures pertaining to their jurisdiction, as for example when there is a risk of harm to the client or others in the client's world. They also develop working relationships and networks with key personnel. However this is unlikely to apply if a psychologist is working internationally. Furthermore, within the internet culture individuals

often use code names or maintain anonymity. Therefore the psychologist may not have accurate details to report so that local authorities and social resources can locate the person should a crisis arise. The psychologist should make extra efforts to offset the risks arising from these potential scenarios.

Practitioners should provide all clients with clear written instructions as to what to do in an emergency (e.g., where there is a suicide risk) and to discuss these arrangements in their supervision.

Laws with regard to mandatory reporting will differ over jurisdictions, as will obligations to third parties to protect from harm. Psychologists should familiarise themselves with the relevant laws in any jurisdiction in which they are working (i.e., where their clients are living).

Section D: Other related issues

The ready availability of information through the internet is altering the boundaries and privacy of both psychologist and client.

What may have been private conduct in the past is increasingly becoming accessible on the internet, and therefore public. Clients may seek personal information about psychologists on the internet. This changes the nature of the division between the professional life of the psychologist and their private life. Increasing amounts of information about individual psychologists or trainees may be available online, including dating behaviour, blogging, and references to professional activity.

There are ethical implications arising from a psychologist checking for information about their client on the internet, including for example, possible hints at suicidal inclinations or dysfunctional dating behaviour. Acting on information that the person has not provided directly may be inconsistent with a respect for the individual's privacy and autonomy.

Academic psychologists or those involved in training may wish to screen applicants for a professional psychology training course by searching their name on the internet. Lecturers may wish to increase trainees' awareness of the potential impact on their work if they post data about themselves on online chat rooms or Facebook, but may be reluctant to admit to researching on the net, or be reluctant to be unduly intrusive in their lives.

If information is obtained about a client or a colleague and that information is then used as a basis for decision-making, the psychologist should declare the source of that information and give the client, student, or colleague an opportunity to correct any inaccuracies and/or to discuss the content. Full disclosure of assessment methods and the opportunity to speak to concerns raised by assessment processes are essential for transparency and natural justice.

Section E: Consumer guide

The New Zealand Psychologists Board neither promotes nor advises against seeking psychological services through the internet. However, the Board encourages any user of psychology services delivered through the internet to proceed cautiously, given the relative lack of research evidence on the efficacy and safety of some services.

Consumer guidelines may include a clear statement that:

- Face-to-face counselling is the traditionally preferred method but it should also be acknowledged that online communication media may be the preferred approach of some clients.
- Consumers should expect an equivalent standard of care to that delivered in a more traditional setting.
- Consumers should be informed that there is less research on the effectiveness of psychological services delivered through the internet.

- Consumers should be advised how to proceed with a complaint should that become relevant.
- Consumers should be alerted to the fact that there is no recourse if the psychologist is unregulated, unidentified or out of reach of the Board.
- Fees should be discussed and agreed before supplying credit card information.
- The psychologist should provide information and guidance with regard to emergency services.

Clients could also be advised to:

- be honest about their identity, location and nature of problem or concerns.
- know what they have agreed to pay.
- be aware of the limits of internet counselling.
- ask questions anytime, and especially at the beginning.
- obtain the psychologist's telephone number.
- advise how the psychologist should identify him or herself when calling.
- be aware of their rights as a consumer and proceed cautiously.

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