The ethics of online therapy: Work towards new ethics guidelines

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I declare that this project is my own work. All citations, references and borrowed ideas have been fully acknowledged. I have familiarised myself with what constitutes plagiarism and fully understand how to avoid it.

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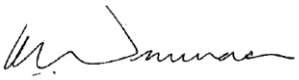
Supervisor: 

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ABSTRACT

The burgeoning increase in internet access and use in South Africa and globally has opened up a new doorway for provision of mental health services online. This descriptive study focuses specifically on psychotherapeutic services provided by South African psychologists. Draft guidelines for online therapy were developed and a sample of South African registered psychologists was asked via an online survey to review, rate and comment on the draft guidelines. The sample also identified key ethical dilemmas arising from the novel use of this modality in South Africa. The draft guidelines were positively appraised by the majority of the participants supporting the value of such guidelines in South Africa. Key ethical dilemmas identified included: confidentiality, competence, boundaries, technological limitations, emergency situations, nature of therapeutic process, security of records, payment and verification of identity.

Key words: online therapy, ethics, psychologists, ethical dilemma, draft guidelines.

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CHAPTER 1 - INTRODUCTION

As the world evolves and technological intervention increasingly becomes the driver of development, use of the internet has proliferated over the past two decades. The nature of mental health services including psychological interventions has been greatly impacted by increased use of and access to the internet (Young, 2005; Barnet & Scheetz, 2003). The provision of mental health services is referred to as online therapy (Maheu & Gordon, 2000).

The existing South African ethical code for psychologists does not explicitly address the issue of online therapy. Hilgart, Thorndike, Pardo and Ritterband (2012) note that ethical bodies are a couple of steps behind in the development of guidelines for online therapy. This study aims at developing a set of draft guidelines for online therapy in South Africa and surveying a sample of South African registered psychologists regarding their response to the guidelines. Key ethical dilemmas in online therapy and suggestions to improve the draft guidelines will be descriptively analysed and discussed.

Many of the ethical dilemmas of online therapy are reported to revolve around issues of confidentiality, competence, privacy, informed consent, crisis intervention, identity verification, online assessment and appropriateness of online therapy (Hilgart et al., 2012). Availability of an ethical guideline for online therapy may decrease problems associated with this mode of therapy (London, 2010) and assist South African psychologists to practice ethical online therapy. It is trusted that this study may prompt more research of online therapy in South Africa and be of interest to the Professional Board for Psychology of Health Professions Council of South Africa (HPCSA).

CHAPTER 2 - LITERATURE REVIEW

It is important to note that "technology is changing the nature of problems people are having as well as how they are treated" (Young, 2005, p. 172). This is a new age where everything is just a click away (McCrickard & Butler, 2005). There has been a rapid rise in the use of online therapeutic services globally and South Africa is not left behind in this development. African internet use grew by 36067% between 2000 and 2012, while South African internet usage grew by 17.4% (Internetworldstats, 2012). This burgeoning increase in the use of the internet has expanded opportunities for different markets. The provision of counselling services has not been left out in this technological advancement. Online therapy emerged in the United States in the 1990's as a way of expanding existing practices (Young, 2005). Today, online therapy is practiced both as an extension of face-to face therapy and as a standalone mode of therapy. In this study, the terms online therapy, online counselling, and online psychological services will be used interchangeably. These terms will be used in reference to both standalone online therapy and online therapy as an extension of face-to-face therapy. Provision of mental health services online is increasing and it may be that future clients may choose online counselling for all or part of their healthcare (Oravec, 2000).

There has however been insufficient research done on the phenomenon of online therapy (Suler, 2005 in Hanley, 2009). Ethical bodies lag behind in developing guidelines for online therapy (Hilgart et al., 2012). Consequently, there is considerable potential risk for both psychologists' and their clients due to a lack of clearly defined practice and ethics guidelines (Ohio Psychological Association, 2009). Online counselling is defined as the provision of mental health services over the internet (Cook & Doyle, 2002). For the purposes of this study, online therapy includes: E-mail, Skype, Texting, synchronous or asynchronous messaging, social networks such as facebook, twitter and others, Chat rooms, and Online phone systems (with or without camera or voice options such as Skype and others). The terms face-to-face therapy and traditional therapy will be used interchangeably. The term 'psychologist' refers to Clinical, Counselling and Educational Psychologists.

Studies of this mode of therapy have highlighted issues such as the ill established legal mechanisms to protect clients, barriers to providing sufficient help to clients at risk of harming the self or others, financial exploitation and breach of confidentiality (Heinlen, Welfel, Richmond & O'Donnell, 2003; Robson & Robson, 2000). A guidance document specifically for this mode of therapy may decrease the ethical problems associated with online therapy, especially if the guidelines would be legally binding so that serious consequences will be attached to the failure to follow the guidelines. London (2010) argues that ethical code writers are lagging behind the field of online therapy.

2.1 The importance of ethics codes/guidelines

Ethical codes are a reflection of a particular society's values (Hilgart et al., 2012; Leach & Harbin, 1997) and they serve to protect and reassure the public that the psychologists they are entrusting their lives to are competent (Hilgart et al., 2012; Scherrer, Louw & Moller, 2002). They also serve as a reference to guide the professional from making otherwise unethical mistakes that may have grave consequences for clients and for the professional's career. Furthermore, reference to these codes in turn leads to organised and standardised guidelines for psychologists. This is especially important as it remains the psychologist's duty to ensure that the client is not harmed regardless of the circumstances leading to this harm (Scherrer et al., 2002).

Awareness of ethical issues should be an ongoing practice (Hilgart et al., 2012; Pope & Vasquez, 2011) as ethics are constantly evolving with time. This is especially important in the fields such as psychotherapy online where technology is constantly evolving. Failure to have clear guidelines in a speedily developing area of practise increases the risk for below standard treatment and practise (Ohio Psychological Association, 2009). Pope and Vasquez (2011, p. xiii) mention that "Ethical practice never means following a code in a rote, thoughtless manner". This is especially important as each client and each situation is unique therefore allowing different ways of addressing situations in an ethical manner. An example is how having an ethical code that prohibits online sessions with a client the therapist has never met physically may actually deny the right to treatment for a client that is in immediate need of a therapist. Online therapy can be an "effective way for both client and counsellor to establish a relationship that transcends the traditional interpersonal interaction and moves toward global communication" (McCrickard & Butler, 2005, p. 108), if used in accordance with appropriate ethical guidelines.

2.2 General ethics principle dilemmas in relation to online therapy

The general golden rule of ethics refers to weighing the benefits versus the risks of any intervention. It is important that practitioner offering online therapy be aware of the potential risks and communicates these risks to clients and actively minimising risks of potential harm (Childress, 2000; Hilgart et al., 2012). Considering the ethical dilemmas in online therapy marks the beginning of the process of weighing benefits versus risks.

Stricker (1996) highlights that psychologists have the same obligation towards online clients as they have toward their face-to-face clients. Ethical dilemmas already exist in traditional forms of therapy. Online therapy in some instances results in the emergence of new types of dilemmas as a result of the technological component of this mode of therapy (Childress, 2000; Gackenbach, 1998; Pettifor & Sawchuck, 2006). In as much as online therapy may introduce new risks to therapy, it may also reduce some risks of traditional forms of therapy. For example, there could be better physical protection for the therapist from violent clients as a result of the online barrier. However, ethical dilemmas in online therapy arise when traditional risks are enhanced in online therapy or when new risks emerge. These additional dilemmas are outlined below.

2.2.1 Confidentiality and Privacy

According to Leach and Harbin (1997, p. 187) "confidentiality and appropriate disclosure are considered the crux of psychological service." Breach of confidentiality accounts for about 6% of reported complaints in the psychology profession in South Africa (Scherrer, et al., 2002). A study by Wassenaar (2002) showed that psychologists in South Africa self reported confidentiality as their most frequent ethical dilemma.

In online therapy, for instance, with regard to confidentiality in text based communication, there are uncontrollable situations such as the psychologist unintentionally sending an email to the wrong person (Kanani & Reger, 2003). Encryptions of E-mails and using web based messaging have been offered as solutions but again these are not foolproof (Ainsworth, 2000 in Kanani & Reger, 2003). Childress (2000) highlighted that the text based nature of e-mails is the source of both its greatest strengths and its greatest weakness.

Practitioners practising or considering online therapy should be knowledgeable about where and how privacy and confidentiality can be breached (Campbell, Vasquez, Behnke & Kinscherff, 2010, in Hilgart, et al., 2012). Clients should be made aware that some degree of their privacy is dependent on the technology being used (Hilgart, et al., 2012) and practitioners should do their best to minimise harm. This is also true of face-to-face therapy but the psychologist's responsibility is increased in online therapy as this is a new and under-researched modality in the profession of psychology. With this in mind, the ethical dilemma arises whether computer and internet training should be a prerequisite for online psychologists.

2.2.2 Duty to warn

Psychologists also have an ethical duty to warn in the case of harm (Kanani & Reger, 2003). This becomes complicated in online therapy if the client remains anonymous. Even though the client may provide identification details, these can be easily faked. In the event of suicide risk for example, the psychologist may be unfamiliar with the geographic area or help services in the area of the client (Kanani & Reger, 2003). Duty to warn is compromised in situations where the psychologist may be from a country different to that of the client (McCrickard & Butler, 2005). The psychologist in online therapy is also less able to assess the extent and intended violence levels or anger of the client, which can arguably be better assessed using non-verbal cues in face-to-face therapy (Kanani & Reger, 2003).

2.2.3 Informed consent

Informed consent is one of the most highlighted ethical requirements before any service delivery is to take place. The current HPCSA codes require written consent for any form of therapy. London (2010) suggests that there is a need to adjust informed consent for online work. This is more of a challenge in online therapy as clients may fake their identity resulting in minors receiving online therapy without the legal right to consent and without the knowledge of their parents (Barnett & Scheetz, 2003; Hilgart et al., 2012; Pope & Vasquez, 2011).

Informed consent should be educational and informative about the mode of therapy, and this includes the limitations (Maheu, 2003; McCrickard & Butler, 2005). Section 5.2 of the HPCSA's annexure 12 for professional psychology states that:

> A psychologist shall inform a client of the innovative nature and the known risks associated with the psychological services or techniques, so that such client can exercise freedom of choice concerning receipt of such services or the application of such techniques.

However, there is limited research on online therapy. Therefore, the therapist may not be able to fully inform the client of the full benefits, effectiveness or possible risks in online therapy (Pope & Vasquez, 2011), because there is as yet a limited evidence base on the efficacy of online therapies.

Hilgart et al., (2012) explore the need to notify clients of the fee and billing policies. This is however difficult as South African medical aid policies do not recognise this medium of treatment. This then means clients should be provided with secure ways of payment such as obtaining card details through the phone (Hilgart, et al., 2012).

2.2.4 Competence

The nature of online therapy is such that there is increased exposure to clients from different cultures, hence emphasising the increased need for training in working with people from diverse cultures as part of competence (Barnett & Scheetz, 2003; Hilgart et al., 2012; McCrickard & Butler, 2005), specifically in South Africa. The American Psychological Association (1997, in Maheu, 2003) refers to this as 'cultural competence'. According to Maheu (2003, p. 23) "Familiarity with the colloquial expression, idioms, and local variations of word use could sometimes mean the difference between life and death with a remote suicidal or homicidal client."

Psychologists also need to be competent in the use of computers, viruses and the internet (McCrickard & Butler, 2005). According to Ragusea and VandeCreek (2003) the psychologist should also be obliged to be able to answer the client's questions related to the technology used in this mode of therapy. This means the psychologist should be prepared to educate the client regarding the technology associated with this mode of therapy (Maheu, 2003). Competence, according to Maheu (2003), also requires supervision for the psychologist over an appropriate time period.

The issue of competence is closely related to the debate about whether there must be specific training for online therapy. Gackenbach (1998) claims that online continuing education is

necessary and beneficial for both the client and therapist. Barak (1999) also emphasises the need for specific training in online service provision. Section 2.10a of the American Psychological Association's ethical code of conduct states that: "psychologists must refrain from providing services in areas in which they have not had the education, training, supervised experience, consultation, study, or professional experience recognized by the discipline as necessary to conduct their work competently". Similarly, Section 5.1 of the HPCSA's annexure 12 for professional psychology states that:

> When a psychologist is developing competency in a psychological service or technique that is either new to him or her or new to the profession, he or she shall engage in ongoing consultation with other psychologists or relevant professions and shall seek and obtain appropriate education and training in the new area.

Practitioners must therefore evaluate by what method and training they achieved their competence in the new therapy medium (Childress, 2000), and pursue relevant supervision to provide the service competently (Hilgart et al., 2012). Practitioners must still practise within their own scope of practice (Department of Health, 2011), even if the medium of service provision changes (Barnett & Scheetz, 2003). Maheu (2003) recommends that for each form of technology used with a client, it is wise to acquire valid documentation of training from recognised organisations. However, Gray (1999) contends that only after solid research has been conducted can regulatory powers then universalise frameworks for those conducting online therapy.

With the expansion of online therapy, professional training programmes may need to include online therapy in the curriculum in order to produce competent therapists (Hilgart, et al., 2012). This is particularly important in South Africa as a study by Wassenaar (2002) showed that most psychologists in the study gave a below average rating for their ethics training in university. It was also evident from the same study that younger, less experienced psychologists more likely sought subsequent training and were also more ethically aware than more experienced psychologists. Furthermore, there were proportionately more complaints lodged against experienced psychologists in comparison to the less experienced even though the types of complaints differed, suggesting a form of 'ethical complacency' (Wassenaar, 2002), in more experienced practitioners.

2.2.5 Emergency situations

Gackenbach (1998) and Gray (1999) mention how the psychologist may be handicapped in terms of crisis intervention, for example in a case where there is child abuse or a client is actively suicidal. This is because the psychologist has very limited or no contacts in the client's geographical area and therefore is unable to deal effectively with such situations. This is an area of great concern. It is worth considering how to deal with such situations in ethical decision making in online therapy. Perhaps a network of psychologists and other social service providers across the country or across the world should be a prerequisite for eligibility to provide online services to clients at risk or clients in crisis. This would help in effective immediate intervention where there is need for follow up or referral to services in the same area as the client (Hilgart et al., 2012).

2.2.6 Other dilemmas

The boundaries that should exist between the client and psychologist are also complex. The question whether the psychologist should be available at a specific time of day or only during working hours remains unanswered. Murphy and Mitchell (1998, in Kanani & Reger, 2003) say that this ability to access the psychologist at any time may result in misunderstanding of the boundaries that exist between the psychologist and client. However, it may be beneficial for the client, for example in emergency situations, to be able to contact the psychologist regardless of the time. This may also be addressed by the therapist committing to a specific turnaround time for responses, for example, within 24-72 hours (Manhal-Baugus, 2001).

One of the most common dilemmas is that of faked identity, both on the part of the therapist and on the part of the client. It is worrying to note that according to Maheu (2000) very limited information was available regarding the qualifications of people providing online mental health services. Barak (1999) highlights how the internet "makes it is easier for charlatans or professionals without sufficient credentials to offer psychological services" (p. 240). Barak also highlights the increased difficulty in tracking down website owners and the increased risk for fraud. Furthermore, the "ethical practice of online therapy must provide for the client's ability to redress grievances" (Childress, 2000, p. 6). However due to the practical limitations such as

distance (for example, clients in other countries) and possible financial difficulties, the client may be at a greater risk of being left unprotected (Childress, 2000).

Moreover, the question arises whether online therapy should address specific forms of illness/problems and not others. Manhal-Baugus (2001) questions whether online therapy should be for counselling issues only such as marital problems. Ragusea and VanDeCreek, (2003) question whether client appropriateness should be considered ethical according to the type of disorder presented. Maheu (2000) argues that "each patient should be assessed for the need for and the suitability of online services..." (p. 487). The question also arises whether only certain types of therapy should be provided over the internet. Lazlo, Esterman and Zabko, (1999, in Barnett & Scheetz, 2003) seem to suggest that cognitive behavioural therapy may be best suited for the internet based interventions. This hypothesis is based on the fact that psychoanalytic therapies place an emphasis on free association and this free association is lost in text based online therapy whereby a client can reconsider responses before sending to the therapist (Mora, Nevid & Chaplin, 2008). Similarly, Wangberg, Gammon & Spitznogle (2007) reported that in Norway, cognitively oriented therapists were more likely to support online therapy in comparison to psychodynamic oriented therapists.

Another intricate issue is that of the effectiveness of the pre-assessment checks. Due to the possibility of faked identity of the client and absence of non-verbal cues, this may result in incomplete pre-assessment. The question may be asked whether it is ethical for therapy to continue with inadequate pre-assessment (Pope & Vasquez, 2011). These and other issues are of concern in online therapy.

Additionally, use and administration of online assessments may be a cheaper option for both the client and psychologist. Online assessments may be easier and quicker to score (Barak, 1999; Buchanan, 2002). This however is delicate as due to the difference in the context of assessment, different constructs may be measured by the same test (Buchanan, 2002). It may be wiser to first establish norms specific to online administration and the wide variety of populations for whom the test is to be used (Buchanan, 2002, 2003), as it is risky to administer and interpret measures that have not yet been validated for internet use (Hilgart et al., 2012). As there is no direct contact with the test taker there may be increased difficulty in knowing whether or not the test taker has understood the instructions (Barak, 1999). The assumption is that the test taker

completes the test without the help of a third party, which is difficult to verify (Barak, 1999). There is also increased likelihood of copyright issues when tests are administered via the internet (Barak, 1999). This administration of assessment tests via the internet may also make the tests less valid as it becomes easier for the tests to be accessed by any individual. Some concerns have been noted in relation to the negative social desirability response pattern in internet administered tests (Buchanan, 2002). However, research increasingly shows that there is very little or no difference in the social desirability response pattern between paper based and online based tests (Buchanan, 2003; Naus, Philipp & Sansi, 2009; Risko, Quilty & Oakman, 2006).

Table 1 below compares the ethical dilemmas in online therapy versus those present in face-to-face therapy. As seen in the table, the ethical dilemmas are evident in both modes of therapy but are however enhanced in online therapy as it is a new mode of therapy.

Table 1. Comparing Ethical dilemmas by mode of therapy

All ethical issues	Only in online therapy	Only in face-to-face therapy	Both therapeutic modes
COMPETENCE			✓
Technological competence	✓		
PROFESSIONAL RELATIONS			✓
Informed consent			✓
Faked identity of client e.g. minors	✓		
Informed consent compromised by limited evidence base	✓		
PRIVACY AND CONFIDENTIALITY			✓
Recording of verbatim conversation for purposes other than research or supervision	✓		
Educating client on encryption of emails	✓		
FEES & FINANCIAL ARRANGEMENTS			✓
Services not recognised by medical aid societies.	✓		
Lack of standard billing rates	✓		
ASSESSMENT ACTIVITIES			✓
Standardised online assessment & 'blind' test interpretation	✓		
THERAPEUTIC ACTIVITIES			✓
PSYCHOLEGAL ACTIVITIES			✓
ADVERTISING & OTHER PUBLIC STATEMENTS			✓
TEACHING TRAINING AND SUPERVISION			✓
No curriculum and best practice established yet	✓		

Thus far the different dilemmas related to online therapy have been highlighted from an ethical point of view. It is also essential to consider online therapy as perceived by clients and therapists who have engaged in this mode of therapy.

2.3 Clients' perceptions of online therapy

Young (2005) showed that those clients that accessed online therapy did so because they viewed it as anonymous and hence easier to make personal disclosures. These clients also perceived online therapy to be convenient and easily accessible (Young, 2005). This meant that the therapy could take place in their home or from remote areas and at any time of the day convenient for both the therapist and client. Online therapy was also viewed as considerably cheaper than face-to-face therapy as online rates were reported to be about 20% cheaper (Young, 2005).

In the same study however, there was a concern about the privacy of this mode of therapy. Clients reported that they were concerned that the chats could be recorded and there was the potential of others finding out about their otherwise private conversations with the therapist (Young, 2005). The other concern was that of being physically observed as the interaction with the therapist took place (Young, 2005). This, however, may also be an issue in face-to-face therapy because clients may be seen entering a psychologist's premises and consequently experience stigmatisation.

The question arises whether online therapy should be used as an independent form of therapy or as an adjunct to face-to-face therapy. McCrickard and Butler (2005) suggest that online therapy is most useful when used in conjunction with face-to-face therapy.

2.4 Psychologists' perceptions of online therapy

Wells, Mitchell, Finkelhor and Becker-Blease (2007) conducted a study on professionals' concerns regarding online therapy. This study involved those professionals that actually practiced some form of online therapy. The top four concerns that the professionals had were confidentiality (80%), liability (60%), misinformation from clients (50%) and inadequate training to conduct online therapy (40%) (Wells et al., 2007). Similarly, Wassenaar (2002) found confidentiality to be the chief ethical concern for South African Psychologists working in conventional face-to-face modalities. The two groups (psychologists and clients) had

confidentiality/privacy as a common concern suggesting this is one of the main areas that needs to be addressed regarding this mode of therapy.

Translation of skills from face-to-face therapy to online therapy seems to be one of the main concerns that therapists have (Goss & Anthony, 2003). A study by Chipise (2012) showed that therapists seem to have different perceptions. Some expressed frustration due to lack of non-verbal cues, yet others view this as the freeing nature of being unseen. It was noted that online therapy may allow a therapist to pay more attention to the client without distractions and prejudgement in the absence of visual cues. The challenge, however, was skill translation from one mode of therapy to another. Perceptions of a particular type of online therapy seem to be based on the particular therapist's exposure and preference (Chipise, 2012).

2.5 The future of online therapy

It is evident that online therapy is expanding and the different perceptions of clients and therapists suggest a need for a comprehensive set of guidelines for the psychology profession. Developing a set of guidelines "can help improve service delivery in practice areas in which in which there is no recognized consensus about expectations" (Ohio Psychological Association, 2009, p. 1).

Some psychological associations have undertaken to develop a specific set of ethical guidelines for online therapy. Some generally address ethical issues while others have not addressed this issue at all. The HPCSA's Annexure 12 for professional psychology briefly addresses the provision of psychological services over the internet, but there are no specific guidelines for online therapy. Most psychology licensing boards around the world are increasingly acknowledging the importance of a specific set of guidelines for online therapy, for example the American Psychological Association (APA) 1997 (McCrickard and Butler, 2005). The New Zealand Psychologists Board has published draft guidelines for psychology services rendered over the internet (NZPB, 2011).

Barnett and Scheetz (2003, p. 87) recommend that "psychotherapists must as professionals and individual practitioners work to advance the understanding of the ethical and legal issues associated with these technological advances and create new standards and mechanisms for addressing them".

With the growth and increase in popularity of online therapy, there is a concern related to reimbursement (Maheu, 2003). There is need for research regarding the effectiveness of online therapy so as to legitimise reimbursement (Maheu, 2003) by medical aid societies and insurance schemes. The development of specific guidelines for online therapy may be one of the biggest steps in the road to legitimising reimbursement.

Some key researchers in online therapy include Maheu, (2000, 2003), Pope and Vasquez, (2011), Ragusea and VanDeCreek, (2003) and Robson and Robson, (2000). These studies focused on clinical issues regarding online therapy in comparison to face to face therapy, the ethical issues concerned and general perception regarding this mode of therapy. One of the major themes that arose from a study of perceptions of therapists conducting online therapy was that of the ethics related to this mode of therapy (Chipise, 2012).

This study identifies this gap and builds upon previous work by focusing on developing a set of guidelines for psychologists in ethical practice in this increasingly popular mode of psychological services. South Africa is an example of a country that currently does not have a code that specifically governs the provision of online therapy by psychologists. This research aims to attempt to develop draft guidance specifically for online therapy in South Africa which may also be used beyond South Africa and to examine the ethical issues in online counselling.

CHAPTER 3 - AIM AND RATIONALE

The aim of this research is to attempt to develop draft guidance specifically for online therapy in South Africa which may also be used beyond South Africa and to examine the ethical issues in online counselling.

The objectives of the study were to:

1. To analyse existing psychological and related ethics guidelines and codes of conduct in relation to online service provision
2. To attempt to synthesize an ethics guideline for online service provision
3. To examine psychologists' perceived ethical issues in online service provision

The questions to be asked were:

1. Do existing professional ethics guidelines and codes of conduct adequately cover ethical issues arising in online service provision?
2. Which ethical guidelines specific to online service provision may be added to the current code of ethics?
3. What do South African psychologists consider key ethical issues in online service provision, in response to the proposed *Draft Ethics guidelines for psychologists with special reference to Online Therapy*?

CHAPTER 4 - METHODOLOGY

The aim of this research was to attempt to develop draft guidance specifically for online therapy in South Africa which may also be used beyond South Africa and to examine the ethical issues in online counselling. This proposed guide of ethics for online therapy is necessary so as to protect firstly the public and the professionals conducting online therapy, and to serve as a guide to competent service delivery.

The research was divided into two parts. The first part was descriptive and compared ethical codes and guidelines from around the world. This comparison then led to a synthesis of new draft ethical guidelines specifically for online therapy in South Africa

The second part of the research was a survey of a sample of registered psychologists in South Africa who are members of Psychological Society of South Africa (PsySSA), regarding their opinion on the proposed ethics guidelines developed in the first part of the study. The psychologists were asked to follow an internet link where they could view the guidelines and give their opinion at the end. The data were analysed both quantitatively and qualitatively and suggestions offered in the responses were used to modify the draft ethical guidelines for online therapy.

An email was sent to 1310 participants on the PsySSA mailing list. The expected response rate was about 120 participants with the aim of achieving at least a 10 percent response rate. However, a very poor response of 21 was achieved. A follow up email serving as a reminder to complete the survey questionnaire was sent to PsySSA members. Following this second email, the responses rose to 39. Of the 39 responses, one response was a duplicate and therefore the total number of responses recorded was 38. This reflects a response rate of about 3 percent. Because of the low return in responses, a descriptive analytic approach was adopted to make optimal use of this small sample. The general ethics frame of reference of Beauchamp and Childress (2001) was used to analyse the ethics dimensions.

4.1 Part one – Draft ethical guidelines for online therapy

Ethical codes from different countries, mainly Canada, New Zealand, Britain, United States of America, Australia and South Africa were obtained from the internet. These codes were chosen

as they are the ones that influenced the development of the current South African psychologists' ethics code (Cooper, 2012; Wassenaar, 1998). Only the most recent editions were used for this study.

The different psychological codes and guidelines from around the world were compared (Appendices A & B), showing the different areas they have addressed in relation to online psychotherapy. The first step was to compare the ethics codes of Canada, New Zealand, Britain, United States of America, Australia and South Africa, see Appendix A. A table was adapted from Hilgart et al. (2012). These codes were then manually compared according to the depth of coverage of online therapy practise, and a comparison was tabulated. For a more detailed analysis of the categories that need to be included in developing guidelines, the ethics guidelines specifically for online therapy from New Zealand, Ohio and Australia were also compared. A table was adapted and modified from the Ohio Telepsychology guidelines of 2008, see Appendix B.

Following the comparison of the different ethics codes and guidelines, the *Draft Ethics guidelines for psychologists with special reference to Online Therapy* were developed (Appendix C).

4.2 Part two – Research design

4.2.1 Sampling

A purposive sampling method was used in this study. A purposive sample is one that is used in the selection of participants on the basis of relevance to the research question (Silverman & Marvasti, 2008). A purposive sample is generally a subset of a larger population and this may not be a true representative sample. This sampling method is an attempt to obtain a representative sample (Kerlinger, 1986). In this case, only registered psychologists in South Africa who are members of PsySSA were selected. Only psychologists registered as PsySSA members were selected due to the availability to the researcher of a mailing list. Furthermore, this sampling method was most appropriate as the aim was to select participants to whom the draft guidelines would be appropriate. The procedure for sampling is explained in detail below.

Initially, the HPCSA register of psychologists was obtained with the hope of getting a mailing list of all psychologists in South Africa. This population was chosen as this is the population that will be directly interactive with the proposed guidelines should the guidelines be endorsed by the HPCSA. This method of acquiring contact details was initially approved by the University of KwaZulu-Natal (UKZN) Humanities Ethics Committee in the original proposal (see Appendix D). The Protection of Personal Information Act (2013), on the basis of the right to privacy ensures the protection against use and dissemination of personal information. Therefore, due to organisational policies and state policies, the list obtained from the HPCSA register did not include a list of e-mail addresses. This then led to the need for an alternative way of obtaining a mailing list. As approved in the Ethics amendment, approval reference number: HSS/0471/013M (see Appendix E), PsySSA was then approached and asked to mail the survey on behalf of the researcher to their membership mailing list. PsySSA was asked to mail on behalf of the researcher as they also could not make this list available to the researcher due to privacy protection policies mentioned above.

This method of sampling has limitations. It is a non-probability sampling method so the results may not be directly generalised to the larger population (Cresswell, 2009; Howell, 2007).

4.2.2 Participants

Of the 38 participants, 25 were female, 11 were male and 2 did not specify their gender. In terms of training category, 21 were clinical, 11 were counselling, 5 were educational and 1 was unspecified. This ratio of participants is similar to the actual ratio of psychologists registered with the HPCSA (HPCSA Psychologists iRegister, 2014; *HPCSA psychology register by category*, 2014; Psychology HPCSA Register, 2013).

4.2.3 Procedure and Data Collection

An email with an embedded link to the survey was sent to all PsySSA members. This was done for a fee paid by the researcher's supervisor. An Information sheet (Appendix F), explaining the nature and purpose of the research was attached to the email and the informed consent form was embedded in the online questionnaire (Appendix G).

In designing the online survey questionnaire (Appendix G), the researcher made use of an online form builder (Jotform Builder). Initially the questionnaire was designed on paper then the paper format of the questionnaire was manually transferred and built using the Jotform programme. The online format was coded in such a way that it allowed for certain questions to be compulsory, for example, the informed consent option. This also allowed for a minimum number of selection of responses for certain questions, therefore aiding with the data cleaning as it was entered by the participants. Some questions were not compulsory and some were open-ended. Every effort was made to make the online form simple, similar to the paper based form and user friendly. Access to the questionnaire was blocked by the researcher about 2 months after the last response was received.

4.2.4 Instrument

A survey questionnaire was used in this study because questionnaires are practical, and allow for large amounts of information to be collected from a large sample (Creswell, 2009). This method was also chosen as it was most cost effective and most likely to produce a good response rate in comparison to the interview approach. Questionnaires also have limited effect on validity and reliability of data collected in comparison to interviews as an identical question format is presented to each respondent and interviewer bias is eliminated. Furthermore, results are quickly and easily quantified (Creswell, 2009). The questionnaire was structured such that it had both forced choice and open-ended questions. This strengthens the design of the survey and ensures detailed response to the questions (De Vaus, 2002). Both types of questions were used for key variables (ethical dilemmas) in this research, see question 7 and 8 in the survey questionnaire, (Appendix G).

Use of forced choice questions ensured that it would be quicker and easier to answer the questions (De Vaus, 2002). This is especially important for self-administered questionnaires such as the one used in this study. Forced choice questions are also easier to code and reduce the possibility of misclassifying of responses. Moreover forced choice questions are less discriminative of participants that are less expressive (De Vaus, 2002). However this type of questioning does not take participants' qualifiers into account and may create false opinions due

to the limited range of alternative responses (De Vaus, 2002). However this effect was reduced by increasing the possible responses on a spectrum (see question 5 in appendix G).

For the open-ended questions, text boxes were used. The text boxes allowed for unrestricted text entry. This made it possible for participants to express themselves and engage with the questionnaire. This also made it possible for some qualitative analysis of the responses. Open-ended questions allow the participants to give reasons for their opinions (De Vaus, 2002). For the purposes of this study the open ended questions also allowed for additional suggestions to the proposed ethics guidelines. This allowed for a more in-depth understanding of the participants' position in relation to the proposed set of guidelines. The survey questionnaire was short (10 questions). Short and simple questionnaires attract a higher response rate (Dillman, 2000; Leung, 2001).

The survey was sent out using emails with an embedded link to the survey questionnaire. This is known as a web survey (Dillman, 2000; Granello & Wheaton, 2004). Web surveys are basically a form of an electronic self-administered questionnaire (Dillman, 2000). Web surveys allow for participants to respond at their own convenience hence increasing participation likelihood. They are also cost effective and allow for ease of data entry and analysis (Dillman, 2000; Granello & Wheaton, 2004; Kraut, et al., 2004; Sax, Gilmartin, Bryant, 2003).

However, there is a risk of the web survey formatting appearing differently on different browsers (Dillman, 2000; Manfreda, 2008). This was minimised by sending the pilot survey questionnaire to different people beforehand and opening the web survey from different browsers. Moreover, there is a possibility of web survey e-mails being received by target participants as spam mail (Dillman, 2000; Manfreda, 2008). This is something that was difficult to control as the emails were sent to a mailing list that the researcher did not have access to due to the need to maintain anonymity and confidentiality of participants. The online survey method meant that the researcher did not have total control of the questionnaire once it was sent out. This meant that the actual number of people that were e-mailed and received the questionnaire could not be verified. The overall aim was to get an understanding of psychologists' response to online therapy and the proposed guidelines rather than make statistical inferences from the data.

Web surveys are characterized by fast response time. The average response time in web surveys is two days to one week (Cobanoglu, Ward & Moreo, 2001; Granello & Wheaton, 2004). The response rate of online surveys, however, has been found to be low in some cases (Granello & Wheaton, 2004; Kraut, et al., 2004; Sax, et al., 2003), while other studies showed that web surveys have better response rates (Cobanoglu, et al., 2001). The low response rate was countered by use of an e-mail reminder.

4.2.5 Data Analysis

To analyse and interpret the data, firstly a series of statistical procedures were run using Statistical Package for Social Sciences (SPSS) despite the low return rate. This was done for the forced choice questions. In this analysis, graphs showing descriptive statistics such as frequencies and percentages were generated to aid in the ease of analysis of the data. Secondly, qualitative content analysis was done to aid in deductively analysing data obtained from the open-ended questions. This was done by coding the responses into different categories and key ethical dilemmas. Actual word counts and phrases were picked out and themes formed on the basis of frequencies (Silverman, 2011). The qualitative method aided in in-depth and rigorous analysis of the responses. Furthermore the qualitative data was analysed in comparison to the quantitative data. This was done by using the frequencies determined in the quantitative analysis to aid in determining the level of importance given to the codes and labels identified and discussed through the qualitative analysis.

4.2.6 Generalisability, validity and reliability

Generalisability was achieved through purposive sampling (Babbie & Mouton, 2005), whereby data were collected from participants specifically relevant to the study, therefore enabling the collection of a maximum range of specific information.

Validity was ensured through having psychologists as participants and questions related to the proposed ethics guidelines. Reliability refers to the degree of consistency and this was achieved by comparing resultant categories between participants' responses and then to previous findings in literature. Reliability was also ensured by the use of text data rather than transcriptions,

ensuring that categories were directly related to the participants' responses rather than the researcher's impression or observation.

4.2.7 Ethical Considerations

This study adhered to the four philosophical principles that guide ethical research (Wassenaar, 2006). These principles are non-maleficence, beneficence, justice and respect for autonomy (Beauchamp & Childress, 2001 in Wassenaar, 2006).

According to the principle of non-maleficence, there should be no intentional injury or harm to participants as a result of participation. There was no potential or actual harm that the participants were exposed to in this study. The principle of beneficence states that if any harm is present it should be reduced to the minimum and benefits should be maximised, furthermore if there are no direct benefits to the participants, there should be benefit for society (Wassenaar, 2006). As a result of this study, there may be potential indirect benefits for the participants as online therapy in future may be increasingly formalised, hence standardising the provision of online therapy and increasing the ethical standards and credibility of online therapy. The principle of justice requires participants to be treated fairly and equally and participants should benefit from the research.

Lastly, dignity of the research participants should be protected, and their decisions whether or not to participate should be respected. This is the principle of respect for autonomy (Wassenaar, 2006), and this was done by giving the participants information about the study and an option to consider participation before consenting to participate in the study. Participants were also informed of how to contact the researchers and the relevant research ethics committee should any queries arise. The information sheet (Appendix F), and the informed consent form (Appendix G), explained the nature of the study to the participants, assuring them that their responses would be confidential and allowing them to decide whether or not to participate in the study. Participants had the option of specifying whether they would like feedback from the research. Fair participant selection was ensured as only people to whom the research applied were selected (Wassenaar, 2006).

Furthermore, no incentives were offered to the participants, thereby eliminating the risk of coercion or bias in participation. Ethical clearance was obtained from the University of KwaZulu-Natal Humanities and Social Sciences Ethics Committee (approval reference number: HSS/0471/013M, see Appendix E). The data obtained from the study were made available only to those carrying out the research – that is, the researcher and supervisors. Confidentiality was guaranteed as no names were attached to the data as the researcher did not have the mailing list or the names of the participants Research data has been stored by the student and supervisor for archiving. All data will be stored electronically in PDF format for five years and will be protected by a password known only to the researcher and supervisor. Thereafter the data will be deleted. The data were stored for archival purposes and for any further study as the research is fairly new and may prompt further research.

CHAPTER 5 - RESULTS

5.1 Quantitative

5.1.2 Sample characteristics

This section outlines the characteristics of the sample that were obtained from the first part of the questionnaire focusing on the demographic information of the participants. A description of the differences and patterns noted will be outlined. Table 2 below outlines the details of participants regarding gender, category of registration, university of masters training and date of first registration with HPCSA.

Table 2. Sample Characteristics

Item	Number	% Percentage	
Gender			
Male	11	28.9	
Female	25	65.8	
(missing)	(2)	(5.3)	
Category of registration			
Clinical	21	55.3	
Counselling	11	28.9	
Educational	5	13.2	
(missing)	(1)	2.6	
University of Masters Training			
University of KwaZulu-Natal (UKZN)	7	18.4	
University of Witwatersrand (WITS)	4	10.5	
University of Johannesburg (UJ)	4	10.5	
University of Pretoria (UP)	4	10.5	
Nelson Mandela Metropolitan University (NMMU)	2	5.3	
University of Fort Hare	2	5.3	
Medical University of Southern Africa (MEDUNSA)	2	5.3	
Rhodes University	2	5.3	
Stellenbosch University	2	5.3	
North-West University (NWU)	2	5.3	
Rand Afrikaans University (RAU)	1	2.6	
(missing)	(6)	(15.8)	
Date of Registration with HPCSA			
1970 – 1979	1	2.6	
1980 – 1989	3	7.9	
1990 – 1999	8	21.1	
2000 – 2009	11	28.9	
2010 – 2014	11	28.9	57.8%
(missing)	(4)	(10.5)	

Note: Missing refers to the number of participants that did not respond to the item

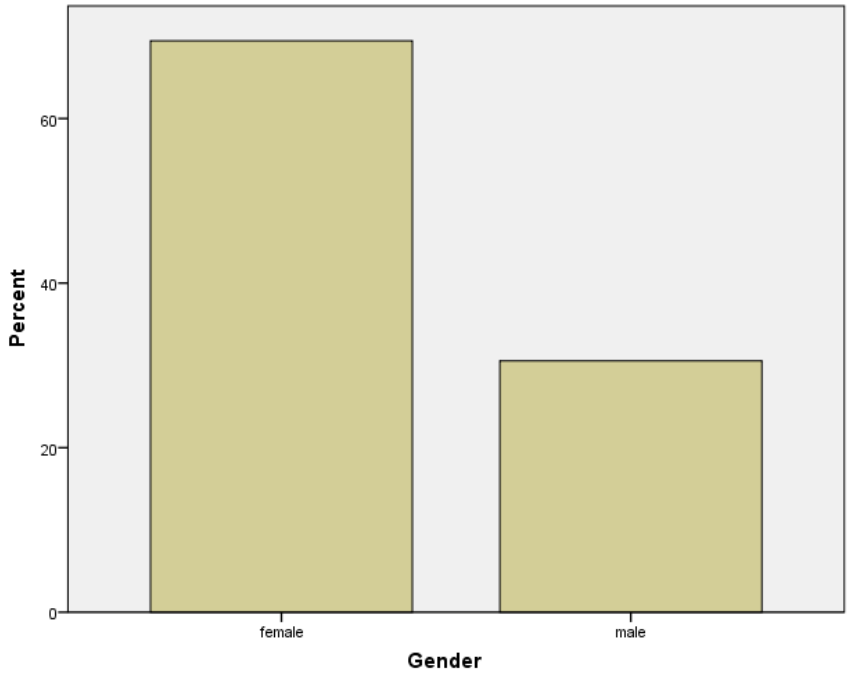

Figure 1. Distribution of sample by gender.

As seen in Figure 1, 65.8% of the participants were female and 28.9% were male. Two participants did not specify gender which accounted for 5.3% of the sample.

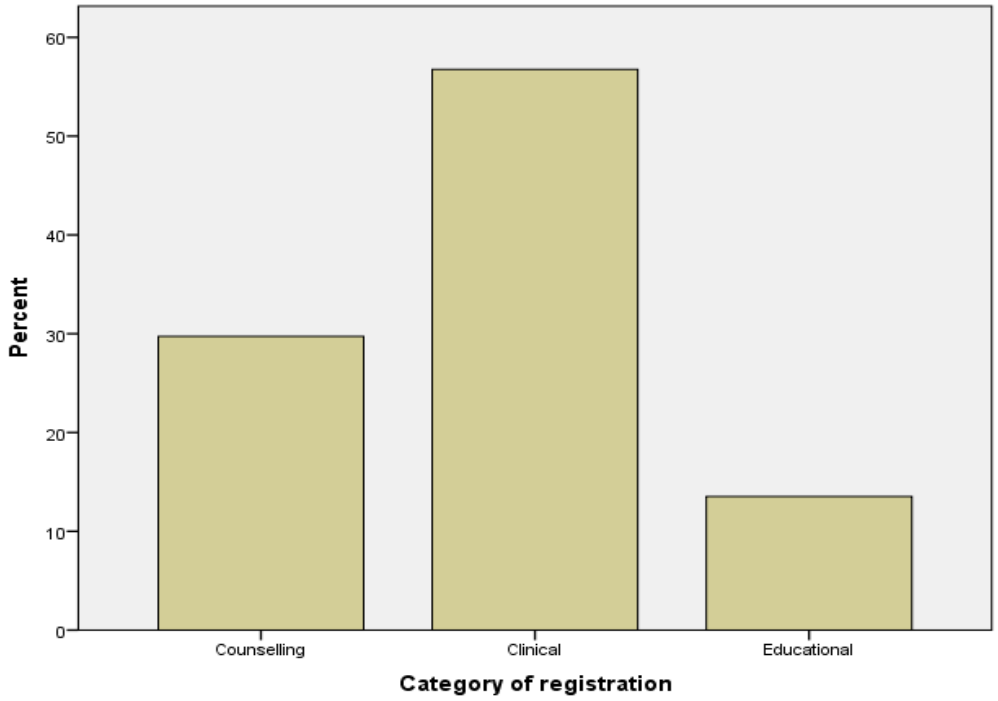

Figure 2. Distribution of sample by category of registration.

As shown in Figure 2, the sample comprised mostly of psychologists registered in the clinical category (55.3%). Counselling psychologists were the second largest group of participants (28.9%), and lastly the sample comprised of 13.2% of educational psychologists.

For comparison, in July 2014 the distribution of psychologists by category was as follows; 48% clinical psychologists, 27% counselling psychologists and 24% educational psychologists (*HPCSA psychology register by category*, 2014), with rankings similar to the sample of this study.

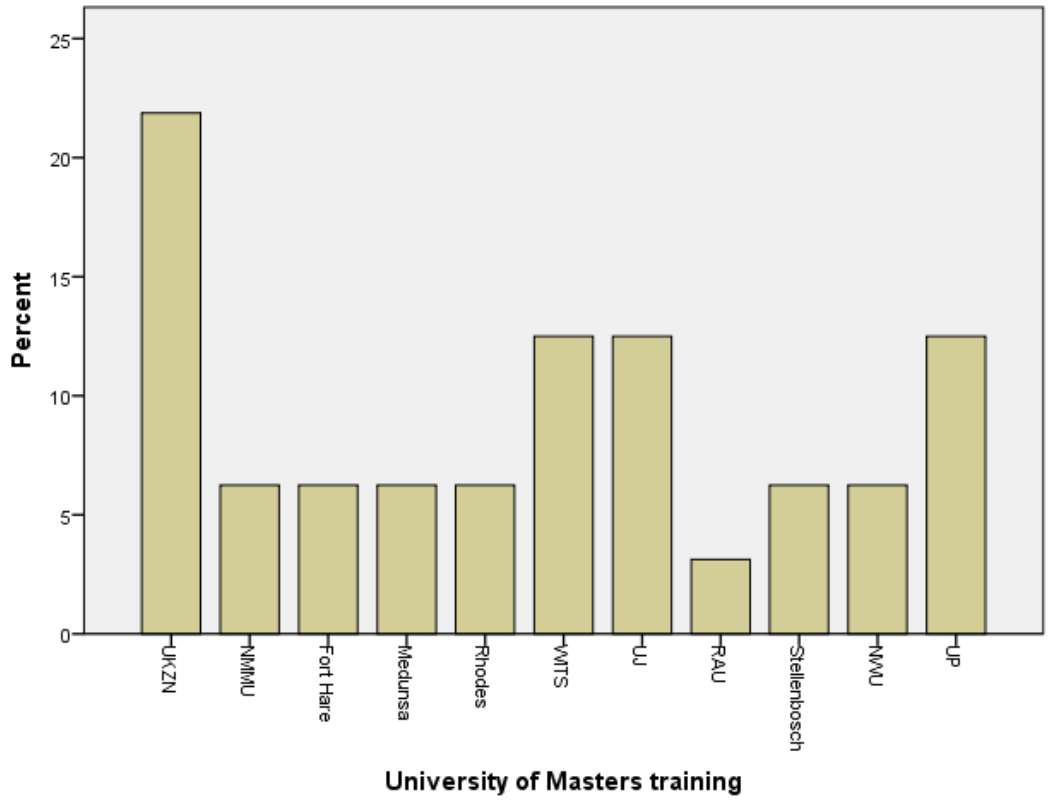

Figure 3. Distribution of sample by university of masters training.

Figure 3 shows that only 1 (2.6%) participant did not specify their University of masters training. Most participants were from UKZN (18.4%). Participants from WITS, UJ and UP each accounted for 10.5%. Participants from NMMU, Fort Hare, Medunsa, Rhodes, Stellenbosch and NWU each accounted for 5.3% of the sample. Only 1 participant was from RAU and this accounted for 2.6% of the sample.

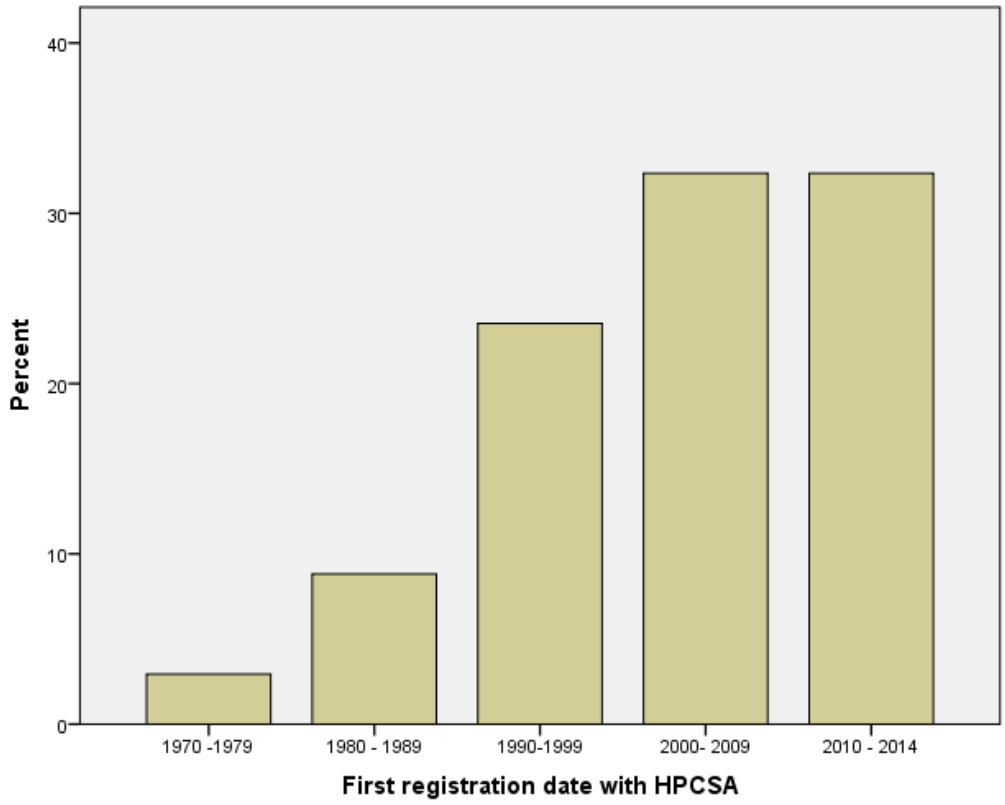

Figure 4. Distribution of sample by first registration date with HPCSA.

As seen in Figure 4, most participants (57.8%) of the participants were first registered with the HPCSA between the year 2000 and 2014. Most of the psychologists in the sample had 14 years or less of experience. Only 1 participant (2.6%) was first registered with the HPCSA between 1970 and 1979. A total of 7.9% of the participants were first registered between 1980 and 1989 and 21.1% were first registered between 1990 and 1999. Of the sample 10.5% did not specify the year of their first registration with HPCSA.

In comparison, as of July 2014 HPCSA statistics, 58% of psychologists were registered between the year 2000 and 2014. Between 1990 and 1999, 27% of psychologists were registered. 11% of psychologists were registered between 1980 and 1989. Only 4% of psychologists were registered between 1970 and 1979 (*HPCSA psychology register by category*, 2014). This shows similar experience levels to those of the sample.

5.1.2 Response to the Ethical guidelines

The second part of the questionnaire asked questions related to the participants' response to the guidelines on online therapy such as the important ethical dilemmas, usefulness and rating of the guidelines and whether any points needed to be added to the guidelines. The results are outlined below.

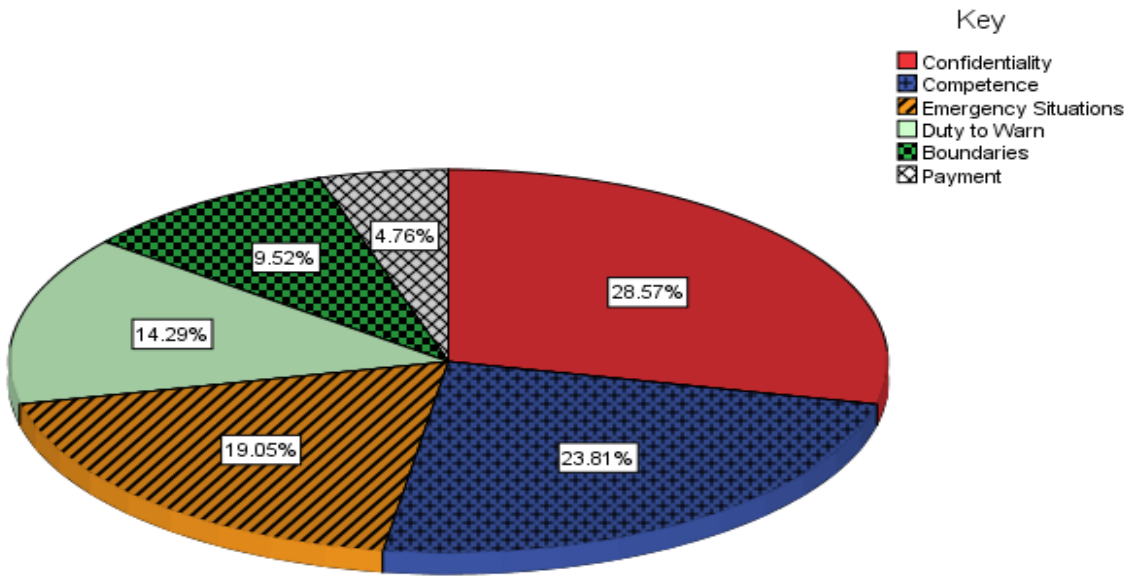

Figure. 5. Most important ethical dilemma in online therapy by ranking.

Figure 5 shows that the most important ethical dilemma identified by the participants was confidentiality, accounting for 28.6%. The second perceived most important ethical dilemma, at 23.8% was competence. This was followed by the emergency situation dilemma accounting for 19.1%. The fourth most important dilemma that accounted for 14.3% was that of the duty to warn. Boundary dilemmas accounted for 9.5%. Lastly, the sixth dilemma was on payment concerns accounting for 4.76%.

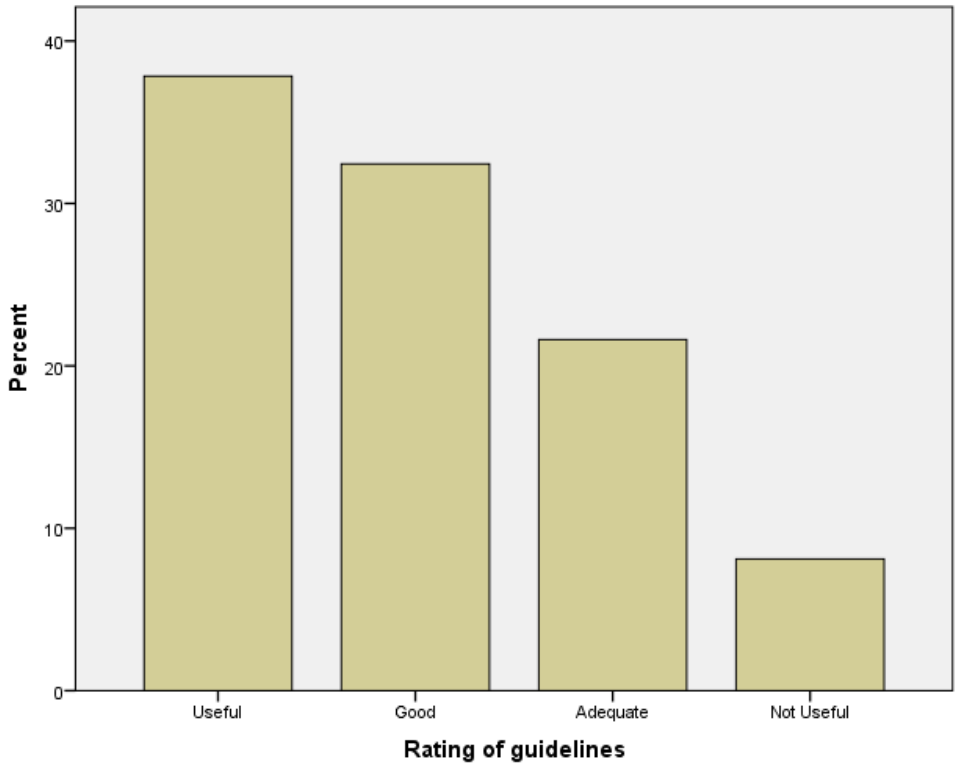

Figure 6. Rating of proposed guidelines on online therapy.

The participants were asked to rate the proposed guidelines on a Likert scale with the options useful, good, adequate, poor and not useful. The 'useful' option was the highest possible rating on the Likert scale. As seen in Figure 6, over two thirds (68.4%) of the participants rated the guidelines as good and useful. Of these, 36.8% rated them as useful. The guidelines were rated as good by 31.6% of participants. The adequate rating was chosen by 21.1% of the participants, while 7.9% of the participants rated the guidelines as not useful. The option for a poor rating was not selected by any of the participants.

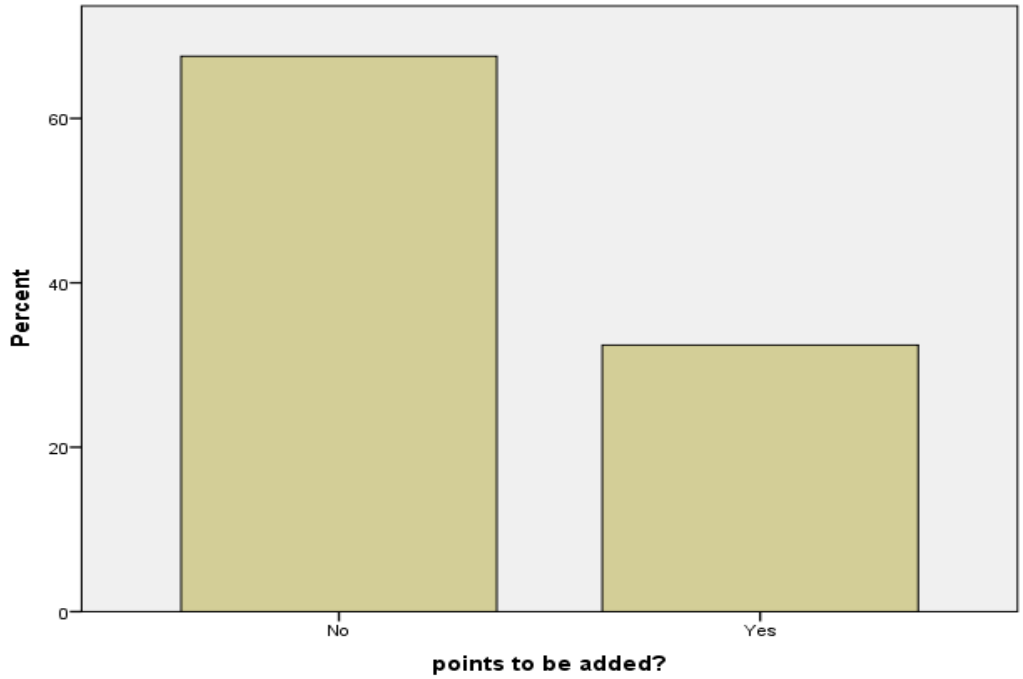

Figure 7. Points to be added to the guidelines.

A question asking participants whether additional points were needed for the guidelines was included in the questionnaire. As shown in Figure 7, over two thirds (65.8%) of the participants said that no additional points needed to be added to the proposed guidelines while 31.6% of the participants said that some points need to be added to the guidelines. Only 1 (2.6%) participant did not specify whether or not points need to be added. The additional points suggested by participants are listed below in the qualitative findings section.

5.2 Qualitative findings

5.2.1 Points to be added to the guidelines

Following their review of the guidelines, rating the guidelines and identifying key ethical issues in online therapy, participants were asked if any points needed to be developed or added to the draft guidelines. Some additional points were suggested. The researcher grouped the suggestions from different participants under the headings used below. The additional points suggested by the participants are shown verbatim below.

5.2.1.1 Online therapy as adjunct to face-to-face therapy

- "The use of ad hoc e-communication in the course of traditional face-to-face treatment" (Participant 4).
- "When online therapy is a part of therapy, not the whole of it, that is, if there are also face-to-face sessions" (Participant 14).
    - Perhaps the regulation could rather be formulated in terms of if you do more than say 10% of your work digitally you would have to go for the year-long supervision and then register with the HPCSA as an on-line therapist? This would enable those of us who do the odd session digitally when our clients are out of town to continue working, but will protect the public if therapists work almost exclusively in this way and have many clients who live outside of their geographic areas (Participant 25).

5.2.1.2 Privacy, confidentiality and boundaries

- "The management of e-communication with collateral sources and the ethics of receiving further unsolicited information about the patient" (Participant 4).
- "… and times lines need to be adhered to" (Participant 35).
- "Need for a secure password so that confidentiality can be maintained" (Participant 18).
    - An example would be the point where the onus is on the client to ensure that his/her environment is conducive for a therapeutic intervention to take place. It should be added that once contact is made between the psychologist and a client the psychologist must ensure that some of the information that the client read on their own is reiterated and more time is spent on the therapeutic frame and issue of boundaries (Participant 32).

5.2.1.3 Assessment

- "The accuracy of an assessment done without physical clinical observations - research?" (Participant 4).

5.2.1.4 Emergency Situations

- "Specifically regarding emergency situations and the need to disclose and break confidentiality" (Participant 10).
- Case management in an emergency situation needs to be addressed" (Participant 18).

5.2.1.5 Technological dilemmas

- "Handling of a situation where e-communication is suddenly terminated during a session (e.g. a blackout, loadshedding, internet is disconnected etc.)" (Participant 4).

5.2.1.6 Screening

  - I would want to stipulate more information based on the nature of the therapy for eg is it is psychotherapy for a depressed person than patient needs to divulge a next of kin, emergency resources within the area. Hence the therapist needs to have a detailed questionnaire that needs to be completed by patient prior to commencement of services and therapist can make contact with at least once resource to authenticate process. this conflicts with confidentiality issues (Participant 35).

5.2.1.6 Payment

- "Payment for missed sessions is in dispute with the Counsel at the moment." (Participant 37).
- "… Also who pays for the data services of such therapy needs to be clearly stipulated… and times lines need to be adhered to" (Participant 35).

5.2.1.7 Trouble shooting section

  - In general I feel there should be a "trouble shooting" or even Frequently asked Questions section which could expand the core guidelines, given the relative novelty of this modality in a South Africa. To the novice there could be unanticipated challenges. Perhaps the availability of an expert at the HPCSA or PsySSA would help too (Participant 8).

The main additional points to be added to the draft guidelines include firstly, a point clarifying what online therapy is and what warrants registration as an online therapist. Secondly, continued emphasis on the psychologist's role in educating the client on issues of privacy and how privacy can be protected by the psychologist as well as the client. Thirdly, it will be useful to add a section on management of technological failures that gives detailed procedures to be followed in the event of any such difficulty. Fourthly, a screening questionnaire aiding in identifying the clients problem to determine suitability for online therapy should be designed. Lastly, a frequently asked questions section to address possible questions and in addition the availability of an expert in online therapy at the HPCSA were suggested. The remainder of the points

suggested re-emphasised the need for boundaries, payment issues, emergency situations and assessment issues.

Open-ended questions were asked in the second part of the questionnaire for a more in-depth understanding of the participants' view of dilemmas in online therapy and their response the draft guidelines. Actual word counts and phrases were picked out and themes formed on the basis of frequencies. For example, the word confidentiality was used 18 times by different participants and this accounted for a theme. Question 6 asked for the key ethical issues in online therapy. Based on the content analysis, the following major ethical issues were identified: confidentiality (48%), security of records (19%), competence (16%), nature of therapeutic process (16%), privacy (14%), technological limitations (14%), emergency situations (11%), and verification of identity (11%). Other dilemmas were noted under the category of other dilemmas as they were not mentioned as frequently, (less than 10%), as the above mentioned dilemmas. Some of these include informed consent, respect, boundaries, duty to warn, payment and training. Question 6 was the open ended question related to the closed ended question asking for the most important dilemma in online therapy. The actual percentages differ but the ranking of the key ethical dilemmas in online therapy was similar with confidentiality being the highest rated dilemma with duty to warn as an exception. Table 3 illustrating this is shown below.

Table 3. Comparing question 6 and 9 - key ethical dilemmas.

Ranking of ethical dilemma (question 9)	Ethical issues (question 6)
Confidentiality 28%	Confidentiality 48%
	Security of records 19%
Competence 24%	Competence 16%
	Nature of therapeutic process 16%
	Privacy 14%
	Technological limitation 14%
Emergency Situations 19%	Emergency situations 11%
Duty to warn 14%	
	Verification of identity 11%
	Boundaries 8%
Payment 5%	Payment 5%
	Duty to warn 3%

5.3 Summary of findings

Although the sample was very small, the distribution of psychologists in the sample was very similar to that of psychologists currently registered with the HPCSA. The largest category represented was that of clinical psychologists (55.3%), followed by counselling psychologists (28.9%) and lastly educational psychologists (13.2%). The majority (57.8%) of participants had 14 years or less of experience. A significant majority (68%) of participants positively appraised the guidelines by rating them as either ‘good’ or as ‘useful’. Similarly, 66% of the participants said there was no need to add any points to draft guidelines on online therapy. Suggested points to be added included those related to online therapy as adjunct to face-to-face therapy, privacy, screening of clients, payment and case management of technological failure and emergency situations. The ethical dilemmas related to online therapy highlighted in rank order were, confidentiality, security of records, competence, nature of the therapeutic process, privacy, technological limitations, emergency situations, verification of identity, boundaries, duty to warn

and payment. Very few new points were suggested as additions to the draft guidelines. The themes highlighted from the results section are discussed in the section which follows.

CHAPTER 6 - DISCUSSION

This study attempted to develop draft guidance specific to online therapy in South Africa and to obtain the opinion of a small sample of South African psychologists in response to the draft guidance. In this section the findings are discussed in relation to research on the ethics of online therapy, relevant professional literature and the ethical codes of psychological practice in South Africa. Inferences made from the findings will be addressed in relation to the importance of development of guidelines for online therapy in South Africa. The strengths and limitations of the study will also be discussed with possible recommendations for future studies.

6.1 Confidentiality, privacy and records

The HPCSA's annexure 12 combines confidentiality, privacy and records in chapter 3. This section also combined these as major themes emerging from the data and to enable discussion of the findings in relation to the current ethical codes. It was not surprising to note that most of the participants were concerned about the compromise of confidentiality through the use of the internet as a mode of therapy. This correlates with findings from a study by Wassenaar (2002) showing confidentiality as the most frequently self-reported ethical dilemma by South African psychologists practising conventional forms of therapy. Furthermore, according to Scherrer et al. (2002), about 6% of reported complaints are those of the breach of confidentiality. Similarly, in a study comparing the concerns that professionals currently conducting online therapy had, the concern for confidentiality accounted for 80% (Wells et al., 2007). One of the participants in response to the question on identifying key ethical issues mentioned the "Unintentional violations of confidential information" (Participant 35).

Kanani and Reger (2003) refer to a similar situation in text based therapy whereby the psychologist may unintentionally email conversation to the wrong person. Another participant in response to the same question stated:

> The confidentiality as there is a possibility that there might be a hacker, the client's family may access some confidential information if the computer is being shared at home (Participant 32).

A number of the participants were concerned about the security of records when using the internet as medium for therapy. Phrases such as: 'privacy of records', 'risk of being hacked, and

'security of information exchange online' were common in the findings. Section 3 on privacy and confidentiality in the *Draft Ethics guidelines for psychologists with special reference to Online Therapy* (Appendix C) proposes that it is the psychologist's duty to ensure confidentiality through methods such as encryption of emails and educating the client on use of passwords and software related to secure interactions. Participant 18 in response to any additional points to the guidelines said there is a "need for a secure password so that confidentiality can be maintained". Use of encrypted e-mails and passwords may be a safeguard against unintentional breach of confidentiality, privacy and access to records as it helps in ensuring that only the concerned parties have access to online conversations or the conversation data (Ainsworth, 2000 in Kanani & Reger, 2003). This heightened concern of these issues may also speak to the psychologists' lack of competence around managing such dilemmas when practising online therapy.

6.2 Competence

This ethical issue was also expressed often by the participants. Most of the concerns regarding competence were around "mastery of the medium" (participant 25), in relation to technological difficulties and the nature of the therapeutic relationship.

6.2.1 Technological limitation

Concerns around not being able to address technical faults were raised often by the participants. One participant stated:

> For me it is a problem when there is distortion in the sound and you cannot assess the tone etc. in the voice of the client. Also if there is a break in the communication and you cannot re-establish it (Participant 19).

Another participant stated: "Some of the technology used is not of the best quality and the images become pixalized or connection gets interrupted during the session" (Participant 32). McCrickard and Butler (2005) mentioned that psychologists need to be competent in the use of computers, dealing with viruses and the internet if they are to be competent in online therapy. In the same light one participant added a suggestion that "it should be mandatory that they take formal courses on how to protect the information exchanged between themselves and their clients" (Participant 32). This further extends to the psychologist's duty to be able to educate or

respond to the client's questions regarding the technology associated with this mode of therapy (Ragusea & VandeCreek, 2003).

6.2.2 Nature of the therapeutic process

The same excerpt from Participant 19 above highlights difficulty in the therapeutic process because of limited access to non-verbal cues from the client. This would also apply to a text based medium of therapy. Similarly, due to the nature of current training, it may also be difficult for the psychologist to "express empathy" (Participant 11) and to correctly interpret text (Participant 33). This may be an even greater problem considering the nature of the South African context with many diverse cultures in a single nation. Moreover, in relation to the therapeutic frame, concern was raised about the fact that the client and psychologist are in different environments; the psychologist has no control of the therapeutic frame. The environment is managed by the client and this could be easily disturbed at any point without the psychologist being aware and this has an impact on the therapeutic process. These concerns reflect some anxiety on how equipped psychologists are to provide this service.

6.2.3 Training

The HPCSA's annexure 12 for professional psychology in section 5.1 states that:

> When a psychologist is developing competency in a psychological service or technique that is either new to him or her or new to the profession, he or she shall engage in ongoing consultation with other psychologists or relevant professions and shall seek and obtain appropriate education and training in the new area.

One participant sharing the same view of the need for training stated that:

> Before such a service is formalized as a mode to offer a therapeutic service psychologists will have to undergo training not only on how to conduct such a service but it should be mandatory that they take formal courses on how to protect the information exchanged between themselves and their clients. There will need to be an effective monitoring system in place that will ensure that psychologists do attend courses on a yearly basis that talk directly to offering their services online (Participant 32).

This speaks to the need for emphasis to be placed on the training of psychologists in the use of the internet as a medium for psychotherapy. In relation to the nature of the therapeutic process, emphasis should be placed in training on working with people from diverse cultures as part of competence (Barnett & Scheetz, 2003; Hilgart et al., 2012; McCrickard & Butler, 2005). This

does not mean that this is not currently part of conventional training, but highlights the greater need in online therapy, hence the need for emphasis. Barak (1999) also emphasises the need for specific training in online service provision. Some participants however did not agree with the strict regulation of training. For example Participant 16 stated that:

> Training in technological competence and online counselling is a tall order. Online networks change all the time e.g. facebook, mixit, what's up, instagram, twitter, etc. How long will the entire training program for psychologists be?

The changing nature of technology is evidence of the need to keep up to date with relevant training. The actual length and requirements of the training may be adjusted but this should not eliminate the need for training specific to online therapy. Constant review guidelines in reference to online therapy will help in addressing the technological changes and protecting both the psychologist and client in efficient, safe and effective psychotherapy. According to Hilgart et al. (2002) the expansion of online therapy will lead to the need to include online therapy in the curriculum of the professional training programmes in order to produce competent therapists. Participant 25 commented by saying:

> I also think that it would be a good idea to include it in the curriculum of the masters training at universities that are training therapists which would take away the need for this over regulation after training. Perhaps the regulation could rather be formulated in terms of if you do more than say 10% of your work digitally you would have to go for the year-long supervision and then register with the HPCSA as an on-line therapist? ... I do agree that all therapists should be educated re the guidelines for practicing responsibly when they do therapy in any form that is not face to face.

This proposal for the need for specific training for online therapy was consequently linked to the need for supervision specific to online therapy. Hilgart et al. (2012) suggests that psychologists practising online therapy should pursue relevant supervision to provide the service competently. The *Draft Ethics guidelines for psychologists with special reference to Online Therapy* (Appendix C), in Section 1.5 proposed that if a psychologist is to practice solely in online therapy then they should undergo a year's supervision following training. In response to this, one of the participants responded by saying:

> I think it is unrealistic to make it a rule that the therapists have to have a year's supervision in doing on-line counselling as a requirement for them to engage in this modality of therapy. There are not enough therapists who do this kind of work that would be able to do supervision to start with. I would recommend that more, reasonably priced,

> accessible workshops be held to enable therapists to add the skill to their skill base (Participant 25).

The more the workshops on online therapy are made available and the more psychologists will train and practice online therapy, the more the availability of supervisors will increase. There however has to be some specification of the amount of supervision needed.

6.2.4 Emergency Situations

Many of the participants in this study were also concerned about how to address emergency situations in online therapy. Participant 21 mentioned that there are "no boundaries and no sense of acting on duty to warn or prevent or act immediately on a suicide risk individual." Another participant's concerns are shown below:

> Emergency situations - you don't necessarily know the person's full mental state if you are not able to observe them and interact directly as well as assess non-verbal behaviour. If the client is a danger to themselves or others, who do you report this to? (Participant 10).

The *Draft Ethics guidelines for psychologists with special reference to Online Therapy* (Appendix C) propose that the psychologist should only take on a client from a different geographical area if he/she has adequate information and contacts in the same area as the client in the case of emergency situations. This would help in effective immediate intervention where there is need for follow-up or referral to services in the same area as the client (Hilgart et al., 2012). The psychologist may be handicapped in terms of crisis intervention if they do not have appropriate referral contacts and services in the client's geographical area (Gackenbach, 1998; Gray, 1999).

6.2.5 Duty to Warn

Closely related to the dilemma of emergency situations is the dilemma of the duty to warn. This refers to the psychologist's to warn any 3rd party of any possible harm to the client or another person that is revealed during the interaction with the client. It is the psychologist's ethical obligation to warn in the case of harm (Kanani & Reger, 2003). Participant 21 mentioned the difficulty in acting on this duty by saying there is "…no sense of acting on duty to warn", in online interactions. Similarly Participant 10 asked: "… If the client is a danger to themselves or others, who do you report this to?" The psychologist in online therapy is also less able to assess

the extent and intended violence levels or anger of the client, which can arguably be better assessed using non-verbal cues in face-to-face therapy (Kanani & Reger, 2003).

6.3 Verification of Identity

For the participants in this study this seemed to be a significant concern as well. The concern included both verification of the identity of the psychologist and that of the client. Some phrases used by participants to highlight this concern included: "verifiability of the clinician's details" (Participant 27), "Guarantee of same person on other end of connection?" (Participant 33), and "no confirmation of the ID of the patient accessing the services" (Participant 35). Barak (1999) highlights how the internet "makes it is easier for charlatans or professionals without sufficient credentials to offer psychological services" (p. 240). In addressing concerns on identity of the therapist, the *Draft Ethics guidelines for psychologists with special reference to Online Therapy* (Appendix C) proposed in Section 2.2 that the psychologist should make their details available with online links to where these details can be verified such as the HPCSA website and HPCSA web register. These details include the psychologist's name, qualification, HPCSA registration number and postal address. In a study by Maheu (2000) it was evident that very limited information was available regarding the qualifications of people providing online mental health services.

This raises questions about the authenticity of such service providers. The proposed guidelines did not however address issues in relation to the verification of the client's identity. Young (2005) showed that clients that accessed online therapy did so because they viewed it as anonymous and hence easier to make personal disclosures. This may be a problem for the psychologist but on the other hand this may be the selling point and sole reason why a person decides to access help they would not have otherwise accessed. Clients may fake their identity resulting in minors receiving online therapy without the legal right to consent and without the knowledge of their parents (Barnett & Scheetz, 2003; Pope & Vasquez, 2011). This leads to the ethical issue of informed consent.

6.3.1 Informed Consent

Informed consent is an ethical requirement before any service takes place. London (2010) suggests that there is a need to adjust informed consent for online work. The *Draft Ethics*

guidelines for psychologists with special reference to Online Therapy (Appendix C) proposed that the psychologist should fully explain the benefits and limitations of online therapy, clarify working hours and provide education on how the technology related to this mode of therapy works. The current HPCSA codes (Annexure 12 for professional psychologists) require written consent for any form of therapy including any electronic communications. The proposed guidelines in section 2.1.1 propose that:

> In the case where written consent cannot be obtained, for example electronically on the psychologist's webpage, - consent is valid by virtue of checking a box at the end of the web page with information about the process of online therapy. Failure to do so would consequently prohibit access to the next page of setting up an appointment. Consent may also be obtained by completion of a mini multiple choice questionnaire by the client to show understanding of informed consent.

In response to this Participant 32 stated that:

> The time spent by the client going through the psychologist's explanation of the limitations and risks of using such a service could be put to better use by the client who is in need of a service. With the online consenting there is no guarantee that the clients do read the information contained on the page. There is a possibility that they just click on agree in order to move to the next page that will allow them to receive the service that they are in need of.

This shows the delicacy of dealing with issues of identity and informed consent in online therapy.

6.4 Other Dilemmas

6.4.1 Boundaries

A few of the participants raised concerns around boundary management. None of the participants provided a detailed explanation or suggestion regarding the nature of the boundary problem. In ranking the dilemmas many of the participants ranked it as not so important in comparison to other dilemmas such as confidentiality. The literature however, discusses issues of boundaries in relation to the times that the psychologist is available to provide services since the internet is accessible 24 hours a day. The proposed guidelines (Appendix C), suggest that the psychologist should clarify working hours to the client during the informed consent process. Murphy and Mitchell (1998, in Kanani & Reger, 2003) say that this ability to access the psychologist at any time may result in misunderstanding of the boundaries that exist between the psychologist and

client. However, it may be beneficial for the client, for example in emergency situations, to be able to contact the psychologist regardless of the time.

6.4.2 Payment

Interestingly very few of the participants in this study were concerned about payment for services. Payment was also ranked as least important in relation to the other ethical issues. One of the participants raised the concern in relation to reasonable billing. There is a gap in the literature regarding how payment issues are to be addressed in online therapy. Currently in South Africa, psychotherapy over the internet is not recognised by medical aid schemes. There is need for research regarding the effectiveness of online therapy so as to legitimise reimbursement (Maheu, 2003) by medical aid societies and insurance schemes. A clear set of approved guidelines specific to online therapy may open the doorway to medical aid companies recognising this as a legit mode of therapy.

6.5 Additional suggestions, comments and concerns

6.5.1 Online therapy adjunctive to face-to-face therapy

A prominent subject was that of online therapy as a standalone modality versus an adjunct to face-to-face therapy. One participant expressed their concern by saying:

> Have doubts about "pure" online therapy with not at least some face-to-face sessions. Therapy is an embodied process, and I do not think the in-depth, long term work that I do will be possible with at least some face-to-face sessions (Participant 14).

Another participant said:

> It is true that we are evolving and so is technology, however, online therapy should be an adjunct and not a stand alone mode (Participant 3).

McCrickard and Butler (2005) also suggest that online therapy is most useful when used in conjunction with face-to-face therapy. Some of the participants had questions about the difference between being a full time online therapist and using online therapy when a regular face-to-face client is away for a limited period of time. Participant 25 addressed this by saying:

> Perhaps the regulation could rather be formulated in terms of if you do say 10% of your work digitally you would have to go for a year-long supervision and then register with

> the HPCSA as an online therapist? This would enable those of us who do the odd session digitally when our clients are out of town to continue working, but will protect the public if the therapists work almost exclusively in this way and may have many clients who live outside of their geographical areas (Participant 25).

This suggests that there is a need for the proposed guidelines to distinguish between 'pure' online therapy and online therapy adjunct to face-to-face therapy and possibly different registration requirements.

Interestingly, the age of clients was considered to be a factor in determining the usefulness of this mode of therapy. The anonymity and accessibility of the internet makes the nature of help seeking via the internet appealing to adolescents (Gray, Klein, Noyce, Sesselberg & Cantril, 2005; King et al., 2006). One participant said:

> This counselling will exclude older clients who cannot keep up with these trends; and it will also exclude a number of younger clients who either cannot afford this service or are not techno-savvy (Participant 16).

As this observation may be true, it may also be true of the discriminatory nature of traditional forms of therapy for certain groups of people who may prefer online interaction rather than face-to-face interaction. Both the client and therapist should be able to choose a modality that is comfortable for them. If they choose online therapy, some guidelines need to be in place to ensure safety and protection of both the client and the therapist as is the case in traditional forms of therapy.

6.5.2 Impersonal therapy

Another concern was that online of therapy is impersonal. Even though the importance of the guidelines was noted as useful, psychologists were concerned about the client and the therapist being in different environments, hence making therapy impersonal (Participant 32). Another participant said:

> May badly affect lifestyles of people if it is integrated directly within the lifestyle, may be seen as a crutch more than rehabilitation… Loss of the "people" element may make concepts more clinical and may lead to less interpretation and overall picture of the person (Participant 33).

As the world is increasingly becoming automated and internet based, "technology is changing the nature of problems people are having as well as how they are treated" (Young, 2005, p. 172).

On one hand, this impersonal nature of online therapy is problematic. On the other hand, this concern also speaks to psychologists' lack of confidence and skill in assisting clients in a way other than that which they were trained in. Research shows that translation of skills from face-to-face therapy to online therapy seems to be one of the main concerns that therapists practising online therapy have (Goss & Anthony, 2003). This leads to the discussion on how the nature of one's training has an impact on the nature of their practice.

A question was raised about the need versus the convenience of such an approach. One participant said this "Won't work!!! Not even worth considering" (Participant 13), and another participant said "Therapy should not happen online" (Participant 14). It was however interesting to note that these participants were from the same university. This may be evidence of how it is most likely that the type and content of one's training has an impact on their preferred mode of practice and level of competence in selected modalities. If this is the case, then this highlights the importance of including training in the curriculum of the psychologists' professional course in University.

6.6 Response to the guidelines

Most of the participants in the study were clinical psychologists. The second largest category was that of counselling psychologists followed by educational psychologists. Although the participants in this study were PsySSA members, the ratio of participants by category of registration was very similar to that of the currently active psychologists registered with the HPCSA as of July 2014 (*HPCSA psychology register by category*, 2014). This makes the results more representative of the psychologists in South Africa. This issue of the category of registration highlights the question of whether only certain problems should be attended to using online therapy. Furthermore, psychologists are required to stick to their scope of practice regardless of whether it is online therapy or face-to-face therapy.

Although there were some useful suggestions for amending the draft guidelines, and some reservations about the guidelines the majority (68%) of participants rated the guidelines as good or useful, showing the need and appropriateness of such guidelines for South Africa. One participant said "I think these guidelines are very necessary and timely and should be made

available as soon as possible" (Participant 8). Fewer participants (7.9%) viewed the guidelines as not useful based on the belief that online therapy is not a practical mode of therapy.

6.6.1 Points to be added

In support of the positive evaluation of the guidelines, most participants said no points needed to be added to the guidelines. A few participants noted some points to be added. Of these, most of the participants re-emphasised points that had been addressed in some way in the draft guidelines rather than adding new concrete points. This however did not prevent the researcher from revaluating and considering the points noted by the participants.

The guidelines were designed for any form of therapeutic work using online modalities. However, suggestions were made to concretely distinguish between pure online therapy and online therapy as an adjunct to face-to-face therapy. Similarly, McCrickard and Butler (2005) viewed online therapy to be more useful when conducted in conjunction to face-to-face therapy. A section should be added to the draft guidelines that addresses this mixed modality, and consequently addresses whether ethical requirements should differ according to the nature of online therapy conducted. One participant suggested additional formal registration as an online therapist if more than 10% of therapeutic work is done online. It should therefore be made clear what counts as online therapy and what warrants registration as an online therapist.

One respondent noted section 3.2 of the draft guidelines, whereby responsibility is only placed on the psychologist to ensure privacy. Amending that section would result in the section reading as follows:

> *3.2* For provision of services, for example via Skype, the psychologist is to ensure, at least on his/her part that such interactions are done in a private environment *and encourage the client to do the same.*

Maheu (2003); Ragusea and VandeCreek (2003) highlighted that the therapist should be in a position to not only inform but also to educate the client on the limitations of online therapy, such as those of privacy and technological failures.

Management of technological failures and breakdown in communication, due to power failures for example, was suggested as an additional point. A section may need to be added under the

informed consent section giving possible procedures to follow if these complications occur and how the psychologist should make these steps known to the client from the beginning. Similarly, Manhal-Baugus (2001) highlighted the need for a section outlining the procedures to follow in the event of technological failure.

Another suggested point was for having a screening questionnaire that may be able to determine the nature of the problem before continuing with the therapeutic process. This relates to the question whether online therapy should be for specific types of clients or presenting problems (Manhal-Baugus, 2001). This may help the psychologist to determine whether or not a client is suited for an online therapeutic intervention. Such a questionnaire would probably be most effective if designed as a sample to be altered according the therapist's preference.

A distinct suggestion was made to include a frequently asked questions section in the draft guidelines of online therapy. This may be helpful especially as this a relatively new modality as pointed out by one participant. Furthermore, a suggestion was made to have an expert on online therapy that is available via the HPCSA or different psychologist groups to address the questions and ethical dilemmas related to online therapy. This would be necessary until online therapy is clearly established in South Africa.

The need for boundaries in relation to the working hours of the psychologist was re-emphasised although already addressed by the draft guidelines in section 2.5. A suggestion by Manhal-Baugus (2001) was that of making clients aware of the turnaround time for responses from the therapist. Another point that was re-emphasised was about efficacy of assessment without collateral information afforded by conventional physical observation of the client. This efficacy could possibly be increased by using assessments standardised specifically for online use, acquiring a licence to do so and remaining aware of 'blind' test interpretation as suggested in the additional notes section of the draft guidelines of online therapy. Buchanan (2002, 2003) and Hilgart et al. (2012) emphasise the need for using assessments that have been standardised and validated for online use. Case management of emergency situations was also re-emphasised, showing some reservations about the way the draft guidelines of online therapy addressed this dilemma. This speaks to the need for having referral services in the same area as the client (Hilgart et al., 2012), and the possibility of a network of professionals being a pre-requisite for conducting online therapy. However, no concrete suggestions were made. The issue of payment

was also re-emphasised with one participant noting how the issue of payment for missed sessions is currently in dispute. Perhaps when HPCSA resolves this dispute the draft guidelines could be appropriately adjusted.

These suggestions highlight the need for further research and clear guidelines on the nature and ethics of online therapy.

CHAPTER 7 - CONCLUSION

Results from this study should be viewed as tentative and therefore applied cautiously. The aim of the study was to attempt to develop draft guidance specifically for online therapy in South Africa which may also be used beyond South Africa and to examine ethical issues in online counselling. Furthermore, psychologists were asked to give their opinion regarding the proposed guidelines.

Despite a few participants believing that online therapy is not an option to be considered, the majority of the participants rated the guidelines as useful (36.8%), and good (31.6%). This indicated very positive appraisal and value placed on the guidelines by most of the psychologists who participated in the study. Even though the proposed guidelines were positively endorsed, some concerns about the ethical dilemmas and practical ways to practice in this mode of therapy were highlighted and few suggestions were made to improve the guidelines.

Some dilemmas in online therapy identified by participants included:

- Confidentiality,
- Competence,
- Emergency situations,
- Duty to warn,
- Verification of identity (both client and therapist),
- Privacy,
- Storage of records,
- Technological limitations,
- Nature of therapeutic process,
- Informed consent,
- Boundaries,
- Payment,
- Nature of training (on-going vs. included in curriculum)

A majority of participants identified confidentiality as the biggest concern in this mode of therapy. Another dominant concern was that of adequately and ethically managing emergency

situations. A suggestion was that online therapy rather be an adjunct to traditional therapy rather than a standalone mode of therapy. A study by Wells et al. (2007) showed very similar concerns from therapists actually conducting online therapy.

The points suggested to be added to the guidelines emphasise concerns about competence and the need for guidelines to protect both the therapist and the client. With the current surge of provision and accessibility of mental healthcare online, a set of guidelines will also help psychology in South African to be at par with the rest of the world. Furthermore, developing a set of guidelines may "help improve service delivery in practice areas in which in which there is no recognized consensus about expectations" (Ohio Psychological Association, 2009, p. 1).

7.1 Strengths and Limitations

The study has limitations. One of the biggest limitations was the very low response rate, allowing only limited generalisation from the findings. The low response rate was attributed to several possible reasons outlined below. One possible reason was that of the online medium used for data collection. The response rate of online surveys, has been found in some studies to be low (Granello & Wheaton, 2004; Kraut, et al., 2004; Sax, et al., 2003).With regard to the topic of this research, it is entirely possible that respondents using the online medium are not representative of non-responders who may be less comfortable using an online research medium – and who may be less informed about issues relating to online therapy.

Furthermore, there was no way of ensuring that the survey was received by all the psychologists in the target population. The researcher was only copied on 100 emails even though PsySSA reported that they emailed the 1310 psychologists on their mailing list. This meant that the researcher could only verify sending of only 100 emails. This means that the actual response rate was not certain, and it was difficult to verify email addresses because of anonymity and confidentiality boundaries. The researcher however decided to work with 1310 as reported by PsySSA instead of 100 as the sample size. Using 100 would, however, generate a much better response rate. This discrepancy in the number of people that received the email could also be attributed to the possibility of web survey e-mails being processed by target participants as spam mail (Dillman, 2000; Manfreda, 2008).

The researcher tried to increase the response rate by sending an e-mail as a reminder to participate in the study. The reminder should have however been sent sooner, for example within a space of one week (Dillman, 2000), for it to be effective rather than after two weeks had passed. Moreover, the researcher had initially assumed that the register from the HPCSA would contain the e-mail addresses of all psychologists. However, the researcher should have verified this before designing the study without this confirmation. Despite the very low response rate, the sample characteristics by registration category were very similar to those of the currently registered psychologists in South Africa, hence suggesting some generalisability of the findings.

Another limitation was related to the nature of the study. The study was descriptive in nature, therefore limiting the prescriptive capability of the study. Only basic descriptive statistics were used for the study. However, the overall aim was to get an understanding of psychologists' response to online therapy and the proposed guidelines rather than statistical inferences that can be directly prescriptive.

It would have been useful to include a question on whether the participants had engaged in some form of online therapy before, to distinguish the experiences and views of ethical dilemmas based on the level of experience of the modality. Perceptions of a particular type of online therapy seem to be based on the particular therapist's exposure and preference (Chipise, 2012).

In relation to experience levels, it may also have been useful to ask the participants to state whether the participants were current community service clinical psychologists or current interns across the different categories.

Lastly, there was no way of probing participants' responses, as would be the case if an interview method of data collection had been used. This meant that unclear responses were more likely to be (mis)interpreted from the researcher's perspective.

The strengths of this study possibly lie in an attempt to develop a set of guidelines to support the currently existing psychology ethics code. Benefits of such a guideline potentially include increased ethical knowledge and sensitivity of South African psychologists to the issues arising from novel therapeutic modalities, protection of psychologists and clients using psychological services online. The study also hopefully adds to the limited research on online therapy, particularly from a South African perspective.

7.2 Recommendations

This study may have value as being first of its kind in South Africa by proposing a framework that may increase the ability of South African psychologists to conduct online therapy ethically. It is recommended that this study be used as a pilot for a more detailed review of perceptions and responses from psychologists and possibly the South African population in relation to the proposed guidelines and experiences of online therapy. Furthermore, it is hoped that the study will be of interest to the Professional Board for Psychology of the HPCSA. Lastly, it is also hoped that this study will prompt more research on online therapy and general use of technology in aiding psychotherapy in the South African context as there is very limited research in these areas.

REFERENCES

Barak, A. (1999). Psychological applications on the internet: A discipline on the threshold of a new millennium. *Applied & Preventative Psychology, 8,* 231-241.

Barnett, J.E., & Sheetz, K. (2003). Technological advances and telehealth: Ethics, law, and the practice of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 40,* 86-93.

Buchanan, T. (2002). Online assessment: Desirable or dangerous? *Professional Psychology: Research and Practice, 33,* 148-154.

Buchanan,T. (2003). Internet-based questionnaire assessment: Appropriate use in clinical contexts. *Cognitive Behaviour Therapy, 32*, 100–109.

Childress, C.A. (2000). Ethical issues in providing online psychotherapeutic interventions. *Journal of Medical Internet Research, 2,* e5. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1761841/

Chipise, E. (2012). *Perceptions of therapists conducting online therapy.* (Unpublished Psychology honours thesis). University of KwaZulu-Natal, South Africa.

Cook, J.E., & Doyle, C. (2002). Working alliance in online therapy as compared to face-to-face therapy: Preliminary results. *Cyber Psychology, 5,* 95-102.

Cooper, S. (2012). Ethics and South African psychology. In M. Leach., M. Stevens., G. Lindsay, A. Ferrero & Y. Korkut (Eds.), *The Oxford handbook of international psychological ethics* (pp. 161-175). New York: Oxford University Press.

Cresswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Los Angeles, California: Sage.

de Leeuw, E.D., 2005. To mix or not to mix data collection modes in surveys. *Journal of Official Statistics 21,* 233–255.

Department of Health. (2011). Regulations Defining the Scope of the Profession of Psychology. *Government Gazette.* (No. 34581). Retrieved from http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/psych/sept_promulgated scope_of_practice.pdf

De Vaus, D.A. (2002). *Surveys in social research* (5th ed.). St Leonards: Allen and Unwin.

Dillman, D. A. (2000). *Mail and Internet surveys: The tailored design method.* New York: John Wiley & Sons.

Fisher, C.B., & Fried, A.L. (2003). Internet-mediated psychological services and the American Psychological Association ethics code. *Psychotherapy: Theory, Research, Practice, Training, 40*, 103-111.

Gackenbach, J. (Ed.) (1998). *Psychology and the internet: Intrapersonal, interpersonal, and transpersonal implications*. San Diego: Academic Press.

Granello, D.H., & Wheaton, J.E. (2004). Online data collection: Strategies for Research. *Journal of Counseling & Development, 82,* 387-393.

Gray, N.J., Klein, J.D., Noyce, P.R., Sesselberg, T.S., & Cantrill, J.A. (2005). Health information-seeking behaviour an adolescence: The place of the internet. *Social Science & Medicine, 60,* 1467-1478.

Gray, P. (Ed.) (1999). *Counselling online: Opportunities and risks in counselling clients via the internet.* A BAC special report for purchasers and providers, September 1999. Warwickshire: British Association for Counselling.

Goss, S., & Anthony, K. (Eds.) (2003). *Technology in counselling and psychotherapy: A practitioner's guide.* New York: Palgrave Macmillan.

Hanley, T. (2009). The working alliance in online therapy with young people: Preliminary findings. *British Journal of Guidance & Counselling, 37,* 257-269.

Health Professions Council of South Africa. (2006). *Annexure 12 Professional Board for Psychology rules of conduct pertaining specifically to the profession of Psychology*. Pretoria. Author.

Health Professions Council of South Africa. (2014). *Psychology register by category and year of registration.* Microsoft Excel document provided on request. Not available on public domain.

Health Professions Council of South Africa. (2014). *iRegister*. Retrieved from http://isystems.hpcsa.co.za/iregister/

Heinlen, K.T., Welfel, E.R., Richmond, E.N., & O'Donnell, M.S. (2003). The nature, scope, and ethics of psychologists' e-therapy Web sites: What consumers find when surfing the Web. *Psychotherapy Theory, Research, Practice, Training, 40,* 112-124.

Hilgart, M., Thorndike, F.P., Pardo, J., & Ritterband, L.M. (2012). Ethical issues of web- based interventions in online therapy. In M. Leach., M. Stevens., G. Lindsay., A. Ferrero & Y. Korkut (Eds.), *The Oxford handbook of international psychological ethics* (pp. 161-175). New York: Oxford University Press.

Internet World Stats. (2012). *Usage and population Statistics*. Retrieved from http://www.internetworldstats.com/stats.htm

Kanani, K., & Reger, C. (2003). Clinical, ethical, and legal issues in e-therapy. Families in society. *The Journal of Contemporary Human Services, 84,* 155-162.

King, R., Bambling, M., Lloyd, C., Gomurra, R., Smith, S., Reid, W., & Wegner, K. (2006). Online counselling: The motives and experiences of young people who choose the Internet instead of face to face or telephone counselling. *Counselling and Psychotherapy Research, 6,* 169-174.

Kraut, R., Olson, J., Banaji, M., Bruckman, A., Cohen, J., Couper, M. (2004). Psychological Research online: Report of board of scientific affairs' advisory group on the conduct of research on the internet. *American Psychologist, 59,* 105-117.

Leach, M.M., & Harbin, J.J. (1997). Psychological ethics codes: A comparison of twenty-four countries. *International Journal of Psychology, 32,* 181-192.

Leung, W. (2001). How to design a questionnaire. *Student BMJ, 9,* 187-189. Retrieved from http://mail.cochrane.es/files/Recursos/How_to_design_a_questionnaire.pdf

London, M. (2010). Ethical and legal considerations of online counseling are ongoing. *EA Report*. Retrieved from http://www.onlinetherapyinstitute.com/wpcontent/uploads/2010/02/earmay10OTI.pdf

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

Maheu, M.M. (2003). The online clinical practice management model. *Psychotherapy: Theory, Research, Practice, Training, 40,* 20-32.

Manhal-Baugus, M. (2001). E-therapy: Practical, ethical and legal issues. *CyberPsychology and Behavior, 4,* 551-563.

McCrickard, M.P., & Butler, L.T. (2005). Cybercounseling: A new modality for counsellor training and practice. *International Journal for the Advancement of Counselling, 27,* 101-110.

Mora, L., Nevid, J., & Chaplin, W. (2008). Psychologist treatment recommendations for Internet-based therapeutic interventions. *Computers in Human Behavior, 24,* 3052-3062.

Naus, M.J., Philipp, L.M., & Samsi, M. (2009). From paper to pixels: A comparison of paper and computer formats in psychological assessment. *Computers in Human Behavior 25*, 1–7.

New Zealand Psychologists Board (2011). *Draft guidelines: Psychology services delivered via the internet and other electronic media.* Retrieved from http://www.psychologistsboard.org.nz/cms_show_download.php?id=141

Ohio Psychological Association Communications and Technology Committee (2009). *Telepsychology Guidelines.* Retrieved from http://www.ohpsych.org/psychologists/files/2011/06/OPATelepsychologyGuidelines41710.pdf

Oravec, J.O. (2000). Online counselling and the internet: Perspectives for mental health care supervision and education. *Journal of Mental Health, 9,* 121-135.

Pettifor, J.L., & Sawchuck, T.R. (2006). Psychologists' perceptions of ethically troubling incidents across international borders. *International Journal of Psychology, 41,* 216-225.

Pope, K. S., & Vasquez, M. J. T., (2011). *Ethics in Psychotherapy and Counselling: A Practical Guide.* John Wiley & Sons. Retrieved from http://books.google.co.zw/books?hl=en&lr=&id=xsGzy_JvzyAC&oi=fnd&pg=PR11&dq=ethicsin+online+therapy&ots=IeUeA3fQL&sig=zKBhzovUfvF5C4yAhrjw4uBw&redir_esc=y#v=onepage&q=ethicsin%20online%20therapy&f=false

Protection of Personal Information Act 2013 s.3 (SA). Retrieved from www.justice.gov.za/legislation/acts/2013-004.pdf

Ragusea, A.S., & VandeCreek, L., (2003). Suggestions for the ethical practice of online psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 40,* 94-102.

Risko, E.F., Quilty, L.C., & Oakman, J.M. (2006). Socially desirable responding on the web: Investigating the candor hypothesis. *Journal of Personality Assessment, 87*, 269–276.

Robson, D., & Robson, M. (2000). Ethical issues in internet counselling. *Counselling Psychology Quarterly, 13,* 249-257.

Sax, L., Gilmartin, S.K., & Bryant, A.L. (2003). Assessing response rates and nonresponse bias in web and paper surveys. *Research in Higher Education, 44,* 409-432.

Scherrer, R., Louw, D.A., & Moller, A.T. (2002). Ethical complaints and disciplinary action against South African psychologists. *South African Journal of Psychology, 32*, 54-64.

Silverman, D. (2011). *Interpreting qualitative data: A guide to the principles of qualitative research* (4th ed.). London: Sage.

Slack, C.M., & Wassenaar, D.R. (1999). Ethical dilemmas of South African clinical psychologists: International comparisons. *European Psychologist, 4*, 179-186.

Stricker, G. (1996). Psychotherapy in cyberspace. *Ethics & Behavior, 6,* 174-177.

Wangberg, S.C., Gammon, D., & Spitznogle, K. (2007). In the eyes of the beholder: Exploring psychologists' attitudes towards and use of e-therapy in Norway. *CyberPsychology & Behavior, 10,* 418-423.

Wassenaar, D.R. (1998). A history of ethical codes in South African psychology: An insider's view. *South African Journal of Psychology, 28,* 135-145.

Wassenaar, D.R. (2002). *Ethical issues in South African psychology: Public complaints, psychologists' dilemmas and training in professional ethics*. Unpublished Doctoral Thesis. University of Natal, South Africa.

Wassenaar, D.R. (2006). Ethical issues in social science research. In M.J. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 60-79). Cape Town: University of Cape Town Press.

Wells, M., Mitchell, K.J., Finkelhor, D., and Becker-Blease, K.A. (2007). Online mental health treatment: Concerns and considerations. *CyberPsychology & Behaviour, 10*, 453-459.

Young, K.S. (2005). An empirical examination of client attitudes towards online counselling. *CyberPsychology & Behavior, 8,* 172- 177.

APPENDIX A - Comparing ethics codes specifically relating to online services

	Confidentiality & Privacy	Duty to Warn	Informed Consent	Competence	Crisis Intervention	Geographical Boundaries of Practice	Training	Online Assessments	Intake/ Screening	Advertising
American Psychological Association (APA) 2010	■	☾	■	■	☾	☾	☾	☾	□	☾
Health Professions Council of South Africa. Act Of 1974 Annexure 12	■	☾	■	■	□	□	☾	■	□	□
Canadian Code of Ethics for Psychologists 3rd edition 2000	☾	☾	☾	■	□	□	□	□	□	□
Australian Psychological Society Code of Ethics (APS)	☾	☾	☾	■	□	☾	■	☾	□	□
Code of Ethics for Psychologists working in New Zealand. 2002	☾	☾	☾	■	□	□	■	☾	□	□
British Psychological Society Code of Ethics and Conduct 2009	■	☾	☾	■	□	□	■	□	□	□

Table comparing Ethics Codes. ***Adapted from Hilgart, et al., 2012 p.17***

Key:

Explicit Coverage:	■
Implicit Coverage:	☾
No Coverage:	□

APPENDIX B - Comparing content of current ethics guidelines specific to Online Therapy

	New Zealand	Ohio	Australian
1 Clients are informed about technology limitations and implications for confidentiality.	✓	✓	✓
2 Services are provided on a secure web site or using encrypted e-mail.	✓	✓	
3 Encrypted communications are used whenever possible & clients informed of hazards of unsecured communications.	✓	✓	
4. Authentication of communications are from identified client such as using code words or numbers.	✓		✓
5. Only "general" information is transmitted in non-secure communications.		✓	
6. Web sites should include links to licensing or certifying boards.	✓		
7. Web site links should be continually updated in content, accuracy and appropriateness.			
8. Web site is barrier free to clients with disabilities.			
9. Information about the potential benefits of the service are identified.	✓		✓
10. Information about the potential risks of the service are identified.	✓		✓
11. Professionals are aware of client differences in culture, language and time.	✓		
12. Notice given that information transmitted via the internet may not be secure.	✓	✓	✓
13. Web site identifies whether the website is secure.			
14. Web Site identifies if communications during counselling will be encrypted.			
15. Web site identifies if client will need encryption software and if it will be provided.			
16. Identification of what other professionals and their credentials will have access to client communications.		✓	✓
17. Notice given if counselor is supervised and if and how supervisor preserves session transcripts.			
18. The identity of the client is obtained and verified.	✓	✓	✓
19. The professional verifies the age of the client and is able to give consent for treatment.	✓	✓	✓
20. If a client is unable to give consent, consent is obtained from a legal consenting party.	✓	✓	✓
21. A determination of the appropriateness of telehealth services is made.	✓	✓	✓
22. Alternative methods of contacting the client in emergency situations are identified.		✓	
23. Clients are provide alternative ways to contact the professional at other times, including emergencies.	✓		
24. The professional is aware of what local resources exist for the client in emergencies (e.g. suicidal, homicidal).	✓		✓
25. The professional is aware of how to report suicidal or homicidal clients where the client is located.	✓		✓
26. Client is made aware of confidentiality limitations of Internet communications.	✓	✓	✓
27. Client is informed about the possible misunderstandings when visual cues are absent in communications.	✓		
28. Clients are made aware of free Internet access when available.			
29. Clients are referred to other services is client does not agree to client waiver about internet confidentiality limitations.			

30. Clients are informed about possible technological problems and communication delays.	✓	✓	✓
31. The confidentiality of electronic communications and client information are maintained.	✓	✓	✓
32. Clients are informed about the way communications are recorded and for how long they are kept.	✓	✓	✓
33. Whenever possible records of electronic communications are kept and integrated into the client's chart.	✓	✓	✓
34. Information transmitted to third parties is done securely.		✓	
35. If telehealth services are not appropriate, the client is informed of alternative services.	✓	✓	✓
36. Service plans are consistent with client circumstances and limitations of electronic communications.	✓		✓
37. The professional and client agree on frequency mode of communication, fee and methods of payment.	✓		✓
38. Professional informs client of times available for service and anticipated response times to communications.	✓	✓	✓
39. There is a back-up professional for clients if the professional will be unavailable for an extended period of time.	✓		
40. The professional practices only in areas he or she is competent.		✓	✓
41. The professional should follow the laws and other established guidelines that apply to him or her.	✓	✓	✓
42. Services are not provided to clients located in states in which the professional is not licensed.		✓	
43. The professional may need to meet legal requirements to practice in the same state where the client is located	✓	✓	✓
44. The professional confirms that his or her liability insurance covers their telehealth services.			
45. Legal jurisdiction – state(s) where the professional and client located licensing, regulations are reviewed and complied with.	✓	✓	✓
46. Professional obtains legal and ethical assistance in developing and implementing telehealth services.	✓		✓
47. The name and qualifications (and how to verify them) of the professional are available to the client.	✓		✓
48. If the client is receiving mental health services from multiple providers, the benefits and risks are considered.			
49. Psychologist has necessary discipline, training and supervision to provide online therapy.	✓		✓
50. Clients informed how a complaint can be made	✓		
51. Psychometric tests should be interpreted in relation to the population on which they were normed.	✓		✓
52. Psychologists regularly update and control personal information available on the web.	✓		✓
53. Psychologist able to access information on client from social networks.	✓		✓

Table comparing ethics guidelines. ***Adapted from Ohio Psychological Association Communications and Technology Committee (2009). Telepsychology Guidelines. p. 13-14***

Key

Covered	✓
Not Covered	

APPENDIX C - Draft Ethics guidelines for psychologists with special reference to Online Therapy

Draft Ethics guidelines for psychologists with special reference to Online Therapy

Please note: This draft document is complementary to Annexure 12 of the ethical rules of conduct for practitioners registered under the Health Professions Act, 1974 – Professional board for psychology rules of conduct pertaining specifically to the profession of psychology.

The draft guidelines are intended to aid psychologists currently using or planning to use internet and telecommunication technologies in the provision of psychological services.

Glossary of terms

Psychologist – a person registered under the act as a psychologist as defined in Annexure 12 within the Clinical, Counselling, & Educational Psychologist categories.

Online therapy – any psychological service provided through E-mail, Skype, texting, synchronous or asynchronous messaging, social networks such as Facebook, Twitter etc, chat rooms and online phone systems with or without cameral or voice options.

Cultural Competence – training in working with people from diverse cultures (this includes familiarity with colloquial expressions, idioms, local variations in word use etc).

1. **Competence**
   - 1.1 A psychologist shall develop and maintain cultural competence as a prerequisite to practising online therapy.
   - 1.2 A psychologist shall undertake certified training in the use of computers, viruses, firewalls, and the internet in relation to the provision of psychological services.
   - 1.3 A psychologist shall be aware of the effectiveness and evidence of technology-based interventions they use and of any identified risks associated.
   - 1.4 A psychologist shall be competent in educating the client on the technological processes entailed when contracting for this mode of therapy.
   - 1.5 A psychologist shall (following training) receive a minimum of one year of supervision in online therapy before sole practice in this mode of therapy.
   - 1.6 A psychologist practicing online therapy should obtain a minimum of 3 CPD points in this area each year.
   - 1.7 A psychologist practising online therapy must practice within his/her own scope of practice (i.e. Clinical, Counselling, and Educational).

2. Informed Consent

2.1 When the psychologist provides therapy/assessment, he/she should obtain written consent / encrypted signatures electronically.

2.1.1 In the case where written consent cannot be obtained, for example electronically on the psychologist's webpage, - consent is valid by virtue of checking a box at the end of the web page with information about the process of online therapy. Failure to do so would consequently prohibit access to the next page of setting up an appointment. Consent may also be obtained by completion of a mini multiple choice questionnaire by the client to show understanding of informed consent. See example in Appendix A.

2.2 Informed consent should be educational and informative about the process, benefits, limitations and possible risks of the mode of therapy and the voluntary nature of participation.

2.2.1 In relation to limits, the psychologist shall inform clients:

- That communications, like face-to-face, telephonic, faxed and other written communications, have the potential to be intercepted and what steps the psychologist has taken to prevent this.
- How information and conversations will be recorded, used and stored.
- Email and SMS messages might not be received for technical reasons, and that this could cause inadvertent distress etc.

2.3 The psychologist shall make available their details, that is, name, qualification HPCSA registration number and postal address with a link to where these details may be verified (e.g. contact details of the HPCSA and HPCSA web register.).

2.4 The psychologist shall explain how information and conversations will be recorded, used and stored.

2.5 The psychologist shall clarify operating hours.

3. Privacy and Confidentiality

3.1 A psychologist shall safeguard the confidential information obtained during the course of his/her practice i.e.

3.1.1 The psychologist shall ensure encryption of his/her e-mails and educate his/her client on how to encrypt their e-mails.

3.1.2 The psychologist shall install appropriate antivirus and anti-spyware programs on his/her devices and educate his/her clients about the use of this software and the importance of using such software.

3.1.3 Secure password shall be used and changed regularly.

3.2 For provision of services, for example via Skype, the psychologist is to ensure, at least on his/her part that such interactions are done in a private environment.

3.3 The psychologist shall inform the client of possible limits to confidentiality due to the nature of technology, and educate the client on possible ways to protect their information.

4. Fees and Financial arrangements

4.1 A psychologist shall not require upfront payment for services not yet rendered.

4.2 Billing should fall within an acceptable range as set by the HPCSA for this mode of therapy.

4.3 A psychologist shall establish with clients 'secure' ways of paying accounts, which may mean obtaining credit card details by phone rather than via email, allowing cheques to be sent after sessions or using secure online payment methods.

4.4 The psychologist is to be clear with the client about the structure of charges for each session (e.g. asynchronous email counselling rates may be different from synchronous email counselling rates).

4.5 The psychologist may charge for single missed scheduled synchronous sessions but may not charge for a series of sessions booked in advance and missed by the client.

5. Advertising and Public Statements

5.1 A psychologist shall not provide false testimonials as part of the advertisement of online therapy.

5.2 The psychologist shall make available their details, that is, name, qualification and registration number with a link to where these details may be verified (e.g. contact details of the HPCSA).

Additional Notes

- Practice as an online psychologist should be certified by the HPCSA.
- For intricate issues such as suicide or illegal substance abuse, the psychologist shall perform adequate pre-assessment checks by use of questionnaires before continuing into therapy.
- As part of the duty to warn, a psychologist shall take on an online client from a different geographical area only if he (psychologist) has adequate information and contacts in the same area as the client in case of emergency referrals.
- A psychologist shall obtain a licence to use any formal online assessments and he/she shall use only reliable and valid online assessments. – the psychologist shall be aware of the limitations of 'blind' test interpretation, that is, interpretation of tests in isolation without supporting assessment data and the benefit of observing the test taker.
- A psychologist shall use professional language to maintain appropriate boundaries and convey to clients the anticipated extent of SMS or email use and operating hours.
- Where possible the psychologist is to monitor and take responsibility for the personal information about them available on the internet.

- Psychologists may seek to gain further information about the client from an internet search only if it is in the justifiable best interest of the client and not just to satisfy the curiosity of the psychologist.
- It is essential to keep a secure back-up version of records in an accessible form.
- Any face-to-face meetings with online/electronic clients should be expressly contracted for by both parties, and should not be social in nature or purpose, and should be held in an appropriate professional environment.

References

American Psychological Association. (2002). *American Psychological Association ethical principles of psychologists and code of conduct. Including 2010 amendments.* Retrieved from http://www.apa.org/ethics/code/index.aspx

Australian Psychological Society. (2011). *Guidelines for providing psychological services and products using the internet and telecommunications technologies.* Retrieved from http://aaswsocialmedia.wikispaces.com/file/view/EG-Internet.pdf

Fisher, C.B., & Fried, A.L. (2003). Internet-mediated psychological services and the American psychological association ethics code. *Psychotherapy: Theory, Research, Practice, Training, 40*, 103-111.

Appendix A – Informed Consent

Informed consent

1. Online therapy:

    a) Has no risks at all

    b) Has some limitations

2. There is need for a secure password

    a) Always

    b) Never

    c) Sometimes

3. I can freely withdraw from the process of online therapy

    a) Yes

b) No

4. I am informed and understand the limits and advantages of online therapy

a) Yes

b) No

APPENDIX D – First ethics clearance

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

27 August 2013

Ms Ever-merry Chipo Chipise 209531199
School of Applied Human Sciences
Pietermaritzburg Campus

Protocol reference number: HSS/0471/013M
Project title: The ethics of online therapy: Work towards new ethics guidelines

Dear Ms Chipise

This letter serves to notify you that your application in connection with the above has now been granted **Full Approval – Expedited** full approval.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....
Dr Shenuka Singh (Acting Chair)

/px

cc Supervisor: Professor Douglas Wassenaar
cc Academic Leader Research: Professor D McCracken
cc School Administrator: Mr Sbonelo Duma

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Acting Chair)
Westville Campus, Govan Mbeki Building
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Website: www.ukzn.ac.za
Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

APPENDIX E – Amendment to ethics clearance

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

26 November 2013

Ms Ever-Merry Chipo Chipise (209531199)
School of Applied Human Sciences
Pietermaritzburg Campus

Protocol reference number: HSS/0471/013M
Project title: The ethics of online therapy: Work towards new ethics guidelines

Dear Ms Chipise,

Full Approval Notification - Amendment

This letter serves to notify you that your application for an amendment dated **22** November **2013** has now been granted as follows:

- Change(s) to the study methodology.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....
Dr Shenuka Singh (Chair)

cc Supervisor: Professor Douglas Wassenaar
cc Academic Leader Research: Professor D McCracken
cc School Administrator: Mr Sbonelo Duma

Humanities & Social Sciences Research Ethics Committee
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APPENDIX F – Information sheet

April 2014

Dear Psychologist,

INVITATION TO COMPLETE RESEARCH SURVEY ON ETHICAL ISSUES IN ONLINE SERVICE PROVISION

I am Ever-merry Chipise, a Counselling Psychology masters student from the University of KwaZulu-Natal Pietermaritzburg campus.

I am currently undertaking a research project for my Masters in Counselling Psychology at the University of Kwa-Zulu Natal (South Africa). The title of my research project is: *The ethics of online therapy: Work towards new ethics guidelines.* The purpose of this research is to come up with a draft suggested code of Ethics that is specific to online therapy.

You are invited to take part and view a proposed ethics code for online service provision. You will then be required to give your feedback regarding the contents and structuring of the codes. It will take approximately 30 minutes to complete via the provided online link.

I confirm that:

- The UKZN Humanities Research Ethics Committee has given permission for this research to be conducted.
- Complete anonymity will be maintained and no comments will be attributed to participants by name in any written document or verbal presentation. Nor will any data be used that might identify participants to a third party.
- Participants will be free to withdraw from the research at anytime.
- Should you wish, I will write to you on completion of the research and a copy of my final research report summary will be made available to you upon your email request unlinked from your responses to the survey.

The study is purely for academic purposes and will be published in a thesis and possibly in conference presentations and a peer reviewed journal.

If you have any complaints about any aspect of this research you may contact the ethics committee of the Humanities and Social Sciences research at email: ximbap@ukzn.ac.za or phone + 27 (0)31 260 4609.

I sincerely hope that you will be able to help me with my research. If you have any queries concerning the nature of the research or are unclear about the extent of your involvement in it, please do not hesitate to contact either myself or my supervisor (details listed below).

Yours sincerely,

Ever-merry Chipise: everchipise47@yahoo.com +27 (0)76 445 7813
Supervisor Prof D Wassenaar: Wassenaar@ukzn.ac.za + 27 (0)33 260 5853

To participate in the study please click on the following link:
http://myjotform.com/form/40873436742560

APPENDIX G - Informed Consent and Online Survey

Consent Form

I hereby agree to take part in this research regarding The Ethics of online therapy. I understand that my participation is voluntary and I can withdraw at any point during the research. I understand the purpose of the study and what is expected of my participation. I understand the purpose of the project is not to benefit me personally.

I have received contact details should I need to speak to someone about issues arising in this the research.

I understand that my responses will remain confidential.

By taking part in this online survey, I am indicating that I have read and understood the information sheet, and may consent to participate in this study.

Thank you for your participation.

I consent to participating in this study *

☐ yes

Draft Ethics guidelines for Psychologists with special reference to Online Therapy

Please note: This draft document is complementary to Annexure 12 of the ethical rules of conduct for practitioners registered under the Health Professions Act, 1974 – Professional board for psychology rules of conduct pertaining specifically to the profession of psychology.

The draft guidelines are intended to aid psychologists currently using or planning to use internet and telecommunication technologies in the provision of psychological services.

Glossary of terms

Psychologist – a person registered under the act as a psychologist as defined in Annexure 12 within the Clinical, Counselling, & Educational Psychologist categories.

Online therapy – any psychological service provided through E-mail, Skype, texting, synchronous or asynchronous messaging, social networks such as Facebook, Twitter etc, chat rooms and online phone systems with or without cameral or voice options.

Cultural Competence – training in working with people from diverse cultures (this includes familiarity with colloquial expressions, idioms, local variations in word use etc).

1. **Competence**

1.1 A psychologist shall develop and maintain cultural competence as a prerequisite to practising online therapy.

1.2 A psychologist shall undertake certified training in the use of computers, viruses, firewalls, and the internet in relation to the provision of psychological services.

1.3 A psychologist shall be aware of the effectiveness and evidence of technology-based interventions they use and of any identified risks associated.

1.4 A psychologist shall be competent in educating the client on the technological processes entailed when contracting for this mode of therapy.

1.5 A psychologist shall (following training) receive a minimum of one year of supervision in online therapy before sole practice in this mode of therapy.

1.6 A psychologist practicing online therapy should obtain a minimum of 3 CPD points in this area each year.

1.7 A psychologist practising online therapy must practice within his/her own scope of practice (i.e. Clinical, Counselling, and Educational).

2. **Informed Consent**

2.1 When the psychologist provides therapy/assessment, he/she should obtain written consent / encrypted signatures electronically.

2.1.1 In the case where written consent cannot be obtained, for example electronically on the psychologist's webpage, - consent is valid by virtue of checking a box at the end of the web page with information about the process of online therapy. Failure to do so would consequently prohibit access to the next page of setting up an appointment. Consent may also be obtained by completion of a mini multiple choice questionnaire by the client to show understanding of informed consent. See example in Appendix A.

2.2 Informed consent should be educational and informative about the process, benefits, limitations and possible risks of the mode of therapy and the voluntary nature of participation.

2.2.1 In relation to limits, the psychologist shall inform the clients:

- That communications, like face-to-face, telephonic, faxed and other written communications, have the potential to be intercepted and what steps the psychologist has taken to prevent this.
- How information and conversations will be recorded, used and stored.
- Email and SMS messages may not be received for technical reasons, and that this could cause inadvertent distress etc.

2.3 The psychologist shall make available their details, that is, name, qualification HPCSA registration number and postal address with a link to where these details may be verified (e.g. contact details of the HPCSA and HPCSA web register.).

2.4 The psychologist shall explain how information and conversations will be recorded, used and stored.

2.5 The psychologist shall clarify operating hours.

3. Privacy and Confidentiality

3.1 A psychologist shall safeguard the confidential information obtained during the course of his practice i.e.

3.1.1 The psychologist shall ensure encryption of his e-mails and educate his/her client on how to encrypt their e-mails.

3.1.2 The psychologist shall install appropriate antivirus and anti spyware programs on his or her devices and educate his/her clients about the use of this software and the importance of using such software.

3.1.3 Secure password shall be used and changed regularly.

3.2 For provision of services, for example via Skype, the psychologist is to ensure, at least on his/her part that such interactions are done in a private environment.

3.3 The psychologist shall inform the client of possible limits to confidentiality due to the nature of technology, and educate the client on possible ways to protect their information.

4. Fees and Financial arrangements

4.1 A psychologist shall not require upfront payment for services not yet rendered.

4.2 Billing should fall within an acceptable range as set by the HPCSA for this mode of therapy.

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4.4 The psychologist is to be clear with the client about the structure of charges for each session (e.g. asynchronous email counselling rates may be different from synchronous email counselling rates).

4.5 The psychologist may charge for single missed scheduled synchronous sessions but may not charge for a series of sessions booked in advance and missed by the client.

5. Advertising and Public Statements

5.1 A psychologist shall not provide false testimonials as part of the advertisement of online therapy.

5.2 The psychologist shall make available their details, that is, name, qualification and registration number with a link to where these details may be verified (e.g. contact details of the HPCSA).

Additional Notes

- Practice as an online psychologist should be certified by the HPCSA.
- For intricate issues such as suicide or illegal substance abuse, the psychologist shall perform adequate pre-assessment checks by use of questionnaires before continuing into therapy.
- As part of the duty to warn, a psychologist shall take on an online client from a different geographical area only if he (psychologist) has adequate information and contacts in the same area as the client in case of emergency referrals.
- A psychologist shall obtain a licence to use any formal online assessments and he/she shall use only reliable and valid online assessments. – the psychologist shall be aware of the limitations of 'blind' test interpretation, that is, interpretation of tests in isolation without supporting assessment data and the benefit of observing the test taker.
- A psychologist shall use professional language to maintain appropriate boundaries and convey to clients the anticipated extent of SMS or email use and operating hours.
- Where possible the psychologist is to monitor and take responsibility for the personal information about them available on the internet.
- Psychologists may seek to gain further information about the client from an internet search only if it is in the justifiable best interest of the client and not just to satisfy the curiosity of the psychologist.
- It is essential to keep a secure back-up version of records in an accessible form.
- Any face-to-face meetings with online/electronic clients should be expressly contracted for by both parties, and should not be social in nature or purpose, and should be held in an appropriate professional environment.

References

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Fisher, C.B., & Fried, A.L. (2003). Internet-mediated psychological services and the American psychological association ethics code. *Psychotherapy: Theory, Research, Practice, Training, 40,* 103-111.

Appendix A

Informed consent

1. Online therapy:

    a) Has no risks at all

    b) Has some limitations

2. There is need for a secure password

a) Always

b) Never

c) Sometimes

3. I can freely withdraw from the process of online therapy

a) Yes

b) No

4. I am informed and understand the limits and advantages of online therapy

a) Yes

b) No

Survey Schedule

1. Category of training

☐ Counselling ☐ Clinical ☐ Educational

2. Sex

☐ Male
☐ Female

3. Date of first registration with HPCSA

10 Nov 2002

4. University of Masters Training

University of Kwazulu-Natal

5. How would you rate the proposed guideline for online counselling/therapy?

☐ Useful
☐ Good
☐ Adequate
☐ Poor
☐ Not Useful

6. What are the key ethical issues in online therapy?

7. Do you think any points need to be added, developed more in the draft guideline?

☐ Yes ☐ No

8. If yes to Q7, describe and give reasons

9. What do you think is the most common dilemma in online therapy? (Rank from 1 = most important to 6 = least important)

	1	2	3	4	5	6
Confidentiality	☐	☐	☐	☐	☐	☐
Boundaries	☐	☐	☐	☐	☐	☐
Competence	☐	☐	☐	☐	☐	☐
Payment	☐	☐	☐	☐	☐	☐
Duty to warn	☐	☐	☐	☐	☐	☐
Emergency Situations	☐	☐	☐	☐	☐	☐

10. Additional comments/suggestions/concerns:

....Thank you for your participation....

Submit