Therapy on the Internet

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This is the last installment of a three-part series that addresses social work practice and cyberspace psychotherapy. Part I of the series outlined Internet values, cultures and issues. In part II, Internet confidentiality was addressed, and general security measures were explained. The general concept of confidentiality must be broadened in using the Internet as a platform for psychotherapy. The third and last installment discusses current cyberspace psychotherapy and the implications for private and institutional social work practitioners. In part III, we include cyberspace addresses, and we encourage readers to access these sites. For readers who do not have Internet access, these sites can be located at many public libraries. Librarians are happy to help!

Current Trends and Implications: Part III

Concerns about the legal and ethical issues of conducting cyberspace psychotherapy have caused changes in how professionals handle “advertising” (or spamming). A year ago, cyberspace therapists did not consider all the technical problems surrounding confidentiality. Therapists were more uninformed rather than intentionally placing clients at risk. Today there are a variety of professional services offered in cyberspace. Although these services appear more secure than such services did a year ago, each have taken brave ventures into uncharted territory.

Advertising Services (or Spamming)

The majority of psychotherapists advertising in cyberspace are doing so in two distinct ways: 1) informational; and 2) solicitous. Informational advertising encompasses all advertising since it is informing the web user of its existence. But not all informational advertising is directly solicitous. The distinction is the offering of therapeutic services in any form. Solicitous advertising crosses the boundary from informing the public to offering professional services thus making the situation more ethically complex. Most cyberspace activists see solicitous advertising or spamming as violating the unwritten social norms of the Internet [discussed in Part I of this series] and the advertiser might —continues on page 6

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expect a social sanction. Whatever the intended purpose of advertising, the Internet provides a graphical way of getting a "name" across to the reader. Competition exists among professionals in offering the most attractive and technologically smart message. The attractiveness of the advertising can hold a reader's attention longer and relay the message more effectively.

Informational advertising can be considered the sharing of material generally considered to be informative or factual. Educational institutions, mental health agencies, local, state and federal agencies are types of informational advertising that abound on the Internet. Many of these sites offer links to related sites. Sites containing links to journal articles are informational and popular (i.e., http://www.apa.org/journals/mct.html; http://www.cycor.calsych/psynopsis/scholar/html). Online discussions and interviews are another another way of informing the users of current developments within the mental health arena (i.e., http://www.behavior/net/forumfront/html). Chat rooms offer direct real-time communication with others on important issues, and are accessible at different times of the day (i.e., http://www.sover.net/schwolf/chat.html).

Another form of informational advertising is the professional vitae (i.e., http://www.psychotherapy.org/legles-haley/). This type of advertising is indirectly solicitous (see: http://www.members.aol.com/McClendon/index.html). Most services offering therapy are informational but, also solicitous. Considering the vast range of therapeutic services utilized over the Internet, should we be concerned with the ethical issues of advertising? Yes, we must treat the Internet as we would any other public domain, but our prime focus will be with the services directly offering therapy over the Internet.

What is therapy? The technological constraints of cyberspace have made this question an important issue. Many sites offer advice for a fee. Others offer free services, such as printing the responses to questions, much like Ann Landers columns. Professionals and agencies have elaborate home pages that are graphically solicitous (perhaps advantageously). These sites include photographs, credentials, specialty areas and links to other important information. In short, these professionals can offer services that provide individuals with personal insight and recommendations for solving problems without the face-to-face interview. Is this advice giving, or is it therapy? The key issue is that current state-of-the-art cyberspace therapy does not take the place of face-to-face interpersonal communication. Is it ethical to label such activity as "therapy"? As stated in part two of this series, ethical standards should apply to all undertakings by professionals anywhere — including services offered on the Internet. The actual integrity of the profession is at stake, and must be dealt with appropriately. The lack of clear standards is not an excusable substitution for ethical behavior.

Anyone interested in visiting cyberspace therapy sites will find different approaches being employed. Many professionals believe that advice giving to anonymous patients serves as an introduction to counseling and may peak their interest in seeking therapy (i.e., http://www.psycho-logy.com/asksiggy.htm). It sounds like the old "bait and switch" strategy to which consumers often fall prey. Does this confuse the potential client? Does it have any potential to cause harm? (see, http://www.cityscape.co.uk/users/ad88/debate.htm). We do not have the answer!

Example: Internet Therapy and Problems
A contemporary example of cyberspace psychotherapy is Therapy Online (see: http://www.deepcove.com/therapy/). Therapy Online offers several therapeutic services for a fee.

Their advertising reflects a personal touch and is warmly professional. One type of service offers an answer to a problem for a $25.00 fee. There are examples of questions and therapeutic responses for the reader to view.

How does Therapy Online handle the client threatening suicide? Therapy Online suggests that the client log off the computer and call for help. What happens when this occurs by e-mail or through a chat room? Will the therapist have sufficient information to contact the necessary authorities? The lack of physical verification makes it difficult in numerous other situations. As stated in part II of this series, legal precedent offers only one guideline: "Are the efforts reasonable?" Unfortunately, the reasonable course of action is usually defined only after malpractice litigation. In this case, a "reasonable" course of action may emerge from a program called a "cookie." Cookies are computer programs that extract personal information from a user's computer without his/her knowledge. Everyone has this information on their computer, but most users are not aware of it. A therapist can extract this information without the client's knowledge and can take appropriate action in crisis situations. Are cookies ethical? The most recent NASW Code of Ethics does not address this issue.

One important theme in this series is the difference between cyberspace therapy and in-person therapy. Anyone interested in advertising or offering services from the Internet must understand the technological shortcomings to maintaining confidentiality as well as following other ethical guidelines. We hope it will not be long before NASW produces initial guidelines involving this technology. The American Psychological Association is beginning to address these issues.

What does the future hold?
Five technologies exist that enable Internet psychotherapy possible and an inevitable reality. These are: E-mail, Chat/Talk, Camera Transmission, DataGlove [or BodyGlove], and House Simulation. Each is briefly discussed.

E-mail
E-mail is the undisputed leading use of the Internet. As stated earlier, such transmissions are presently being employed to offer advice and guidance to clients. The technological and confidentiality problems associated with e-mail transmission are multifaceted, and have been discussed in part II of this series.

Chat/Talk Mode
Most Internet vendors provide a Chat or Talk function. Two or more people interact as if they were conversing on the telephone, but through this function, the parties communicate by reading and responding to typed words on the screen. Many people actually enjoy this mode of conversing! After a short period of adjustment, the individual loses his/her inhibitions and discusses personal issues much more openly than they would in face-to-face therapy. Compared to face-to-face interaction, establishing rapport is considerably quicker on Chat/Talk. The psychologists from Stanford University are presently studying this.
Camera Transmission

Although Macintosh is not considered the leading computer producer, they have led the world in camera transmission technology. The user activates the computer, speaks into a microphone, and looks into a camera. The receiver responds in real time. Several months ago this technology was very expensive. It is presently employed where its cost effectiveness can be clearly demonstrated. For example, kidney dialysis physicians who are required to examine patients in remote regions of Texas currently use this technology. Shortly, this technology will become as common as e-mail. In fact, we suspect that as soon as most social workers become familiar with Chat/Talk, camera transmission will be well within our economic reach. This, of course, will make Chat/Talk obsolete — expect for therapy with extremely shy clients.

DataGlove (BodyGlove)

The DataGlove is a device which sends signals to a representation of a hand in a simulation. This allows the user to interact with objects in space. Although presently these are expensive devices, the prices will fall with the advancement of technology. The "BodyGlove" is a futuristic extension of this. Theoretically, this technology will permit the transmission of physical sensations to the entire body. Immediately, one can identify a wide range of ethical issues that must be addressed. Will this technology enhance psychotherapy on the Internet? Like it or not, the BodyGlove is in our future.

House Simulation

House simulation is technology that combines networks with virtual reality. A user can present an image of him/herself and interact with others in cyberspace. This technology combined with a BodyGlove can produce an effect of two people communicating with each other as if they were face-to-face in a real world environment. Again, serious ethical implications exist here, yet we can see applications for cyberspace psychotherapy.

Summary and Conclusions

We are witnessing a rapidly changing technology that is having a profound influence on the definition and service delivery of psychotherapy. Social workers have a choice. We can ignore it and maintain the status quo, or we can embrace the technology in concert with our ethical standards. What choice will you make?