

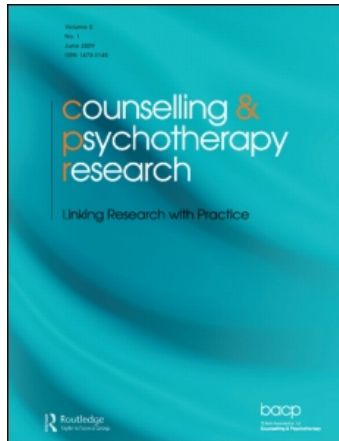
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A descriptive study of e-counsellor attitudes, ethics, and practice

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Abstract

Introduction: The purpose of this study was to examine questions related to the process, perceived outcomes, and ethics of therapists who provide counselling and therapy online. *Method:* An online survey was conducted ($N=93$) with identified e-counsellors with at least a Master's Degree. Questions included demographic information and Likert-type scales related to extent of practice, theoretical orientation, training and supervision, attitudes about appropriate practice, referral, legal and ethical issues, practice difficulties, and therapist satisfaction. *Results:* Overall, e-counsellors are satisfied with their practice and believe it is effective. They generally do not have formal training or supervision in online practice. Current e-counselling appears to be a part-time, supplemental practice with little overlap to FTF practice. There was little agreement among respondents on attitudes, practice, ethical issues, and knowledge of regulations related to e-counselling. *Discussion:* Lack of consensus about ethical obligations and practice suggest the need for formal training in e-counselling by professional programmes and international cooperation in formulating practice ethics. Areas for further research are discussed.

Keywords: e-counselling; etherapy; internet; psychotherapy; online counselling

Introduction

The increasing use of the internet in homes, workplaces, schools, and government in recent decades has introduced opportunities and challenges for delivering psychotherapeutic services. This paper focuses on 'e-counselling', defined as therapeutic services delivered by a helping professional over the internet via text, audio and/or video. A number of studies document the practice of e-counselling through case studies and specific e-counselling programmes (Finn & Schoech, 2008). The purpose of the current research was to add to a broader understanding of e-counselling by examining the perceptions and practice experiences of a wide variety of helping professionals who have an e-counselling practice.

Professionals are increasingly offering their helping services online with much flexibility in terms of time and methods. E-counselling developments have been discussed since their beginning (Barak, 1999; Grohol, 1998; Murphy & Mitchell, 1998; Sampson, Kolodinsky, & Greeno, 1997), where authors highlighted the advantages of the new opportunities, difficulties related to practice delivery, and legal and

ethical concerns (Bloom, 1998; Finn & Banach, 2002; Maheu & Gordon, 2000). Internet-supported interventions have flourished as a result of the increasing acceptability of the internet as a legitimate social tool, continuous improvement of computer hardware and software, development of specific ethical guidelines by various professional organisations, a body of research showing positive outcomes, and establishment of online training opportunities (Barak, Hen, Boniel-Nissim, & Shapira 2008; Finn & Schoech, 2008). Some opposition to e-counselling, however, continues to exist as shown by two recent surveys of professionals (Mora, Nevid, & Chaplin, 2008; Wells, Mitchell, Finkelhor, & Becker-Blease, 2007).

Various psychotherapeutic approaches are used online, including dynamic (e.g., Suler, 2001), narrative (Haberstroh, Trepal, & Parr, 2005), cognitive and cognitive-behavioural (e.g., Andersson & Carlbring, 2003), behaviouristic (e.g., Glenn & Dallery, 2007), and client-centred (Haberstroh et al., 2008), each exploiting online textual, virtual, and distance communication in a modified form that best serve its

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purposes (Barak, 2004). Research has not focused on the extent to which these approaches are used or modified in an online environment.

E-counselling research, both qualitative and quantitative, has focused on process and outcome issues. Most studies demonstrate that a therapeutic relationship and alliance can be successfully established online (Barak & Bloch, 2006; Hanley, 2009; King, Bambling, Reid, & Thomas, 2006; Reynolds, Stiles & Grohol, 2006), and that satisfaction among consumers who received online counselling is similar to those receiving face-to-face (FTF) services (Morgan, Patrick, & Magaletta, 2008). A detailed case study by Finn and Bruce (2008) provided an extensive overview of advantages and challenges of e-counselling in private practice.

Quantitative outcome research on e-counselling has been relatively scarce. The literature offers mainly detailed case studies (e.g., Chechele & Stofle, 2003; Stofle, 2002). Despite the methodological difficulties, published quantitative studies provide support for the effectiveness of e-counselling in various distress areas and populations, such as anxiety (Rassau & Arco, 2003), loneliness (Hopps, Pépin, & Boisvert, 2003), smoking cessation (Woodruff, Conway, Edwards, Elliott, & Crittenden, 2007), sex therapy (van Diest, van Lankveld, Leusink, Slob, & Gijis, 2007), problem gambling (Wood & Griffiths, 2007), adolescents (Bambling, King, Reid, & Wegner, 2008), and patients aftercare (Golkaramnay, Bauer, Haug, Wolf, & Kordy, 2007). These studies, however, are generally associated with formal organizations and do not shed light on the growing private practice occurring online.

Legal and ethical issues

The use of the internet for professional counselling is bound by guidelines aimed at preventing deviation from constructive professional relationships and professional ethical guidelines (Kraus, 2004; Midkiff & Wyatt, 2008). Online counsellors are bound by the same professional ethics as apply to FTF treatment, including maintaining consumer confidentiality, being available in case of emergency, intervening when someone is a danger to themselves or others, reporting abuse of a minor, and following the state regulations related to licensure (Finn & Banach, 2002; Zack, 2008).

There are specific professional issues related to the unique nature of e-counselling that make its use challenging (Shaw & Shaw, 2006). Major concerns

have to do with the ability of participants to conceal their true identity or even to impersonate, the uncertain privacy and confidentiality of online communications, the provision of emergency assistance, ability to fulfil mandatory reporting requirements, total reliance on relatively fragile technology, difficulty in communicating accurate messages and in showing feelings, cross-cultural misunderstandings, difficulties with billing and fee collection, and legal problems related to jurisdiction and licensing laws.

To deal with these issues and to minimise their hazards, major professional organisations have developed specific ethical guidelines for the purpose of optimising e-counselling benefits over its risks (Goss & Anthony, 2009; Midkiff & Wyatt, 2008; Zack, 2008). Consumer use of e-counselling sites is consistently growing, although some of these sites do not follow professional guidelines and provide limited information about their policies and procedures (Abbott, Klein, & Ciechomski, 2008; Recupero & Rainey, 2006). The extent to which e-counsellors are aware of these guidelines or follow them, however, is unknown.

Information about the perceptions and practice of e-counsellors is needed to better inform both counsellors and consumers about this rapidly expanding treatment option. The purpose of this study is to examine questions related to the process, outcome, and ethics of e-counselling by surveying counsellors who have an online practice. The experiences of practitioners who actively practice online is needed to supplement the information gathered from other resources that have thus far been primarily theoretical, based on case studies, or focused on a specific therapeutic programme.

Method

Participants

E-counsellors were identified from a variety of sources including practitioner web sites that advertise e-counselling and e-counselling web-hosting companies that provide the infrastructure for private-practice therapists. One hundred and sixty e-counsellors were emailed an invitation to participate in an anonymous online questionnaire. E-counsellors were also asked to forward the invitation to colleagues that practice e-counselling. Given this sampling method, the response rate cannot be determined.

A total of 93 participants filled out our survey questionnaire. Table I shows descriptive statistics of the sample, indicating 79% were female, 80% resided in the USA, and a wide variety of education and experience.

Survey questionnaire

An online questionnaire was provided through a dedicated site and was available online for three months during the autumn of 2008. The questionnaire contained primarily demographic information and five-point Likert-type attitude and perception questions about issues identified in the e-counselling literature, including extent of practice, theoretical orientation, training and supervision, attitudes about appropriate practice, referral, legal and ethical issues, practice difficulties, and therapist satisfaction. In addition, two open-ended questions invited comments about concerns and benefits of e-counselling practice. All together, the questionnaire consisted of 49 questions and took approximately 15 minutes to complete. Face and content validity were improved through pretesting and review by two e-counselling practitioners and by the CEO of an e-counselling provider organisation.

Ethical considerations

The Institutional Review Board of the University of Washington approved this study. Informed consent was provided as the first item on the online questionnaire in which participants checked a box stating that they read the informed consent and agreed to participate. Surveys were anonymous and confidential.

Results

Practice issues

Descriptive information. Table I shows the respondents' years of counselling experience and areas of expertise. They are an experienced group and represent a broad spectrum of specialties. Table I also shows that there is a wide range of experience and practice with regard to e-counselling. Services offered include: e-counselling through email (87%), chat (88%), and videoconferene (9%). In using chat, 47% of respondents reported they had a single session whereas 13% had consumers with 10 or more sessions. With regard to email, however, 21% reported they had single sessions (one email corre-

spondence) and 20% reported they had more than 10 email sessions.

Appropriate e-counselling practice. Counsellors were asked the extent to which they believed that e-counselling was appropriate for various consumer concerns on a five-point Likert scale from 1 (Not at all) to 5 (Very Appropriate). The results are summarised in Table II. Almost all counsellors (95%) believed that e-counselling is appropriate for interpersonal or social issues. There was less agreement on issues that are higher risk to a consumer's personal safety or well-being such as issues of suicidal thoughts, domestic violence, substance abuse, child abuse, or rape and sexual assault.

Perceptions of effectiveness. Counsellors were asked how they rated the effectiveness of e-counselling compared with FTF practice. The majority, 55%, rated e-counselling and FTF equally effective; 36% believed that e-counselling is less effective than FTF; and 9% rated e-counselling as more effective than FTF.

Relationship between FTF and e-counselling. The vast majority (90%) do not work online with consumers that they have previously seen FTF and 93% did not work with consumers online and FTF at the same time. Similarly, 93% did not see FTF consumers that they have previously seen online.

Training and supervision. The vast majority of counsellors (94%) reported that their professional programme did not include training in e-counselling. The following other procedures were reported as means for learning about e-counselling: Personal reading on the subject (92%), informal consultation with colleagues (80%), attending an e-counselling workshop (20%), and attending an e-counselling training programme (16%). Counsellors were asked their extent of agreement with the statement 'Professionals should have formal e-counselling training'. Counsellors were mixed in their attitude, with 26% who disagree (1 or 2), 30% Neither Agree nor Disagree (3) and 44% Agree (4 or 5). Those who reported that they attended formal training were more likely to agree that professionals should have formal training (χ^2 (df = 5) = 46.72, $p < .01$).

Counsellors were asked to check the kind of supervision they received in doing e-counselling. The majority (56.5%) reported No Supervision. In addition, 41.3% received Informal Supervision from

Table I. Subject characteristics.

Variable (<i>N</i> = 93)	Descriptive statistics
Sex	
Male	19 (21%)
Female	74 (79%)
Age	Range: 29–73 years 25% <40; 13% >60 Median = 48
Education	
Masters in Counselling	27%
Masters in Psychology	14%
PhD Psychology Masters in Doctor of Education	10%
Social Work	8%
Masters of Education	5%
Masters of Marriage and Family Therapy	4%
Other PhD	3%
Other degrees	15%
included Christian Counsellor, Coaching Institute, Humanities, Graduate Diploma, Medical Degree, and others	
Residence	
United States	74 (80%)
Other Country	18 (20%)
	Includes: United Kingdom (5), Australia (3), India (2), Trinidad and Tobago (2), and (1) respondent from each of the following: Canada, New Zealand, Israel, St. Lucia, South Africa, and the Republic of the Philippines
Theoretical orientation	
Eclectic	35%
Cognitive-behaviour	35%
Client centred	11%
Other approaches	19%
Counselling experience	Range: 2–35 years Mean 14.2 (<i>SD</i> = 9) Median = 12 <5 years = 9%; >20 = 32% 76% also see clients face to face
E-counselling	Range: <1–10 years experience Median = 3 years Mean = 5 years (<i>SD</i> = 5.2) Number of consumers seen: 1–3000; median = 23 ≤ 10 consumers = 36%; ≥ 100 = 21% Offer: chat = 87%; email = 88%; telephone = 47%; video = 8% Hours per week: ≤ 4 hours = 50%; ≥ 30 hours = 9%
Areas of Expertise (<i>N</i> = 92) (not mutually exclusive)	
Interpersonal issues	58 (63%)
Personal development	48 (52%)
Mental health and illness	43 (47%)
Parenting issues	18 (20%)
Alcohol and substance abuse	17 (19%)
Sexuality	15 (16%)
Grief and loss	14 (15%)
Children's issues	11 (12%)
Teen issues	8 (9%)
Health	6 (7%)
Gender identity	4 (4%)

Table I (Continued)

Variable (N=93)	Descriptive statistics
Aging	1 (1%)
Disability	1 (1%)
Other Area	15 (16%)

colleagues, 11% reported 'Formal paid private supervision', only one respondent received supervision from a social service agency supervisor, and 6.5% reported receiving online supervision from another online therapist.

Legal and ethical issues

Less than half (43%) of e-counsellors agreed with the statement, 'My professional organization has clear guidelines about doing e-counselling'. The following ethical concerns related to online practice were examined:

Confidentiality. The majority of counsellors (62%) were confident that their online sessions were confidential (4 or 5), 24% were somewhat confident and 14% were not confident about confidentiality (1 or 2).

Consumer identity. E-counsellors were asked how important it is to confirm a consumer's identity in their online practice. The majority (57%) reported that it was not important (1 or 2) for them to confirm the identity of a consumer, 15% believed it is somewhat important, and 28% believed it is very important (4 or 5) to confirm a consumer's identity.

Mandatory reporting. Mandatory reporting is a set of ethical and legal guidelines that requires helping professionals (and sometimes others) to report to a law enforcement authority or social welfare agency situations that include: child/elder abuse, danger to self or others, danger to community or national security, and suspicion of incompetence (Zack, 2008). In the USA, all states have some form

of mandatory reporting laws. The vast majority (72%) of e-counsellors consider themselves to be a mandatory reporter; 18% are not sure and 5% do not consider themselves to be mandatory reporters. The vast majority of e-counsellors (86%) report that they have encountered a situation in their online practice in which they believe child abuse or neglect had occurred. Only 12 (13%) believed that the situation was reportable. Of these, 5 (42%) reported the situation to state authorities.

Protecting consumers. E-counsellors were asked if they had encountered a situation online in which they believed a person was a danger to themselves or others. Almost one-fourth (26%) answered 'Yes' and 10% were 'Not sure'. Of the 11 e-counsellors who encountered this situation, 5 (46%) reported it to an authority, 1 (9%) did not report it, and 5 answered 'Not applicable'.

Jurisdiction. E-counsellors in the US (N=76) rated whether they Agree or Disagree with statements related to jurisdiction in online practice. More than half (57%) agreed that they have *not* considered jurisdictional issues when doing e-counselling. Only 5% agreed that they treated people only from their own state. In addition, 59% agreed with the statement that, 'My license allows me to treat all adults through the internet'. Twenty-eight percent agreed with 'I know which states require a license for practice within that state', and only 20% agreed to the statement, 'I will not see people in a state that restricts consumers from seeing therapists not licensed in that state. More than half (61%) agrees with the statement 'People come to my virtual office so I am working in my own state'.

Table II. Appropriate practice areas for e-counselling.

Practice area	M	SD	% Appropriate (4 or 5)	% Not appropriate (1 or 2)
Substance abuse	3.3	1.2	39	26
Child abuse	2.8	1.5	38	45
Domestic violence	3.2	1.4	47	30
Interpersonal or social issues	4.6	0.6	95	0
Rape and sexual assault	3.3	1.4	46	29
Suicidal thoughts	2.5	1.5	27	56

Difficulties in providing e-counselling

E-counsellors were asked how frequently they encountered a variety of difficulties. Table III shows the percent of e-counsellors who Never or Rarely (1 or 2) experienced a difficulty and the percent who experienced it at least sometimes (3 or higher). The most frequent difficulty was being asked for a service unrelated to therapy with 63% reporting that it happened at least sometimes. These requests were typically for sexual services or psychic readings. Other difficulties included: 47% experienced a chat session ending abruptly; 36% did not receive payment for services at least sometimes; 22% at least sometimes believed a consumer was underage.

E-counsellor satisfaction

E-counsellors were asked how much they agree with statements related to e-counselling processes and their satisfaction with their primary online provider organisation. The majority of e-counsellors ($N=92$; 67%), believed that there was strong market demand for e-counselling services and 9% disagreed. Only 25%, however, agreed that they were satisfied with the number of people they served in their own online practice and 50% disagree; 25% neither agree nor disagree.

Some web sites permit consumers to use a rating system to rate their e-counsellors, and ratings are posted on the Web site by the e-counsellor's name. Most e-counsellors (65%) agree (4 or 5) that they are comfortable with having their services rated by consumers and only 27% disagree.

Overall, of 93 e-counsellors, 74% agreed that they were satisfied with their experience on their e-counselling Web site and 8% disagree; 19% neither agreed nor disagreed. With regard to fee arrangements with their primary Web site, e-counsellors were asked whether 'Fees accurately reflect the value I receive

from my host Web site'. Only 37% agreed and 37% disagreed with this statement; 26% neither agreed nor disagreed. Another indicator of satisfaction with their service provider is whether e-counsellors would recommend it to other colleagues. The majority, 75%, agreed that they would recommend their Web site to a colleague and only 7% disagreed. Finally, 72% of e-counsellors agreed that they would continue to work with their Web site provider for at least six months and only 4% disagreed.

Demographic differences. There were very few differences in attitudes about e-counselling, perceptions of ethical issues, or practice difficulties by demographic differences. Our analyses found no differences or relationships by theoretical approach, academic degree, having formal e-counselling training, number of consumers serviced in e-counselling, or number of years doing e-counselling. There were no differences by gender with the exception of the perception of e-counselling effectiveness. Sixty-one percent of men reported that e-counselling was less effective than FTF therapy, compared with only 29% of women (χ^2 ($df=3$) = 6.2, $p < .05$).

Those from other countries other than the USA were more likely to report having received formal e-counselling training, with 43% of those in another country and only 10% of the US e-counsellors reporting that they received formal training (χ^2 ($df=1$) = 9.42, $p < .01$). Non-US e-counsellors were also more likely to agree that professionals should have formal training in e-counselling ($M=3.8$, $SD=1.2$ versus $M=3.1$, $SD=1.2$, respectively; $t=-2.4$; $df=91$, $p < .05$). In addition, US e-counsellors were more likely to report receiving no supervision when doing e-counselling, with 49% in the USA receiving no supervision compared with 22% of those from another country (χ^2 ($df=1$) = 4.11, $p < .05$).

Table III. Difficulties encountered by e-counsellors ($N=92$).

	% Never (1)	% Sometimes to very often (3-5)	<i>M</i>	<i>SD</i>
I believed my consumer was underage	60	22	1.6	.85
I was not paid for services	47	37	2.0	1.00
I was asked for a service unrelated to therapy	27	63	2.7	1.30
A chat session was abruptly ended	36	47	2.2	1.00
I believe my consumer was impersonating someone else	56	16	1.6	.78
I believe my consumer was a professional or a reporter	75	15	1.4	.78
Consumer was highly aggressive or violent	73	12	1.4	.76
A consumer filed a complaint against me	92.5	12	1.1	.23

Discussion

This descriptive study suggests that there is a wide range of experience, training and practice methods among e-counsellors. These differences, however, were generally not associated with differences in attitudes about e-counselling, experience of difficulties in practice or perceptions of ethical considerations. The lack of significant differences by demographic variables may indicate the extent to which lack of formal training and limited professional guidelines result in individualistic perceptions and practice of online counselling.

In this sample, very few e-counsellors had e-counselling training in their professional programme. Advocates of e-counselling have recommended specific, dedicated training in e-counselling in order to adjust for the many differences between e-counselling and the traditional FTF counselling (Trepal, Shane, Deffy, & Evans, 2007). The lack of consensus about ethical obligations and practice by e-counsellors indicates that the need for formal training is a major concern that ought to be dealt with by academic and professional organisations as well as formal authorities. One solution is that the education and training programmes of these professions should include e-counselling content in the curriculum. In addition, professions such as counselling, social work, psychology and medicine may need to find ways to coordinate ethical, practice, and training expectations.

Formal training in e-counselling appears to be the exception among US e-counsellors with only a small minority receiving such training in their education programme or attending an e-counselling workshop or training programme. E-counsellors in the USA appear to lag behind those in other countries with regards to e-counselling training and are less likely to have formal supervision for their e-counselling practice. In the United Kingdom, the British Association for Counselling and Psychotherapy (Anthony & Goss, 2009) and the Association for Counselling and Therapy Online (ACTO, 2009) guidelines call for post-graduate training for e-counsellors, which may explain why they are more likely to have and support such training. Long range planning in the USA should include development of training programmes as well as criteria for and development of online licensure to help assure competent e-counselling practice and ameliorate current jurisdictional issues facing e-counselling. International cooperation is needed to develop agreement on the curriculum and best methods for e-counselling training.

E-counsellors are generally satisfied with their on-line practice. The majority believes that e-counselling is as effective as FTF practice. There is little agreement about which issues are appropriate for e-counselling practice. The vast majority believes that e-counselling is effective for interpersonal or social issues. There is much disagreement, however, over issues related to mental health, abuse and violence. Further research is needed to guide e-counsellors in identifying which issues are successfully resolved in online practice and by which methods of practice.

From this sample, it appears that e-counselling is primarily a part-time practice that supplements other employment. While the majority of e-counsellors believe that there is strong demand for their services, only one in four is satisfied with the number of people that they serve online. The relationship between service demand and the growing number of e-counselling providers is unknown and warrants further research. In addition, there is very little overlap between FTF practice and e-counselling practice. E-counselling offers promise as a supplement prior to treatment and as a source of support in follow-up to treatment, or may provide another avenue for concurrent treatment (Barak, Klein, & Proudfoot, 2009). It may be that there is little overlap between e-counselling and FTF consumers because therapists work for an organisation that does not support e-counselling practice, or simply that counsellors are not aware of and familiar with such professional combinations. It is also possible that consumers of e-counselling are different from FTF consumers. For example, this study finds that almost half of e-counsellors see consumers for only one session. It may be that e-consumers are seeking a form of 'just in time' therapy, are dealing with more short-term issues, or simply seek advice rather than longer-term counselling. The similarity (and difference) between e-counselling and FTF consumers warrant further investigation.

There is little consensus among e-counsellors regarding ethical considerations. Given confidentiality as a basic ethical requirement in all helping professions, it is not clear why or how one-third of e-counsellors are practicing when confidentiality is in doubt. This issue warrants more in-depth, qualitative research to understand e-counsellors' misgivings in this area.

Another area related to ethics is identification of a consumer's identity. Without identification, it is difficult to know if a therapist is providing services to a minor and makes it impossible to intervene in cases

of emergency or suspected abuse. Of concern is that more than half of e-counsellors stated that verifying a consumer's identity was not important. It is possible that some e-counsellors believe that verifying identity is the task of the host organisation/provider. In fact, some provider organisations such as LivePerson® will only provide personal information to e-counsellors in case of emergency (Finn & Bruce, 2008). Nevertheless, lack of verification and limited personal information may lead to inappropriate services or inability to help in a difficult situation. The development of professional standards, expectations and training in this area would be useful in safeguarding online consumers.

There is no consensus among e-counsellors related to jurisdiction and there appears to be considerable misunderstanding about the issue. While many issues are still unresolved, it is clear that in the USA, where counsellors are required to be licensed in the state in which they reside, some states may restrict e-counselling of state residents to counsellors licensed by the state. The courts have also ruled that in deciding jurisdiction, a therapist is viewed as virtually travelling to the state of the consumer rather than the consumer virtually travelling to the therapist's state (Zack, 2008). In this sample, 95% of US e-counsellors see people from states other than their own. Of concern is that more than half of e-counsellors agree that they have not considered jurisdictional issues. In addition, the majority believes that their license allows them to treat all adults through the internet and that people 'travel' to their virtual office. These are mistaken assumptions. This may reflect the lack of formal training and education for e-counsellors by professional organisations, and educators should consider including legal and ethical issues about e-counselling in their curriculum. Issues of jurisdiction are further complicated when practice crosses international boundaries. Many US e-counsellors in this sample worked with consumers from outside the USA, although most saw only a few consumers from other countries. Little is known about the reasons that consumers choose to work with e-counsellors outside of their own country or how cultural, legal and ethical differences impact e-counselling practice. Further research is needed to investigate cross-national e-counselling practice.

An important ethical issue is that of mandatory reporting, that is, professionals are required to report suspected child abuse or harm to a dependent person. Almost one in five e-counsellors are not sure and 5% do not consider themselves to be mandatory

reporters. Again, this may reflect a lack of training and supervision or may result from a perception that the ethical requirements of FTF practice do not necessarily apply to e-counselling. Further research on how the requirements of mandatory reporting are carried out by e-counsellors is needed.

E-counsellors report some difficulties in their practice. The most common difficulty was having a consumer ask for services unrelated to e-counselling such as sex-related or psychic services. This may be unavoidable given the anonymous nature of online services and the disinhibiting effect of computer-mediated communications. E-counselling training programmes should include training in dealing with these issues. In addition, requests for inappropriate services may be more common when the provider organisation hosts services other than e-counselling. For example, LivePerson® hosts psychics and other experts on the same site as its e-counsellors, although in a different section of the website. Consumer perceptions of the professionalism of e-counsellors warrant further investigation.

It is an ethical responsibility of e-counsellors to be able to reach a consumer in case of system or equipment failure. Of concern is that a majority of e-counsellors reported that a chat session ended abruptly. It is not clear if abrupt termination is due to technical difficulties or to the consumer abruptly ending the session. This study did not ask e-counsellors how they handled a disrupted session and more qualitative research related to technical difficulties and other aspects of the online environment is needed.

Finally, the large majority of e-counsellors are satisfied overall with their provider organisation. There is less satisfaction, however, with communication between provider staff and the e-counsellors with fee arrangements. Research is needed about the organisational arrangements and fee structure in which e-counsellors practice and the impact they have on e-counselling practice.

Limitations of the study

This descriptive study of e-counsellors has several limitations. We used convenience and snowball sample methods to recruit e-counsellors. The representativeness of the sample cannot be determined. No generalisation is possible to other e-counsellors. Replication and further investigation in areas noted in the discussion is needed with larger, more representative samples. In addition, although the

research instrument was based on issues and questions found in previous literature, the instrument had not been used in previous studies. Its reliability and validity are not known. Furthermore, some questions should be clarified in future research. As noted, the question about working with consumers outside the USA did not specify whether these were citizens or citizens of a foreign country. Similarly, it was not clear whether chat difficulties were due to technical failure or consumers ending the call.

Conclusion

The future will no doubt see an expansion of e-counselling services, providing unprecedented access to psychotherapeutic services and development of new models of practice. Both practitioners and consumers must be educated about the unique aspects of these services, and professional organisations must take steps to ensure that the ethical requirements of practice are met. This study found a great variety of responses on many questions related to appropriate areas for e-counselling and ethical considerations. At the same time, it found that most e-counsellors had little training in e-counselling. This highlights the need for both institutionalised and mandatory education and training and for stricter laws and regulations related to e-counselling. Future research with larger and more representative samples should focus with greater depth on the practice and ethical issues raised in this study.

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