

# ONLINE COUNSELLING: COMMUNITY REPORT

A summary of the research, findings and  
implications for practice

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# Glossary

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**e-Mental Health:** Mental health services and information delivered or enhanced through the Internet and related technologies. E-mental health encompasses a wide variety of platforms and interventions, including: web-based interventions, online counselling and therapy, internet operated therapeutic software and other online activities (refer to Table 1, pg. 3).

**Information Communication Technology (ICT):** Generally accepted to mean all devices, networking components, applications and systems that enable us to interact in the digital world.

**Synchronous/Asynchronous:** In the context of online counselling, synchronous communication refers to communication that happens in real time, where response is immediate. Asynchronous communication does not happen in real time, as with email.

**Online disinhibition effect:** Feelings of anonymity enabled by online environments has been shown to increase feelings of safety while decreasing feelings of vulnerability, leading clients to disclose more intense personal information, more frequently, and sooner than in face-to-face sessions.

**Digital divide:** The gap between those who do have consistent, safe access to and understanding of computers and internet and those who do not.

**Encryption:** The process of encoding a message or information in such a way that only authorized parties can access it and those who are not authorized cannot.

# Introduction

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This report summarizes the key findings from research conducted as a part of the development of an Online Counselling program at ACT (AIDS Committee of Toronto). ACT recognizes that there are many reasons current and potential service users would be interested in accessing counselling services online. It is hoped that providing an online option for counselling may reduce some barriers to access and reach clients who are more comfortable using technology than coming into ACT's offices. The aim of this research was to assess community interest in an online mental health counselling program at ACT, identify best practices in providing online counselling, and create a solid foundation for the development of a pilot program.

## Defining Online Counselling

Online counselling is one of many terms used to describe online mental health services. Because this is still a relatively new area of practice, there is still no universal agreement in the research literature on a definitive term to describe this service. Other terms used in the research literature and across existing online services include "e-therapy", "cyber-counselling", "web therapy", and so on. All of these services can be broadly understood as "e-mental health". This is the terminology adopted by the Mental Health Commission of Canada (2017) and is defined as, "mental health services and information delivered or enhanced through the Internet and related technologies" (Christensen, Griffiths, & Evans, 2002). One of the most widely cited sources providing clear definitions of the different kinds of e-mental health is Barak, Klein & Proudfoot's (2009) article. They identify four key categories of e-mental health services: web-based interventions, online counselling/therapy, internet-operated therapeutic software, and "other" online activities. Full definitions are outlined in Table 1: e-Mental Health Categories.

With improvements to technology, the number of available platforms to deliver online mental health services have also increased. These platforms are often broadly referred to as information and communication technologies (ICT's). ICT's are characterized by their integration of technology into communication, and include smart phones and tablets, computer hardware/software and other media, such a social networking sites (Fantus, McInroy & Mishna, 2017). In the context of online counselling, ICT's can be either the sole method of intervention or as a planned and structured compliment to traditional in-person services (Fantus et al., 2017).

## Defining Online Counselling (continued)

**Table 1: e-Mental Health Categories (Barak, Klein, & Proudfoot, 2009)**

<b>Category</b>	<b>Definition</b>	<b>Example</b>
Web-based Intervention	A primarily self-guided program that attempts to create positive therapeutic change or enhance consumer knowledge through educational material, multimedia, interactive activities, and supportive guidance or feedback. Incorporation and use of these components may vary. Levels of human support varies from none to high.	<u>The Body:</u> Free website offering HIV-specific educational material, informal assessment tools, multimedia components, and an “Ask the Experts” forum. <a href="http://www.thebody.com/">http://www.thebody.com/</a>
Online Counselling/ Therapy	Closely mimicking traditional in-person sessions; the use of synchronous or asynchronous communication modes by a professional therapist/counsellor to facilitate individual or group interventions. Higher levels of professional involvement are always present.	<u>Online Therapy Unit:</u> Clinical treatment program offering free online cognitive behavioural therapy (CBT) with therapist guidance. <a href="https://www.onlinetherapyuser.ca/">https://www.onlinetherapyuser.ca/</a>
Internet-operated Therapeutic Software	Software using advanced computer capabilities to either robotically simulate a therapist, employ rule-based expert systems, or create gaming and virtual reality environments. Professional human intervention may be present at varying levels.	<u>Mozazz:</u> Digital cloud platform using mobile & wearable technology to actively and passively collect data to support development of personalized, interactive care plans. <a href="https://www.mozzaz.com/">https://www.mozzaz.com/</a>
Other Online Activities	Stand-alone or supplementary activities including personal blogs, online support groups/networks, assessments, accessing information sites, wikis and podcasts. Professional moderation may or may not be present.	<u>Big White Wall:</u> Online peer support tool for people experiencing mild to moderate depression and anxiety. <a href="https://www.bigwhitewall.ca/v2/Home.aspx">https://www.bigwhitewall.ca/v2/Home.aspx</a>

In this report, the terms “e-mental health” and “ICT” are used to broadly describe web-based mental health services and the platforms through which they are delivered. Online counselling is understood as the use of synchronous or asynchronous ICT’s to deliver—in whole or in part—clinical mental health counselling. While web-based interventions, “other” online activities, and internet-operated therapeutic software were included and addressed throughout the research process, the main area of focus for this report is online counselling/therapy.

# Research Activities

This research took place over the course of six months and was comprised of two main activities: a review of the research literature and an environmental scan. The review of the research literature included both grey and peer-reviewed literature. Further information was sought through the Ontario HIV Treatment Network's Rapid Response Service (<http://www.ohtn.on.ca/rapid-response-online-mental-health-counselling-interventions/>). The environmental scan included interviews with ten service providers already providing online mental health services (Table 2), interviews and consultations with service providers at partner agencies and networks (Table 3), and a needs assessment survey with potential online counselling service users. The survey circulated online and on-site at ACT for a period of four and a half weeks yielding eighty-six responses. The ACT counselling team and other ACT staff were actively involved in the identification of existing online services and key community partners as well as in survey distribution.

**Table 2: e-Mental Health service providers chosen for interview**

<i>e-Mental Health Service Provider</i>	<i>Type of Service</i>	<i>Platform</i>
Kid's Help Phone	Single session support	Mobile app, live chat
Stella's Place	Single-session peer support	Mobile app
Scarborough Rouge Hospital	Outpatient CBT	E-mail based modules
Terrence Higgins Trust	Clinical counselling	Skype
LGBT Youthline	Single-session peer support	Live chat, texting
Salaam Canada	Short term peer-support	Email, live chat
Counseline (University of Toronto)	Clinical counselling	Email, live chat
Thunder Bay Counselling	Clinical counselling	Email, video
Portail VIH/sida du Quebec (PVSQ)	Single-session support	Email, texting, live-chat
Lawrence Murphy	Private clinical practice	Email, live chat

**Table 3: Community Partner Agencies chosen for interview**

<i>Community Partner Agency</i>	<i>Type of Service</i>
Asian Community AIDS Services (ACAS)	ASO
Alliance for South Asian AIDS Prevention (ASAAP)	ASO
BlackCAP	ASO
AIDS Committee of York Region (ACYR)	ASO
Teresa Group	ASO
Casey House	Hospital
Gay Men's Sexual Health (GMSH)	Sexual Health
Women's Health in Women's Hands (WHIWH)	Community Health Clinic
Hassle Free Clinic (HFC)	Sexual Health
Sherbourne Health Centre	Medical
The 519	LGBTQ Community Centre
Ernestine's Women's Shelter	Shelter
Rainbow Services- Centre for Addiction and Mental Health (CAMH)	Mental Health & Addiction
GMSH Alliance Meeting (Broad Consult)	Sexual Health
HIV & Mental Health Network Meeting (Broad Consult)	Mental Health

# What we learned: Benefits of Online Counselling

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**Accessibility:** Online counselling can increase the accessibility of quality mental health care for a variety of populations, including people with physical disabilities, people with extreme social anxiety or agoraphobia, people without reliable transportation, people with considerable professional or familial obligations, and people with fears around stigma and disclosure (Abbot, Ciechonski & Klein, 2008; Adair & Lal, 2014; Barak & Grohol, 2011; Birnbaum & Harris, 2015; Bogo, Mishna & Sawyer, 2015; Bruce & Finn, 2008; Fraser, 2009; Rapid Response Service, 2014; Reamer, 2015; Zilberstein, 2015). In this way there is significant potential for online counselling to meet the mental health needs of historically underserved populations (Flemming, et al., 2016), however, providers must take special care in the planning and development stages of online services. In particular, it is recommended that service users be meaningfully involved during the research and development stages of online program development to ensure the program is accessible and relevant to their needs (Curran et al., 2017b).

**Convenience:** Like many online services online counselling is often touted as being more convenient for both clients and practitioners (Abbot et al., 2008; Barak & Grohol, 2011; Basnet, Lahti & Tamminen, 2014; Benton et al., 2016; Haberstroh, 2009; Johnson, 2014). This is especially true in the context of asynchronous online counselling, which does not require adherence to a strict appointment schedule and can be completed at a convenient time and place for the client and the counsellor (Bogo, Fang, Gibson, Mishna, Murphy & Regehr, 2012b).

**Increased Anonymity:** This applies both to anonymity between clients and their counsellor, and as part of larger communities. Increased anonymity between the counsellor and client may be actual anonymity, in the case of single-session services requiring little or no client information, or perceived anonymity. Even in cases where clients provide their full name, address, emergency contact information and credit card payments, the distance afforded by online environments can make clients feel as if the service is more anonymous (Birnbaum & Harris, 2015). For example, clients using text-based services that do not require in-person assessments may feel more anonymous because their counsellor does not know what they look like, even though the counsellor has their full name and contact information. Between clients and the community at large there is greater anonymity because clients do not have to access a physical counselling space, and in turn do not run as much of a risk of unintentionally disclosing to someone in their social network that they access counselling. This in turn can relieve clients of some of the stigma associated with accessing mental health care.

**The Online Disinhibition Effect:** The distance afforded by online environments increases feelings of safety while decreasing feelings of vulnerability, leading some clients to disclose more intense personal information, more frequently, and sooner than in face-to-face sessions (Birnbaum & Harris, 2015; Suler, 2004). This can also be beneficial to clients using online communication to compliment in-person sessions, because they can disclose difficult or shameful information, without having to verbalize these or be witness to their counsellor's initial response (Bogo, Levine, Mishna & VanWert, 2013; Cartwright & Gibson, 2014; Richards & Simpson, 2015). Clients are also able to make these disclosures with the knowledge and expectation that they can be addressed and worked through further in face-to-face sessions (Richards & Simpson, 2015).



## Benefits of Online Counselling (continued)

**Increased Client Empowerment & Engagement:** Increased client empowerment is often seen as a result of an increased sense of client control over the therapeutic process (Baker & Ray, 2011; Basnet, et al., 2014; Curran et al., 2017b). This is especially true in relation to disclosure over text-based platforms: clients have greater control over what they want to share, when, and to what extent (Bogo et al., 2012a). If for example a client has a visible response (i.e. crying) to a particular topic of discussion, they are able to choose to what extent they explore this response without their counsellor's prompting. Online environments can also provide safe, validating environments for marginalized communities (Cartwright & Gibson, 2014). Easy access to online resources to share with clients and increase their knowledge can also serve to empower them (Curran et al., 2017b).

Increases in client engagement are particularly common in instances where online counselling is used to complement in-person services (Bohlmeijer et al., 2014; Richards & Simpson, 2015). This is because the provision and active implementation of online tools was shown to provide clients with a greater sense of investment and caring from their counsellor, so they in turn felt motivated to engage with the tools (Richards & Simpson, 2015). When clients use these tools and have even minimal contact with their counsellor between in-person sessions, they are extending their engagement in the therapeutic process, which can allow them to benefit more from in-person sessions and therapy overall (Bohlmeijer et al., 2014; Richards & Simpson, 2015).

**Text-based Platforms:** Text-based online counselling can offer specific benefits that cannot be derived from video or audio platforms. For clients, these benefits include the catharsis of writing (Baker & Ray, 2011; Bogo, et al., 2015; Cartwright & Gibson, 2014; Haberstroh, 2009), and in asynchronous methods having more time to reflect and articulate themselves (Bogo et al., 2012a; Haner & Pepler, 2017), and being able to review past successes and feedback from their counsellor and use it as a source of support at any time (Collie, Mitchell & Murphy, 2000; Bogo, et al., 2015; Lopez, 2015). Counsellors also reap many benefits through text-based work: in cases where verbatim transcripts are kept, they are able to review and reflect on past sessions and catch clinical themes (Haberstroh, 2009), monitor client progress, follow up on specific topics and structure sessions accordingly (Basnet et al., 2014; Fantus & Mishna, 2013). Finally, transcripts can also be used as a valuable tool in monitoring, training and supervision of online counsellors (Amichai-Hamburger et al., 2014).

### Research of Interest

Richards & Simpson (2015) explored the impact of complimentary ICT use on therapeutic alliance, engagement, and stress reduction. The authors used a mixed-method, multiple-baseline design to examine the utility, effectiveness and user experience of *goACT*, a mobile and web-based interactive software application. Quantitative results showed minimal and even negligible impact on engagement, alliance and distress, however qualitative data obtained from the same participants indicated significant impact:

- Clients spent more time engaged in the therapeutic process on cognitive, behavioral and affective levels because of the immediacy and accessibility of the process itself.
- Clients felt more connected to their therapist because of the sense of accountability created by perceived increase in therapist commitment.
- Ultimately, this increased engagement, and made face-to-face sessions more efficient and meaningful because of improved continuity and increased time and space for the therapist-client connection to grow.

# What we learned: Challenges of Online Counselling

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**Confidentiality & Security:** Concerns here are related both to technology and clients' access to private devices/internet connection. It is difficult to keep patient records, transcripts, session files, and personal data confidential, as any material online has the potential to be compromised (Birnbaum & Harris, 2015; Fantus & Mishna, 2013; Rapid Response Request, 2018). Security concerns also vary by platform. Certain platforms are harder to encrypt than others, such as video (Reamer, 2015). Text-based platforms however create a written record that can easily be saved, manipulated, or distributed without the consent of either party (Murphy & Pomerantz, 2016; Reamer, 2015). Using widely available platforms (i.e. Skype) for online counselling removes any control over the security and confidentiality of information from the counsellor and the client (Fantus & Mishna, 2013).

**Loss of Non-Verbal Cues:** The loss of various non-verbal cues, including body language, gesturing, facial expression, and over-all physical appearance is considered a major challenge in text-based online counselling and a threat to the therapeutic alliance (Amichai-Hamburger et al, 2014; Baker & Ray, 2011; Barak & Grohol, 2011; Birnbaum & Harris, 2015; Mitchell & Murphy, 2009; Reamer, 2015; Willoughby & Yi, 2012). This is considered especially concerning in the initial assessment phase, when the practitioner needs to be able to determine if online counselling is an appropriate level of care for the client (Baker & Ray, 2011; Birnbaum & Harris, 2015). The most frequently cited risk is that of miscommunication or misinterpretation (Abbot, et al., 2008; Baker & Ray, 2011; Basnet et al., 2014; Birnbaum & Harris, 2015; Gillis & Kowpack, 2015; Rapid Response Service, 2018). There is also the risk of missing cultural cues, and in turn providing culturally insensitive care (Birnbaum & Harris, 2015).

**The Digital Divide:** This refers to the gap between those who do have consistent, safe access to computers and internet and those who do not (Curran et al., 2017b). Without careful planning, e-mental health initiatives are at risk of marginalizing older adults, people experiencing homelessness, and those who are rurally or remotely located and restricted by low bandwidth and people with certain physical or cognitive disabilities (Adair & Lal, 2014, Curran et al., 2017b). This divide is also present however in settings where counsellors are unfamiliar with technology that is of great importance to their clients and fail to incorporate online services in some capacity. This scenario has primarily been documented between counsellors and youth (Zilberstein, 2015; Bogo, Mishna, Khoury-Kassabri, Root & Sawyer, 2012; Cartwright & Gibson, 2014).

**Lack of Long Term Research & Professional Guidance:** There is a clear absence of long-term efficacy research (Furukawa et al., 2013; Gratzner, 2017). This was evident throughout the literature, as most studies were focused on the immediate effects of a single intervention. The absence of further research in this area may be due in part to professional resistance to implementing online services (Amichai-Hamburger et al., 2014; Bogo et al., 2012a; Reamer, 2015), or the rapid uptake and changes in technology, which can quickly render research largely irrelevant (Barak & Grohol, 2011; Flemming et al., 2016; MHCC, 2014). Professional guidance in regards to online counselling is also lacking. Although there has been some effort in Canada to provide guidance, it can often be vague and vary in terms of their adoption. Generally speaking, core ethics and standards of practice still apply and may be used for reference.

**Issues with Technology:** By nature, online counselling services risk session interruption due to technology failures. Additionally, there is the potential that clients or practitioners could become distracted during their session by other online activities (Amichai-Hamburger et al., 2014). The burden of maintaining

## Challenges of Online Counselling (continued)

technology, including internet and/or phone bills, updating software, and the need for additional hardware (i.e. microphone or headphones), also needs to be considered here (Basnet et al., 2014).

**Client Suitability:** Online counselling will not be suitable for every client. The existing literature identifies that clients with limited technological literacy, actively suicidal clients, clients actively experiencing abuse, and clients with more severe and/or comorbid mental health diagnoses would likely be ill-suited for online counselling, especially in instances of severe distortions of reality (Abbot, et al., 2008; Basnet et al., 2014; Birnbaum & Harris, 2015; Rapid Response Service, 2018). Clients with more severe diagnoses may require more intense care or may not be as familiar or proficient with the available technology (Rapid Response Service, 2018). Suitability will also depend on the platform being used: text based services for example may be unsuitable for clients who require visual and tone of voice cues to accurately interpret meaning.

**Adherence & Drop-out:** Adherence and high drop-out rates are considerable concerns in online counselling. This may be due in part to general perceptions of online services of a lesser commitment, difficulty developing rapport, and/or a decrease in accountability due to distance and perceived anonymity provided online (Amichai-Hamburger et al., 2014; Basnet et al., 2014). Some research however has found online drop-out rates comparable to in-person drop-out rates, suggesting lack of adherence is not necessarily a result of the medium (Barak & Grohol, 2011).

**Boundaries:** Online counselling presents new boundary issues that require specific planning and procedures. Existing views of online services can lead clients to believe online counselling means unrestricted access to their counsellor (Fantus & Mishna, 2013; Murphy & Pomerantz, 2016). Increasing preference for online communication may also lead clients to initiate contact this way, or share information they felt uncomfortable verbalizing in-person (Bogo et al., 2012a). When online communication includes therapeutic content that is unexpected to the counsellor and/or has not been adequately planned for, the counsellor may experience difficulty re-establishing boundaries for online communication while also meeting client's needs and respecting their chosen medium (Bogo et al., 2012). Client and counsellor social media presence also requires additional consideration in regards to boundaries.

### Research of Interest

In their 2012 study, Bogo et al (2012) used qualitative methods to explore the impact of cyber technology on traditional face-to-face social work practice. The authors found that cyber communication has had major clinical, practical, ethical and legal impacts:

- Social workers described cyber technology as “creeping” into their practice, with clients often initiating online interaction
- In some cases there were expected benefits (i.e. efficiency of scheduling), and other unexpected benefits (ex; able to better engage a client who had sent therapeutic content via email)
- It was also stated however that cyber communication was a “slippery slope”, and without adequate boundaries can quickly shift from administrative in nature to therapeutic or even crisis support
- This left practitioners in an ethical grey zone and unsure of how to maintain confidentiality and re-establish boundaries that had already been crossed
- Practitioners also expressed a clear need for organizational policies and/or professional regulation to guide them through the dilemmas that arise in online work

# What we learned: Key Findings

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The key findings discussed here emerged from the data collected during the literature review and environmental scan. Several key findings emerged from the research:

- (1) There are no universally accepted “best practices” in the provision of online counselling
- (2) Online counselling is not appropriate for providing crisis support,
- (3) A thorough assessment phase is vital to determining if and how online work can benefit the client,
- (4) Counsellors should receive adequate training and support prior to offering online counselling,
- (5) Service users should be meaningfully involved in the development and evaluation of programming, and lastly,
- (6) It is important that any online programming include a flexible service structure

## **Finding #1: There are no universally accepted “best practices” in online counselling**

Findings from the research literature indicate that there are no universally accepted “best practices” specific to modality online (Rapid Response Service, 2018). Some modalities however have been studied more than others, such as CBT, which has been adopted in many e-mental health settings and has even been recommended by national mental health organizations for the treatment of mild depression and anxiety (Bengtsson, Carlbring & Nordin, 2015; Flemming et al., 2016; Furukawa et al., 2013; Johnson, 2014, Rapid Response Service, 2018).

Despite there being no universally accepted “best practices” for providing online counselling, there were recurring themes in the research literature related to the structuring of services that should be considered: centering the therapeutic relationship, collaborative service design, choice of technology, identity verification, legal considerations, informed consent, assessment and evaluation, clear service boundaries, security and confidentiality, emergency planning and professional competency. These “best practice” themes also emerged in the needs assessment and environmental scan, and are therefore reflected in the remainder of the Key Findings.

## **Finding #2: Online counselling is not appropriate for crises**

It is agreed in the research literature that online counselling should not be used to provide crisis support (Baker & Ray, 2011; Birnbaum & Harris, 2015; Mook, 2014). This is especially true in the case of asynchronous communication, where the lag in response time can jeopardize the client’s safety (Birnbaum & Harris, 2015). Accordingly, the Canadian Association of Social Workers (CASW) (CASW, n.d.) has stated that, “virtual counselling differs from face-to-face in that...it is not appropriate for crisis intervention...”. It is recommended then that practitioners conduct rigorous, in-person assessments (Abbot, et al., 2008; Birnbaum & Harris, 2015; Johnson, 2014; Rapid Response Service, 2018).

Client circumstances are of course subject to change, and crisis situations may occur at some point during the therapeutic process. These scenarios should be prepared for with the client prior to the provision of any online service. Suggestions from the research literature include developing a list of local emergency contacts/resources who the client can connect with if the counsellor is unavailable, creating a list of

## Key Findings (continued)

emergency contacts for the counsellor to connect with if they have concerns about their client's safety, and incorporating an alternative method of communication such as telephone counselling, should the client require a higher level of care (Bogo et al., 2012a; Birnbaum & Harris, 2015; Johnson, 2014; Murphy & Pomerantz, 2016; Rapid Response Service, 2018). These protocols should be mutually agreed upon at the outset of counselling.

### *In Practice*

If a client is late or unreachable for a scheduled video-counselling appointment, the counsellor might reach out over the agreed upon "back up" method of communication (i.e., texting or phone call) to check if the client forgot about their appointment, if they are having technical difficulties, or if they are unsafe in some way. Additional contact would follow any previously agreed upon procedures & counsellor's professional duty to report.

## Finding #3: The importance of assessment & additional assessment considerations

Like in traditional counselling settings, assessment is an important tool for determining how to best meet the needs of the client and structure the therapeutic process. Online counselling will not be suitable for every client or for every presenting mental health issue. For example, online counselling will likely not be the appropriate level of care for clients experiencing severe distortions of reality or for clients who are not tech-savvy; even clients who are comfortable with the technology being used and who have milder symptoms may not fully benefit from an online counselling service if they have low-levels of motivation, or may feel less accountable online.

Whenever possible, assessments should occur in-person (Abbot et al., 2008; Birnbaum & Harris, 2015; Johnson, 2014; Rapid Response Service, 2018). This allows the counsellor to conduct their standard assessment, and determine if online counselling would be an appropriate level of care for the client. Assessments for online counselling should be modified to screen for client history and diagnoses, motivation for seeking online counselling, communication skills, technological literacy and presence (Amichai-Hamburger et al., 2014; Haberstroh, 2009; Johnson, 2014).

### *In Practice:*

Assessments for online counselling might include questions about the client's current internet and technology use, to give the counsellor a sense of what kind of technology the client is already comfortable with and able to navigate with relative ease. These questions can also help the counsellor to identify whether the significance of a given online environment to the client. Online environments can be very safe, validating spaces for youth for example, and offering online counselling may be an important tool for building therapeutic alliance. Assessments specifically addressing online activity can also help determine if that activity is harmful to the client in some way, and how that might influence the decision to pursue online work. Assessments are also an important opportunity for the client to ask questions, get to know their counsellor, and think more about what they want to achieve in counselling.

## Key Findings (continued)

### Finding #4: Counsellors should receive adequate training and support

The qualifications, training and experiences of the counsellors providing online counselling were areas of interest for both survey respondents and interviewed service providers. It was recommended by existing online service providers and the research literature that counsellors receive training specifically addressing the clinical, technical and communicative aspects that are unique to online work (Barak & Finn, 2010; Barak & Grohol, 2011; Basnet et al., 2014; Benton et al., 2016; Bogo, Mishna & Sawyer, 2015; Bogo et al., 2012b; Day, Jenkins, Mallen & Vogel, 2011; Fantus & Mishna, 2013; Johnson, 2014; Reamer, 2015). Additionally, counsellors should keep up to date with recent literature and guidelines, and have access to adequate supervision, or be in contact with fellow online counsellors (Abbot, et al., 2008; Bogo et al., 2012b; Fantus & Mishna, 2013; Reamer, 2015; The World Professional Association for Transgender Health, 2011).

#### *In Practice:*

Training for counsellors should address multiple areas:

- How to effectively communicate emotional reactions online (especially for text-based services), so clients still feel their counsellor's warmth, empathy and engagement
- How to navigate the technology—counsellors should be able to provide clients with basic orientation to the technology, and troubleshooting if problems arise
- How to translate their counselling modality online. Structured modalities such as Cognitive Behavioural Therapy (CBT) might be more straight forward, but applying an eclectic approach online will require a more nuanced approach

### Finding #5: Meaningful involvement of service users in program development

The Mental Health Commission of Canada (MHCC) has called on service providers to actively involve people with lived experience, their support systems, and other 'end-users' in the research and development stages of any e-mental health service (Curran et al., 2017b). By doing so, service providers ensure that the service is relevant, works to minimize the digital divide, and can increase user-commitment to the service (Bohlmeijer et al., 2014; Curran et al., 2017a; Curran et al., 2017b; Gillis & Kowpack, 2015; MHCC, 2017).

#### *In Practice:*

Stella's Place demonstrated commitment to the meaningful involvement of service users throughout the development of their mobile application, Bean Bag Chat. Over the course of 1.5 years, a designated youth council met every two weeks with Stella's Place staff to co-design the service. This council was intentionally comprised of a diverse group of youth (current service users at Stella's Place, potential end-users from a partner organization, youth with lived mental health experienced, youth active online and youth with little activity online), to ensure the service could meet a variety of needs.

## Key Findings (continued)

### Findings #6: The importance of flexible service options

Providing flexible service options is vital to improving the accessibility of online counselling. Flexibility refers both to flexible platform options (i.e. text-based and video options) and flexible service structure (i.e. being able to attend both in-person and online sessions, and adjust the number of each as needed). Being flexible in both these respects allows counsellors to better meet clients where they are at in terms of technological literacy and comfort, and adjust to changes in the client's needs or circumstances. Not only was the importance of flexibility highlighted by survey respondents and community partners, but it was also found to already be common practice in existing e-mental health services.

#### ***In Practice:***

Kid's Help Phone offers single-session support through several platforms in addition to their telephone line including live chat, the Always There mobile app, and a crisis text service. The decision to diversify their service platforms was largely influenced by accessibility: many of the young people they serve do not have the privacy required for phone support. There are also many youth who do not have reliable internet access, and are better served by the text service. By giving more options through which to access their services, Kid's Help Phone is able to better serve higher numbers of youth.

### **Ethics & Legal Considerations**

Informed Consent: should include discussions of professional boundaries, risks related to online security and confidentiality and subsequent protection measures, how data is stored, possibilities for miscommunication, risk of technological failure and possible solutions, loss of physical presence, differences from face-to-face services, and limitations of the platform/service (Abbot et al., 2008; Amichai-Hamburger et al., 2014; Collie et al., 2000; CRPO, 2016; Fantus & Mishna, 2013; Johnson, 2014; Murphy & Pomerantz, 2016; Reamer, 2015; Zilberstein, 2015). For asynchronous services, protocols for frequency of contact and response times may also be addressed. Information about maintaining privacy when accessing online counselling should also be readily available for clients.

Legal Issues: especially relevant when the client and counsellor are located in different jurisdictions. Counsellors should directly contact their professional associations/licensing board to clarify the scope and limits of online practice (Bruce & Finn, 2008; Haberstroh, 2009; Zilberstein, 2015). It is recommended that counsellors be aware of the laws of both their own and the client's jurisdictions regarding licensure, liability insurance, record keeping and billing (Barak & Grohol, 2011; Birnbaum & Harris, 2015; Bruce & Finn, 2008; CRPO, 2016; CCPA, 2014, Haberstroh, 2009; Johnson, 2014; Rapid Response Service, 2018; Reamer, 2015).

Identity Verification: may include having the client use code words or phrases, or summarize the most recent session (Haberstroh, 2009; Rapid Response Service, 2018). Counsellors should provide clients with the contact information of relevant regulatory bodies to verify their credentials (Rapid Response Service, 2018).

Security Measures: to protect client data counsellors should use a secure server, use up to date privacy, firewall, spyware and anti-virus software, data encryption, password protection, and comply with all applicable privacy laws (Amichai-Hamburger et al., 2014; Benton et al., 2016; Bogo et al., 2013; Bruce & Finn, 2008; Haberstroh, 2009; Johnson, 2014; MHCC, 2014; Rapid Response Service, 2018; Reamer, 2015; Willoughby & Yi, 2012). Counsellors should also discuss how to safely use private and public devices & internet connections.

# Resources

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## Information about e-Mental Health

**1. From the Mental Health Commission of Canada:**

[https://www.mentalhealthcommission.ca/sites/default/files/MHCC\\_E-Mental\\_Health-Briefing\\_Document\\_ENG\\_0.pdf](https://www.mentalhealthcommission.ca/sites/default/files/MHCC_E-Mental_Health-Briefing_Document_ENG_0.pdf)

[https://www.mentalhealthcommission.ca/sites/default/files/2017-08/MHCC%20Companion%20Product\\_EN\\_1.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2017-08/MHCC%20Companion%20Product_EN_1.pdf)

**2. From the Ontario HIV Treatment Network :**

<http://www.ohtn.on.ca/rapid-response-online-mental-health-counselling-interventions/>

**3. From The Canadian Association of Social Workers:**

<https://www.casw-acts.ca/en/33-virtual-counselling>

**4. From the Ontario College of Social Workers and Social Service Workers:**

[https://www.ocswssw.org/wp-content/uploads/2014/11/PN-Communication\\_Technology\\_Practices\\_Policies\\_for\\_Digital\\_World.pdf](https://www.ocswssw.org/wp-content/uploads/2014/11/PN-Communication_Technology_Practices_Policies_for_Digital_World.pdf)

[https://www.ocswssw.org/wp-content/uploads/2014/11/PN-Communication\\_Technology\\_and\\_Ethical\\_Practice.pdf](https://www.ocswssw.org/wp-content/uploads/2014/11/PN-Communication_Technology_and_Ethical_Practice.pdf)

**5. From the College of Registered Psychotherapists of Ontario :**

<https://www.crho.ca/wp-content/uploads/2017/08/Professional-Practice-Standards-For-Registered-Psychotherapists.pdf>

## HIV-specific online supports

**1. AIDS Sexual Health e-chat (English only):**

<https://www.toronto.ca/community-people/health-wellness-care/aids-sexual-health-infoline/>

**2. The Body:**

<http://www.thebody.com/>

**3. Portail VIH/sida du Quebec (Quebec Only):**

<https://pvsq.org>



# References

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- Abbot, J.M., Ciechonski, L. & Klein, B. (2008). Best practices in online therapy. *Journal of Technology in Human Services, 26*(2/4), 360-375
- Adair, C.E. & Lal, S. (2014). E-mental health: A rapid review of the literature. *Psychiatric Services, 65*(1), 24-32
- Amichai-Hamburger, Y., Brunsten Klomek, A., Friedman, D. Shani-Sherman, T. & Zuckerman, O. (2014). The future of online therapy. *Computers in Human Behaviour, 41*, 288-294
- Baker, K.D. & Ray, M. (2011). Online counseling: The good, the bad, and the possibilities. *Counseling Psychology Quarterly, 24*(4), 341-346
- Barak, A. & Finn, J. (2010). A descriptive study of e-counsellor attitudes, ethics and practice. *Counselling & Psychotherapy Research, 10*(4), 268-277
- Barak, A. & Grohol, J. (2011). Current and future trends in internet-supported mental health interventions. *Journal of Technology in Human Services, 29*, 155-196
- Barak, A., Klein, B. & Proudfoot, J. (2009) Defining internet-supported therapeutic interventions. *Annals of Behavioral Medicine, 38*(1), 4-17
- Basnet, S., Lahti, T. & Tamminen, M. (2014). The feasibility of eHealth in mental health care. *Journal of Addiction Research and therapy, 5*(4), 205-209
- Bengtsson, J., Carlbring, P. & Nordin, S. (2015). Therapists' experiences of conducting cognitive behavioural therapy online vis-à-vis face-to-face. *Cognitive Behaviour Therapy, 44*(6), 470-479
- Benton, S., Heesacker, M., Lee, G. & Snowden (2016). Therapist-assisted online (TAO) intervention for anxiety in college students: TAO outperformed treatment as usual. *Professional psychology, Research & Practice, 47*(5), 363-371
- Birnbaum, R. & Harris, B. (2015). Ethical and legal implications on the use of technology in counselling. *Clinical Social Work Journal, 43*, 133-141
- Bogo, M., Khoury-Kassabri, M., Mishna, F., Root, J. & Sawyer, J.L. (2012a). "It just crept in": The digital age and implications for social work practice. *Clinical Social Work Journal, 40*, 277-286
- Bogo, M., Fang, L., Gibson, M., Griffiths, V., Mishna, F., Murphy, L. & Regehr, G. (2012b). Development and initial evaluation of the cyber-counselling objective structured clinical examination (COSCE). *Research on Social Work Practice, 00*(0), 1-14

- Bogo, M., Levine, D., Mishna, F. & VanWert, M. (2013) Cyber counselling: An innovative field education project. *Social Work Education*, 32(4), 484-492
- Bogo, M., Mishna, F. & Sawyer, J.L. (2015). Cyber counselling: Illuminating benefits and challenges. *Clinical Social Work Journal*, 43, 169-178
- Bohlmeijer, E., Kooistra, L., Riper, H., Van Gemert-Pijnen, L., Van der Vaart, R. & Witting, M. (2014). Blending online therapy into regular face-to-face therapy for depression: Content, ratio and preconditions according to patients and therapists using a Delphi study. *BMC Psychiatry*, 14, 355-365
- Bruce, S. & Finn, J. (2008). The LivePerson Model for delivery of e-therapy services: A case study. *Journal of Technology in Human Services*, 26(2/4), 282-309
- Canadian Association of Social Workers (CASW) (n.d.) Virtual Counselling. (No. 3.3.). Retrieved from: <https://www.casw-acts.ca/en/33-virtual-counselling>
- Canadian Counselling and Psychotherapy Association (CCPA) (2014) E-counselling: Possible pitfalls when offering e-counselling services (Issues Paper). Retrieved from: <https://www.ccpa-accp.ca/wp-content/uploads/2014/10/E-counselling.pdf>
- Cartwright, C. & Gibson, K. (2014). Young people's experiences of mobile phone text counselling: Balancing connection and control. *Children & Youth Services Review*, 43, 96-104
- Christensen, H., Griffiths, K.M., & Evans, K. (2002). E-mental health implications in Australia: Implications of the internet and related technologies for policy. *ISC Discussion paper no. 3*
- College of Registered Psychotherapists of Ontario (CRPO) (2016). Client-therapist relationship: Electronic practice (Standard No. 3.4). Retrieved from: <https://www.crpo.ca/wp-content/uploads/2017/08/Professional-Practice-Standards-For-Registered-Psychotherapists.pdf>
- Collie, K., Mitchell, D. & Murphy, L. (2000). Skills for on-line counseling: Maximum impact at minimum bandwidth. In J. W. Bloom & G. R. Walz (Eds.), *Cybercounseling and cyberlearning: Strategies and resources for the millennium* (pp. 219-236). Alexandria, VA: American Counseling Association and ERIC/CASS
- Curran, J., Hartling, L., Huget, A., McGrath, P., Newton, A., Rao, S. & Wozney, L (2017a). RE-ALMing e-mental health: A rapid review of current research. Ottawa, ON: Mental Health Commission of Canada
- Curran, J., Hartling, L., Huget, A., McGrath, P., Newton, A., Rao, S. & Wozney, L (2017b) Advancing the evolution: Insights into the state of e-mental health services in Canada. Ottawa, ON: Mental Health Commission of Canada

- Day, S., Jenkins, I. M., Mallen, M.J. & Vogel, D. (2011). Online counselling: An initial examination of the processes in a synchronous chat environment. *Counselling & Psychotherapy Research*, 11(3), 220-227
- Fantus, S. & Mishna, F. (2013). The ethical and clinical implications of utilizing cybercommunication in face-to-face therapy. *Smith College Studies in Social Work*, 83, 466-480
- Fantus, S., McInroy, L.B. & Mishna, F. (2017). Informal use of information and communication technology: Adjunct to face-to-face social work practice. *Clinical Social Work Journal*, 45(1), 49-55
- Flemming, T., Lucassen, T., Merry, S., Sheppard, M., Stasiak, K. & Whittaker, R. (2016). Computer-based and online therapy for depression and anxiety in children and adolescents. *Journal of Child & Adolescent Psychopharmacology*, 26(3), 235-245
- Fraser, L. (2009). Etherapy: Ethical and clinical considerations for version seven of the World Professional Association for Transgender Health's Standards of Care. *International Journal of Transgenderism*, 11, 247-263
- Furukawa, T., Hashimoto, S., McCrone, P., Sado, M., So, M. & Yamaguchi, S. (2013). Is computerized CBT really helpful for adult depression? A meta-analytic re-evaluation of CCBT for adult depression in terms of clinical implementation and methodological validity. *BMC Psychiatry*, 13, 113-126
- Gillis, L. & Kowpack, D. (2015). Aboriginal mental health care in Canada: The role of alternate service delivery in transforming the provision of mental health services. *Dalhousie Journal of Interdisciplinary Management*, 11(1), 1-31
- Gratzer, D (2017, February) Integrating online psychotherapies into clinical practice: A look at apps, websites and e-therapies. Presented at the Ontario Shores' 6th Annual Mental Health Conference, Whitby, ON
- Haberstroh, S. (2009). Strategies and resources for conducting online counselling. *Journal of Professional Counselling: Practice, Theory and Research*, 37(2), 1-20
- Haner, D. & Pepler, D. (2017). Adolescents show positive changes in distress and hope after single session, post-based, anonymous counselling at Kid's Help Phone. *Child & Youth Services Review*, 82, 207-213
- Johnson, G. (2014). Toward uniform competency in standards in telepsychology: A proposed framework for Canadian psychologists. *Canadian Psychology*, 55(4), 291-302
- Lopez, A. (2015). An investigation of the use of internet-based resources in support of the therapeutic alliance. *Clinical Social Work Journal*, 43, 189-200

- Mental Health Commission of Canada (MHCC) (2014). E-mental health in Canada: Transforming the mental health system using technology. Ottawa, ON: Mental Health Commission of Canada
- Mental Health Commission of Canada (MHCC) (2017). Addressing the access gap: Leveraging the potential of e-mental health in Canada summary report. Ottawa, ON: Mental Health Commission of Canada
- Mitchell, D.L. & Murphy, L.J. (2009) Overcoming the absence of tone and non-verbal elements of communication in text-based cybercounselling. In J.G. McDaniel (Ed) *Advances in Information Technology and Communication in Health*, Vol 143, 215-219. IOS Press BV, Amsterdam
- Mook, J. (2014). Support from the internet for individuals with mental disorders: Advantages and disadvantages of e-mental health service delivery. *Frontiers in Public Health*, 2, 1-6
- Murphy, J. & Pomerantz, A. (2016). Informed consent: An adaptable question format for telepsychology. *Professional Psychology Research and Practice*, 47(5), 330-339
- Rapid Response Service (2014). Rapid response #80: Online counselling and support groups for people living with or affected by HIV/AIDS. *Ontario HIV Treatment Network*, Toronto: ON
- Rapid Response Service (2018). Rapid response #124: Online mental health counselling interventions. *Ontario HIV Treatment Network*: Toronto, ON
- Reamer, F. (2015). Clinical social work in a digital environment: Ethical and risk management challenges. *Clinical Social Work Journal*, 43, 120-132
- Richards, P & Simpson, S. (2015). Beyond the therapeutic hour: An exploratory pilot study of using technology to enhance alliance and engagement within face-to-face psychotherapy. *British Journal of Guidance & Counselling*, 43(1), 57-93
- Suler, J. (2004). The online disinhibition effect. *CyberPsychology & Behaviour*, 7(3), 321-326.
- The World Professional Association for Transgender Health (WPATH) (2011). Standards of care for the health of transsexual, transgender, and gender nonconforming people (Standard No. 7). Retrieved from: <https://www.wpath.org/media/cms/Documents/Web%20Transfer/SOC/Standards%20of%20Care%20V7%20%202011%20WPAT%20H.pdf>
- Willoghby, R. & Yi, B. (2012). Making connections: Investigation of an online counselling service for gay and same-sex attracted men in South Australia. *HIV Australia*, 10(2), 29-30. Retrieved from: <https://www.afao.org.au/publications/hiv-australia/>
- Zilberstein, K. (2015). Technology, relationships and culture: Clinical and theoretical implications. *Clinical Social Work Journal*, 43, 151-158