



Hong Kong Association of Doctors  
in Clinical Psychology Limited  
香港臨床心理學博士協會有限公司

## **Guidelines for Online Therapy**

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### **Introduction**

The prevalence of internet not only brings better accessibility and convenience to people's cross-distance communication but advancement of technology also leads to new opportunities of helping profession. Online/cyber therapy which refers to the practice of adopting online platform or technology to provide clinical services to client(s) ("Online Therapy") becomes more acceptable to practitioners nowadays (Lazarus & Dokous, 2016), its effectiveness is considered by studies as promising as compared to face-to-face in person therapy (Cook and Doyle ,2002; Barak, 2008; Murphy et al. 2009; Zeren, 2015). Despite at this point online therapy should not be regarded as a substitute to traditional face-to-face in person clinical services, its growing presence has urged professional clinical organizations to alert members for the ethical implications of the alternate mode of clinical practice. For such, HKADCP shares the designation of quality clinical services pledged to be provided by our members and pronounces and would proclaim the following guidelines to members who delivers clinical via the mode of Online Therapy:

### **Fundamental Rules**

Regardless of the form and platform, i.e. either text-based, voice-based, conference videoing based or mixed mode of practice online, clinical psychologists/ clinicians/ therapists ("Practitioners") are reminded to be faithful and strive the full compliance of the basic ethical principles and codes set forth by the Association, please refer to <https://www.hkadcp.org.hk/copy-of-cpds-appendices-tables>; in case of discrepancies due to geographical differences or individual qualification conflicts, except unlawful, for members of HKADCP, the principles stipulated by the Association will prevail.

## **Limitations of Online Therapy**

Although Online Therapy can increase people's chances of seeking help, it does have some limitations, some of which include:

- **Challenges of Technology and Non-Physical Services.** Technology not only brings the benefits of convenience, cost-effectiveness and time span across geography, but its remote nature and continuous technological innovation also is afforded many challenges to Online Therapy service like the difference in time, ability to control new technology, security, identity verification or on-site background etc.
- **Right to Privacy.** If Online Therapy is not conducted through a secure encrypted channel, an authorized or non-authorized third party may enter or learn about the interview process or content. For instance, if the Practitioner uses any application software to record the user's IP address, this may involve confidentiality issues.
- **Duty to Warn.** If the Practitioner believes that the service recipient is threatening, they are obliged to warn the third party, or in case they are obliged to report suspicious child abuse case. If the Practitioner has never seen the client / service recipient, or does not know the geographic location of the client, the Practitioner may have difficulty fulfilling relevant obligations.
- **Treatment / Therapeutic Relationships.** For some Practitioners, when they do not meet with the client in person, it may increase the difficulty of establishing a strong / harmony relationship with their client(s). Practitioners should keep in mind their limitations and consider formulating new strategies to develop better treatment alliances and relationships.

## **Ethical Guidelines**

### *Guideline 1 - Duty of Care*

It ensures the attentiveness and appropriateness due to the client in applying the online technology. Practitioners strive their highest effort to arrive best interest to the client during the online therapeutic process with respect, autonomy and integrity.

Hence, Practitioners pay special attention to the potential limitations of service scope, such as group, unstable mood, eating disorder, immediate crisis, high-risk (suicide /

homicide / abuse / severe mental distress, etc.) cases that may not be fit for online mode of service. If the Practitioner anticipates or the client finds the Practitioner or situation is not well prepared for therapy online, the discretion to delay the appointment for subsequent in person session or judgment of referral service should be considered and made.

### *Guideline 2 - Competence*

It especially refers the professional ability guarantees clinical competency and leads to the effective application of technology in the practice.

Practitioners have to understand the advancement of technology which is by nature an ever changing environment. Apart from core clinical knowledge and skills, Practitioners are urged to perform continuous assessment and learning of their competence in employing the online technology so that the clinical services would be administered and delivered in an ethical, safe, effective and satisfactory manner. When deemed fit, consulting third party technology advisor may be desirable.

### *Guideline 3 - Informed Consent*

It requires Practitioners clearly and openly address specific concerns and scope of online services to the clients, it includes but not limited to structure, obligation, restriction/limitation, risk, third party involvement, requirements and scope of the services

Properly inform the client of the privacy risks of online service is always a good practice. A special reminder is to let the client know that people living with / near them may have access to their computers /electronic device/platforms and obtain their relevant websites. Any special service requirement like face-to-face rule, facilities specifications required for online service, right to termination/exit, foreseeable barriers, contingency/emergency arrangement and/or deviations from traditional clinical session should be well informed to client, documented and signed for respective consent.

### *Guideline 4 - Confidentiality*

It concerns efforts of Practitioner to protect the case information/data and to eradicate or minimize risks of loss of confidentiality in the process of online therapy.

Practitioners are advised to safeguard the confidentiality will not be violated or trespassed due to change of service platform. It would be wise to take endeavor and learn the best practice of the adopted technology hardware and software environments to provide secure, means of encryption and gateway of protection to data. Practitioners should not neglect such protection is to be extended to client's background online scene e.g. home environment or his/her unique data identity e.g. IP address etc.

#### *Guideline 5 - Multiple Role*

It prevents Practitioners assume dual/multiple roles with client or his/her closely related person as it will be subjected to the risk of crossing or even violating the boundary issue.

In current era when social media is so popular and common, Practitioners are specially reminded to exercise prudent judgement and discreet discipline to differentiate their personal social online account with their professional online account. Provided that for case purpose, performance of social internet search, exhibition of personal particular in open forum, and/or grant right to others to access identifiable client's information are to be avoided.

#### *Guideline 6 - Technological & Data Transmission & Security Concerns*

Its rationale lies on the unique challenge of online services against the data security which is not confronted in conventional in person therapy. The potential threats to the integrity of data incurred by the failure of hardware, software, security system, administration or third party's problem ought to be in caution by practitioners.

The best strategy to warrant the safe data transmission requires practitioner perform preventive measure such as risk analysis and providence of contingency or backup services plan in the event failure occurred along the therapeutic process. Practitioners are suggested to employ trustful, reliable service provider and technology software, while exercising good vigilance and educating client about the importance of joint effort in related issue are also advantageous to the security concern.

### *Guideline 7 - Test and Assessment*

It urges for the appropriateness in applying test instruments and assessment during online services. Practitioners in administration of the testing instrument should be concerned reliability and validity of the psychometric evaluation that would not be affected by the modified testing environment.

Practitioners are always responsible for reviewing the instructions of the manual of the testing tool(s) if it is limited to the certain nature of administration and/or subject to any cultural, language and time constraints. They will put effort to identify online appropriate assessment tool and are cognizant to avoid violation of property right of the adopted instrument which is to be sent to clients without restrictions.

### *Guideline 8 - Legal & Inter-jurisdiction*

It is mindful that online therapy shall be of the compliance to legal and professional requirements across jurisdiction and international borders since each region may have its own professional guidance governs across jurisdictions. Practitioners is obligated to observe respective statute, that relates not merely the use of technology, data protection or privacy ordinance, civil laws but also the legality of professional qualification and practice

It is therefore essential for Practitioners to acquire good understanding, and differentiation knowledge of professional requirements, insurance and liability coverage and laws of practicing. In addition, practitioners are reminded to be alarmed of the changing requirement of tele-psychology developed in inter-jurisdictional practice

### *Guideline 9 - Web Maintenance and Termination*

The Practitioner is obliged to maintain well informed website and proper secure record keeping, whilst he or she shall end the professional relationship and relevant process in an ethically and clinically appropriate manner.

Practitioner if applicable shall maintain his or her website wherein content appropriateness, necessary professional information/link and effective accessibility are

ensured in place and in order. It is all time required to implement good policy and procedure in storing, securing and disposing clients' information in a protective and secure manner. For the purpose to protect the client, Practitioners ought to consider sensible and appropriate referral as option if distance therapy is no longer available or appropriate to the client or the case.

### **Professional Ethic Codes References:**

APA- American Psychological Association – Guidelines for the Practice of Telepsychology

<https://www.apa.org/practice/guidelines/telepsychology>

ACA – American Counseling Association – 2014 ACA Code Ethics Section H Distance Counseling, Technology, and Social Media

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

BACP – British Association for Counselling and Psychotherapy – Working Online in the Counselling Professions

<https://www.bacp.co.uk/media/2162/bacp-working-online-supplementary-guidance-gpia047.pdf>

ISMHO – International Society for Mental Health Online - Suggested Principles for the Online Provision of Mental Health Services

<https://ismho.org/resources/archive/suggested-principles-for-the-online-provision-of-mental-health-services/>

ACA – Australian Counselling Association Inc. – Guidelines for online counselling and psychotherapy

<https://www.theaca.net.au/documents/Guidelines%20for%20online%20counselling%20and%20psychotherapy.pdf>

## **Article References**

Ainsworth, M. (2004). E-therapy: History and survey. Retrieved from <http://www.metanoia.org/imhs/history.htm>

Alleman, J.R. (2002). Online counseling: The internet and mental health treatment. *Psychotherapy: Theory, Research, Practice, Training*, 39, 199–209.

Baker, Kurt D. & Ra, Mike (2011). Online counseling: The good, the bad, and the possibilities. *Counselling Psychology Quarterly* Vol. 24, No. 4, December, 341–346

Barak, A., Boniel-Nissim, M., & Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behavior*, 24, 1867–1883.

Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. (2008). A comprehensive review and a metaanalysis of the effectiveness of Internet-based psychotherapeutic interventions. *Journal of Technology in Human Services*, 26(2), 109-160.

Cook, J. E., & Doyle, C. (2002). Working alliance in online therapy as compared to face-to-face therapy: Preliminary results. *Cyberpsychology & Behavior*, 5(2), 95-105. Corey, G., Corey, M.S., & Callahan, P. (2010). *Issues and ethics in the helping professions*. Belmont, CA: Brooks Cole

Cui, L., Liu, Y., Lei, L., & Tan, S. (2010). Relationship variables in online versus face-to-face counseling. In 2010 IEEE 2nd Symposium on Web Society (SWS) (pp. 77-82). doi:10.1109/SWS.2010.5607476

Haberstroh, S., Parr, G., Bradley, L., Morgan- Fleming, B., & Gee, R. (2008). Facilitating online counseling: Perspectives from counselors in training. *Journal of Counseling & Development*, 86, 460- 470.

Haberstroh, Shane & Barney, Laura & Duffey, Thelma (2014).The Ethical and Legal Practice of Online Counseling and Psychotherapy: A Review of Mental Health Professions. *Journal of Technology in Human Services*, 32:149–157.

online DOI: 10.1080/15228835.2013.872074

Lazuras, Lambros & Dokou, Anna. Mental health professionals' acceptance of online counseling. *Technology in Society* 44 (2016) 10-14.

Leibert, T., Archer, J. J., Munson, J., & York, G. (2006). An exploratory study of client perceptions of internet counseling and the therapeutic alliance. *Journal of Mental Health Counseling*, 28(1), 69-83.

Mallen, M.J. & Vogel D.L. (2005). Introduction to the major contribution: counseling psychology and online counseling. *Counseling Psychology* 33, 761-775.

McKenna, K. Y. A. (1998). *The computers that bind: Relationship formation on the Internet* (Unpublished doctoral dissertation). Ohio University, USA.

Rochlen, A.B., Zack, J.S., & Speyer, C. (2004). Online therapy: Review of relevant definitions, debates, and current empirical support. *Journal of Clinical Psychology*, 60, 269–283.

Richards, D., & Viganò, N. (2012). Online counseling. *Encyclopedia of cyber behavior*, 3(1), 699-713.

Zeren, Şerife Gonca (2015). Face-to-Face and Online Counseling: Client Problems and Satisfaction. *Education and Science*, Vol 40 (2015) No 182 127-141